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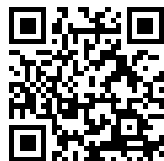
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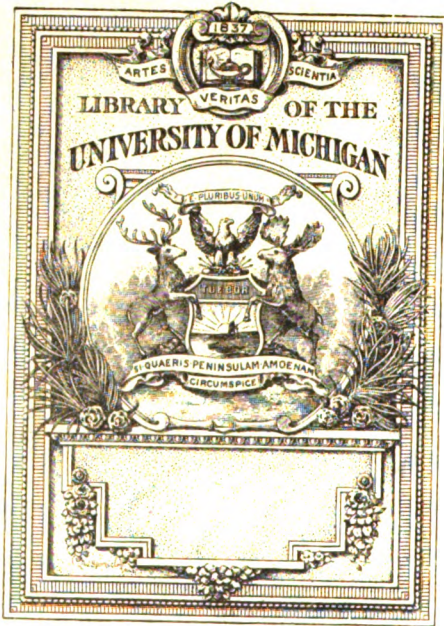
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# HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.,

AND

D. DYCE BROWN, M.D.

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at once came up: Should homœopathic physicians be admitted to membership in the Congress? The first programme of a committee of the American Medical Association was to recognise all legal practitioners. But this decision was provisionally reversed in a conference in New Orleans, and formally so in a subsequent meeting in Chicago, where the vote was that no homœopaths should be let in. More than that, allopaths, who were known to favour association with homœopaths in consultation over patients, were rigidly excluded in the make-up of the committees and sections. This shut out such men as Fordyce, Barker and Shrady, of Gen. Grant's doctors, besides Loomis, Jacobi, Roosa and other allopathic champions of a liberal code. Resignations have been numerous by men who accepted positions under the original plan; many European celebrities have written to say that they will not come if the code question is taken into account, and the outlook is that the Congress may not be held. The committee on organisation is holding meetings in this city, but thus far without any progress toward harmony. So far as can be judged, the allopaths are about equally divided. A compromise seems impossible. The medical associations of Boston, Charleston, Baltimore, Philadelphia and California have resolved not to participate in the Congress if restrictions are enforced against doctors holding legal diplomas. The old code party is powerful, however, and inclined to rule or ruin.—*St. Louis, Globe-Democrat.*

#### THE HEALTH OF NICE.

THE following statement appears in *The Nice Times* of the 8th ultimo:—

“A general meeting of the doctors and consuls at Nice was held this week under the presidency of the Prefect, M. Lagrange de Langre. The following declaration was drawn up, approved and signed, for the purpose of combating the false statements being circulated as to the sanitary state of Nice. Previous to the drawing up of the declaration, some interesting remarks were made by Doctors Albert Thaon, Maurin, and Bernard Arnulphy:—

“The undersigned medical men all practising at Nice, hereby certify that between the 25th of August and the 15th of October, a condition of health of a particular character prevailed at Nice, owing to the increase in the number of deaths caused by gastro-abdominal disorders. A few cases showed symptoms of cholera, although, in reality, there was no centre of infection; consequently nothing that could be termed epidemic. Since October 15th the health of Nice has been excellent.”

“Dr. Maurin, directeur de la Santé; Dr. Grinda; Dr. Scoffier, head-physician at the hospitals; Dr. Hugues; Dr. Guillabert; Dr. Gaziglia, surgeon of the asylums; Dr. Figuiera, head-sur-

geon at the hospitals; Dr. A. Thaon; Dr. Barety; Dr. Moriez; Dr. Seoffier Désiré; Dr. Barriera; Dr. Mansueti; Dr. Goiran; Dr. Cailè; Dr. Baudon; Dr. Cret-Duverger; Dr. Arnulphy, senior; Dr. Faraut.

"The undersigned Consuls having full cognizance of the official reports furnished by the Prefecture, certify that the foregoing declaration drawn up in their presence by the doctors of Nice is in every way correct, and certify that the sanitary state of Nice leaves nothing to be desired.

"Messrs. Gurowski de Wezele (Austria); Maistre (Belgium); Roissard de Bellet (Brazil); Florès (Denmark); Muscat (Haïta); Gaubart (Spain); Hatheway (United States); Saëtone (Greece); Florès (Netherlands); Demerengo (Argentine Republic); D'Auzac (Sweden and Norway); M. H. Muller (Switzerland.)

#### Dr. PRÖLL.

We see by a paragraph in *The Nice Times* that Dr. Pröll has returned to his winter quarters in the Rue de Temple, Nice. During the Gastein season he was honoured with a reception by the Emperor of Germany, when he expressed his thanks to His Majesty for the decoration of the Iron Cross, which was graciously awarded him last winter.

#### NEAVE'S FOOD FOR INFANTS.

We understand that this well-known article of diet has recently been examined by Professor von Stein, the distinguished analytical chemist at Copenhagen, and that his recommendation of it as an excellent food for infants has created a large demand for it in Denmark, in spite of the heavy duties imposed upon foreign products. The only means by which British manufacturers can maintain an export trade in the face of protective tariffs is by keeping up and increasing the superiority of British manufactures.

#### CORRESPONDENCE.

##### CHLORIDE OF BARIUM IN ANEURISM.

*To the Editors of the Monthly Homoeopathic Review.*

GENTLEMEN,—The case of aneurism cured, or very sensibly relieved by *baryta mur.*, and reported in the *Monthly Homoeopathic Review* of this month (November, 1885), is a very interesting and instructive one.

This is now the third recorded case in which *baryta salts* have

effected a very marked improvement in aneurism of a life threatening nature.

1st. The case of abdominal aneurism, reported by myself in the *Monthly Homœopathic Review*, June, 1879. This was the first case in which *chloride of barium* had been tried in this disease, and I am pleased to be in a position to add that this case has been permanently cured.

2nd. The case of abdominal aneurism, treated by Dr. Torry Anderson at the London Homœopathic Hospital, and reported in the "Annals," 1888. In this case *baryta carb.* was used, and the action of it was remarkably beneficial.

3rd. The case of aneurism of the thoracic aorta, treated by Dr. W. H. Howitt, and recorded in the November number of this year's *Monthly Homœopathic Review*. In this case *chloride of barium* was used, and the progress of the case appears to have been signally satisfactory.

One might perhaps add the case of aneurism of the thoracic and abdominal aorta, reported by Dr. Clark in the *Homœopathic World*, 1885, p. 9., in which *baryta carb.* appeared to have wrought a marked temporary improvement; but the three cases I have noted are sufficient to recall the attention of the profession to the very potent action and probably curative virtues of *baryta salts*.

Dr. Howitt remarks in his paper that the arguments which I advanced in favour of the use of the *salts of baryta* in aneurism were not very convincing to his mind. He does not, however, appear with any argument more convincing. The pathogenetic symptoms which he has quoted from *Allen's Encyclopædia* are only a few of many which indicate a very energetic action of *baryta* on the heart and arterial system. These symptoms were alluded to, and some of them quoted by myself, in my paper on the Homœopathic Treatment of Aneurism, read at the Malvern Congress in 1879, and fully inserted in the November number of the *Monthly Homœopathic Review* for that year. One would, however, commit a serious error in trusting to symptoms resembling those of aneurism drawn from the pathogenesis of *baryta* or any other drug; we are not acquainted with any medicinal agent which has been proved, accidentally or experimentally, to cause aneurism or anything like it. To use, therefore, in a case of aneurism a drug having only symptoms superficially resembling those of aneurism would be an application of a phantom-homœopathy.

In my paper on the homœopathic treatment of aneurism I endeavoured, firstly, to make out that the *baryta salts* have a very energetic and profound action on the heart and arterial vessels; secondly, to lead to an inference that the long continued use in moderate doses of such a powerful vascular irritant would

develop that condition of chronic arterial disease which is the root-cause of many aneurisms; thirdly, to point out that the clinical experience attached to the use of *baryta carb.* indicated it as a great remedy in atheromatous disease of the arteries; fourthly, to show that the curative result of the use of *chloride of barium* in the case I described was *not* due to the physiological action of the drug, and was, therefore, most probably due to an, up till that time, unsuspected homœopathic relation of the *baryta* pathogenesis to some aneurisms.

I hope that we may shortly have, fifthly, a goodly number of successful cases, which will clench the argument and establish the value of *baryta mur.* or *carb.* in this relation on irrefragable grounds.

Yours obediently,

Scarborough, Nov. 22, 1885.

FRED. FLINT, M.D.

#### A PLEA FOR A HOMŒOPATHIC QUARTERLY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—You had recently to chronicle the demise of the *British Journal of Homœopathy* with the complimentary circumstances attending it, and in the same number you announced that the *North American Journal* had also ceased to exist as a quarterly, although a certain continuity of life was preserved by its being transformed into a monthly publication. It is certain, however, that the purposes of a quarterly cannot be adequately served by a monthly journal; and thus it happens that in America and here at home the homœopathic profession is deprived of the special advantages derivable from the larger, and as regards the scientific element, the more important of the two. This loss is being already felt and expressed, for valuable papers of our school are being separately printed and will be scattered and lost to us in the mass of general medical publications. The monthly journals that we have are necessary for the rapid diffusion of news of temporary interest and for correspondence, but they are not suitable for heavier articles of a more scientific nature; and, as a practical result, we have little or no information of the general scientific work that is being done in various directions that bears upon homœopathy and tends to its fuller development. The late editors of the *British Journal* have expressed the opinion that the prime object with which the journal was started has been attained, and with this opinion I would express my agreement. Homœopathy at first had to explain the reason of its existence, its methods of working, and its practical results; it had also to defend itself against the attacks of outsiders; it was before the

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HAHNEMANN: HIS WORK AND ITS RESULTS.

(Being the Fifth Hahnemann Lecture\*)

BY ALFRED C. POPE, M.D.

WE assemble here to-day to recall, once more, the memory of "a man of genius and a scholar"—of a physician who, during the final decade of the last and the earlier years of the present century, originated, conducted, and ultimately accomplished a work, the influence of which is felt, the results of which may be seen wherever the science of medicine is studied or the art thereof is practised.

The teaching of HAHNEMANN was both negative and positive. While, on the one hand, it was iconoclastic, on the other it was reconstructive. At a time when the necessity for what were termed heroic measures, venesection, mercurialism and purgation, more especially, was almost undisputed throughout the profession, and was accepted as inevitable with the most implicit faith by the public, Hahnemann asserted, and, what is much more to the purpose, demonstrated their worthlessness as curative agencies, and the positive danger to human life involved in

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\* Delivered at the London Homœopathic Hospital, Ormond Street, October 2nd, 1884.

the use of them. That the conclusions he arrived at and urged upon the attention of his professional brethren were sound, the rusty state of the surgeon's lancet at the present time, and the complete abandonment of the art of cupping as a source of livelihood, the rarity with which the induction of salivation is advised in acute disease, and the comparative infrequency with which an active purgative is prescribed under similar circumstances, afford abundant evidence. In short, well nigh everything which he denounced, in the therapeutics of his day, as being worse than useless for the purpose of cure, is repudiated on the same ground by the physicians of our own time.

The teaching of Hahnemann, however, was, as I have said, not simply negative, it was also positive. While seeking to destroy such therapeutic methods as were injurious he was no less industrious in endeavouring to design and build up such as gave proof of being salutary. His efforts as a great teacher of medicine were not restricted to the eradication of error; they were, with even greater ingenuity, earnestness, and persistency, devoted to the planting of truth.

It is to this the positive side of Hahnemann's work, and to the results which have flowed, and are still flowing from it, that I propose, as I trace the leading events of his life, to draw your attention this afternoon.

CHRISTIAN FRIEDRICH SAMUEL HAHNEMANN was the son of a poor man, earning a small and precarious living by painting on porcelain for the proprietors of the celebrated Meissen Works, in the Kingdom of Saxony. In the town of Meissen he was born, either on the 10th or 11th of April, 1755—tradition says it was the former—the parish register, I understand, testifies to its being the latter date. From his earliest years his education was the object of his parents' most zealous care. For the acquisition of knowledge of every kind, especially for such as is linguistic, his capacity might fairly be deemed precocious; no language, indeed, whether ancient or modern, seemed to come amiss to him. So great had been his diligence, that, when at the age of twenty he passed from the Grammar School of his native town to enter upon the study of medicine at the University of Leipzig, he was not only a well matured classical scholar, familiar with Greek and Roman literature, but also with the still more recondite Arabic and Hebrew; and likewise with the modern tongues of England, France and

Spain. A sum of twenty thalers was all the money his father was able to bestow upon him when he left his roof, and it was by teaching ancient and modern languages, and by translating, into his native German, books written in them, that he was enabled to provide himself with the necessaries of life while at the University.

After two years of hard work at Leipsic, Hahnemann entered at the University of Vienna. At the conclusion of an *annus medicus* at this renowned seat of medical learning, he accepted the post of physician and librarian to the Governor of Transylvania at Hermanstadt. It was during his stay here, that he gained that deep insight into the phenomena of intermittent fever, which stood him in such good stead in after years. In 1779 he graduated at the University of Erlangen, whither he was attracted by the low scale of fees demanded of a student on proceeding to a degree. He now received the appointment of medical officer of health at Gommern; and, having occupied it for a couple of years, he removed to Dresden. Here he formed an intimate friendship with Dr. Wagner, then one of the leading hospital surgeons of the day. It is not a little significant of the impression his professional attainments at this time had made upon the minds of Dr. Wagner and his colleagues, that Hahnemann was selected to perform the hospital duties of his friend during the time when a long illness precluded him from undertaking them.

Research and literary work ever continued to occupy a large share of his attention. The most important of his contributions to medical literature at this period being his celebrated essay *On Arsenical Poisoning*—a work which remained for many years the chief authority on the subject of which it treated, one which Sir Robert Christison, in his *Treatise on Poisons* published nearly fifty years afterwards, styled “elaborate,” and one from which he quoted repeatedly. Ample evidence this of the thoroughness of his investigations, the soundness of his conclusions, and the importance attached to his work by those best qualified to judge of its merits.

Thus when the year 1790 opened, Hahnemann had been a constant student of ancient and modern medical literature for fully fifteen years; he had enjoyed the advantage of listening to the teaching and observing the practice of some of the most eminent physicians and surgeons of his generation in Leipsic, Vienna and Dresden. During twelve of these

years he had diligently made use of extensive opportunities for applying the touchstone of experiment to the results of all this study and observation. This all decisive test, the test of clinical experiment, the only test of any moment in estimating the value of therapeutic methods, forced upon him the conclusion that the principles of drug prescribing which then dominated the practice of medicine were, in their results, generally useless, in many others injurious, and in all uncertain. At this time he had arrived at precisely the same point as that reached by the late Sir John Forbes, in 1846, when in his celebrated article *Allopathy, Homœopathy, and Young Physic*,\* he uttered his conviction that in "the condition of physic," "things have arrived at such a pitch that they cannot be worse. They must mend or end," and, he added, "we believe they will mend." Hahnemann, indeed, saw no prospect of any mending, and resolved at once that, so far as he was concerned, they should "end." He declined the responsibility of any longer prescribing mixtures of drugs of doubtful value and uncertain effects to persons suffering from severe disease. To practise medicines without prescribing drugs, at a time when no one so much as dreamed of the art of nursing ever superseding that of medicine-giving, was impossible; to order *Placebos* did not comport with his ideas of honesty; to look upon drugs as "mere aids to faith in the weary time," after the manner of Dr. Moxon, was, from his point of view, not only untrue, but treating a most serious matter as a burlesque. Hahnemann believed in the power of drugs. He felt that when given they could not fail of doing evil, if no advantage was derived from their being taken. In his letter to Hufeland, *On the Great Necessity for a Regeneration in Medicine* (Lesser Writings, p. 581), published in 1808—a letter which forms a kind of *apologia pro suâ vitâ* during the previous eighteen years—he gives expression to this conviction in the following terms:—"To become," he writes "in this way"—that is, as he puts it in a previous passage, to treat his "suffering fellow-creatures with unknown medicines,"—unknown because they are "the subject of numbers of contradictory opinions that have been repeatedly refuted by experience;" "with unknown medicines which being powerful substances, may, if not exactly suitable, easily change life into death, or

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\* *British and Foreign Medical Review*, xli.

produce new effects and chronic ailments, which are often much more difficult to remove than the original disease. To become, in this way, a murderer or aggravator of the sufferings of mankind was, to me, a fearful thought—so fearful and distressing was it, that, shortly after my marriage, I completely abandoned practice, and scarcely treated anyone for fear of doing him harm, and, as you know, occupied myself solely with chemistry and literary labours.”

With such materials as, alone, were within his reach, Hahnemann then refused any longer to attempt to relieve suffering or to cure disease. He betook himself to the study of chemistry, a science in the investigation of which his numerous and valuable contributions to *Crell's Annalen* prove him to have been one of the most proficient workers of his time, and furthermore he laboured hard at the translation of medical works for the Leipsic booksellers.

In a frame of mind eminently calculated to appreciate and sympathise with the opening chapter of Cullen's celebrated *Treatise of the Materia Medica*—the chapter entitled *The History of the Materia Medica, with some account of the Chief Writers upon it*—this classical work was placed in his hands to be rendered into German.

In the brilliant address delivered here four years ago on an occasion similar to the present, Dr. Burnett referred to the influence which the study of Cullen had had upon the mind of Hahnemann, at this stage of his history, as being greater than is generally supposed. Here I am sure that Dr. Burnett is right. There was much in common between the Scotch Professor and his German translator. Both were intimately acquainted with the past, and the then recent medical literature of all countries. Both were fully convinced of the unsound basis upon which the supposed knowledge of the actions and uses of drugs rested. Both were dissatisfied with the methods employed to acquire a more accurate knowledge of the actions of drugs. And yet, again, both were vitalists, both regarded a vital principle as that through which drugs operated upon the body.\* On the practical method necessary to render the employment of drugs safe and useful, however, their views differed, and that widely.

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\* Cullen's *Materia Medica*, vol. 1, p. 59.

Cullen regarded the mode of studying *Materia Medica* as capable of being mended. Hahneman, on the other hand, felt that it must undergo an entire change. Cullen looked upon the general indications of disease as being all-sufficient for directing the prescription of drugs. Hahnemann saw, in such a trust, the origin of many of the most disastrous results of the practice of medicine as he found it. Hence it arose that Cullen, though far more precise and critical than his predecessors in the study of that department of medicine of which he was, during nearly half a century, the leading authority in Great Britain, kept to the old lines, classifying drugs according to their crude qualities as astringents, tonics, emollients, corrosives, stimulants, sedatives and the like; and leaving the physician to select his remedy or remedies from one or other of these classes, according as the prevailing pathological theory might suggest. Herein Hahnemann saw merely a perpetuation of the old sources of error, the old causes of therapeutic failure. From these he had, by his retirement from practice, cut himself adrift for all time. That he had done so he makes abundantly clear in a foot note which he appends, in his translation of Cullen's *Materia Medica*, to an expression, on the part of the author, of a fear that public opinion might be offended by his disparagement of ancient writers. In this note Hahnemann, after declaring his complete sympathy with Cullen on this point, says, "We must tear ourselves away by very force from these worshipped authorities, if we, in this important part of practical medicine, are ever to be able to cast off the yoke of ignorance and superstition. It is," he adds, "high time that we did."

An attempt on the part of Cullen to explain the curative power of *cinchona bark* in intermittent fever by its tonic action on the stomach, suggested a fallacy to the mind of Hahnemann. This supposed explanation reminds me not a little of a similar effort made a few years ago to interpret the *modus operandi* of *ipecacuanha* in the cure of some cases of vomiting, by imagining it to exert a tonic influence upon the sympathetic system generally. Cullen set forth his view in the following sentence:—"We proceed therefore upon the supposition that the bark possesses a tonic power, and that the action of this power in the stomach sufficiently explains its operation in preventing the recurrence of the paroxysms of intermittent



fever: for I see no foundation" he adds, "for referring it to any mysterious and unexplained specific power; which, however, some writers seem still disposed to maintain." In reply to this Hahnemann wrote:—"By uniting the strongest bitters with the strongest astringents, you may get a compound that, in a small dose, shall possess much more of both qualities than the *bark*; yet you will never, in all eternity, obtain a fever specific from such a compound."

The error in Cullen's hypothesis confirmed Hahnemann in his opinion that the action of *bark* in intermittent fever was specific, that there existed, between the *bark* and the fever, some relation which did not exist between it and other so-called vegetable tonics. To solve the nature of this relation was now the question before him. How could he, how could anyone, know what the natural action of a drug was, save by taking it when in health? He could see no other method. Haller and Stoerck had endeavoured to study the action of drugs in a similar manner, but their researches had proved fruitless. Nothing daunted by their failure, Hahnemann, whose experience of intermittent fever in the Hungarian marshes had rendered him thoroughly familiar with its various phases, proceeded to dose himself with the *bark*. As he did so he found some of the more marked subjective phenomena of the disease, he knew so well, arise in his own person. Then occurred to him the enquiry, did the doctrine that some diseases are best cured by similars—set forth by Hippocrates two thousand years before, noted now and again by more than one medical author during the ages that followed, deliberately expressed by Stahl early in the then rapidly expiring century and still more recently suggested once again by Stoerck—did this doctrine supply the means of solving the nature of the relations subsisting between specific remedies and the cases of disease they cured? Did it suffice to explain the recoveries, here and there, recorded in medical literature, and distinctly traceable to the use of one or other drug? Was this the bond that in the future was to unite the study of drug action and the investigation of disease? Was this the missing link which was to make the then separate chains of pathology and therapeutics one and undivided in the time to come? This was the kind of question which Hahnemann, in 1790, set himself to answer.

Ere any distinct conclusion, worthy of publication to the profession, could be arrived at, a large amount of research had to be gone through; and not a few, but *au contraire*, a very considerable number of experiments had to be performed—and that on himself. Hence it was not until six years later that in the essay entitled, *On a New Principle for Ascertaining the Curative Power of Drugs\** Hahnemann gave to the profession—through Hufeland's *Journal*—his mature conviction that the principle which lay at the root of successful drug selection was that expressed by the formula *similia similibus curentur*. During these six years, as the light dawned upon him, as experiment and research gradually convinced him that he was on the right track, he resumed the practice of his profession, and, as his references to cases in his subsequent papers show, he did so with encouraging success. After an exhaustive and utterly destructive criticism of the measures previously made use of to ascertain the remedial properties of drugs, Hahnemann arrived at the following conclusion:—

“If I mistake not,” he says, “practical medicine has devised three ways of applying remedies for the relief of the disorders of the human body.

“The *first way to remove or destroy the fundamental cause of the disease*, was the most elevated it could follow. All the imaginings and aspirations of the best physicians in all ages were directed to this object—the most worthy of the dignity of our art.” And, again, he describes the removal or destruction of the fundamental cause of disease as an “object above all criticism, though the means employed were not always the fittest for attaining it.” The prevention or destruction of the fundamental causes of disease has, in our day risen into a distinct department, and that one of the greatest importance and public utility. It has advanced just in proportion as the sciences of chemistry, physiology, and pathology on the one hand, and of geology, mechanics, and engineering have progressed on the other. The imperfections of these branches of knowledge, when Hahnemann lived, rendered what we now understand as preventive medicine impossible. At the same time, it is interesting to note how fully alive he was to its importance.

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\* *Lesser Writings*. Translated by Dr. Dudgeon. London: Headland, Princes Street; p. 295.

He next describes the method which seeks to remove the symptoms present, by medicines which produce an opposite condition, *e.g.*, constipation by purgatives, &c.

He refers to the *third way* in which remedies have from time to time been sought for chronic diseases, and acute diseases tending to chronic, which should not cloak the symptoms, but which should remove the disease radically, in one word, for specific remedies—the most desirable, most praiseworthy undertaking that can be imagined. Thus, for instance, they tried *arnica* for dysentery and in some instances found it a useful specific.

“But what guided them?” he adds. “What principle induced them to try such remedies? Alas! only a precedent from the empirical game of hazard, from domestic practice, chance cases in which these substances were accidentally found useful in this or that disease, often only in peculiar unmentioned combinations, which might perhaps never again occur, sometimes in pure simple diseases.

“It were deplorable, indeed,” he continues, “if only chance and empirical *apropos* could be considered as our guides in the discovery and application of the proper—the true—remedies for chronic diseases, which certainly constitute the major portion of human ills.”

Such being the position in which Hahnemann found the so-called specific remedies of his time, his next business was, if possible, to ascertain how their true action might be discovered. He proceeds as follows:—

“In order to ascertain the actions of remedial agents for the purpose of applying them to the relief of human suffering, we should trust as little as possible to chance, but go to work as rationally and as methodically as possible. We have seen that for this object the aid of chemistry is still imperfect, and must only be resorted to with caution; that the similarity of *genera* of plants in the natural system, as also the similarity of species of one *genus* give but obscure hints; that the sensible properties teach us mere generalities, and these invalidated by many exceptions; that the changes that take place in the blood from the admixture of medicines teach nothing; and that the injection of the latter into the blood-vessels of animals, as also the effects on animals to which medicines have been administered, is much too rude a mode of proceeding to enable us therefrom to judge of the finer actions of remedies.

Nothing then remains but to test the medicines we wish to investigate on the human body itself."

He then proceeds to show that the testing of medicines on the human body had, in all ages, been recognised as essential to the understanding of their action, but that this testing had hitherto been pursued in a false way—viz., on the sick.

He next argues that, in order that any real progress may occur in therapeutics, two questions must be answered: "First, what is the pure action of each (drug) by itself on the human body? Secondly, what do observations of its action in this or that simple disease teach us?"

The answer given by Hahnemann to the second of these enquiries is that which chiefly concerns us at the moment. He tells us that the requisite material is "partly obtained in the practical writings of the best observers, of all ages, but more especially of later times. Throughout these, the as yet only source of knowledge of the powers of drugs in disease is scattered; there we find it faithfully related how the simplest drugs were employed in accurately described cases, how far they proved serviceable, and how far they were hurtful or less beneficial." (*Lesser Writings*, p. 310.)

A standard which will enable us to judge of the truth and value of such observations "can," he presently observes, "only be derived from the effects that a given medicinal substance has by itself in this and that dose developed in the healthy human body." (*Ibid*, 311.)

He then asserts that the principle which such observations foreshadow and lead up to, is contained in the following axioms:—

"Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar marked and violent the disease.

"We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured—*similia similibus*."

I would in passing note here, that on this, the first occasion on which Hahnemann distinctly formulated the principle of *similars*, he at the same time offered a hypothetical explanation of it—one to which in his later years

he declared that he attached no value—and one, I may add, that has never met with much, if any acceptance, from any one.

This essay discloses very fully the mode of study, and the line of thought arising out of it, which led Hahnemann to those therapeutic conclusions with which his name will be for ever associated.

Observe, in the first place, that the principle of drug selection, which was to form the basis of prescribing, was derived from an investigation of recorded instances of drug action on healthy human beings, as seen *inter alia* in poisonings, and these were compared with histories of cases and diseases which the same drugs had been observed to cure.

*Secondly*,—While by this method of enquiry Hahnemann aimed at the discovery of *specifics*, it was not specifics for generic forms of disease, but specifics for individual cases of generic forms of disease, that he hoped to obtain.

On this very important point he thus expresses himself:—  
“Now when I entirely deny that there are any absolute specifics for individual diseases in their full extent, as they are described in ordinary works on pathology, I am, on the other hand, convinced that there are as many specifics as there are different states of individual diseases, *i.e.*, that there are peculiar specifics for the pure disease, and others for its varieties, and for other abnormal states of the system.” (*Ibid*, 306.)

Then, *lastly*, throughout this essay, the appropriate dose of a medicine selected on this principle is described as moderate or small—as one in which the drug “could not perceptibly develop the same phenomena;” but, save in illustrative cases, its size is nowhere expressly defined, neither is there any idea of a uniform dose for all drugs suggested.

In the course of the following year, in an essay published in the same journal, he urged the employment of only one medicine at a time, and earnestly protested against prescriptions directing the concoction of mixtures containing a variety of ingredients. “The more complex our receipts,” he says, “the more obscure will it be in medicine.”—(*Ibid*, 371). Again, in 1800, in a preface to a translation by him of a *Thesaurus Medicaminum*, the author of which was a member of the London College of Physicians, he enforced the same principle.

During these ten years, while collecting the materials for and publishing the essays I have quoted from, Hahnemann resided for a time in the neighbourhood of Leipsic, and for a period had charge of a lunatic asylum at Georghenthal, in the Thuringian Forest, when the recovery, while under his care, of Klockenbring, a celebrated Prussian statesman, excited considerable attention throughout Germany. He afterwards lived for a short while in one or two small German towns, ultimately settling in Königs-glutter about the year 1797. By this time his therapeutic views had, as I have shown, taken a definite shape. He now felt himself on ground sure and safe when prescribing, and once again entered heartily into the practice of his profession. His success excited the jealousy of his medical neighbours, and as each prescription contained but one medicine, and that in a very small dose, a perfect uproar was created among the apothecaries of the place, who felt, and not unreasonably, that their craft was in danger. Ultimately, he found it impossible to entrust the members of the Apothecaries Guild with the dispensing of his prescriptions, and in self-defence was compelled to prepare them himself. This was illegal; and he sought, by giving his medicines gratuitously, to bring himself within the letter of the absurd German law which, by prohibiting the physician from dispensing, placed him and his patients at the mercy of the druggist. At the instance of his professional brethren, the Guild of Apothecaries prosecuted him for so doing, and succeeded in their action. Had Hahnemann been content to bow the knee at the shrine of the pestle and mortar, he might have resumed practice and doubtless have fared well. He, however, was not made of the right material for a compromise of that or of any other kind which called upon him to sacrifice one jot or tittle of what he believed to be true; what he was convinced was essential for the recovery and safety of the sick. Deeply regretted by a large proportion of the inhabitants of the town, he left it, only to find himself exposed to precisely similar treatment at the hands of the druggists in the several towns in which he attempted to reside between 1799 and 1810, when he returned to Leipsic, whence, after a brilliant career of twelve or thirteen years, he was again obliged to sacrifice himself rather than submit to the demands of the same trade element.

During the years of weary wanderings that passed between his expulsion from Königglutter and his return to Leipsic, Hahnemann was chiefly engaged in making researches into the recorded effects of drugs, and performing experiments with them, not upon cats and dogs, not vicariously, but upon himself. The object of these experiments was to discover the indications given by medicines of the disturbing influences they exerted upon the functions of the body—the human body. During this period he published, together with several others, two very remarkable essays; one entitled *Æsculapius in the Balance*, and the other *The Medicine of Experience*. Both appeared in Hufeland's *Journal*.

In the latter portion of the former he delivered himself of a powerful argument against the dispensing of medicines being restricted by law to the members of the Apothecaries' Guild—the chemists and druggists of Germany. He pointed out, and that in a very striking manner, that the results of such legislation had proved it to be detrimental to science, degrading to the physician, and injurious to the sick; and that so far from being to the advantage of the public, it had but one purpose, one end—the enrichment of the apothecary.

In his *Medicine of Experience* he still further elaborated his therapeutic method. This essay formed the groundwork of his well known—albeit little understood, and consequently much misrepresented—*Organon der Heilkunst*, published in 1810.

Hahnemann has been repeatedly charged with and blamed for having in these two essays, and in all his subsequent writings, alluded to his professional brethren who differed from him in terms of bitterness and intolerance; in language which, it is said, nothing could justify. Is this true? Remember, it is impossible to allege anything of the kind against Hahnemann prior to the appearance of these essays. That in them and in later papers he did asperse the motives and denounce the methods of practice of the medical men and medical writers around him in words and tones that nothing could justify us in adopting nowadays, is true enough; but recollect that from 1799, and onwards to the end of his life, he was, through the influence of his professional brethren, made the victim of a relentless persecution, both material and moral; through their influence, during twenty years and more, he

was repeatedly prevented from practising his profession ; was driven from town to town in search of a livelihood ; by them he was, during the last forty years of his life, studiously and grossly misrepresented, not only in doctrine, but in motive, and held up to public scorn and infamy in all the medical periodicals of his country, and in scores of pamphlets besides. Think of this, and while doing so, reflect upon its cause—the demonstration, after long years of patient investigation and experiment, of a mode of enquiry into the action of drugs and a method of using them in disease, which not one of those who harrassed him professionally and opposed him in the press ever attempted to examine, much less practically test—and then tell me who there was who ever lived, who is there living now, who, having undergone such outrageous treatment as this, would have written and spoken regarding the authors of it otherwise than Hahnemann wrote and spoke of them ?

It is very easy—a very simple process indeed—for us to sit at home in comparative ease, no one daring to interfere with our teaching and mode of practice, and describe Hahnemann's counter attacks upon the members of his own profession as highly improper, very indecorous, and so on ; but, at the same time, it is nothing less than unjust so to do.

Before anyone presumes to cast a stone at Hahnemann upon this score let him first of all ask himself how he would have felt ; how he would have expressed himself ; how he would have acted, had he been called upon to endure what Hahnemann endured !

Hahnemann may have erred—I hope that he did err, and at this distance of time can believe that he was mistaken in the estimate he formed of the motives of his medical brethren—but had he, treated by them as he was, regarded these motives as other than he did he would have been something more than human.

The year 1810 saw Hahnemann once more in Leipsic. Hither he came not merely to practise the art of medicine but to teach the science and art of therapeutics. His chief desire, the coping stone of his ambition, was to attain a position from which he might communicate to his professional brethren the lessons he had learned during the preceding twenty years. It was no sudden fancy, no crude theory, no untested method that he had to lay before them, but the outcome of twenty years of reading and experi-



ment—twenty years of reflection and clinical experience with which he was anxious to indoctrinate them.

The study of the action of drugs by the light of experiments on the healthy.

The clinical application of drugs directed by the principle of similars.

The prescribing of medicines so administered in small doses—in doses which would not perceptibly develop the same phenomena.

The exhibition of medicines singly, uncombined with any others.

These were the views which, after twenty years of diligent enquiry, Hahnemann felt convinced lay at the root of all successful therapeutics. These were the views he so earnestly desired to teach.

Further, these views represent the whole of what we now describe by the word homœopathy. In after years, as his experience expanded, as his observations multiplied, they were expressed in more minute detail; his directions for conducting experiments with drugs were more carefully precisionised; his instructions for the examination of patients and the selection of the most completely similar remedy were rendered more fully and more exactly; the measurement of the dose, which he esteemed the safest and most efficient, was in later years stated more categorically than it was at any time prior to his return to Leipsic. While these alterations in detail, or rather I should say developments, were in progress, his first principles, those which formed the foundation of Hahnemann's method, never changed. Homœopathy remained the basis of his teaching until the day of his death, forty-three years later. Aye, and the therapeutic principles enunciated by Hahnemann at the close of the last century are the therapeutic principles of those who to-day are prepared to acknowledge that to the best of their powers they openly and undisguisedly treat disease homœopathically. The experience of the last ninety years has taught us much, very much, in matters of detail; it has added immensely to our knowledge concerning the action of drugs; it has done a great deal to facilitate our selection of them in disease; it has shown us that in posology Hahnemann was needlessly minute, and that his dogmatism thereon was a mistake. But, in his definition of the fundamental principles of therapeutics, this same experience has abundantly proved

that Hahnemann was right; that none better calculated to help the physician in controlling disease has been so much as proposed.

For a medical doctrine—and above all a therapeutic doctrine—to endure without any change, save in minor matters of detail, and not only so but to be ever taking deeper root, ever spreading wider and yet more widely during nearly a century is, in these times, when fashion is a power in medicine, when hypothesis succeeds hypothesis with marvellous rapidity, when the medicine which is confidently prescribed in a large number of cases during one year, is all but forgotten during that which follows,—such endurance I contend is strong evidence of its truth.

What, we may well ask, is the cause of this endurance—whence comes so much vitality? Its cause is to be found in the fact that Hahnemann's teaching was based upon experiment. He appealed to nature for his information, not to his imagination. He recognised experience, as Herschell says, as “the fountain of all our knowledge of nature,” as the “only ground of all physical enquiry.” He appealed to facts in the first instance, and then, not to hypothesis, not to theory, but to a strictly logical deduction from them.” His work was not performed hastily: Hahnemann knew how “to labour and to wait.” Six years elapsed ere he published a part of his conclusions, and ten had nearly sped their course before he felt himself justified in communicating the principles of his entire method to his professional brethren.

In 1810, as I have said, Hahnemann settled in Leipsic, not only to practise medicine but to teach it. That he might do so in a legal manner it was necessary that he should obtain the rank of *Privat Docent* at the University. To do so, it was required that he should defend a thesis before the Medical Faculty. Doubtless, those who in Leipsic were opposed to his views, thought that he would fall before a trial of intellectual strength with the learned members of the Medical Faculty of their University. If so, bitter and great indeed was the stock of disappointment that lay in store for them!

The thesis that Hahnemann prepared and defended was entitled *De Helleborismo Veterum*.\* In it he described the ancient mode of using *hellebore* in the treatment of

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\* *Lesser Writings*. Translated by Dr. Dudgeon.

chronic disease, discussing a variety of questions arising out of this therapeutic method in a manner which renders the entire essay one of the most remarkable exhibitions of genuine scholarship in the whole range of modern medical literature. One of the most thorough scholars of his time, a friend of the late Professor Henderson, of Edinburgh, described it as "remarkable for the display of extensive reading in the ancient authors, and not only those more immediately connected with his own professional pursuits, but also in the classical writers of antiquity," and familiar as this gentleman was with the most learned physicians of Europe, he added: "I know very few medical men possessed of the same amount of learning," (*Homœopathy Misrepresented*, p. 138.)

"This Thesis" Dr. Dudgeon informs us, (*Lectures on Homœopathy*, p. 32,) he defended on the 12th June, 1812. It drew," he adds, "from his adversaries an unwilling acknowledgment of his learning and his genius, and from the impartial and worthy Dean of the Faculty a strong expression of his admiration."

When I read this remarkable production, admire the marvellous acuteness of its criticism, the logical precision of its argument, and reflect upon the vast extent of research, the close study of the almost countless folios its preparation must have involved, together with the intimate acquaintance with Roman, Greek, and Arabian writers its author displays throughout its pages, and then turn to the estimate formed of him by the puny and superficial critics, the shallow-pated pamphleteers and other blind guides of professional opinion during the last thirty or forty years, and see him held up by them as a laughing-stock to the profession and the public, described as a quack, and represented as being well-nigh everything that is infamous—language fails me wherewith I might adequately express my feeling of contempt for his detractors.

Having become a *Privat-Dozent*, Hahnemann commenced to lecture on the science and art of medicine. Here at last he was in his right position; here he was, emphatically, the right man in the right place.

Many physicians and students of medicine from different parts of Germany attended his lectures. From among those of them who appeared to him to be the most competent and trustworthy he selected his associates in the series of pharmacological experiments in which he was

engaged. During his residence here he published the results of these experiments in his *Materia Medica Pura*—a *Materia Medica* which was pure in the sense that it was a simple relation of observations of fact; pure in the sense that it was free from all hypothesis.

Once again, however, this “man of genius and scholar,” as Sir John Forbes so aptly called him, was compelled to break up his home, to sever his connection with the University with which he was associated, and to depart out of the city he loved so well—and all this at the bidding, and in order to preserve intact the commercial interest of its drug-dealers. His large and constantly increasing practice, together with the numerous disciples he was making, excited the envy and jealousy of his professional neighbours, and by them the Apothecaries’ Guild was again induced to prosecute him—as they had elsewhere done aforesaid—for giving medicine to his patients. Their cause succeeded; and being prevented from practising in the only way in which he felt that he could practise with any justice to himself or advantage to those who sought his advice, he left Leipzig never to re-enter it. The Duke of Anhalt-Cöthen, a warmly attached friend of Hahnemann, invited him to reside in the capital of his limited dominions, gave him the rank of Hofrath, and appointed him his physician. To Cöthen, then, he removed, and there for fourteen years he lived, studied, wrote and practised; and there he was, during this time, visited professionally by large numbers of invalids from all parts of Europe. In 1835, he married a second time, and responding to the entreaties of his wife removed to Paris, where he speedily found himself the centre of a large consultation practice. Here he died in 1843, at the age of 87.

In looking back over a career so long, so laborious, so active, and so eventful as Hahnemann’s, who can hesitate to regard it as a grand one? Grand in its object—the perfecting of the art of healing. Grand in the learning and self sacrifice brought to bear upon the attainment of this object. Grand in its utter contempt for the obstacles placed in the way of its pursuit. Grand in the unwearying energy which characterised it throughout. And, above all, grand in the stainless honesty which rendered him proof against any and every temptation to deviate, by so much as a hair’s breadth, from a course traced out by painful experiment and deep and constant

thought; a course, the truth and value of which was deeply engraven upon his conscience by clinical observation—one entered upon and adhered to from as pure a sense of duty as ever animated a martyr.

Yes, Hahnemann's was a grand career. The more the events which marked its progress are known, the more the doctrine he taught is studied and clinically tested, the more conspicuous will his true greatness appear. "His name" wrote Sir John Forbes, "will descend to posterity as the exclusive excogitator and founder of an original system of medicine as ingenious as many that preceded it, and destined probably to be the remote, if not the immediate cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen." (*Brit. and For. Med. Rev.*, xli.)

These prophetic words have already been partially fulfilled; and if therapeutics is ever to become a true science, if the art which is to grow out of it is ever to become safe and useful, they will be far more than fulfilled in the future.

The work which Hahnemann took in hand—that to which his whole life was dedicated, that from the prosecution of which neither the sure prospect of professional advancement (would he but consent even to appear *stare super antiquas vias*) nor the most relentless persecution could make him swerve—was the laying the foundations of the science of pharmacology—"the science of the action of remedies;" that which the *Lancet* the other day defined as one "which deals with the modifications produced in healthy conditions by the operation of substances capable of producing modifications." (*Lancet*, Aug. 16, 1884.) Aye, and he went further than this. He built upon these foundations. He bridged over "that wide and deep gulf which" (we have been lately told) "has always been fixed" "between the pharmacologist labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist struggling to apply these results to the successful treatment of disease." The writer of the article in the *British Medical Journal* (Aug. 9th, 1884) from which this sentence is quoted, proceeds to say: "We believe, however, that signs are not altogether wanting which lead us to see that this gulf is beginning to fill in, and that, in the not very

remote future, it will be successfully bridged over." Gentlemen, this gulf has been spanned: the bridge which crosses it has stood for well nigh a century! When nearly ninety years ago Hahnemann proved that it was the similarity between the action of a drug and the nature of the morbid process constituting individual disease, as revealed by the symptoms arising from the administration of the one and marking the occurrence of the other, as being the relationship between the two that could alone direct the therapist how to avail himself of the labours of the pharmacologist, *he constructed this bridge!* From that day to this, direct evidence has been constantly accumulating in all parts of the world that its foundations were well and truly laid, and that the erection they supported was substantially and firmly built.

In more recent times this direct evidence has been largely supplemented by such as is indirect. Physicians there are who would fain persuade us that there is no general principle which can guide us in the treatment of disease, who (as did a distinguished pathologist and popular clinical teacher a couple of years back at the College of Physicians) assure us, with much apparent confidence, that the notion that there is any medical doctrine in reference to therapeutics is "a device of the enemy"—and yet their daily practice, a goodly proportion of their every day prescriptions, bears testimony to the fact that the bridge—the medical doctrine by which Hahnemann united the labours of the pharmacologist and those of the therapist—is no mere phantom, but a stern reality, a reality of the deepest interest to the physician, of the greatest importance to the patient.

"I believe," said Dr. Burney Yeo, at King's College, a few weeks ago (*Med. Times*, May 17th, 1884), "I believe that the homœopaths have, in many instances, called attention to the value of drugs which had been too much neglected." This sentence is a distinct testimony to the truth of the principles taught by Hahnemann. It affords striking, albeit most unintentional, evidence that there is doctrine in reference to therapeutics. Were it otherwise, how could the homœopaths have been able to call attention to the value of these drugs? Beyond the method of Hahnemann they had no means of ascertaining the therapeutic value of drugs, which was not within the range of the knowledge possessed by the bulk of the profession.

Yes ; homœopaths have called attention to the value of drugs which had been too much neglected ; and they have been able to do so simply because they studied the physiological effects of these drugs—*more Hahnemanni*—and applied them in practice in the treatment of disease as the law of similars dictated.

Then again, who, but through the hint supplied by this principle would, on studying the physiological effects of *arsenic*, have inferred its power over cholera ? Who, knowing the kind of influence excited in the bowels by *corrosive sublimate* would, but for this principle, have thought of giving such a drug in dysentery ? Who for any reason, save this, would have suggested that *ipecacuanha* would prove a remedy in vomiting, or *camomile tea* in infantile diarrhœa ? What but a thorough consciousness—silent and unexpressed though it be—of the reality, as a medical doctrine of the principle of similars, would ever have prompted Dr. Sidney Ringer to test the value of *pilocarpine* in the night sweats of phthisis ? Who but one long and practically familiar with the physiological effects of drugs, as set forth in Hahnemann's *Materia Medica Pura* and similar works, and their prescription in disease as the principle of similars suggests—could ever have written that well-known work entitled *Materia Medica and Therapeutics—Vegetable Kingdom* ? a production regarding which the *British and Foreign Medico-Chirurgical Review* said, that its "teachings were accepted with something like admiration by the profession," and that "the newer matter it contained was wholly taken from two sources, the later German researches and homœopathic literature." The writer then describes the author as "a man preaching pure homœopathy, and yet his teachings are accepted with something like admiration by the profession." This the writer traces to a want of knowledge of their subject on the part of the critics. But there can be no doubt that these teachings were regarded with admiration because they stood the clinical test. They stood the clinical test because they had been derived from a medical doctrine that is true—and that medical doctrine is the one wherewith Hahnemann enabled the therapist to avail himself of the labours of the pharmacologist.

It would be easy, did time permit, to multiply very many fold illustrations of the therapeutic products of the application of the principle of similars to the selection

of remedies daily utilised by those physicians who denounce Hahnemann as a visionary and a fanatic, and represent his teaching as having been "injurious to medical science." No amount of declamation, however passionate, nor of theoretical objections, however ingenious, can obliterate the fact that the drugs I have named, and many more beside them, owe their position as remedies in the forms of disease in which they are hourly prescribed solely to the method of investigating the properties of drugs set forth and carried out by Hahnemann, coupled with the doctrine of drug-selection propounded by him. This being so, it is simply puerile to deny the existence of a therapeutic doctrine; it is misleading to tell us that there is no general principle which can guide us in the treatment of disease; while to state that the principle of similars has proved "injurious to medical science" is contradicted by the experience of every physician who avails himself of the most direct of the practical improvements which have taken place in therapeutics during the last twenty years. The fact that there is such a principle—such a doctrine in therapeutics—is being demonstrated every day.

Neither is there anything calculated to excite our surprise that there should be such a doctrine or principle. It has been looked for, longed for, hoped for by many thoughtful physicians during the last two or three centuries. It was such a principle, such a doctrine, that Sydenham anticipated when he said: "The method whereby, in my opinion, the art of medicine may be advanced turns chiefly upon what follows, viz. : that there must be some fixed, definite, and consummate *methodus medendi*, of which the common weal may have the advantage."\* It was of such a principle, such a doctrine as this, that Professor Alison, of Edinburgh—in complete ignorance of Hahnemann's work—felt the necessity, when he declared that "the increasing efficacy of our art must depend on the progress which may yet be expected in the discovery of specifics." Still more clearly, much more pointedly was it, that Sir Thomas Watson, in his address at the Clinical Society in January, 1868, referred to such a doctrine, such a principle as this, when appealing for "authentic reports of trials with medicinal substances upon the healthy human body" he urged that, taken together with careful clinical observations, "such

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\* *The Works of Sydenham.* Syd. Soc. Ed., vol. i., p. 17.



trials must lead at length—tardily, perhaps, but surely—to a better ascertainment of the rules, peradventure to the discovering even of the laws by which our practice should be guided, and so bring up the therapeutic and crowning department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this.”

These words depict with remarkable accuracy the spirit which animated Hahnemann, when between 1790 and 1796 he devoted himself to the task which he afterwards so thoroughly accomplished, and equally exactly do they describe the result he achieved.

It is in a spirit similar to this that those who are satisfied neither with the teaching of Hahnemann nor with the present state of therapeutics must work, if they would improve the art of medicine “in that department” of which the President of the Section of Medicine, at the Belfast meeting of the British Medical Association the other day, told his hearers “we know least.”

The inauguration this year of a Pharmacological Section by this Association is calculated at first sight to inspire with hope those physicians who are, above all things, anxious to see “the therapeutic crowning department of medicine” placed on “a nearer level with those other parts which are strictly ministerial and subservient to this.”

But, alas, a brief glance at the statements of the means of therapeutic research relied on by the President to render the contributions of the section valuable is more than sufficient to dissipate any hope of improvement from this quarter. He directed the members of the section to three “means of therapeutic research.”

*First*, to experiments on animals.—This is a method of enquiry regarding which Cullen observed—and his remarks are as true to-day as when they were first penned a century ago: “this is a very proper measure,” he says, “in investigating the powers of all untried substances, and may give a proper caution with regard to the trial of the same upon the human body, but it can go no further.” This, I would here note, was the object with which Dr. Murrell dosed his cats with the *nitrite of sodium*, respecting which so much sensational writing appeared early in the present year. Cullen continues: “For it is well known that the effects may be very different in the two subjects, as some substances act much more powerfully, and others more weakly upon the human body than upon those

of brutes; and therefore we can draw no certain conclusion from the effects of substances upon brute animals till they are actually tried upon human beings." (*A Treatise of the Materia Medica*, vol. i., p. 153). It is perfectly true that experiments with drugs upon the lower animals have a value, but this is not seen, as Cullen says, until they have been "actually tried upon human beings." Their value consists in their displaying the material alterations produced by a given drug in the body of an animal poisoned by it, and the comparison of these with the symptoms to which it gives rise both in human beings and in the brute creation during life.

When a healthy person takes *tartar emetic* experimentally for some time, the oppression over the chest which arises, the bruised and sore feeling which pervades it, and the profuse expectoration of white frothy mucus which is painfully coughed up, all suggest the existence of a congested lung, similar to that which sometimes follows an exposure to cold; but it is eminently satisfactory to know from the experiments of Majendie, Richardson and Molin, that such a condition is revealed *post mortem* in animals poisoned with it.

Thus while such experiments taken alone are insufficient for clinical purposes, when undertaken as supplementary to a more precise method of enquiry, they are in some instances at least, both interesting and instructive.

In the *second* place, Dr. Maclagan referred the section to "statistical observation of the results of treatment." As, however, he concludes that for this purpose statistics "are not only valueless but have been in the past positively misleading," it would be unnecessary for me to remark upon it, were it not that in a sentence or two later in his address, he says of statistics that "they have no place in therapeutic research." This is not correct.

For the purpose of ascertaining the relative importance of different remedies in the same form of disease, they are, indeed, of no value, and may well be set down as misleading, for as Dr. Maclagan truly points out the same form of disease varies greatly in different persons. Take so simple and well defined a disease as pneumonia, for example. It would be useless to attempt to gauge the relative value of *phosphorus*, *bryonia*, and *tartar emetic* in its treatment by statistics. Some cases will derive advantage from the first of these medicines, others from the second, and others

again from the third. But to conclude that, because out of a hundred cases of pneumonia sixty were benefited by *phosphorus*, thirty by *bryonia*, and ten by *tartar emetic*, therefore *phosphorus* is the best remedy in pneumonia would be in the highest degree fallacious.

On the other hand, when we use statistics to test the relative value of methods, plans, and principles of treatment, they do furnish useful information, provided that they are compiled by observers competent for the task and honest in its performance; that the cases are numerous; that they occur at the same time, in the same locality, and among persons occupying a similar social position. By comparing, by the aid of statistics of this kind, the results of treating a given disease, or series of diseases, by medicines prescribed empirically, antipathically, and homœopathically it is quite possible to arrive at a very definite conclusion as to which method or principle of drug selection proves most generally successful. Such is the place of statistics in therapeutic research.

The *third* mode of research—individual observation—is, says Dr. Maclagan, “that on which we have to rely.” Individual observation of what Dr. Maclagan does not state. Pharmacology, we have been told, deals with “the modifications produced in healthy conditions by the operation of substances capable of producing modifications.” If this is so—and most certainly it is so—the individual observations should consist in experiments with drugs upon healthy persons. There is not, however, a single sentence in this address leading any one to suppose that this is what its author meant. Diseases are, it is concluded, due to the presence of germs, and the individual observation alluded to is, I must presume, to be devoted to the discovery of germicides. But how these articles are to be gone in search of Dr. Maclagan gives no hint.

After all, the “individual observation” on which it is supposed that “we have to rely” in therapeutic research amounts to nothing more than the plan “of acquiring the knowledge of the virtues of medicines by experience” discussed by Cullen. In commenting upon it, Cullen says: “An experience of the effects of substances upon the living human body”—and here he referred, as is abundantly proved by what follows, to the sick and not to the healthy human body—“an experience of the effects of substances upon the living human body is certainly the only sure

means of ascertaining their medical virtues; but the employing of this experience is extremely fallacious and uncertain, and the writers on *Materia Medica* abound with numberless false conclusions which are, however, supposed or pretended to be drawn from experience." True as this was in Cullen's time, it is no less so to-day.

While, then, the establishment of a Pharmacological Section by the British Medical Association is evidence of a desire, on the part of the members "to find a clue" as Dr. James Smith expressed it at Belfast, to "the labyrinth" of the "modes of action of remedies," the means so far proposed to discover it are unhappily as inadequate to the purpose as they are wanting in originality.

To find "this clue," the British Medical and all other Associations are shut up to taking the course suggested by Stahl and emphasised and carried out by Hahnemann. None ever proposed or attempted has proved so certain, so abundantly fruitful a source of knowledge of "the modifications produced in healthy conditions by the operation of substances capable of producing modifications" as this has done. So far as we know at present there is no other means than this by which we can detect the organs and tissues for which different substances have an affinity, none by which we can hope to learn the kind of action they exert upon them.

When this kind of knowledge is obtained, and it is sought to utilise pharmacological facts for therapeutical purposes, how will this, the practical end, be accomplished? "We must admit," said Dr. Bristowe, three years ago—"we must admit the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body." (*Brit. Med. Journ.*, 13th Aug., 1881.) Precisely so. And as the "special value of investigations conducted only on the healthy body" is admitted by all the more eminent students of pharmacology in Europe and America, it needs little of the gift of prophecy accurately to forecast the therapeutic issue of pharmacological enquiry.

Of one thing I am certain, and it is this; that if any physician or body of physicians will pursue his or their investigations into the actions of drugs upon the healthy human organism in the manner carried out by Hahnemann eighty and more years ago, and urged upon the profession in our own land some fifteen years since by one

whose authority in medicine was, aye and still is, justly held in the highest esteem—urged upon the profession by the venerable Sir Thomas Watson—and then, having done so, if he or they will compare the results of his or their observations with the phenomena of those diseases the drugs experimented with have been known to cure, he or they will have abundant reason to feel assured that the law of similars is no *ignis fatuus*—is no fitting subject for a trifling joke—but that there is good, solid ground for believing in its reality.

I am here reminded of the words of Professor Burden-Sanderson, that, “in judging of a therapeutical method the one and only criterion is success.” This being so, the clinical test must follow the pharmacological enquiry. The application of this test will—so runs the testimony of many thousands of physicians who have practised homœopathically during the last eighty years—so runs the testimony of some nine or ten thousand who are actively engaged in doing so to-day—the application of this test will transform any pre-existing hesitation of the value of pharmacology, *plus* the principle of similars, into an abiding confidence in their united value; will convert any doubt that may have been felt respecting the truth of homœopathy into a firm conviction of its paramount importance as a therapeutic method; will assure the investigating physician that through it he can obtain a power of control over disease that previously he had never dreamed of possessing.

That we know aught of this method, that we are in actual possession of this increased control over disease, is the direct result of the life-work of Hahnemann.

When we think of the constancy and consistency with which he sought and wrought it out, all undeterred by the gravest and most serious obstacles that could beset a scientific and clinical investigator—when we reflect upon the genius and scholarship he brought to bear upon his enquiries, the courage and self-sacrifice with which he pursued them, Hahnemann presents himself to us as, what in very deed he was, one of the most genuine heroes who ever devoted a life to the ascertainment of truth in medicine, or ever laboured to diminish the physical suffering disease entails upon mankind!

Tunbridge Wells,

October 1st, 1884.

REMINISCENCES OF THE CHOLERA OF 1849,  
WITH REFLECTIONS,\*

By Dr. JOHN MOORE.

It has occurred to me that as some of our younger members may not have had the opportunity of seeing the cholera during its former visitations to this country, it might be profitable to spend an hour or two in its discussion. As there is still some ground to fear that its present outbreak may not be confined to the South of Europe, and if it should again visit these islands we ought to be thoroughly equipped for its treatment to the extent at least of our present knowledge, and the lessons which past experience has supplied, for it is a disease which requires prompt treatment, and the loss of an hour or two may be the loss of a life—especially at certain stages of it. It was my good fortune to be associated with Dr. Drysdale and Dr. Hilbers in the dispensary practice of 1849, and we worked most harmoniously and cordially together. The recent death of Dr. Hilbers moves me to say that a man of a more kindly heart or of disposition more ready to help his younger brethren could not be found within the precincts of any profession.

So much has been written on this disease, and such varied theories have been promulgated as to its nature, etc., that it would only waste the time of the Society to rehearse them. To those who desire a full account of the Asiatic cholera I refer them to Macnamara's interesting work, to Pette Koffer's (of Munich), and to the American volume on the Cholera of 1873 in the United States of America, a book published under Government authority, containing upwards of 1,000 pages of matter in which all theories of the disease and all kinds of allopathic treatment are recorded.

In addition to these books the reports of the medical journals, during the four visitations of cholera in our own country, viz., that of 1832, 1849, 1854, and 1866.

As regards the homœopathic treatment of cholera, an account will be found in the 7th volume of the *British Journal of Homœopathy*, by Dr. Rutherford Russell, by Dr. Drysdale, in the 8th, and by Dr. Proctor in the 25th volume.

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\* An abstract of this paper was read at the Liverpool Medicœ-Chirurgical Homœopathic Society, October 2, 1884.

The recent researches of Koch and Pasteur give colour to the idea that the disease is of germ origin, but whether the bacillus discovered in the secretions be the cause or the effect of the disease is by no means proved, and, happily for our own treatment, we have not to wait till the essential nature of any disease is found out, but treat it as our great master taught us, by its symptoms, objective and subjective.

A vast amount of valuable time has been lost by an attempt to discover the essence of diseases—and of this special disease—but it has been left to homœopathy to find out the system of treatment which has been proved to be the most successful in all its stages, and it is to this branch of the subject that I wish especially to direct your attention,—and first, we will give the symptoms of the disease, although so well known. These are : first, a sense of oppression at the pit of the stomach, sometimes accompanied by faintness, at others by giddiness, this is soon followed by vomiting, or purging, or both, the matters ejected resembling rice water, oftentimes of a sweetish, sickly odour : there is present great thirst, coldness of the surface of the body, which is generally in a state of perspiration, cramps may or may not be present, if present, they may affect the abdomen or the upper or lower extremities, chiefly the lower. If this state is not speedily checked there soon follows the second stage—the stage of prostration or collapse, or, as it has been called, the blue stage ; this is characterised by extreme coldness of the body extending even to the *tongue* and the *breath*. The breathing is oppressed ; the voice hoarse and husky, very peculiar, hence called the *Vox Choleraic* ; pulse small and frequent, and scarcely to be felt, and there is generally a fearful foreboding of death. The skin of the hands become like a washerwoman's, the face of a blue colour ; suppression of the urine occurs during this stage. He who has once seen such a state will never forget it nor mistake it for any other known disease—it is a distressing vision. If the patient rallies, or by treatment is brought out of this stage, febrile reaction generally follows, which is not difficult to remove, unless there has been some previously existing chronic affection. The suppression of the urine is sometimes a troublesome symptom, and certainly until removed the patient cannot be regarded as out of danger, and patients often die in the consecutive fever, I believe chiefly from cerebral or renal congestion.

*Treatment.*—In the first stage let us emphasise the great remedy, first announced by Hahnemann—*Camphor*. I do not hesitate to affirm that it is the most sovereign remedy for Asiatic cholera yet discovered, and I write from personal experience of its virtues in the epidemic of 1849, and my experience has been re-affirmed by all who have used it since, indeed, my only regret is that we did not advocate its use more fully, freely and persistently, throughout many cases where we abandoned it for other medicines which appeared to be more closely indicated.

The *second* stage.—The fear that *camphor* would neutralise the effect of other medicines added to other reasons, prevented me from giving it with those medicines in the stage of collapse. I will now give one illustrative case of cure by *camphor* alone, and it may be taken as a type of many similar cases, cured in the same stage of the disease, viz., in the transition from the first to the second stage. On the 8th of July, 1849, a merchant of this city, of strong will and lymphatic temperament, aged 55 years, was attacked by diarrhœa in the morning of the day; being Sunday, he resolved, notwithstanding his state, to attend public worship as usual; during the service he began to feel faint and sick, and speedily withdrew to the vestry. As I happened to be present at the service I was called to see him, though not his usual medical attendant. I found him very ill, pulse wavering, cold skin, blue appearance of the face, and great prostration, in fact he was on the verge of full collapse. Having a bottle of *spirit of camphor* in my pocket, I procured some lumps of sugar and gave him five drops on a piece of sugar and made him melt it slowly in his mouth, and as soon as it was dissolved I gave him a second dose in like manner, and so on for two hours, when reaction set in and then I had him removed to the house of a relation in Oxford Street as his own residence was in the country. I remained with him for two hours more and found the reaction well sustained. I then abandoned the *camphor* and gave him *veratrum* for the slight diarrhœa still existing. Next day he was able to be removed to his own house in the country and perfect recovery ensued without reactionary fever. As aforesaid, this is a typical case, just on the border-land between the first and second stage, and I have always found, and I believe others also, that when *camphor* has been well borne the patients have done well;



the cure was synonymous with the camphorising of the case, and the camphorising was complete when warmth was restored to the surface. Then all danger was passed, and unless improper food or stimulants were given no further trouble was experienced. Throughout the disease use dry heat to the surface of the body.

The question may now be asked, *what* prevented *camphor* being given in every case if its effects were so excellent? I reply the constant nausea prevented it from being administered. It became repulsive to the patient. The severe thirst often present demanding cold drink, and the previous domestic dosing with brandy and *opium* so complicated many cases, that *camphor* had to be given up. It may be truly affirmed that brandy and *opium* and astringent medicines rendered many cases much more difficult to treat, and in some cases cut off *entirely* the chance of their recovery.

The painful thirst, caused doubtless by the drainage of the serum from the blood, was more effectually relieved by frequent sips of iced water, and by the medicines most appropriate to the stage. These medicines are *veratrum* and *arsenicum*. *Veratrum* corresponds to the vomiting and purging, its sphere of operation was generally limited to the first, or early part of the second stage. I found *veratrum*  $\phi$  succeed better than the dilutions; when positive collapse came on, with cold tongue and cold breath, *arsenicum* is the medicine on which to rely, and likewise *hydrocyanic acid*. Recently Dr. Sircar, of Calcutta, has found striking benefit from the latter in the most apparently hopeless cases. *Phosphorus* also is indicated in this stage, and *crotalus* probably, but the medicines are very few that *meet* such a condition as the fully formed collapse of cholera. In this state cases on record prove that *aconite* has been found of service. However, let us not deceive ourselves by superficial resemblances between the medicines and this disease. Where *veratrum* has failed, *iatropha curcas* has been found to check vomiting and purging as reported by Dr. Holland, of Bath. The symptoms of this medicine as given by Allen are analogous to *veratrum*. When intense thirst co-existed with violent vomiting and purging, I gave *veratrum* alternately with *arsenicum*. The collapse of cholera is not a state of syncope, but of asphyxia—hence alcohol is not indicated.

With reference to the cramps of cholera, when they have been the prominent symptom, *cuprum* and *colocynth* are the medicines indicated. If asked to differentiate these medicines, I should answer, when the cramps are chiefly abdominal, *colocynth* is the medicine. If in the extremities, *cuprum* will be found most beneficial. If the pains are severe in the hypogastric region, *nux* or *strychnine* will be found eminently serviceable. Several other medicines have been recommended, such as *iris*, *ipecac.*, *secale*, *carbo vegetabilis*, and *tartar emet.* The latter was found of great service in Dr. Hayward's hands, in those cases where *arsenicum* was indicated. There is another medicine which occurs to me which I have had no opportunity of trying, viz., *elaterium*, which corresponds to the serous purging. I name it for consideration during any future invasion of the disease should such occur in these Islands. Should I ever be called to treat cholera again, I should not abandon *camphor* while coldness of the surface is present; when prevented from giving it internally, I should apply it externally in the form of liniment rubbed over the epigastrium and along the spinal column, for it is evident in this disease the cerebro-spinal system is involved as well as the sympathetic, and I should do this simultaneously with the internal administration of the medicines above referred to, chosen according to the prominent symptoms. Perhaps *aconite* and *phosphorus* might prove the best medicines for the blue stage of cholera if others failed.

We come now to the *third* stage,—the stage of re-action and rallying out of the collapse; then we have generally a febrile condition. This is met with the usual febrile medicines, *baptisia*, *bryonia*, *pulsatilla*, and *ipecacuanha*, chosen according to the prevalent symptoms. One of the most troublesome symptoms in this stage is suppression of urine, and often requires special treatment by the well-known medicines for this state, *terebinth*, *cantharis*, and *colchicum*. In the epidemic of 1849, we found *kali bichrom.* very efficacious in this condition, as recommended by Dr. Drysdale. I have named but few medicines for this fell disease, and only those I believe to be thoroughly reliable. A speedy choice of medicines is necessary, while a long list of them is confusing to the learner, and to those who meet the disease for the first time in their lives. If any person wishes to see confusion worse confounded in medical treatment in Asiatic cholera let him read the large

American volume referred to above, and published in 1874. Therein he will find about eighty different medicines used, and cases recorded in which *calomel*, *opium*, *capsicum*, *quinine*, *ether*, *chloroform*, *camphor* and other medicines were taken. One remarkable case *recovered after severe poly-pharmacy*. The compiler of the work, being struck by the recovery, makes this remark: "truly the forbearance of Nature is wonderful." The statistics of this disease and its varying mortality are rather confusing and contradictory; it may be affirmed that every epidemic of Asiatic cholera has its own mortality, corresponding to the intensity of the disease, and when we read of a very low mortality, we conjecture that diarrhœa cases, pure and simple, are counted in with the cholera cases, then you may have your five or ten per cent. mortality, but genuine cases of Asiatic cholera have a higher mortality anywhere and everywhere. Our mortality in 1849, in the very lowest class of the poor, was 25 per cent., while the Municipal returns, under the same conditions, gave 46 per cent. as the mortality under allopathic treatment. The medical officer of health at the time (Dr. Duncan) was a very able and conscientious man, and being in friendly communication with us, was aware of the difference. In the cholera of 1866, Dr. Proctor had charge of the dispensary practice. The mortality in his cases was only 15 per cent.; either he was more fortunate in his class of cases, or more successful in his treatment than we were, probably the great sanitary changes effected in the town between 1849 and 1866, had mitigated the severity of the latter epidemic.

Diet in Cholera.—We found the less of anything given the better during the first stage, cold water or iced water, and that in small quantities at a time, the best thing; as soon as the stomach could retain it, mild farinaceous food, gruel, arrowroot, &c. Alcoholic stimulants were injurious as a rule, though when able to be taken in the stage of collapse were administered in very small quantities.

I will draw my remarks to a close on Asiatic cholera by endeavouring to present a brief view of our present and actual knowledge of this serious disease. I think it may be affirmed with truth—

1st. That it is of Indian origin; that it has its home there, and, indeed, is never found absent from some parts of that Empire, Bengal for instance.

2nd. That it belongs to that class of disease which we call zymotic, and like that class is of *germ* origin, with the power of self-multiplication in the blood and secretions.

3rd. That the germs which produce the disease are the products of animal decay, animal excretions and sewage matter. These, finding their way into the ordinary drinking water of the people, are notoriously the cause of many outbreaks of the disease, both in India and this country. Notable instances occurred in Newcastle in 1854, in which the Tyne was so poisoned, and in London, when the Broad Street well was poisoned by a damaged cesspool communicating with it, and producing cholera in all who drank the water. When both sources were stopped, the disease began at once to die out.

4th. That the cholera germs require only a short time to incubate—from one to three days—differing in this particular from the germs of typhoid fever and scarlatina, and that cholera only tenants the same house for twelve or fourteen days.

5th. That it is not contagious in the proper sense of the word, by coming into contact with the patient; but the secretions are full of infection, and if clothes are soiled they retain the infection for weeks, perhaps for months.

6th. That it spreads rapidly in filthy districts, and has not been known to cross either the Desert or the Indian Ocean. Australia and New Zealand being hitherto free from its visitation, the American epidemics could always be traced to emigrants from European ports.

8th. That it is not dependent on the wind for its progress, as it has been known in India to travel against it; but it spreads more rapidly if favoured by a fair wind, though telluric and aquatic conditions appear more decidedly to influence its movements.

9th. That it has been known to stop short at a region where drought exists, and thus famine stricken districts have escaped.

10th. That the disease will continue to exist in India until the people learn the most ordinary habits of decency and cleanliness, and be taught to observe them during their pilgrimages to the heathen temples, these pilgrimages being not only a prolific source of the disease, but the chief means of spreading it throughout that vast Empire. The affinities of this disease are everywhere with the loathsome and the disgusting. To christianise, civilise and humanise

India, are the only effectual means of bringing about those sanitary reforms which will tend to eradicate cholera there.

11th. That sporadic cases have occurred in this country and proved fatal without any contact with imported disease cannot be doubted. I knew one such case in a village in Warwickshire, and others have reported similar cases in towns.

12th. Notwithstanding the severity of this disease in recent times, its violence has considerably diminished during the last sixty years. In 1817, when the Marquis of Hastings was Governor-General of India, 500 persons died in the camp in one night. Ten of his own servants amongst the number, some of them dropping down dead behind his chair. I had a commercial friend in India many years ago, and he told me it was no uncommon thing to spend a merry evening with a friend, and the next morning to find on the breakfast table a card of invitation to attend his funeral, his friend having fallen a victim to cholera.

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#### A CASE OF PLEURISY WITH EFFUSION.\*

By Dr. J. HAMILTON MACKECHNIE,

Senior Physician, London Homœopathic Hospital.

THE following simple case of acute single pleurisy is of interest, solely in that it recovered under the use of a drug which, so far as I know, has not been previously used in the treatment of that disease.

On the 28th August last year, a patient of mine, living in a northern suburb, came to me bringing with him his son—a boy 10 years old—who had been ill from “yesterday week,” with painful and laborious breathing and some cough.

It may be well to premise that the parents are both at business all day in the City, therefore it is not likely that we should have a very accurate history of the access of the disease, or of the details of its course.

The patient looks distressed and anxious; he sits with his chest bent slightly forward and to the left side, and even before undressing him it was noticeable that the movements of the chest were restrained. Respirations were 36. Temperature (about 2 p.m.) 101.8. Pulse 104.

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\* Read before the British Homœopathic Society November 6th, 1884.

He had walked from home to the station, about a mile, and from Portland Road Station to my house.

Upon stripping him I found the left chest enlarged, and the intercostal spaces bulging. I have not recorded the measurement of the chest. The percussion note was dull up to the third interspace.

The stethoscope gave very little respiratory or voice sound, and what there was seemed distant. Some subcrepitan râles were to be heard indistinctly over the back of right lung at base. Egophony at angle of left scapula.

There was cough, but not much, and the expectoration was scanty and of frothy mucus.

The most striking point was that the heart could be seen and felt, making its apex-beat to the right of the sternum.

I directed him to be taken home and given a hot bath, followed by a jacket-poultice to the affected side; but the father being himself subject to attacks of asthma, and having weak heart and generally bad constitution, thought the child's condition was but a reflection of his own, so that I had to put pressure on him to get my orders carried out, and the necessary attention given.

I prescribed *aconite* 1c, four doses, to be followed by *bryonia* 1x, a dose every 2 hours. The child was to be fed upon milk and farinaceous foods. I gave some precautions as to syncope, which I thought not at all unlikely to occur under the circumstances. The parents were to make report the following day, which was virtually "much the same." Temperature was reported, even. 103·4, morn. 100·4.

I attributed the high temperature of the evening to the fatigues of his excursion to visit me during the day. His night had been restless and sleepless, what sleep there had been being broken and startled. Continue.

30th, a.m.—I went down to see him, and found him decidedly worse. Temp.  $\frac{103.4 \text{ p.m.}}{101.8 \text{ a.m.}}$  The boy was very much distressed, his anxiety having increased to a condition of terror. He would not remain in one position two minutes together, but although continuing on the affected side would continually lift himself up, then throw himself down again with a gesture of despair. This movement took my attention, calling to my mind a case of pericarditis, the first of four which I narrated in the *Monthly Homœopathic Review* of September, 1882, and in which this, a peculiarly arsenical symptom, had been very marked, greatly

biassing me in my selection of the *iodide of arsenic* which I had then prescribed with exceptionally happy results. Accordingly, after a little consideration, I decided upon now giving this drug in drop doses of the saturated tincture, which contains nearly, but not quite, 1-100th of a grain of the salt, every two hours. I was still further disposed towards this selection by the fact that there was some diarrhoea of loose, almost watery, but scanty stools; three in the twenty-four hours. There was no improvement in the physical signs; on the contrary, the dulness now reached up to the first rib in front, and all the way at the back, while the movement of the chest was not improved.

31st.—There was some evidence of amendment having begun, for though there was no improvement in percussion sounds, nor indeed in the physical signs generally, the distress was certainly lessened a little, and the restlessness diminished. The temperature when I was with him in the afternoon was 100.4, but though the patient was still lying on the affected side he was quieter, and would remain for some minutes without raising and flinging himself down as yesterday.

Sept. 1st.—The following day I found my anticipations of improvement very fully realised, for the respirations were lessened to 30. Temperature was much the same; pulse 101; but the dulness had subsided to below the second rib. The bowels had acted three times since my last visit. Cough much the same. The restlessness was wonderfully lessened, and with it the anxious expression of countenance. The heart was still to be felt, but not seen, pulsating to the right of the sternum. Having directed that he should have beef tea and an improved dietary, I left him until the

3rd.—The effusion had decreased to an incredible degree. Temp., 99.4; resp., 24; pulse, 101. Expression smiling; patient lying on his back, though with a twist towards the affected side. There was very little cough; expectoration freer and more glairy.

5th.—Temp., 99.0; resp., 18; pulse, 82. The bulging of the left chest was subsiding; the heart's apex could be felt a little nearer to the median line than natural, but unless one's attention had been previously called to it. I doubt if it would have been noticed. The respiratory sounds were audible; there were moist bronchial râles to be heard nearly all over the chest. The boy was weak and

exhausted, but there could be no doubt that he was fast approaching convalescence. I did not alter the medicine. I believe I have only had one report of him since, but I know that he has recovered his health thoroughly.

As for the reasons which led me to give such a drug as the *iodide of arsenic* in this disease, they are precisely similar to those which led me to employ it in pericarditis, viz., that the two radicals which compose the salt are both credited with virtue in the treatment of the disease, while they are known to produce it pathogenetically. Again, the salt itself is one of peculiarly active powers in the organism, and from which much may be expected; and so far it has not disappointed expectation. In the pericarditis case my anticipations of a favourable issue were by no means great, and I used it rather as a *dernier ressort* than with any decided hope, but the result more than justified my very moderate expectations, and that result formed the basis for further attempts; and now my impression is that the *iodide* may be well looked to in those cases of acute inflammation of the serous sacs where effusion takes place very rapidly and is copious, thus embarrassing to an extreme degree the respiratory and circulatory functions. I do not remember in my previous experience any case of pleurisy, such as I have described, giving way, and absorption taking place so rapidly as in this instance.

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## NOTES ON THE FIFTH INTERNATIONAL HYGIENIC CONGRESS, HELD AT THE HAGUE, IN AUGUST, 1884.

BY DR. ROTH.

THE Congress was opened on the afternoon of the 21st of August by a public meeting, presided over by Mr. de Beaufort, who—in consequence of the sudden death of the President-elect of the Committee of Organization—had kindly undertaken to act as President.

Before entering into the details of the work done at the Hague, I will follow the example of my friend Dr. Layet, Professor of Hygiene in Bordeaux, who says: "Nothing is more conducive to intellectual and moral health than to be able publicly to express our gratitude to all those who have undertaken the task of proving how the Dutch nation



—during their general mourning—has with generosity fulfilled the duties of a splendid hospitality.”

Under the calm and phlegmatic exterior proverbially attributed to the Dutch, the most sincere cordiality was shown to the members of the Congress, who, although they could not in consequence of the death of the Crown Prince be welcomed at any great public festival, were most splendidly entertained by the town authorities of Rotterdam, who placed a steamer at their disposal, and gave them an excellent luncheon, during their very pleasant excursion to view the celebrated bridge of Moerdijk—constructed by the famous engineer Conrad, who happened by chance, to my pleasure and surprise, to be my neighbour at one of the banquets. Count Van Bylandt, with the Countess, received and entertained us most splendidly at Arensdorf, near the Hague—a first class supper with the best of wines, very good music, electric illuminations and superb fireworks, near a piece of water, with dancing in the open air had been provided, and I am sure that no public reception could have surpassed this private one.

Nothing could have been more hygienic for the mind and body than the various dinners, and especially the farewell banquet, where a number of the most cheering toasts renewed our energy after the previous hard work.

We all, medical men, engineers, architects, chemists and others, official and non-official representatives of Governments, countries, towns, learned and charitable societies, left the Hague with a feeling of real gratitude towards the town, the country, and the men who received us so cordially and entertained us so hospitably. It is my agreeable duty to mention Professor Van Overbeck de Meijer, the general secretary and organiser of the Congress, de Beaufort, President, and Blom-Koster, Vice-President, Van den Bergh, Minister of Commerce and Industry, Patiyn, Burgomaster of the Hague, Professors Danvers and Snellen, Messrs. Conrad, Carsten, Van Dovremal, Beanjou, as members of the Committee of Organisation.

In his interesting opening speech Mr. de Beaufort referred to the progress which sanitary science had made amongst politicians, and statesmen; he pointed out especially the relations of hygiene to politics, and to the problem of individual liberty. Previously, all nations bore the most deadly epidemics as inevitable evils, sometimes they considered them as punishments inflicted by the

Lord, and believed it to be very impious to do anything to counteract them. At present it is admitted that the interests of society have a prior claim on our consideration to those of the individual, and with regard to the prevention of contagious diseases, all nations agree that the measures necessary to accomplish this end should be taken.

How to harmonise the always necessary, but very legitimate, demands of public hygiene with individual liberty is a new political problem.

*On the Economic Value of Human Life.* By Dr. ROCHARD, of Paris,

This paper was most interesting, and is quite worthy of being read in extenso. I must, however, restrict myself to the following extract:—"The economic value of human life has not yet been calculated; the English hygienists, Messrs. Chadwick, Farr, Douglas-Galton, and James Paget, have considered this question under different aspects, and not in the manner I wish to do—my aim is to make use of the various *data* for the purpose of proving the following three aphorisms:—

1. All money expended upon hygiene is economy.
2. Nothing is more expensive than disease, except death.
3. The squandering of human life is more ruinous than anything.

Human life taken intellectually has no value which can be calculated; but it has a material price, it is this which the law takes into account in contracts for life insurance. This value varies infinitely, and depends on age, sex, residence and social position; it increases from the period of birth till the full development of man, remains afterwards, for a time, stationary, and declines at old age, when the life of the bodily or mentally sick and idle has no value at all. The value of life is less in women than in men; less in the dweller in the country than in the resident in the towns; and increases in proportion to the higher social state. With the aid of these various elements, and the official data I have received from the statistical bureaus, I have divided France into small groups, and I have calculated their value of life. I find that the life of 37,672,048 inhabitants is worth yearly 41,921,296,656 francs, which represents a much smaller value than that calculated by

Chadwick at £200, by Farr, £159, and by the Americans at \$3,500.

In 1880 the number of deaths in France amounted to 858,297, and taking this as a normal number, 940,686,444 francs have been, or with the funerals, about a milliard of francs, the yearly death loss in France.

In 1880 462,257 patients passed 15,904,878 days in the French hospitals, the expense per day being 2 francs, the total cost amounted to 31,808,756 francs; the death rate in the hospitals was about 41,911, that is, 9 per cent.

The loss of labour at one franc per day for a woman and two francs for a man amounted to 53,896,175 francs for the hospital patients—to which must be added the loss of work of patients treated at their homes, estimated at 654,524,498 francs; thus we have the sum of 708,420,583 francs that is paid yearly as a tax on disease.

Death and disease in France cost more than half of the national budget; by diminishing one-tenth of the mortality 165 millions francs might be saved annually—but I intend to prove that the mortality can be diminished beyond 10 per cent. All diseases decimating the population are contagious, and are destined to disappear. The history of medicine teaches us that all diseases transmissible from a patient to a healthy person can be prevented; thus the plague, the leprous complaint, the sweating disease, and the malignant gangrene of the middle ages exist only in our memory. The less destructive epidemics which still afflict us will also disappear under the influence of that *unconscious* hygiene to which all nations bow, but it depends upon us to accelerate their retreat with the aid of the more sure means of a scientific hygiene.

The speaker said neither the plague, the yellow fever, nor the cholera (which during five invasions in France had caused 346,978 victims) should re-visit us—and it was time that all nations united in preparing an international sanitary code which should be the common law of nations.

The *eruptive* fevers caused an annual loss in Europe of more than 300 million francs, and good preventive sanitary measures would easily reduce it to one-half; the annual cost of small pox in France amounted to 7,387,000 francs, while a tenth part of this sum would suffice for a regular system of vaccination throughout the country!

Amongst the 2,834,000 soldiers in Europe typhoid fever caused 5,669 deaths—as the value of a soldier at the

age of 21 years is 6,000 francs (£240), 84,014,000 francs are yearly lost through typhoid in the army. These are no utopian assertions. That we can very considerably diminish the losses caused by contagious disease, without any danger of increasing the population too much is certain.

Dr. Rochard continues thus: "We all have it in our power to propagate these ideas and to have them accepted by public opinion which we can arouse. Books, pamphlets, journals, the tribune in Parliament, the chair of the professor, the increasing number of hygienic congresses and societies are at our service; but to carry our ideas into practice, the capital is wanted. Although the expenses are really, in time, the means of saving large sums, a first contribution is necessary. But, unhappily, most nations are in financial difficulties, therefore the war budget must assist the sanitary budget, and the latter will repay the former an hundredfold in the number and strength of the defenders of the country as soon as the day of battle and strife approaches.

"Europe, while at peace, spends 2,908,000,000 francs every year on its armies; were she, by mutual consent, to diminish the number of her soldiers, the expenses of the first installation of hygiene would be easily secured. I do not belong to those who *haggle* when there is a question of the defence of the country, and I ask merely for loans on behalf of hygiene.

"When a question arises involving the honour or the defence of their country a nation cannot, and should not, save either their gold or the life of their children. The era of great wars approaches its end; they will disappear like the great epidemics. We shall not live to see this happy period, neither will our grandchildren witness it, but the time will and must come, and this vision of the future must console us for the distress of the present. This is, perhaps, the last illusion which I cherish, but I ask permission to retain it to my last hour."

I need not add that this address, of which I have given but a short abstract, was received with unanimous thanks and the loudest applause.

#### *The Cholera.*

The following resolutions (proposed by Dr. Proust, of Paris) were determined by the Congress:—

1. It is desirable that a new International Sanitary Conference should be established.

2. That a Sanitary Commission, composed of delegates of different nations, should work and act as a permanent International body.

3. That an International Sanitary Code should be prepared and published.

The Dutch Government is requested to communicate these resolutions to all other Governments.

Dr. Rochard's proposition "that it is desirable to retain quarantines, but with considerable improvement," was adopted by the Congress.

#### *The Sanitation of Towns.*

Since the second International Hygienic Congress was held in Paris in 1878, this question has played an important rôle at the Congresses of Turin, Geneva and of the Hague. Among those interested in public hygiene there are two great parties holding opposite opinions, each side being defended and each view advocated by eminent hygienists, some being medical men and others engineers.

One party, led by members of the Paris municipality, and especially by the eminent engineer of the city of Paris, Mr. Durand-Claye, insists on the necessity of a general drainage of large towns, and that all impurities, street refuse, excrements, etc., should be consigned to the drains, and with the aid of sufficient water carried away and out of town, where the liquid parts are raised and distributed by a system of canalization over a large surface of land; thus every landowner is able to admit the liquid manure as often as he wishes, and in any quantity he requires; the liquid—the solid contents of which have been absorbed by the land, planted with all kinds of vegetables, fruit and flowers—percolates the earth and re-appears in various places as clear drinkable water. This system is carried out, with the greatest success, on a grand scale near Paris, on the so called peninsula of Gennevilliers, containing a surface of 1,500 acres, and at Achères with 3,500 acres; in both places the vegetation is as rich as can be desired, the flowers are most beautiful, the fruit is delicious, and the vegetables are of the very best class. During the Paris Congress of Hygiene, in 1878, I was among the excursionists to Gennevilliers, when I personally convinced myself of the effect of the irrigation on the vegetation. I remember eating the juicy fruit and tasting the excellent water.

The principal leader of the opposition to this system is Mr. Duverdy, who bases his opinion on the two injurious

results which he considers have been proved to be the consequences of the Paris system, namely, that the land irrigated by the liquid manure is most unhealthy, and that the river (the Seine) must be infected and more impure in the event of the cultivators of the land refusing to use the liquid manure.

Other methods of purifying the towns are by aspiration of the contents of the cesspool either by the proceeding of Lieurmur and Berlier—who transport the solid part of the excrements to large reserved places out of town, and there transform them into artificial manure.

Those interested in these questions will do well to read the transactions of the Congress with all the details of the two opposite systems.

### *On the Transmissibility of Tuberculosis.*

#### *1.—Infection by Contagion.*

Is pulmonary phthisis contagious or not?

Two years ago at the Hygienic Congress at Geneva this question was put and Professor Corradi was requested to make enquiries on the subject. The Italian Hygienic Society has taken up the question at Professor Corradi's request.

The whole medical profession in Italy has been asked to express an opinion whether tuberculosis is contagious or not. Six-hundred and eighty medical men have answered; 59 believe it is contagious, and have sent proofs: 121 do not admit that it is contagious and quote cases in which all circumstances were favourable to infection without any taking place; 497 reserve their opinion and think the contagion is not yet proved.

The conclusions of Professor Corradi's report are:—

- 1.—The contagion of pulmonary phthisis is possible.
- 2.—Infection may take place but certain conditions are indispensable; of these, prolonged cohabitation is a principal one.
- 3.—Weakness and all influences diminishing organic resistance make the infection much easier.
- 4.—The possibility of infection through dress, rags, &c., has not yet been sufficiently demonstrated.
- 5.—It is still doubtful whether the milk and the flesh of phthisical animals may cause infection, especially when well cooked or otherwise prepared.

6.—Preventive measures can so far only be taken with regard to prolonged cohabitation.

7.—The inquiries on this subject should be continued in other countries, and the interrogatory should be the same everywhere.

In support of these conclusions the Professor quoted the experiments instituted in the hygienic laboratories of Italy; amongst them I shall name those of the Professor of Hygiene of Pavia who was prevented through the cholera scare in Italy from being present at the Hague; he sent a most interesting paper on the *neutralisers of the tuberculous poison*; he inoculated in 1883 and 1884 more than 150 guinea-pigs with the sputa of phthisical patients. The following are the results of Professor Sorani's experiments:—

1. The tenacity of the bacillus of tubercle is very considerable under the influence of desiccation, putrefaction, oxygen and various disinfectants.

2. A temperature of 100 ° C. (212 ° F.) does not kill the bacillus, until it has been boiled for at least five minutes.

3. During the digestion of the sputa this bacillus is among the last to lose its morphological appearance under the action of the gastric juice, and of *hydrochloric acid*, and a more active digestion, such as that of the carnivora, is required.

4. Man in a healthy state destroys the bacillus in his stomach, but in a case of gastric catarrh, or in any state of sickness, or in an infant at the breast, the bacillus is not destroyed and passes into the digestive tube; these bacilli can cause enteritis, or tuberculous mesenteritis.

5. This bacillus mixed with water retains its form for more than a year, and probably also its virulence; thus drinking-water can be a source of tuberculous infection.

6. The virulence of linen *dirtied* by tuberculous liquid is not retained longer than from four to six months.

7. Alcohol mixed with the sputa does not destroy their virulence; those who take alcohol freely are frequently tuberculous.

8. *Sulphate of quinine, cod liver oil, helénime, ozone, oxygenised water, resorcine*, do not influence the virulence of the bacillus.

9. The action of the *benzoate of soda, the sulphate of carbolic zinc, alumine, iodide of silver, bromine, naphthaline, bromide of camphor*, is similar to that of the foregoing.

10. *Chlorine water, sulphuret of hydrogen, chlorides of gold and platina, iodoform, are injurious to but do not kill the bacillus.*

11. *Creosote, camphor, eucalyptol, carbolic acid, chloride of palladium, bichloride of mercury have a more decided influence.*

12. Amongst the various substances some may be useful as *external* neutralisers, like the *carbolic* solution, and a solution of *mercurial sublimate*; *internal* neutralisers might be *camphor, creosote, eucalyptol* and *naphtol*.

13. The breath of the tuberculous does not contain any bacillus, and is not poisonous, except when mixed with small portions of sputa, as in attacks of coughing; therefore it is unnecessary to disinfect the air in which the tuberculous are living.

14. It is necessary to watch that the tuberculous do not expectorate except into their handkerchiefs, or into special spittoons, which must be disinfected every 24 hours by placing them in a solution of *carbolic acid* of 5.100, and at a high temperature, in order to increase the action of the acid on the bacilli.

15. It is probable that the inhalations of compressed air give to the lungs an increased resistance against the augmentation of the tubercle-bacilli, and that this acts, especially in those who are predisposed, like a new mode of vaccination against tuberculosis.

After this paper Professor Vallin, of Paris, mentioned that an enquiry similar to that made in Italy was instituted last year in England, where 1,200 professional men sent in replies. Many do not believe in a tuberculous contagion, or feel that it has not yet been sufficiently proved; 260 have sent observations which are reprinted *in extenso* in the report, and these go to prove the existence of the contagion. All hereditary cases have been excluded, but the case of a phthisical needlewoman living in the country is given, with whom two young girls were working; one of these remained on alternate weeks, and for a week shared the room and bed with the woman who died in consequence of the progress of the tuberculous disease; immediately afterwards the two girls began to show signs of tubercular disorder, although they were strangers to the woman and lived in some neighbouring villages where no trace of tubercles could be found in their own families.



Similar facts are published in the English report, and also from all other countries in which Villemin's discovery of the inoculability of tuberculosis has attracted the attention of the Professor to the subject.

At present the tuberculous transmissibility from man to man must be considered as a fact which has been proved, although it does not occur frequently, and is still the exception; oftentimes it does not occur where the circumstances which appear most favourable for its manifestation exist; it is important that the causes which influence results so widely different should be carefully studied.

The principal source of danger, according to Prof. Vallin, is in the products of the expectoration, in which the bacillus is found in very large numbers. *A tuberculous patient who does not expectorate is not dangerous.* The aim of hygiene is, therefore, the neutralisation of the sputa; hitherto but a very small number of substances have been found capable of destroying the virulence of the sputa. The easiest, surest and safest means are heat of more than 100° C. (212° F.) boiling water; it is less important to disinfect the sputa than to prevent their drying up on the floor, on various fabrics, on the linens, &c., and their change into powder and dust, which might enter the lungs or the stomach; the expectorated sputa of the tuberculous should be collected only in the spittoon filled with some powder which is to be kept moist by water mixed with glycerine; some disinfectant might be added, as chlorate of zinc, sulphate of copper, carbolic acid, &c.; the keeping of the sputa in a moist state is of the greatest importance in hospitals, public establishments, barracks, workshops, and where phthisical persons are mixed with those who are healthy, and where the friction of the floor by the feet raises the dust and powder of the dried sputa; hence the spitting of tuberculous patients on the floors should be *strictly* forbidden.

This should be still more rigidly prevented in public galleries, in covered promenades, etc., in the halls and salons of those health resorts where a large number of patients suffering from chest complaints meet together, as at Nice, Cannes, Mentone, etc., and at many other watering places; the greatest care should be taken that the highest degree of cleanliness is maintained, that the floors should be cleaned with wet sand and afterwards wiped with cloth

dipped in some disinfectant, like carbolic acid or chlorate of zinc, at 5.100.

These hygienic measures should be carried out by medical men wherever tubercular patients are. Great care should be taken in all health resorts, that in the hotels, in the bedrooms and alcoves, a patient threatened with a chest complaint should not lodge where, perhaps, a day before, a tuberculous patient in an advanced stage of the disease has lived and slept in the same bed, under the same coverlets and sheets. Every health resort and watering place frequented by tuberculous patients should have an establishment for purifying and disinfecting by vapour of more than  $100^{\circ}$  C. all the beds and linen after a lodger leaves, and especially after every death. It is in the interest of hotel proprietors and lodging-house keepers to disinfect their houses and beds; by so doing they would give increased confidence to their customers, and a higher reputation to their establishments; how much better would it be to replace fixed carpets by loose ones; to supersede woollen curtains and coverlets, which are not easily washed and cleaned, by linen, cotton or muslin, which should be washed and changed just like the sheets whenever a new lodger arrives; the white wooden floor ought also to be washed with hot water and scrubbed with sand. At the health resorts along the Mediterranean, these suggestions are beginning to be carried out, and it is desirable to encourage their general adoption.

The recess, called "alcove," in which the bed is placed should be generally proscribed as a sleeping place, but especially so for phthical patients who require bed and living rooms with constant ventilation. Drafts of air are much less injurious than stagnant and confined air; it is absolutely necessary to give up the practice of confining the air to be breathed by healthy and sick persons, and especially by the tuberculous, for whom pure fresh air is one of the first necessities of life, therefore no healthy persons should habitually share the room of the tuberculous, and still less so the bed of such persons. The healthy are not only exposed to the danger of infection, especially when tired and exhausted, but contribute to the impurity of the air, which must be as pure as possible for the sake of the patient, while, during his absence the room and its walls can be disinfected by pulverised solutions of carbolic and benzoic acids and thymol; but the best and

easiest disinfectant is a frequent change of air, and that of the most thorough kind.

Prof. Vallin pointed out the danger caused by those who have tuberculous external lesions with secretions; thus exclusively localised lesions in the mouth or pharynx are very dangerous; phthisis caused by the secretions is very acute, therefore it is specially incumbent to caution nurses, servants, and friends not to taste the food they give to children, and not to drink out of their tumblers, &c.

Another danger must be named, which is that convalescents after bronchitis, whooping-cough and pneumonia are exposed when in the company of tuberculous persons, because any part of their mucous membranes in which the epithelium is discharged leaves a loophole for the infection, just like an excoriated part of the external skin disposes to the infection of so many poisons. Weak and exhausted persons living with tuberculous patients are also much more liable to the infection than healthy persons.

Vaccination with the lymph taken from adults should not be used, as there is a possibility of tubercular infection, while the lymph of young animals or babies is not dangerous because tuberculosis does not exist amongst them, or extremely rarely so. Among 1,000 calves scarcely one is tuberculous.

Dr. Jorissenne, of Liege, suggests that the large wards in hospitals should be divided in halves, that the cleansing and ventilation may take place in one half while the patients occupy the other.

The congress unanimously accepted the prophylactic measures suggested by Professor Vallin, which have been mentioned in the preceding paragraphs.

(To be continued.)

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## ERYTHROXYLON COCA.

THE Erythroxyton Coca furnishes the Peruvians with their medium for that artificial stimulation for which almost all races of men have shown a craving. In its action it is both stimulant and narcotic. The late Dr. Carl Müller, of Leipzig, made a series of experiments with it on himself and six friends between the years 1853 and 1856, of which a record will be found in *The British Journal of Homœopathy*, vol. xv. These experiments show that the action of the drug is "principally, 1st, upon the brain (dis-

turbed sleep, disordered vision and hearing), and 2nd, on the respiratory organs; and that the symptoms on the former are of a narcotic, and on the latter of an asthmatic character." A short proving by Dr. Stokes is recorded in the third volume of this *Review*; while in Allen's *Encyclopedia of Materia Medica* a large number of observations of various degrees of value are collected together.

It has, however, been comparatively little used in the practice of medicine. During the last few weeks considerable interest has been excited by the discovery of the local anæsthesia produced by its alkaloid *cocaine*. Surgeons have largely availed themselves of this property in operating upon the eyeball and the larynx. To any limited area of mucous surface its power of creating loss of sensation for a short time would seem to be applicable.

In 1872, Dr. A. Hughes Bennett, a son of the late Professor Hughes Bennett, of Edinburgh, made a series of experiments for the purpose of investigating the physiological properties of *coca* and its alkaloid *cocaine*, and published an abstract of them in *The Edinburgh Medical Journal*, of October, 1873. In a letter which appeared in *The Lancet*, of the 6th ult., referring to them, he says:—

"The general result of the enquiry then conducted was to show that this substance when injected under the skin was a powerful poison, inducing a varied series of symptoms affecting the nervous, respiratory, circulatory, vaso-motor, and glandular systems. Without here entering into all the phenomena observed, it may be interesting, in connection with the present practical application of the drug, to note the effects on the nervous system then determined. These shortly summed up are as follows:—  
1st. In small doses not ending fatally, cocaine causes partial general loss of sensibility. 2nd. In doses which are subsequently fatal, it induces, prior to death, complete general loss of sensibility. 3rd. It destroys the excitability of the posterior columns of the cord, and paralyzes the entire system of peripheral sensory nerves; but the anterior columns and the peripheral motor nerves remain intact. 4th. It causes spontaneous convulsions; but, unlike those induced by strychnia, they are not excited by peripheral irritation, owing to the paralysis of the sensory nerves. 5th. Special experiments proved that the nerve endings in the skin and mucous membranes were rendered inexcitable apart from any action the drug had upon the nervous centres.

This *résumé* shows that in *cocaine* we probably possess an agent calculated, were it more adequately proved, to assist us in the treatment of some forms of nervous disease.

The following account of the influence of its local application on the eyeball, communicated to the *Lancet* of the same date by Mr. Jeaffreson, of Newcastle-on-Tyne is especially interesting at this time.

“First, I will state my own personal experience of a 4 per cent. solution as applied to my own conjunctiva. The first contact of the solution is rather painful, much the same as though a drop of weak spirit were placed in the eye. This, however, soon subsides, and is succeeded by a sensation of weight and dryness of the conjunctiva. At the end of five minutes the pupil begins slightly to dilate, and the conjunctiva becomes to a certain extent anæsthetic. If now another drop of the solution is added, in a few moments all the symptoms become materially intensified. There is a decided sensation of weight and numbness about the eye if the two eyes are exposed to a strong current of air, as by blowing upon them, or otherwise the sensation is not felt upon the anæsthetic side, and there is a feeling of vacancy if the globe is rubbed with the hand. At the end of twelve minutes my conjunctiva was perfectly anæsthetic. I could touch the cornea with a pointed instrument, and seize the conjunctiva with fixation forceps without experiencing any sensation. The pupil was midway between contraction and dilatation, but the accommodation was unaffected. At the end of fifteen minutes I applied a third drop of the solution. The anæsthesia remained the same, but the pupil began to dilate rapidly and the near point to recede. In twenty-five minutes from the first application there was complete paralysis of the accommodation, but without the same of pupillary dilatation as atropine would produce; beyond this, however, there was a slight but decided amblyopia,  $V = \frac{8}{8}$  (my refraction is normal). I placed no further solution in the eye, but in half-an-hour from the last application sensation had perfectly returned. It was three hours before the accommodation was restored. Some pupillary dilatation and amblyopia were present when I went to bed at 10 P.M. (I had commenced my experiments at 8 P.M.), but the eyes were normal in every respect in the morning. I think the course of events as described in my own person are very much like what takes place in other persons. Children, however, as one would expect, are much more susceptible to the drug than elderly persons, and frequently one application will produce anæsthesia in them.

“Now, I think the anæsthetic properties of the drug should not be exaggerated; its effects are quite superficial. It does not extend beyond the conjunctiva and cornea, and therefore it will not give complete success in any operation involving other ocular structures; nevertheless it unquestionably mitigates the suffering in all operations on the globe. I have performed several cataract operations perfectly painlessly: tapped the cornea, removed a

pterygium, cauterised ulcers, &c., without any evidence of pain or inconvenience beyond what is experienced by the introduction of the speculum. In iridectomy the pain of excising the iris is not diminished, and in tenotomy of the ocular muscles and excision of the globe the pain is but slightly numbed."

In the same number of *The Lancet* Mr. Thomas Smith of St. Bartholomew's, describes a case in which, after painting a surface of the tongue about the size of a shilling with a 20 per cent. solution of *cocaine*, he was able to apply fuming *nitric acid* without "any sensation of pain during or after the process."

Dr. Macnaughton Jones also writes saying that he has succeeded in "removing small polypi from the tympanum and applying chloro-acetic acid to the granulations both on the membrane and in the tympanic cavity without the least pain."

Dr. Felix Semon and Dr. Prosser James have both described their success in operating painlessly on the larynx after brushing the parts with a 20 per cent. solution. The most interesting account of its utility in this direction is given in a paper read before the Society of Physicians of Vienna by Dr. Jelinek, on the 24th of October, from an abstract of which in *The Medical Times* of the 20th of November, we make the following extract:—

"Hydrochlorate of *cocaine* was a crystalline powder which dissolved easily in ether and alcohol, but less easily in water, and which had a neutral reaction. When the powder itself or a concentrated solution was applied to a mucous membrane it was followed by diminished sensibility to touch and to heat, comparative insensibility to pain, and diminution of reflex excitability. When applied on the mucous membrane of the tongue the sense of taste became impaired. For practical purposes the power possessed by *cocaine* of lessening sensibility to pain and controlling reflex excitability were most important. At the clinic of Professor v. Schrötter, Dr. Jelinek had had a good opportunity of making experiments on the action of *cocaine* when applied to the larynx. He used dilute alcoholic solutions of ten per cent. and twenty per cent. which were at first clear, but which after some days became turbid, owing to the alcohol evaporating, and some of the *cocaine* being precipitated. It then became necessary to add a few drops of alcohol. Hydrochloric acid should not be used in preparing the solution, and it should not be filtered. In slight operations, where little reflex action and only moderate pain were present, the ten per cent. solution sufficed; but where the larynx had to be rendered anæsthetic

for more serious operations the twenty per cent. solution must be employed. To the pharynx the solution should be applied by means of a little mop; to the larynx by means of a thick soft camel's hair pencil. The application must be repeated every minute and a half, if necessary. The anæsthesia lasted ordinarily from ten to fifteen minutes, and disappeared totally after twenty minutes. All those parts with which an instrument might come into contact—the margin, the lingual and laryngeal surfaces of the epiglottis, the palliculæ, and so on, must be painted, as reflexes might occur wherever a part had remained untouched by the solution. Dr. Jelinek then mentioned some cases in which polypi and papillomata had been removed from the larynx by Professor v. Schrötter with considerable success, after making use of his method. The author next passed on to consider the use of *cocaine* as an anodyne, and drew attention to cases of tuberculous perichondritis, in which deglutition was so painful that the patients refused food, and were in danger of perishing from inanition, though the process in the lungs was not very far advanced. The application of hydrochlorate of *cocaine* rendered good service to these patients, and in similar cases equally good results had been obtained. The diminution of pain sometimes lasted for three hours; it was necessary to seek out all the implicated spots, and to paint them thoroughly. In these cases only aqueous solutions had been used. He further pointed out that *cocaine* diminished the swelling of a mucous membrane where present, lessened its secretions, and, according to Fauvel, tightened the vocal cords. No local or general disturbance had been observed after its employment. It only had one disagreeable quality, namely, that 1 gramme (15 grains) of it cost from 5 to 6 florins (from 9 to 11 shillings).

Professor Von Schrötter at the same meeting told the members that that day he had removed papillomata from the larynx of a child, aged 7 years, after having painted it a short time before with *cocaine hydrochlorate*. The child did not feel anything, the manipulations were quite easy, and there was no trouble on the part of the patient. The superficial effect of the drug observed by Mr. Jeaffreson has been generally recognised. Dr. Königstein, of Vienna, in enucleating the eyeball of a dog succeeded in rendering the entire operation painless by first anæsthetising the conjunctiva, then making an incision and injecting a one per cent solution into Tenon's capsule.

There is no doubt that surgery has gained a very important aid in *cocaine*, one which we hope will shortly be sufficiently reduced in price to render it generally available. Ninepence a grain, or £18 per ounce is a serious

consideration—an endo-laryngeal operation costing several shillings to admit of its being painlessly performed through the aid of *cocaine*. We have heard that some of the wholesale drug houses have made what the Americans call “a corner” in coca leaves. If this is so, the price is more likely to advance than decline. “Corners” are, however, apt to break in the first place, and in the second when a demand exists, a supply usually follows.

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## REVIEWS.

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*The Law of Similars the Scientific Principle of Vaccination: Homœoprophylaxis.* By J. COMPTON BURNETT, M.D., F.R.G.S.  
London: Homœopathic Publishing Company, Warwick Lane, E.C. 1884.

THIS pamphlet is a reprint of an article published in the *Homœopathic World* as a reply to some strictures that we felt compelled to make upon certain statements in the author's essay on *Vaccinosis*. It contains nothing which renders it necessary for us to in any way alter the views we have already expressed.

The thoroughly inconsequential style of reasoning into which Dr. Burnett has fallen throughout is fairly illustrated by the following passage: “The sage and prudent *Monthly Homœopathic Review*, with ill-concealed and pent up wrath, comes along and throws ignorance in my teeth because I have spent seventeen years trying to understand the why and the wherefore of this belauded and hated vaccination.”

That we are, in Dr. Burnett's opinion, “sage and prudent,” is gratifying; but when he charges us with “ill-concealed and pent-up wrath,” we must once again assure him that he is “utterly in error.” We experienced no sensation of wrath whatever when reviewing his book, but simply a sincere regret, that one in Dr. Burnett's position should have committed himself to the notion that the contents of the vaccine vesicle, when suitable for vaccination, are purulent. Then, again, he complains that we throw ignorance in his teeth *because* he has “spent seventeen years in trying to discover the why and the wherefore of this belauded and hated vaccination.” This is impossible, were it only for the simple reason that we were not aware of his having devoted any time at all to such an enquiry. Our remarks were, as any calm reader may see, dictated solely by what we found in his pages. The dispute about the use of the word “lymph,” in defining the contents of the vaccine vesicle, appears to us to be mere pedantry.

It is unnecessary for us to comment any further upon Dr. Bur-



nett's passionate rejoinder, for we feel sure that any one, who will take the trouble to read our notice of his little book and the reply to it, which he has thought fit to make, will agree with us in thinking that the latter in no way impugns our criticism.

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*The Physician's Diary and Case Book for 1885.* London : Keene and Ashwell, 74, New Bond Street.

THIS annual is very conveniently arranged for the use of medical men. In addition to the usual information conveyed in diaries, with each page divided into three spaces, one space being allotted to each day, there is at the end an indexed case-book affording room for 170 cases or thereabouts. It is a quarto-sized volume, neatly bound in cloth, and will, we doubt not, be found well adapted to the purposes to which it is proposed that it shall be applied.

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*The Chemist's and Druggist's Diary for 1885.* London : 42, Cannon Street.

A WELL got-up volume abounding in information valuable to the trade so well represented by our contemporary, the *Chemist and Druggist*, from the office of which it is issued.

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## NOTABILIA.

### HOMŒOPATHY IN LIVERPOOL.

#### A NEW HOSPITAL.

WE have read the following announcement in the *Liverpool Courier* of the 12 ult. with much interest :—

“The public of Liverpool will learn with satisfaction of another act of munificence on the part of Mr. Henry Tate, of Liverpool and Streatham, Surrey. Having experienced in himself and his family the benefits of medical treatment on the homœopathic principles, Mr. Tate has announced his intention to erect and furnish at his sole cost a building to be used as a homœopathic hospital for the free use of the public. A central and convenient site has been secured on the plot of land in Hope Street lying between Hope Place and Rice Street. On this site will be erected, without loss of time, a spacious and well-appointed hospital, which, so far as the homœopathic system is concerned, will be the most complete yet established. The arrangements for carrying out Mr. Tate's splendid generosity have been given into the hands of the Committee of the Homœopathic Dispensary, who are now considering the details. We understand that Mr. Tate's present gift represents a money value of over £10,000, and this munificent donation—coming after his many other rich aids to

education and charity—makes Mr. Tate a generous benefactor, to whom the citizens of Liverpool have every reason to feel grateful. The unostentatious manner of his benevolence is not by any means the least merit of Mr. Tate's practical philanthropy."

The *Courier*, in commenting upon Mr. Tate's munificent donation to the city, gives in a leading article the following sketch of rise and progress of homœopathy in Liverpool:—

"The munificent gift of Mr. Henry Tate, announced in another column, marks a new epoch in the history of homœopathy in Liverpool. In the early period of its existence the Hahnemannian system encountered great opposition; its practitioners had to endure much opprobrium and many flouts and sneers; but they have survived all these, and now have the satisfaction of knowing that their system is firmly established, and has been adopted by persons in all ranks of society. It has passed the stage of being merely a fashionable craze or hobby, and however much it may be derided by the followers of the orthodox school of medicine, there is no doubt that it has obtained and maintains a hold upon the faith of an ever-increasing number of adherents. The practitioners who make use of the 'infinitesimal dose' are much more numerous in our large towns than they were a few years ago; and a tangible evidence of the extent to which homœopathy is practised is afforded by the fact that the vending of its medicines is not confined to a special class of chemists, but has been adopted as a lucrative branch of business by many of the ordinary chemists. It is hard to conceive that such success should have attended the movement if those who followed it were the charlatans which their opponents allege. There must surely be 'something in it,' or it would have died out ere now, and been consigned to the limbo of exploded quackeries.

"It is now forty-six years since homœopathy was introduced into Liverpool by Dr. Epps, who in 1838 delivered a course of lectures explanatory of Hahnemann's theory of *similia similibus curentur*. At that time there was no resident homœopathic doctor in the town, and it was not until 1841 that one settled here, the honour of being the first of the school to practise in Liverpool belonging to Dr. Drysdale. In the same year a dispensary was opened for consultation purposes in Harford-Street, Mount Pleasant, but it was not until thirteen years later that house-surgeons were appointed and patients attended at their own homes. In the meantime Dr. Drysdale had been followed by Dr. Chapman, a gentleman of scholarship and ability, by Dr. Norton and Dr. Hilbers, while their ranks were strengthened by the conversion of two of the old school doctors—Dr. John Moore, who in 1848 renounced allopathy and became a follower of Hahnemann, and Dr. Roche, who has since removed to

Norwich. In 1854 there came to the town Dr. Hayward, who appears to have been converted to homœopathy by witnessing its wonderful curative effects during an epidemic of cholera in Glasgow, where he was then in practice. The new practitioners have gone on increasing in number, and while many have removed to other places there are now nearly twenty avowedly homœopathic doctors in Liverpool, besides others in the neighbouring towns of Birkenhead and Southport. Strong opposition to the new practitioners was manifested by the local allopaths, not, it is said, entirely on their own initiative, but rather owing to the pressure put upon them by their brethren in London. In 1859 the followers of homœopathy were refused membership of the Medical Institute, and a law was passed, which has never been repealed, excluding all future homœopaths from membership.

“Being cut off from association with the rival practitioners, the homœopaths founded the Liverpool Homœopathic Medico-Chirurgical Society, which holds meetings monthly for the reading and discussing of papers on subjects of practical interest to the profession. These meetings are occasionally attended by allopaths, some members of which school are not above ‘imitating the homœopathic method and appropriating the homœopathic medicines,’ while they at the same time subject its avowed exponents to social ostracism. The society has numbered amongst its members many men of ability, some of whom have attained eminence in their profession in other towns, and the subjects discussed have been of a varied character. One especially may be mentioned in view of the recent alarm about cholera, and the fears that are entertained that the dread scourge may visit our shores in the not far distant future. It was a paper read at a meeting in November, 1866, by Dr. Proctor, which stated that in August of that year, in the midst of an epidemic of cholera, a dispensary was established in Athol Street. There were there treated 156 cases of choleraic diarrhoea, 88 of spasms, and 14 of dysentery without a single death occurring, and 99 cases of true cholera, of which only 14 proved fatal. Eleven of the fatal cases were in a state of collapse when first seen, and four had secondary fever; while seven of the cases that recovered had secondary fever, and one case recovered after the extreme restlessness and gasping, which are usually fatal signs, had supervened. The society in 1877 had extended to it by the other scientific bodies of the town the right hand of fellowship, being invited to join them in the associated gatherings which form such an attractive annual reunion in St. George’s Hall.

“A notable period in the history of homœopathy in Liverpool was reached, when in 1860 the new dispensary in Hardman Street was built and received civic recognition, being placed on the town list of assisted charities and receiving the patronage of

each successive occupant of the mayoral chair. A few years later a branch dispensary was opened in Roscommon Street, and some idea of their usefulness may be gathered from the fact that during the past year between 70,000 and 80,000 cases were dealt with at the two institutions. For some time past the need of an hospital for the treatment of patients on exclusively Hahnemannian principles has been keenly felt, and now, thanks to the generosity of Mr. Tate, is on the point of being supplied. Already a site has been procured in Hope Street, having three frontages—to Hope Place, Hope Street, and Rice Street—on which Mr. Tate proposes at his sole expense to build the hospital, which he will also furnish, so that before very long a building will be erected which will serve as a lasting memorial to one who has gained his wealth in our midst, and has experienced the benefits of the mode of treatment which he desires to perpetuate and to be shared by his less favoured fellow-citizens. The value of the hospital can hardly be over-estimated. It will afford to patients the opportunity of being treated in a manner which is frequently impossible in their own homes; and to medical students that experience which is denied them in other institutions if they avow their intention of joining the heterodox school of medicine. The results of the working of the new institution will be watched with interest, as by it a means will be given of contrasting the results of the treatment adopted by the two opposing systems in a degree not attainable under present conditions. But to ensure successful working it will be necessary for Mr. Tate's munificence to be supplemented by an endowment fund. There should not be much difficulty in establishing such a fund, if those who, like Mr. Tate, have experienced the benefits of homœopathy, are like him actuated by a spirit of gratitude."

It gives us much pleasure to add to the foregoing announcement of well directed philanthropic generosity, that Mr. Tate, having come to reside in the neighbourhood of the metropolis, has joined the Board of Management of the London Homœopathic Hospital, and by his activity as a member of it has shown the deep interest which he takes in that Institution.

We sincerely congratulate our Liverpool colleagues and trust that they will soon possess a hospital of which they and their fellow citizens and all homœopaths may be proud.

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#### DRYSDALE, DUDGEON AND HUGHES TESTIMONIAL.

At the first meeting of the committee, held at the hospital on the 27th of November, the resolutions of the provisional committee were confirmed, and Drs. Hamilton, Yeldham, Dyce Brown and Mr. H. Cameron, with Dr. Lloyd Tuckey as hon. secretary, were appointed an executive committee to carry out the details of the presentation.

Subscriptions have been received from the following gentlemen:—

Dr. Abbott	Dr. Guinness	B. Noble, Esq.
Dr. E. Blake	Dr. Gutteridge	T. Norman, Esq.
Dr. Gibbs Blake	Dr. Hale	Dr. Powell
Dr. Blackley	Dr. Harper	Dr. Ramsbotham
Dr. Blumberg	Dr. Hayward	Dr. Reith
Dr. Blythe	Dr. Holland	Dr. E. B. Roche
Dr. Bradshaw	Dr. Ker	Dr. Roth
Dr. D. D. Brown	Dr. Mackintosh	Dr. Scriven
Dr. Buck	Dr. Madden	Dr. Scriven, Junr.
Dr. Burnett	T. Mansell, Esq.	Dr. Simpson
W. D. Butcher, Esq.	Dr. Markwick	Dr. Stokes
Dr. Chalmers	Dr. Marsden	Dr. Suss-Hahnemann
Dr. Churchill	Dr. Matheson	Dr. Tuckey
Dr. Clarke	Dr. Miller	Dr. C. L. Tuckey
Dr. W. S. Craig	Dr. G. Moore	Dr. Walther
Dr. Drury	Dr. J. Moore	Dr. A. Williams
T. Engall, Esq.	Dr. H. Nankivell	Dr. E. Williams
Dr. W. Epps	Dr. Newman	Dr. L. E. Williams
Dr. Flint	Dr. Neild	Dr. Wyld

Promises have also been received from 22 other gentlemen.

The subscription is limited to one guinea. Cheques or postal orders made payable to Dr. C. Lloyd Tuckey, and<sup>o</sup>crossed London and South Western Bank, may be sent to Dr. Tuckey, at 14, Green Street, Grosvenor Square, W.

#### HOMŒOPATHY IN BOSTON, U.S.A.

WE have already informed our readers of the extension of hospital accommodation contemplated in the City of Boston, and we have now much pleasure in recording the completion of that proposed extension. The new wing of the Massachusetts Homœopathic Hospital was formerly opened in November by a "house warming," extending over four evenings. On Monday evening, the 18th November, over a thousand visitors were received at the hospital, including the Governor of the State, the Mayor of the City and many distinguished citizens with their wives and daughters. The entertainments provided to decoy dollars commenced with an address by the Hon. Rufus Frost, the chairman of the Executive Committee; at the conclusion of which he handed the keys of the hospital to the President, the Hon. Charles R. Codman, who, in reply, thanked the Chairman, accepted the charge, welcomed the guests, and then described the improvements and extensions which had been made, and stated that, for its size, the hospital was without an equal in the country. The cost of these additions, \$85,000 (£17,000), had, he said, been contributed entirely by private bounty. Funds were still needed, he added, and he called upon those who felt interested to give them assistance in furnishing the Wards. Governor Robinson and the Mayor both spoke warmly of the value of the Institution to the Commonwealth. A considerable collection of valuable paintings, lent by their owners, formed a very prominent source of interest.

Additional amusement was derived from an amateur dramatic performance on each evening. In another part of the building a "fair," as our American cousins term what we call a bazaar, was conducted. The articles displayed on the tables were of infinite variety, comprising chiefly fancy goods, pottery, pictures, plaques, and bric-a-brac, and, the *Boston Daily Advertiser* observes, "the prices marked were all quite reasonable." This alone stamps the bazaar as one almost unique in the history of this method of extracting money from the pockets of the charitable. Most certainly, in this country, the rule at a bazaar is that people buy articles they don't want at exorbitant prices!

At one table was a fine display of groceries and fruit; at another pickles, preserves and canned fruit. The flower table had a very choice assortment of blossoms and seemed to be liberally patronised. There was in one room a rustic well with two handsome and prettily costumed Rebeccas to dispense lemonade and mineral water; in another was a scene entitled "The Farewell Sermon," representing the exterior of a diminutive church and a large congregation assembling to service. A Christmas card table and others with trifles and knick-knacks, of more or less value. In room 12 refreshments were served, 28 young ladies with caps and aprons acting as waiters.

The occasion was one of great interest, and its marked success forms but another illustration, of which we have had many from the other side of the Atlantic, of how much may be done in a good cause where a carefully studied organisation is supported by energy and zeal. We offer our Boston Colleagues our hearty congratulations on the success they have achieved and our best wishes for their future prosperity!

#### THE MELBOURNE HOMŒOPATHIC HOSPITAL.

THE sixteenth annual meeting of the Governors of this Institution was held on the 30th of last July, the Mayor of Melbourne being in the chair. After the reading of the minutes the annual report and balance sheet were submitted.

The balance sheet for the year just closed showed the receipts on account of maintenance to be £1,369 15s. 2d., and the expenditure £1,526 16s. 4d. which, with a balance of £420 16s. 4d. from last year, left a debit balance of £577 17s. 6d., exclusive of outstanding accounts, £102 8s. 8d. The sum of £657 17s. 2d. had been received, and £978 0s. 2d. paid on account of the Building Fund, leaving a balance in hand of £4,362 4s. 8d.

The number of patients treated during the year was 1,565. Of these 127 were in-patients, and 1,438 out-patients. Of the in-patients 100 were cured and relieved, 18 died, and 14 remained in the hospital at end of the year.

The report next refers to an application that had been made to the Treasury for a further grant to enable the Board to complete the hospital. This had resulted in an allotment of £2,000 for the purpose. This sum, together with legacies to the amount of £850, decided the Board to call for tenders for the work to be done.

The Hospital Sunday Fund produced £327 17s. 4d. as the share of the Melbourne Homœopathic Hospital.

The Chairman then moved the adoption of the report and balance sheet. He regretted that he had not lately been able to devote the time to the interests of the Institution that he should have done, but his duties in other spheres so fully engaged his attention that it was a matter of impossibility for him to have attended the meetings of the Board as he would wish. He trusted, however, that he would shortly be able to take a more active part in the management. He was pleased to hear the Institution spoken well of everywhere, and it was necessarily a gratifying thing to the members of the Board and the Governors to find it steadily advancing in public opinion and achieving the objects for which it was founded. Referring to the printed report submitted, he alluded to the difficulties the Board had had to contend against in the matter of the erection of the new hospital. The high price of labour and building materials had stopped the way for some time, and coupled with the lack of funds, the Board had been compelled to defer proceeding with the building. The Honourable the Treasurer had, he thought, fairly met the Board in granting another £2,000 towards the Building Fund, and although the Institution was perhaps deserving of a larger amount, it must not be forgotten that it had to be taken out of a certain fixed lump sum annually granted by Parliament for charitable purposes. With this £2,000 added to the fund, and a prospect of an early fall in the cost of building, the Board would be enabled to go on with the superstructure of the building. Referring to the two bequests made to the Institution, he thought that the example set might be emulated by many of the wealthy classes in the colony. He briefly alluded to the other items in the report, and concluded by moving the adoption of the report and balance sheet.

The Rev. John Turner (Vice-President) rose to second the motion. He fully endorsed all that had been said by the mover. He regretted with him that the high price of building materials and labour had prevented the Board completing the new hospital, and he was pleased to hear that there was a prospect of a reduction in the rates. The delay that had taken place might appear strange to the outside public, but the Board was not justified in proceeding with the building until it saw its way clear. For his own part he would prefer to see the whole of the money

required in hand before starting, as he had a dislike to being in debt. The steady progress of the Institution in its present location was most gratifying to him, as he was sure it must be to all who took an interest in it. He had pleasure in seconding the motion for the adoption of the report and balance sheet.

Mr. J. W. Hunt (Hon. Treasurer,) supported the motion. He referred to the balance sheet, which showed £4,800 to credit of Building Fund. With the £2,000 promised by the Government, and the £800 to come in from the bequests, the Board would have £7,000 at its command. To enable the Board to proceed, the Bank of Victoria had agreed to advance £8,000, and within a month or two he hoped to see tenders accepted for one wing and the central block. Referring to the previous speakers' remarks concerning being in debt, he (Mr. Hunt) had no fear on that point. He felt confident that as soon as the building was completed friends would come forward and assist to wipe out any debt that might be incurred.

Mr. T. Plaisted moved—"That the thanks of the Governors of the Institution be accorded to the Board of Management for its able conduct of the affairs of the hospital during the past year."

Mr. C. Pleasance seconded the proposition, which was put and carried.

Votes of thanks were passed to the auditors, Messrs. Loonner and Cleverden, to the physicians and surgeons, Drs. Ray and Teague, and Messrs. Murray and Maffey. After a resolution inviting His Excellency, Sir Henry Loch, to become a patron of the Institution, as the late Governor, the Marquis of Normanby, had been, and a vote of thanks to the chairman, the meeting closed.

#### THE ACTION OF ETHER ON THE KIDNEYS.

It was stated at a late meeting of The American Gynæcological Society that *chloroform* had been substituted for *ether* in all cases in which there is any renal disease. *Ether* has a peculiarly irritant action upon renal structures in a pathological state. In chronic Bright's disease *ether* induces uræmia by suppression of the ordinary secretion.—*New York Medical Times*.

#### THE MEDICAL PROFESSION IN THE UNITED STATES.

THE *New York Medical Times* informs us that, "In Chicago there is one doctor to every 548 inhabitants; in St. Louis one to every 475; in Denver one to every 260; in Idaho one to every 51; and in Wyoming one to every 80." We should next like to learn the degree of mortality in each of these states.



HAHNEMANN LECTURE, 1885.

Dr. D. DYCE BROWN has been requested by the Board of Management of the London Homœopathic Hospital to deliver the Hahnemann Lecture at the opening of the winter session, on Friday the 2nd of October, and has consented to do so.

JUST AS WE SUPPOSED!

Dr. ALFRED SHEEN recently delivered an address on "The Relations of the Medical Profession" before the South Wales and Monmouthshire Branch of the British Medical Association, in which he spoke disparagingly of homœopathy, and quotes approvingly the remark of Carlyle, "There are 1,800,000,000 people on the earth; mostly fools." After reading his remarks we believe Carlyle too. The numerical minority of the homœopaths is at last explained.—*Hahnemannian Monthly*.

CORRESPONDENCE.

AN INVALID AT SEA.

To the Editors of the "*Monthly Homœopathic Review*."

GENTLEMEN,—As you are aware, I recently determined to escape an English winter and bask in sun-warm climates by taking a long voyage. To accomplish my object I sailed from London on the 6th of November on board the steamship *Arawa*, belonging to the Shaw, Savill and Albion Company, Limited. After being ten days at sea, here we are safely anchored in the harbour of St. Vincent.

When I left home I had a distressing morning cough, with black expectoration, little appetite, and had had no sleep of any consequence for months. By the time we left Plymouth, my cough was much better, and although the ship encountered a fierce western gale, as we passed through the Bay of Biscay, I slept through it. I had now bid good-bye to insomnia and other distressing symptoms, and to-day, the 16th of November—my 81st birthday—I feel uncommonly well. If such a voyage will do so much for me—what an amount of benefit might not a younger invalid reasonably expect to derive from it!

Much of the credit of my improvement is doubtless due to the ship. The fare is luxurious, and nothing is spared that can contribute to the comfort or convenience of the passengers. Every morning my cabin steward brings me a cup of good tea when he comes to awaken me. After drinking this, I dress and go on deck or into the saloon to wile away the time until breakfast at half-past eight. Nothing could be better than a breakfast on board the *Arawa*. Then follows lolling on deck in sun or shade until one p.m., when luncheon is served; at four o'clock "afternoon tea," and at six we dine. Fish, soup, *entrées*, joints,

poultry, pastry, followed by apples, pears, grapes, nuts and coffee. There is a well selected library on board, with abundant sources of amusement in cards, cribbage, chess, backgammon, &c., provided by the company.

I have been in a great many ships, from the Great Eastern—the largest—down to Commodore O'Brians, the smallest afloat, but never before have I seen such luxury and liberality displayed as on board the *Arawa*. In addition to this the ship is a swift, steady sea-boat, and the captain skilful and courteous.

Such a voyage, in such a ship, would, I am sure, confer innumerable advantages on many an invalid now dragging an existence through cold, wet London fogs. I shall write again when I arrive at Melbourne.

I am, yours truly,

ss. *Arawa*,

GEORGE DUNN, M.D., J.P.

St. Vincent, Nov. 16th, 1884.

### NOTICES TO CORRESPONDENTS.

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

Dr. REED.—Your letter is unavoidably "crowded out" at the last moment.

Communications, &c., have been received from Dr. BOTE, Dr. MACKECHNE, Dr. BURNETT, Dr. TUCKEY (London); Dr. GIBBS BLAKE (Birmingham); Dr. HAYWARD, (Liverpool); Dr. PROCTOR (Birkenhead); Dr. ARTHUR KENNEDY (Blackheath); Dr. REED (Southampton); Dr. C. BARTLETT (Philadelphia); Dr. D. BAYNES (London); Miss L. ARNIM (London), &c.

### BOOKS RECEIVED.

*Iodide of Arsenic in Organic Disease of the Heart.* By J. H. Clarke, M.D. London: Gould & Son, 59, Moorgate Street, E.C. 1884.—*The Story of a Great Delusion.* By William White. London: F. W. Allen, 4, Ave Maria Lane, E.C. 1884.—*Forty-five Years of Registration Statistics, Proving Vaccination to be both Useless and Dangerous.* By A. R. Wallace, M.D. London: F. W. Allen, 4, Ave Maria Lane, E.C. 1884.—*Transactions of the American Institute of Homœopathy.* 1884.—*Cholera and its Preventive and Curative Treatment.* By D. N. RAY, M.D. New York: Chatterton & Co., Greenwich Street. 1884.—*Notes on the Treatment of Mental Disorder.* By J. D. Hayward, M.D., London.—*Report of the Bristol Homœopathic Hospital and Dispensary.* 1884.—*Thirty-Second Annual Report of the Manchester Free Library.* 1883-4.—*Second Annual Report of the Metropolitan Public Garden and Boulevard Association.* 1884.—*The Homœopathic World.* London.—*The Students' Journal and Hospital Gazette.* London.—*The Chemist and Druggist.* London.—*Burgoyne's Monthly Journal of Pharmacy, &c.* London.—*The Vaccination Inquirer.* London.—*The Calcutta Journal of Medicine.* Calcutta.—*The New York Medical Times.* New York.—*The New England Medical Gazette.* Boston.—*The Hahnemannian Monthly.* Philadelphia.—*The United States Medical Investigator.* Chicago.—*The Clinique.* Chicago.—*The Medical Era.* Chicago.—*The St. Louis Periscope.* St. Louis.—*The Medical Advance.* Ann Arbor.—*Boerecke & Tafel's Bulletin.* New York and Philadelphia.—*Allgemeine Hom. Zeitung.* Leipsic.—*Populäre Homöopathische Zeitung.* Leipsic.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORD, 18, Church Road, Tunbridge Wells, or to Dr. D. DRYG BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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“VACCINOSIS,”

By Dr. PROCTOR.

Being the substance of a Paper read at the December meeting of the  
Liverpool Homœopathic Medico-Chirurgical Society.

MR. PRESIDENT AND GENTLEMEN.—As Dr. Burnett is well known to us here as a former member of this society, I trust I may be excused for making some critical remarks on the views and opinions expressed by him in his recent work on “*Vaccinosis*,” although they have been already dealt with at some length in our *Review* and *Journal*.

I shall not attempt an exhaustive criticism of the work, which may be read through by all of us with considerable interest, but would simply gather together a few points of importance, and make one or two remarks upon them.

Dr. Burnett's views may be stated in these *four propositions* :—

1st.—That vaccination leaves behind it a morbid state called *vaccinosis*.

2nd.—That immunity from small-pox is due to the existence of the aforesaid morbid state.

3rd.—That this morbid state may be cured by *thuja*.

4th.—That the law of similars applies to the prevention, as well as to the cure of disease.

Now, dealing with the last proposition first, it is only necessary to say, that if Dr. Burnett had gravely propounded the statement that, in his opinion, two and two made four, he would have been equally original in maintaining what no homœopath denies, and what every homœopath has learned with the first rudiments of his art. *Pulsatilla*, as prophylactic in measles; *belladonna*, in scarlatina; *arsenic* and *quinine* in ague, are integral parts of homœopathy. Curiously enough, however, Dr. Burnett fails to lay stress on the strongest illustration of this law, that is the efficiency of vaccination in preventing small-pox. He rather brings all his condemnations to bear upon it as involving certain dangers to be spoken of as “vaccinosis,” bearing possibilities of mischief to the human race beyond all computation. He reserves the beneficent operation of the law of similars for his *thuja*, which is the Hercules to cleanse the Augean stables left behind by vaccination. The 4th proposition, then, we may at once dismiss, as requiring no proof at Dr. Burnett's hands, and as being for us mere common place.

The other propositions are more questionable, and reasonably admit of discussion. Does vaccination produce a morbid state, lasting for years; and is the prevention of small-pox due to this morbid state? Now, as to the sequelæ of vaccination, in spite of the observations of some Continental physicians, we in this country are not familiar with them as specific effects. That certain disturbances of the system do occasionally follow vaccination we are all aware, but they are such as may be referred to contamination of the lymph with other than the specific elements, or to the existing unhealthy state of the body, or to the unwholesome surroundings. They certainly do not bear any obvious specific character, or we should be as familiar with them as parts of the vaccinal process as we are with the progress of the vesicles. From the specific nature of *vaccinia*, it would follow that, like small-pox, of which it is probably but a modification, it runs a definite course and comes to an end, and what effects remain are not specific, but general and constitutional, and require corresponding treatment. We meet with instances in practice where a specific disease like scarlatina leads to ear mischief, but do not think of treating that with the scarlatina medicines,

but rather with *aurum*, *silica*, *phosphorus*, *muratic acid* and the like. So if measles leaves behind it sore ears or eyes or a lung affection we apply whatever medicine may be indicated and not necessarily *aconite*, *pulsatilla* or *sulphur*, although they are also eligible along with others. Again, in periostitis as a sequela of typhoid, we should not give the typhoid medicines, but *phosphorus*, *silica*, &c., having relation to the bone and periosteum. The reason being that in these cases the specific disease has run its course, and the sequela belong to another order of affections altogether. This, I apprehend, is the case with vaccinia. There may be adventitious elements of disease concurrently with the specific affection, such as syphilis and pyæmia, and there may also be glandular or cutaneous disturbances remaining after vaccination as after any other disease, but presenting no specific character, and requiring possibly any medicine in the whole *Materia Medica*.

If it were the case that vaccinia, like syphilis, ran an indefinite course, and for years, it would be a very serious matter, but have we any evidence to this effect? So far as we know, after the brief period of the eruption, no one has been able to communicate the disease. The blood and the secretions are not known to have this power; even the major disease, small-pox, runs its course and comes to an end in a definite time, and why should we expect the modified disease to do otherwise, or to have a larger train of evil effects than are credited to small-pox. But there is a tone running through certain writings on this subject, which rather confers upon small-pox the honourable distinction of being an honest, straightforward disease, that is not afraid of showing itself in its true colours, and that after doing its worst departs, leaving the body free from disease, and if anything rather better than it found it—it being thought in some quarters to be prophylactic of phthisis—whereas vaccinia is regarded as a sneaking, shamefaced intruder, that only dares to show itself by a single vesicle on the site of the puncture, and after doing all the harm it can in secret, can hardly be persuaded to quit the body it has so grievously injured! Surely this is an error of judgment. We should not *à priori* expect worse sequela from vaccinia than from variola, and experience lends no weight to the idea. The various affections that are put down by Dr. Burnett to “vaccinosis” require

more critical examination before we can accept his theory of their causation.

The really valuable part of Dr. Burnett's book is that referring to the use of *Thuja*. Some of the cases treated appear to have yielded, *more homœopathico*, speedily and completely. I cannot refer to them in detail, but must ask you to read them for yourselves. They leave the impression that, as a medicine, *Thuja* has in the higher dilutions far reaching and searching powers in directions not usually thought of, and this without calling in the aid of a hypothetical "vaccinosis" to account for the facts.

While on this point it would be pertinent to ask how it is that *Thuja* has displaced the classic *Silicea* in post-vaccinal derangements. *Thuja* has its acknowledged sphere in what we term sycosis, but *Silicea* certainly corresponds more closely with the glandular and the eruptive diseases that occasionally follow vaccination, and has been held to be supreme in that sphere by some masters of our art.

Leaving the clinical part of the work, we go on to consider the attack that Dr. Burnett makes on the use of the terms vesicle and lymph. He prefers to term them pock and pus, after the fashion of Chinese warriors, who, by painting themselves ugly and ferocious, try to make themselves more formidable. I venture to think that, both etymologically and scientifically, Dr. Burnett is in error. A clear fluid is entitled to the term lymph, and the containing envelope to the term vesicle. The propriety of the term inflammatory lymph has never to my knowledge been contested, and as to the normal lymph of the body, which Dr. Burnett takes as his standard, it will be seen that his objections apply to it with equal force that they do to vaccine lymph. Dr. Burnett says there are cells in vaccine lymph, and it is not a pure fluid, and is therefore not entitled to be called lymph; and he draws a comparison between vaccine and systemic lymph. But what is the fact? The systemic lymph, which is the standard lymph, be it remembered, is itself anything but a clear fluid. It contains numerous corpuscles precisely similar to the white corpuscles of the blood, and sometimes a few coloured ones. It is an alkaline fluid, which forms a coagulum on standing, containing three per cent. of albuminous matters, a small quantity of leucine, urea, fats, fatty acids, cholesterine, and various salts, such as the

phosphates of soda and potash, chloride of sodium, sulphates, and traces of iron. If, then, the typical and standard lymph be of this heterogeneous nature microscopically and chemically, upon what philological ground are we to refuse the term to vaccine lymph? But we have another and a practical reason for the use of the term. If the fluid is pus from the beginning, as Dr. Burnett asserts, why are we to refrain from using it after the eighth day? If it is pus that we want, we shall more certainly get it after the eighth day than before.

The one other point that I will refer to is Dr. Burnett's statement—"hence it follows that the protective power of vaccination is due to a diseased state of the body." Now I don't know a more unwarranted statement than that. The principle involved is evidently that a specific disease must continue to exist in order to exclude a similar one. After an attack of typhus or typhoid, we must suppose a permanent state of "typhosis" to remain for life, and similarly with respect to pertussis, varicella, morbilli, scarlatina and variola, and all the zymotic diseases. As by this hypothesis the state of the body must be one of disease, at this rate the most of us must be walking about with a number of "oses" in us sufficient to breed a plague wherever we go. Regarded in its consequences, Dr. Burnett's theory becomes an absurdity. The most superficial way of regarding this matter must convince one that these living organisms have a power of liberating themselves from diseases after a certain time, otherwise the human race must have perished ages ago. The only proof of the existence of a contagious disease is the power of communicating it to others. Have we any proof that a vaccinated person can communicate vaccinia after the first fortnight? If then the specific disease dies away, any morbid effects that remain behind must, as previously said, be due to other causes.

What may be the reason that one attack in these cases confers immunity from a second, must be sought for in those physiological laws that bear upon the principle of acclimatisation. The vital susceptibilities become altered, so that the cause operating in future ceases to find a vital response.

In this way the African is acclimatised, and he is no more protected from yellow fever by a persistent state of disease than the vaccinated person is from small-pox. Dr.

Burnett then has produced no scientific evidence to prove his position, that a state of disease must exist after vaccination in order to protect against small-pox. We have plenty of evidence, on the contrary, that immunity is a special change that is wrought in the physiology of the body, and that health may be completely restored with thorough protection against future attacks. The principle underlying this is the universal one that health results from the body being brought into harmony with its environment, and the power at work is the vital power that is able to bring about this adaptation and harmony.

These, in brief, are the reflections induced by a perusal of Dr. Burnett's book, and in submitting them to you I would conclude with an expression of regret that I am compelled to differ so widely from him on scientific points, whilst retaining a genuine admiration for the freshness and force of his literary work.

#### DISCUSSION.

The PRESIDENT, Dr. MOORE, said that Dr. Burnett's views presented no difficulty to him, excepting in reference to the nature of vaccine lymph, which he, with others, believed to be lymph, and not pus, as Dr. Burnett asserts. He hoped Dr. Drysdale would throw light on this subject when he came to speak on it in the course of the meeting.

Mr. BLAKE was of opinion that vaccination produces three conditions in successive periods. First, a period of manifest pathological state, when the eruption is present. Second period, a latent morbid state, in which there may be no obvious symptoms. This state is evidenced by insusceptibility to re-vaccination, and by 'immunity from variolous contagion in various degrees. Third period, is not a pathological state, the only effect being that common to all diseases—that in proportion to the damage done life is shortened—and susceptibility to variola is gradually returning. As to the terms lymph and pus, whatever title we may choose to give the lymphoid substance it ought not to be called pus. Mr. Blake did not agree with Dr. Burnett's giving one title to both states of the virus, on three grounds: 1st. The different histological character of the elements. 2nd. The priority of genesis of the lymph,—the purulent stage being secondary. 3rd. The pathogenetic quality of the two not agreeing, for lymphoid material is doubly genetic of first, vesicular, and second, pustular effects, whilst the purulent



matter is genetic of only the pustular and its sequences. 4th. The more the pustular process complicated the vesicular, the less is the immunity from small-pox.

Mr. MAHONY considered that after the introduction of vaccine matter into the system a change takes place, and that vaccine lymph differs from ordinary physiological lymph in being the product of a diseased condition, and not a normal production.

Dr. DRYSDALE thought that the dispute about lymph and pus was more about words than things. Both contain clear fluid and corpuscles. The clear vaccine lymph is not a liquid proper, but contains in suspension transparent solid living particles. It was proved by Burdon-Sanderson and Chauveau that the clear liquid was inert, and that the specific infective power of vaccine lymph lay solely in the solid particles which are invisible to the naked eye, as was indeed originally maintained by Beale. Ordinary pus also is composed of clear fluid and living corpuscles, but in addition at the time it is generally called pus many, if not the whole of these corpuscles are dead, and have become round and opaque, and thus give the characteristic naked-eye appearance of pus. After a certain number of days common inflammation predominates in and around the vaccine pustule, with exudation of common pus corpuscles, which gradually perish and give the appearance of a pustule. At this stage the vaccine pustule contains, besides the specific corpuscles, living but more or less degraded common pus-corpuscles, and also dead pus-corpuscles. Inoculation with this mixed matter may cause various disorders of irregular pyæmic character, and is therefore forbidden, although from the specific particles it still contains it may produce vaccinia. It is still to be proved that the disorders after vaccination do not all arise from the pyæmic poisoning, but are due to a vaccinosis, or irregular development of true vaccinia; although it is quite possible that in some constitutions such irregular disorders may belong to the pure vaccine inoculation.

As to the question whether the immunity from second attacks following attacks of this specific fever, and for small-pox after vaccination, is not this also rather a dispute about words? No doubt a change is produced in the system, but why call that disease when it is shown positively by no other sign than the said immunity? Certain individuals are exempt from liability to small-pox, and certain races of sheep are exempt from liability to anthrax; but as we do not call these individuals diseased when they naturally are thus exempt, so we can hardly call those diseased who have acquired this exemption if they show no other signs of illness.

TWO CASES OF ACUTE RHEUMATISM WITH  
HEART COMPLICATIONS.

BY JOHN H. CLARKE, M.D.

Physician to the London Homœopathic Hospital, and Lecturer on *Materia Medica* to the Medical School.

THE difficulties attending any attempt to compare the effect of different modes of treating rheumatic fever, with a view to finding out which has the greater success in averting heart complications, are so many and so great, that the result is little better than conjecture. My own experience of hospital practice shows evidence of cardiac affection in a large percentage of cases; but it would not be fair to infer from this that homœopathy is powerless to prevent or control this accident. The majority of cases do not come into hospital until the disease is well developed, and at that stage the heart mischief is, as a rule, already begun. Again, the signs of heart-disease are themselves uncertain. The most important are undoubtedly those furnished by auscultation. And yet we may have, as in a fatal case of chorea reported in the *Medical Times* of November 29, "a well-marked systolic bruit heard all over the præcordia, louder at apex," with irregular action of the heart, and no discoverable lesion of the valves on examination after death. The same article alludes to another case (unconnected with rheumatism, like the other,) of a child of 5, where a mitral murmur existed during life, and nothing abnormal was found after death. On the other hand, in a case recently published by me in the *Homœopathic World* (October), *post-mortem* examination revealed that the mitral valve had been affected in an attack of acute rheumatism twelve months previous to the one in which the patient died of ulcerative endocarditis, and yet, during that attack, the most careful auscultation showed nothing more than slight impurity of the first sound at the apex.

It is, however, necessary for the practitioner to make up his mind as to whether there is or is not cardiac disease present in every case of acute rheumatism. When there is any doubt, the treatment should be directed on the supposition that it is present. In an interesting article in the *British Medical Journal* of November 15th, Dr. Fothergill calls attention to the neglect of valvular affection in its

early stages, when much might be done to arrest it. He says:—

“While there is cell-growth going on beneath the serous membrane, it is clear that no avoidable strain should be thrown upon the valve-curtains, or the fibrous cords attached to them, in order to limit this cell-growth. By so restricting all growth you limit the resultant ventilation of the valves. Instead of giving tonics, and trying to get the patient up and about, common sense tells us, if we know anything of pathological processes, that absolute quiet should be maintained until the day of the development of these connective tissue corpuscles is over. When this growth has ceased, and the mischief is practically done and ended, then the condition of the muscular walls calls for our attention; but each matter in its true position and order of precedence and sequence. It is enough to make one despair of the reasoning powers of one’s species when we contemplate the routine-treatment of cases of acute endocarditis. The nature of the morbid process is forgotten; the lessons of the dead-house cast to the winds; and, with good intentions yet murderous action, a tonic is given as soon as the active symptoms have apparently passed away, and the patient is allowed to leave his bed. I have just used the word ‘apparently’ advisedly. The articular symptoms have passed away. The murmur caused by the flow of the blood-current over the inflamed serous surface may have passed away; but you know, and ought to remember, that the cell-growth in the fibrous structure of the valves must be reduced to a practical minimum by keeping the blood-pressure low. Rather the patient should be kept on *chloral* for a week or ten days than be allowed to get up.”

There is no need for us to resort to *chloral*, since we have much better remedies; but Dr. Fothergill has done well to point out the necessity of absolute rest so long as there is any reason to suppose there may be active cell-proliferation going on in the valves. To determine this is not quite so simple a matter as Dr. Fothergill’s words would lead one to think, but where there is any doubt the patient should have the benefit of it.

The notes of the first of my two cases are not quite so complete as I could have wished in point of history. The patient was very ill when he came in. The heart was already affected; but his sufferings from the pains in the

joints, and the high temperature were the most pressing symptoms. In addition to the acute cardiac mischief there was effusion into the pericardium. This cleared up, but the bruits remained, and became more pronounced as the heart's action became slower. In the second case also there was evidence of cardiac trouble when the patient was admitted. The bruit disappeared whilst she was in the hospital. Since she left the hospital she has been to me again, and when I last saw her, though there was no new symptom referable to the heart the bruit was back again. These bruits disappear and re-appear in such unaccountable ways that I hesitate to ascribe them to any renewal of the endocardial affection.

#### CASE I.

##### *Acute Rheumatism with Endocarditis and Pericarditis.*

Arthur B., 15, fair, tin box maker. Admitted May 10th, 1884. The notes omit to mention his previous history and his family history. When he came in he was complaining of great pain in knees and ankles, which were not swollen. The right ankle was red. His temp. was 104. He was put on *acon. φ* and *bry. φ* of each one drop every alternate two hours. The temp. next morning was 102·4. He had no sleep and did not perspire. Evening temp., 103·8; the next morning (12th) the temp. was 103·2. He was crying with pain most of the time, which seemed to be in the heart. Soft systolic bruit in Mitr. A. and Pul. A. Very little sweat, face much flushed and white; intense pain in joints, thighs and thoracic muscles; P. 120, R. 40. *Rhus tox* 1, gtt. j, *merc. s.*, 3 gr. i, 1 h. alt. Evening temp. 103·6; after a few doses of *rhus*, perspiration almost ceased and he seemed much worse—restless, sleepless, great pain; a few doses of *acon. 1x* were given, and soon after, he came out in profuse perspiration and slept four hours. Next morning (13th) temp. 101·4. He complained of his throat; there was an appearance of swelling externally, but nothing to be seen inside; tenderness and pain in right ear; apparently the parotid gland was affected. Tongue loaded; stools light, formed, but insufficient. Resp. 36., P. 120. Skin moist; has much pain in shoulders and elbows, which are swollen. Can move left hip now; great tenderness all over chest and abdomen. Heart-dulness increased upwards and laterally; lung sounds not heard over double area; normal on right

side, no bruit heard. Second accentuated Pul. A. Slight rub heard (transitorily) in second left space. Evening temp. 102·6. Next day (14th) morning temp. 102. Restless and slightly delirious in night, but after *acon.* 1x slept four hours. Had pain at heart in night, and poultices were applied; nose bled a good deal in the night, copious severe sweat; no bruits to be heard owing to hearts, rapidity. First sound has a peculiar thump, later in the day soft systolic bruit was heard occasionally; chest walls very tender; bowels not moved. *Bry.* 1, gtt. j., *merc. sol.* 3 gr., i. 1 h. alt., *acon.* 1x, gtt. j. at bed-time if required. Evening temp., 102·6. 15th. Morning temp. 101·4. Bowels moved once with enema. Passed water frequently and in small quantities; has done so for some days. Feels better this morning. Suda-mina over back and chest. Heart quieter. Pulse 118. Blowing systolic bruit plainly heard in mit. and left aur. areas. Throat almost well. The next day the pains were all better—nearly all gone except in hands. The temp. was higher at night, but fell again next morning. He then complained of pains across the chest even when breathing; the breathing was more rapid. Takes food well. Still passes urine as frequently. Four light, formed stools. Systolic plainer. Less perspiration. He gradually improved, and on the 22nd temp. was 100·4. The medicine was given every day two hours in alternation after this. On the 29th *calc. c.* 6 gtt. i. and *bry.* 3 gtt. i. The temp. then became normal and remained so. He was practically cured for a long time before he left, as he had to wait for a vacancy in a convalescent home.

## CASE II.

### *Acute Rheumatism with Endocarditis.*

Julia S., 7. Florid complexion; fair. Admitted June 8th, 1884. Complains of pain in ankle joint, which was swollen, tender, red, and puffy, and pain and tenderness in right arm and thigh; general tenderness over the body. (Her mother suffers from aneurism, and is now under my care). Pulse 110; temp. 102. Tongue white; throat not sore; no sickness. Is deaf in right ear; does not hear a watch on contact; hears at 8 in. on left side. She has slight cough. The chest is resonant; breath a little hard at back; no moist ground. A mitral systolic bruit is heard all over

the cardiac area. *Acon.* 3 gtt.; *ars.* 3 gtt. i., 2 h. alt. Evening temp. 103.

June 9th. Morning temp. 101·2 Less perspiration. Ankle still swollen and red. Tongue slightly furred; papillæ red and prominent. Pain in left leg. Patient very deaf. Mitral systolic. *Bry.* 1x gtt. i.; *aco.* 3 gtt. i., 3 h. alt. Evening temp. 99.

June 10th. Morning temp. 99·1. Urine 12 oz. Not much perspiration. Swelling of ankle gone down. Evening temp. 98·4. After this the temperature did not again rise. She improved rapidly in all respects, and after the 14th no cardiac bruit was heard. On the 4th July she received *mer. sol.* 6, gtt. j. 3 h., and left well on the 15th of July. (She has since attended as an out-patient, and I find the systolic bruit is still present.)

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NOTES ON THE FIFTH INTERNATIONAL  
HYGIENIC CONGRESS, HELD AT THE HAGUE,  
IN AUGUST, 1884.

By DR. ROTH.

(Continued from page 49.)

2.—*The Transmission of Tuberculosis by Infected Food.*

THIS question was also touched upon by Professor Vallin, at the suggestion of the Organising Committee of the Congress; he mentioned that in Paris 500,000 animals of the bovine species are wanted for food and, although 8,000 or 10,000 amongst them are tuberculous, their flesh is still consumed, and in 1883 only eleven animals were destroyed because they were tuberculous and unfit for food; if it is proved or if it is probable that this flesh is in certain cases the cause of phthisis in man nobody will doubt that the danger is very great. The "lung disease" of animals is identical with tubercles in man, and injection under the skin or into the peritoneum of this tuberculous matter almost always renders the animals experimented upon phthisical; even the juice of the bruised muscles of animals affected with "lung disease" produces the same effect.

The ingestion into the stomach of raw meat derived from phthisical animals, and especially of tuberculous matter,

frequently carries tuberculosis in the animals experimented upon, although less frequently than after inoculation under the skin or the peritoneum. Raw milk of phthisical cows can also produce tuberculosis, and is particularly dangerous when tubercular changes have taken place in the mammary glands. Bang, of Copenhagen, observed that this mammary tuberculous affection is more frequent than is usually suspected, and that the milk of such animals might preserve its usual appearance although containing myriads of the bacilli of tubercle and that it is certain to cure tuberculosis by inoculation.

Professor Vallin maintains that although some doubt might exist regarding the extent of the danger, the danger itself cannot be denied, and that preventive measures should be taken at once; the habit of eating underdone meat should be discouraged; the temperature required for destroying its virulence is more than 56 C., but it is rarely that the inner parts of roasted beef are heated to this point; hence, a more complete cooking would diminish the danger. As the ox and cow are the only animals affected by this disease their flesh might be prepared in other ways than merely by roasting. With regard to the milk of cows, this should only be used after being sufficiently boiled. The cows, whose milk is used being perfectly healthy; the speaker had already for several years pointed out the danger of using raw milk taken from the cowhouses in large towns both by infants and persons in delicate health. Many of the facts which he quoted prove that the danger from this source is greater than is generally admitted, and that there are sufficient data to justify a fear of danger.

The vital question proposed to the Congress is whether the flesh of all animals suffering from "lung-disease" is to be seized and destroyed, or only the flesh of such bovine animals as are affected by a long-standing general tuberculosis spread throughout the organs. Although Gerlach, Bouley, Galtier, Johnes, Lydtin, Baillet of Bordeaux, believed that the muscular organs were not able to produce tuberculosis except their whole organism was impregnated with the poison, experiments have hitherto failed to demonstrate when the exact period begins when the tuberculosis ceases to be localised in the organs whose change can easily be observed by the eye; still it is probable that the whole organism is infected when several organs are changed by the localised tubercles.

Professor Vallin, while preparing his report at the beginning of this year (1884) made several experiments by inoculating twelve guinea-pigs with the muscular juice—heated to different degrees—of a tuberculous guinea-pig.

In August the guinea-pigs were killed, and he found no tubercles, even in those animals he had inoculated with the raw muscular juice. He believes that this unexpected result is to be attributed to the first guinea-pig, from which the muscular juice was taken, having been killed before general tubercular infection had taken place, and when only a small number of organs had become diseased; therefore he proposes that for the present we should confine the seizure and destruction to such meat only as is taken from animals infected by confirmed general tuberculosis with commencing emaciation.

Such a measure would entail great losses on the breeder of cattle and on the butcher, therefore it is desirable to encourage the formation of insurance societies against tuberculous animals, similar to insurances against fire and loss of agricultural produce by hailstorms; thus animal tuberculosis would be admitted amongst the contagious diseases of animals, and the proprietors would be obliged by law to give notice of the disease, to enforce isolation, disinfection and destruction of the animals in the same way as is done in the other contagious diseases of animals.

Another of Professor Vallin's suggestions for diminishing the frequency of the danger due to tuberculosis of animals, is that the cattle breeders should choose healthy animals without any taint of tuberculosis for the reproduction of their species; this disease is not known amongst the cattle living on the Alps, thus by importing such animals, the hereditary transmission of tubercles would at any rate be prevented for some time. The stables must be hygienically reformed, the constant confinement of animals in stables must be given up, and the cattle be frequently brought into the open air; they are to be isolated when they begin to cough, the stables are to be disinfected, and thus by more attention to the hygiene of the stables and animals many epidemics of phthisis might be prevented, human health preserved, and much money saved.

After a discussion on the mode of indemnification of cattle proprietors by assurance companies, the Congress adopted the conclusion of Professor Vallin's report.



*On the Hygiène of the Working Class in relation to the State.*

Dr. NAPIAS, General Secretary of the Society of Public Medicine and Professional Hygiene in Paris, presented a report on the measures which it was the right and duty of a State to undertake in order to ensure the health and safety of the working classes.

In this report he argued that it was not only the right of a State, but its duty to interfere with individual liberty, when this was abused or rendered detrimental to the freedom and health of a community. He pointed out that in all countries measures of this kind had been adopted, and all had been subjected to criticism. Such laws, he added, must be stringent, especially where they bore upon the employment of women and children. The length of time during which an adult man should work ought not, he thought, to be limited, and legislative action should be restricted to preserving his health and safety while at work. He endeavoured to show that the degree of health of the inhabitants of a manufacturing district was in direct proportion to the salubrity of the workshops and the nature of the manufacture.

The following were the conclusions of his report :—

It had been admitted, in all countries, that the right of the State to protect the health of the working classes by legislative action should be maintained.

It was important that the hygienic conditions of all varieties of work should be thoroughly defined. The laws enacted should be directed to secure the salubrity of workshops ; the safety of the mechanical appliances necessary to the several kinds of manufacture ; the regulation regarding sex, age and hours of work ; the hygienic conditions in the neighbourhood of industrial establishments ; all arrangements to promote providence among the workpeople in the event of strikes, disease, or old age ; they should also take cognizance of the healthy condition of the lodgings, and the proper construction of the dwellings of the workmen and their families.

All workshops and factories—in short all buildings in which work is carried on—must, through legislation, be brought under the influence of the general laws of hygiene required for dwelling houses. Special precautions must, in addition, be taken to afford protection against gas-escapes

and the inhalation of dust, especially such as is the direct product of the particular form of manufacture.

Such legislative measures would be usefully supplemented by directly encouraging the invention of machinery, or the discovery of new modes of fabrication calculated to render any industry capable of being conducted in a more healthy manner.

By the enactment of laws of this kind the safety of the work would be ensured, and the security of the working man's life would be enhanced. The only responsibility which would rest upon the master would be that of carrying out the law both in its spirit and its letter.

Legislation should further prohibit the employment of children under a certain age, and limit the hours during which they may be employed; women should be similarly protected when exercising their maternal functions. The hours of work for adult men should be fixed, free contract.

Provision should likewise be legally made for the care of workmen during illness, and when incapacitated for work through old age; this might be most effectually accomplished through mutual aid societies.

It would be useless to legislate only for the healthy character of workshops, if the dwellings of the workmen were not under similar control; the authorities should be empowered to improve the condition of unhealthy homes.

Mr. ADOLPHUS SMITH, of London, could not agree with the commendation M. Napias had bestowed upon English legislation in the direction under discussion. It was much too limited and the number of factory inspectors quite insufficient. As an illustration, he quoted an instance of from 18,000 to 20,000 young girls, who worked at tailoring. It was done in a so-called "home," the first story of the house being used as a workshop; when the inspector paid his visit these workshops were emptied, the young people being dispersed for the occasion. The working hours were mostly too long, commencing at 7 o'clock one morning and continuing until 2 o'clock the next. Ill-health arose from there being at some periods too much work and at others scarcely any or none at all. The question of dwellings for the poor was not yet solved in England; the buildings erected were too expensive, and were also faulty in several important particulars.

With regard to the pollution of rivers, through allowing the *débris* of manufactures to pass into them, Mr. Smith

observed that the difficulty of dealing with such cases arose from the manufacturers being, in many instances, members of Boards of Health; and, consequently, the very persons who should enforce the law, declined to do so as being contrary to their interests. The best plan would be to leave all workmen perfect freedom of contract when once the State had ensured their proper education. There were many working men who had learnt no special kind of trade, and who competed greedily for employment. Competition of this kind led to the reduction of wages, and seriously interfered with the practice of adequate hygiene. Mr. Smith suggested that some limits should be placed upon the number of hours during which adults of both sexes should be employed. A wage-minimum should be fixed, below which no employer should be permitted to pay his workmen. In the frequent lowering of wages lay the real cause of so much of the misery of workmen. The liberty of the adult must be encroached upon, if such is required, to preserve his health and that of the community.

M. NAPIAS thought that we were going beyond our rights in proposing to interfere with adult workmen, except in reference to his education and his sanitary surroundings. With regard to bringing legislation to bear upon the pollution of rivers and the sanitary conditions of dwellings for the poor he entirely agreed with Mr. Smith.

Dr. DOOREMAAL wished to call the attention of the Congress to the traumatic disorders of the eyeball, resulting from pursuing different trades. The study of cases of keratitis, and other conditions produced in this way, had a manifest bearing upon individual hygiene, and ought to lead to the devising of measures for preventing their occurrence in every workshop.

Dr. ROTH called attention to the importance of instructing the members of the working classes in the elements of hygiene. Were they so instructed, they would be less indifferent than they are to carrying on their work under healthy conditions. They would then understand that the measures adopted to protect them against causes of ill health and of personal injury formed no infringement of their liberty.

M. MALHERBE, of Liege, agreed with Dr. ROTH in thinking that the instruction of the working classes in industrial hygiene should precede legislation on their behalf, and he

thought that legislation should be limited rather than carried to an extreme.

The debate concluded with an allusion of Mr. Adolphus Smith to the United States Sanitary Legislation of 1879, by which individual liberty is clearly interfered with in order to maintain the health of the community unimpaired. This legislation, he added, has been generally accepted in that country—one where the greatest amount of liberty prevails.

*Experimental Researches on the Effects of Aniline Colours.*

By Professor POINCARÉ, of Nancy.

Of this class of substances, those which the Professor had found to be harmless were blue, orange, yellow, brown, Java indigo, sulpho-naphthalate of calcium, methyl blue, chrysomè, acide sulfouilique, naphтол, eosine, rocelline, methyleosine, erythrosine, fluoresceine and acide naph-tionique. Anthrasene and ponceau had been found to be injurious, but not fatally so. On the other hand, death had constantly resulted from safranine, Hoffmann's violet, paratoluidine, acétonilide violet, phtalique acide, picric acid, diphenylamine, orthotoluidine, naphtylamine, binitrobenzine, binitro-toluene resorcine and green. None of these substances appeared to influence the temperature to the degree that had been asserted by some authors. Amongst the non-poisonous substances the sulphonilec acid was the only one that lowered temperature, and that only slightly.

The most constant symptoms have been :—

a. Great slowness of motion, gradually increasing to more or less general paresis. Orthotoluidine and teluene did not cause paresis ; the latter, on the contrary, gave rise to increased activity and muscular power.

b. Convulsive tremblings. These did not extend to any considerable degree except in the instances of ponceau toluene and dimethylaniline.

c. Coma was considerable, especially after orthotoluidine, benitrotoluène and dyphenylamine.

d. Dyspnœa, with considerable tracheal noises (*râles*), arose after toluène and saffronine, and violent cough was caused by Hoffmann's violet and dimethylaniline.

e. Irregular action of the heart was observed especially after toluène.

f. Anæsthesia was observed only after anthotoluidine. Generally speaking, substances derived from poisonous

aniline have seldom altered the histological elements much; they appeared to cause death by their influence on the composition and circulation of the blood.

The chief practical conclusions drawn by the Professor from his researches were :—

1. That the use of all substances found to be poisonous, and which often contain arsenic, lead, or mercury, should be forbidden in colouring children's toys, any kind of food, wine, or liqueur.

2. Poisonous substances might be tolerated in dyeing dress materials and papers under the condition that the colouring used were fast.

3. A list of all colouring matters which have been proved to be injurious to health should be suspended in every workshop.

4. In addition to the most perfect arrangements for ventilation, the condensation and combustion of injurious vapours, and the insisting upon scrupulous personal cleanliness, individual labour should be performed in glass cages, with escape pipes, and an opening for the hands, until the further development of this industry has provided machinery admitting of pounding, sifting and packing being conducted in hermetically sealed chambers.

M. NAPIAS, in the discussion which followed, spoke of some of the effects of eosine, among which are an erythematous and papular eruption, with irritation of the intestinal mucous membrane. He further stated that colours which are not poisonous in themselves, become dangerous through their use in lead lacquer.

Professor CLOUET, of Rouen, concurred entirely in the remarks of the two previous speakers. For several years he had been engaged in studying the physiological action of various aniline colours. He had noticed that some of them had no injurious action when in solution, such solution containing only a very small proportion of the colouring principle, as, for example, malachite green and other greens, which are soluble in alcohol, and are used by distillers. On the other hand, when not fast on the fibres of the cloth, or other substance they are used to colour, but present in a state of powder, they become absorbed, and exert a very injurious influence on the skin and mucous membrane. Several cases, however, of more or less intense injury had been observed in the Department of the Seine Inférieure in consequence of the use of materials which had been

dipped in solutions of aniline green. He believed that pure aniline was not at all injurious; and from a series of experiments he had made on man and animals, he thought that large quantities of fuchsine might be used without any fear of an accident provided that it was perfectly pure, and free from arsenic or any other extraneous poisonous substance. A few years ago, in consequence of some legal proceedings which were instituted regarding the artificial colouring of wines by fuchsine, he and several of the pupils in his laboratory made some experiments upon themselves, and in the course of a few days they had taken forty grammes of a specimen of this substance previously declared by M. Ritter, of Nancy, to be perfectly pure—and they experienced no injurious effects whatever. While making experiments on dogs he found no anatomical lesions. The chief change presented was in the blood. He also noticed that urine which contained albumen ceased to show the presence of any, four days after the experiment commenced. In several hospitals albumen disappeared in certain forms of albuminuria after the use of fuchsine. Grenat, which was free from arsenic, was also taken in considerable doses, larger even than those of fuchsine, by himself and several pupils without any other effect than vomiting, produced by the great repugnance of the stomach to the quantities swallowed. It was rejected before it had been absorbed. Since aniline products have been abandoned in the colouring of wines, Bordeaux red has been substituted, and this is absorbed without any of the injurious effects which have been attributed to fuchsine.

*(To be continued.)*

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## DISPENSARY CASES.

By GILES F. GOLDSBROUGH, M.D.

*(Continued from page 352, vol. xxviii.)*

CASES that have hitherto been included under the above heading have been those in which the recovery was attributed to one medicine alone, and apart from that circumstance have had no specific interest. Amongst those that follow will be some that cannot come under the same category, but depend for their worthiness of record on some unusual character, or on the protracted duration of the ailment.

CASE XVIII.

*Chronic Vertigo.*

C. K., æt. 52, a meat salesman, tall, stout, thick-set; "bilious" temperament; always been sober and regular in his habits; accustomed to go to bed at 10 p.m. and rise at 8 a.m., and usually has about two hours' sleep in the afternoon. He came on June 20th, 1883, with the following history: Present ailment commenced two years ago, and he has been under treatment (allopathic) for it the whole of that time, without benefit. Lately he has been attending Bartholomew's Hospital, where, according to the out-patient card, the disease was described as "(?) Menière's Disease," and *quinine* mixture administered as medicine. Patient states that he has been quite deaf with his left ear since childhood, and he remembers at that period having had a discharge from the affected side. The ailment is described as consisting of attacks which occur almost every day, usually in the morning at business, as of a sensation rushing up the spine to the occiput and over the forehead, which causes the patient for the moment to feel stunned and to be seized with giddiness, which if he were not supported would cause him to fall. It is accompanied with a rushing sound in the left ear, by flushing of the face, followed quickly by pallor, and much distension of the abdomen. The attack passes off after a few minutes, only leaves him very prostrate and unfit for work for an hour or two. After an attack patient often feels much relieved if he can have some quiet sleep. As regards general health, the nervous system is always in a weak condition, and patient is very despondent; he also complains of involuntary jerkings of limbs on lying down at night. Appetite and digestion fair; bowels slightly constipated; urine thick on passing, depositing a sediment of uric acid; no albumen. Pulse weak, and palpitation on exertion. *Sodæ salicyl.* 1x gr. iv. nocte manequa was ordered, and patient was counselled to take as much bodily rest as possible, especially by retiring to bed at 9 instead of 10 p.m.

June 26. Patient has had five attacks in six days, one very violent lasting three hours. *Sodæ salicyl.* crude gr. iv. nocte manequa.

July 3. No attack since 28th ult. Better in general health. Continue.

July 10. One attack on 7th inst., and several slight ones since. *Bell.* 3c. gtt. iv. nocte maneque.

July 17. Three attacks in one day last week, attended with much pressure on the nape of the neck, also with nausea, flatulence, and constipation. *Bell.* 6c. in dose as above.

July 26. Says he is much relieved. Has only had one severe and one transitory attack since last attendance. Continue.

Aug. 20. In my absence Mr. Harris had prescribed *argent. nit.* 6 alternately with *bell.* 6, and to-day patient states he continues to improve, having had only one attack in three weeks. Continue *bell.* 6, *arg. nit.* 6.

Aug. 31. Three transitory attacks since last visit. Head feels very shaky, and the giddiness threatens to come on on movement. *Bell.* 12c., *Arg. nit.* 6. gtt. ij. 4 h. alt.

Sept. 5. Been altogether bad this week. Almost continuous giddiness and much lassitude. *Glonoine.* 6. gtt. iv. nocte maneque.

Sept. 18. No attack since last visit except a severe one to-day. Says he felt better while taking the medicine, a week's supply of which had been given him. Continue.

Oct. 5. No attack for three days after last visit; since then has had them repeatedly, and with more stupefaction than usual. His brain feels very weak, and he cannot bear noise. *Silic.* 12c. gtt. iv. nocte maneque. *Pil. bel.* 3c., two to be taken if he feels the giddiness coming.

Oct. 17. Been much better as regards giddiness, but has had to lay by for a feverish cold, which has now passed off. Continue.

Nov. 7. No attack for a month, feels much stronger in consequence. Continue.

Nov. 23. Had an attack threaten one day, but it did not come on. Continue.

Dec. 7. Has had one attack since last visit, the first since the beginning of October. This was very severe, as of a sudden shock through the brain, and followed by much nervous tremor and slight confusion of sight. Continue.

Jan. 4, 1884. Has been taking medicine continuously since last visit; had five transitory attacks in the month. Continue.

Feb. 5. No attack, though it seemed to threaten once or twice. Continue.



March 3. One attack four days ago. He complains of a continuous sensation of pressure on the vertex. The giddiness seems more likely to come on on movement. Continue *silic.* 12. nocte manequé, and to have *pil. glonoine* 6. i. p. r. n.

March 19. No attack. Better of above sensation. Had no medicine seven days. Repeat.

June 4. No medicine six weeks. No attack, but nervous system very weak, on account of a prolonged illness of his wife. Has lost much rest, and been suffering from cold himself. Repeat *silic.* 12. for seven days, and to have *pil. bel.* 3, ij. p. r. n.

July 22. A bad attack threatened but did not come on. Complains somewhat of old weakness of brain, and pressure of vertex. Repeat as last. Patient has returned twice since, with fears of an attack, which has each time been warded off by the same treatment. The change in his general health and spirits has been very marked since the improvement commenced, and for twelve months he has suffered little or no loss of time in business.

There cannot be much doubt that this was a case of Menière's Disease, but I much regret that, to make the diagnosis quite certain, I did not take note of the direction in which, during his attack, the patient was inclined to fall, and also the characters on both sides of the tympanic and perosseous hearing.

For an exhaustive account of Menière's Disease, the reader is referred to Clinical Lectures by Dr. Dyce Brown, in vol. xxii of this journal, pp. 525 and 591, and to whom the profession is indebted for pointing out the homœopathicity of the salicylate of soda in this disease.

As regards medicines in the foregoing case, perhaps the salicylate deserved to be pushed somewhat further or given in a higher dilution, but a perusal of the pathogeneses of the medicines which were administered later in the treatment will show that their homœopathicity to the case is well established. Under *arg. nit.* we find (Allen vol. i, p. 454, s. 31, 32, 33, 34,) vertigo and buzzing in the ears, and general debility of the limbs and trembling. Vertigo and staggering gait. Attack of fleeting vertigo as if intoxicated, accompanied with debility and lassitude of lower limbs. See also general nervous state as depicted in s. 710, et seq. *Silic.* has (Allen vol. xi. p. 4, &c., s. 83, 121, 124, 280, 281, 395,) attacks of vertigo seem to rise painfully from

the back, through the nape of the neck to the head, so that she does not know where she is, and is constantly inclined to fall forwards; rush of blood to the head and burning in the red face; frequent rushes of blood to the head with jerkings and startings in sleep; pressive pain in the occiput as if in the bone; painful sensitiveness of the ear to loud sounds.

In the *silic.* we see the nearer approach to the similimum than in *arg. nit.*, and hence the greater benefit obtained by its use. Both *bell.* and *glon.* seemed of unquestionable benefit to ward off the attacks when sufficient warning was given of their approach, although neither seemed to have much permanent curative effect. This was doubtless due to the case requiring medicines having a deeper action on the nerve substances than either *bell.* or *glon.* would have, as illustrated by the prostration of strength which followed the more severe attacks of vertigo.

#### CASE XIX.

The following is an instance illustrating the applicability of the homœopathic rule to states which do not come within the recognised category of diseases, and yet present marked deviations from the normal conditions:—April 6, 1883.—Mrs. G. R., aged 33, who has three children living (the youngest eight years old), and has had several miscarriages, complains that for two or three months she has had numbness of the arms and hands coming on during sleep. The normal sensation returns on waking, but there accompanies it great aching pain. The same symptoms are noticed at intervals during the day, but only for a short time, and may be produced at will in regions where nerves can be compressed. Patient's health is otherwise good, except that she menstruates very profusely, the period lasting eight days, and the discharge being of a dark or pale colour. *Platina* 6. gtt., ij. om. 3 hor. was the prescription. April 30.—The above condition did not recur after two days taking the medicine, except slightly last night. Repeat medicine.

There has been no return of the above up to the present.

The indications for *platina* in this case are general rather than special. We find in its pathogenesis numbness in different parts of the body very characteristic, with cramp-like pains and profuse menstruation. No effect on the menstruation appeared in the above case, although the cure of the numbness and pain was both rapid and complete.

CASE XX.

*Rheumatism.*

April 18, 1883. Emily P., 25, dressmaker, fair complexion, complains that for six months she has had rheumatic pains in all her limbs, in the sacral region, and in the occiput; they are always aggravated by the warm bed and ameliorated by movement, especially in the open air. General languor, bitter taste in her mouth, and slight cough and expectoration; appetite fair; tongue clean; bowels rather constipated; menstruation regular. *Pulsatilla* 1x gtt. ij. om. 3 hor. was her medicine.

April 24. Pains all gone; taste normal; cough better. Patient describes herself as quite a different creature. *Puls.* 1 c. in dose as above.

No return until September 14, when patient complained of rheumatism as before, but attributes it entirely to over exertion. It was promptly removed by *arnica*.

A case which admits of such perfect adaptation of drugs to disease needs simply stating, and it tells its own story of cure—*tuto, cito, et jucunde*.

CASE XXI.

Oct. 27, 1883. Mrs. W., age 60, a thin, careworn looking woman, applied for treatment, stating that she had suffered from indigestion for ten years, for which she had taken much allopathic medicine, but never any homœopathic. Patient leads a very active life, attending business some distance from home every day. She complains of constant pressive pain in the epigastrium and both hypochondriac regions, not affected by food. She is always wanting to sigh, and cannot seem to get breath. Appetite good, but persistent nausea, flatulence, and bilious eructations. Bowels very confined, only one or two stools per week, which were small and hard, and attended by bleeding hæmorrhoids. Patient is also subject to sudden attacks of numbness over the whole body, with dimness almost to vanishing of sight. These attacks are always relieved by taking soda water.

Patient's tongue is clean, abdomen very lax and flabby, but no abnormal sign by palpitation or percussion. Urine normal. *Nux. vom.* 80 c. gtt. iij. om. 4 horis was ordered, with directions as to diet.

Nov. 8. Patient has had much less pain and flatulence and nausea; bowels as before. Vertigo, a new symptom, this week. *Bry.* 12c., in dose as above.

Nov. 10. Bowels as before. Still improving otherwise. *Nux. vom.* 12c.

Nov. 17. No improvement on last week. Nausea gone, but much flatulence, and bowels as before. *Lycopodium*, 6c. gtt. iij. om. 4 horis.

Nov. 24. Less pain and flatulence; bowels moved three times in the week. Continue *lycop.*

Dec. 1. Digestion still improving; bowels moved six times in the week. Patient complains of rheumatic pains in the joints of all the limbs, in the forehead and left eyeball. *Bry.* 1c.

Dec. 8. Rheumatism much less, nearly gone; digestion nearly well, but only two movements of the bowels during the week. *Trit. sulph.* 8c. gr. ij. om. 8 horis.

Dec. 15. Rheumatism continues better, bowels better than last week but not regular. *Tinct. sulph.* 6c., in same dose.

Dec. 22. Rheumatism slightly in legs; a stool each day with much straining; some return of pain in epigastrium. *Lycop.* 6c., in dose as previously.

Dec. 29. Bowels regular, easy; pain in epigastrium gone; very slight rheumatism. Continue *lycop.* 6c.

Patient did not return till May 5, 1884, when she stated she was quite well, except that she had had one attack of the numbness and dimness of sight, the first since her first attendance in October of last year. She received *nux.* 30 c. as at first; returned for a repetition of the same on May 19, but has not since been heard of.

The chief interest in this case lies in the length of time the patient had been suffering, and without help, under the "old school treatment," and the marked change wrought in her in so short a time under homœopathic medication. One point in the treatment deserves passing notice, viz., that the action of the bowels was not in any way altered by *bryonia*, for the simple reason that the constipation complained of by the patient was not similar to that caused by that drug. The state of the rectum and stool seemed however to correspond to that produced by *nux vom.*, except, perhaps, that it was very small—a character not noticed in the pathogenesis of the last mentioned drug.

50, Cold Harbour Lane, S.E.

LEAD PLASTERS.—A CAUTION.

By ROBERT T. COOPER, M.D.

A FEW years ago the foreman to some engineering works in Kensington came to me one evening in great distress. The doctors attending him advised the cutting off of his hand. He showed me his hand, and gave somewhat this history: A few weeks before one of the men under him addressed him in a threatening manner, and fearing violence, to protect himself he struck out with his right fist and landed him a blow in the mouth. His middle finger came against the man's front teeth, and such was the force of the blow that it lacerated the skin of the finger. He repaired shortly afterwards to a surgeon, who dressed it with apparent skill; but, notwithstanding, it inflamed, and continued, in spite of treatment, to inflame, and it even slightly suppurated. It was lanced more than once; medicines were given; but in spite of everything the inflammation continued to increase, and now the finger has come to be of immense size, and the hand as well is swollen.

To make a long story short, I dressed the hand with an ointment of *scrophularia nodosa*, gave *aconite* internally, and in a very short time he went about with a hand reduced to its natural size, and with a stiffened but uninflamed finger.

Adhesions had evidently formed in the joint before he came to me, and as the finger was useless and impeded him in his work, he was ultimately advised by me to have it removed in hospital. The finger was amputated by one of our leading allopathic surgeons, and he was discharged from hospital with the stump well healed, but with more or less tenderness on pressure over it.

No sooner did he begin to work with the hand than inflammation again set in, and a second time the figwort ointment had to be resorted to, and with complete success. Had it not been for it the hand would undoubtedly have had to be removed. So thought the patient, and such, too, was my own belief. What occasioned the inflammation was mysterious. The conclusion I came to was that neither the entrance of septic material into the original wound from the saliva of the man struck, nor the subsequent exposure to defective sanitary surroundings, nor yet the supposition of there existing an unhealthy condition of the patient at the time of the accident, could explain in at all a satis-

factory manner the mysterious onset of the inflammation either on the first or last occasion.

I was therefore fairly puzzled, and often thought of the case and spoke of it to others.

I was unable to obtain any satisfactory explanation of the mystery until a case came under my care that threw, as I believe, a flood of light upon the matter.

A friend, a young lady, in opening a glass bottle, the neck of which gave way, received a deep cut across the junction of the ring-finger with the hand.

I dressed it with the ordinary strapping-plaster of the shops (Leslie's), and all went well till the wound advanced to the point of closing.

Then the finger began to swell, and as I saw from the angry appearance of it that malignant paronychia was, as with my other patient, setting in, I felt not a little alarmed, but determined to adopt the same treatment, and successfully.

Then the question came as to why the finger should have inflamed, and the solution to the difficulty, to my mind, is perfectly accounted for by supposing it to be caused by the oleate of lead plaster incautiously used to bring the edges of the wound together, and that in all probability the same malicious influence was in operation with my patient the foreman as well. If this be the case, the like must happen in hundreds of instances, and therefore no apology is needed for dropping a note of warning to all whom it may concern.

#### *Guaiacum officinale.*

I have lately had this remedy forcibly brought before my notice. It was in this way; a man came to the hospital with the request that I would prescribe for his little boy for deafness, remarking at the same time that two children of his had at different times been cured by me. One of these—the only one that now concerns us—he explained was his son, who, previously to coming, had been constantly getting deaf, and who had nevertheless remained perfectly well since his treatment, nearly four years ago, so completely that he had lately passed the necessary medical examination for admission into the store department of the Royal Navy.

On hearing this I naturally turned back to his case, and found it to be that of a boy of twelve years, who had had but one prescription, and had failed to return a second time.

The prescription was *guaiacum*  $\phi$  15 drops to go over a fortnight, and drops of *glycerine*, 2 drachms, medicated with 10 drops of  $\phi$  of the *guaiacum*, to be applied on cotton wool to the ear. As nothing, therefore, but the *guaiacum* was used, there could be no reasonable doubt of its being the active agent in effecting a cure.

It is, therefore, not a little interesting to learn what the symptoms were. These are as noted:—

“Constantly recurrent ear-ache, left side; present attack after lasting a week was treated at Great Northern Hospital by syringing three weeks ago, and up till now has been gradually getting worse; cannot hear with the left ear; occasionally has ear-ache in the day as well as at night; some slight discharge in the left ear, with perforation. Tested with watch—hears on contact only with left ear.”

The case at this time had impressed me, for it was the first time in which I had ever prescribed *guaiacum* in ear-disease, and I did so in reliance upon an old well tested indication for this remedy that I had come across, *mirabile dictu*, in no less an unexpected quarter than Squire's *Companion to the Pharmacopœia*, where it is recommended for rheumatic pains worse in the day-time. In the tenth edition, the only one by me, I find it given for “symptoms relieved by warmth;” this matters little in comparison with the fact that in several instances I have verified the reliability of the indication, *worse in daytime*, in other than ear cases.

The above case is also interesting from the fact that in almost all of these recurrent ear-aches, ending in otorrhœa in young persons, I now find that adenoid growths are present in the post-nasal space, and that I can have little doubt they also existed in the case under consideration. In a case now under treatment—a boy of 14—where frontal headache was present with double fetid otorrhœa, and where adenoid growths existed with restless sleep, the mouth and eyes being kept open during sleep, *guaiacum*  $\phi$ , in like dose, was followed by decided improvement in all the symptoms, the hearing particularly improving most markedly; of this there could not be a doubt.

Again, in this case of headache, its effects may usefully be studied. Sarah M., aged “over thirty,” a servant, has had headaches all her life; they last three or four days, constantly recurrent; never passes a week without one; headache always preceded by black specks before her sight.

Second day is the worst, sight getting affected (amblyopia) Headache begins on the vertex and forehead, and sometimes with a sudden pain shooting through the head, often causes her to stagger; no sickness, but sick feeling throughout the headache. Headaches are worse during the day; gets up with them.

Bowels regular, appetite good, tongue clean, sleeps well even in the headaches.

Prescribed, 25th November, 1884.—*Guaiac.*,  $\phi$  15 drops to  $\frac{3}{4}$  ss., of water. Five drops three times a-day in water.

December 9th.—Headaches still bad; pain not so sharp, darting pains occasionally, but has not had a really severe headache since.

To continue the same, only 3 j. of the  $\phi$  *guaiac.* to  $\frac{3}{4}$  ss. of water.

23rd December, 1884.—Perfectly well; woke with a slight headache on Sunday 15th, but it wore off during the day. This was the only trace of pain she has since had.

Clinically studied it is found that such headaches as these are indicative of hepatic disturbance, the black specks before the sight, and the dark circles round the eyes (which latter were also present), point in this direction, while it is found, especially in cases where these darting pains exist, that the headaches are often the forerunners of severe nervous derangements, leading to destruction of the nerves of special sense, particularly the optic and auditory nerves and also of the more widely spread *Tabes Dorsalis*. Hence the importance of securing their early dispersion.

## AN IMPORTANT CHAPTER IN THE HISTORY OF THERAPEUTICS.\*

BY DR. MARTINY.

Translated by Dr. C. L. TUCKEY.

FROM the time of my first introduction to the study of Homœopathy I cultivated the acquaintance of the Belgian homœopathic physicians who were of the first generation of Hahnemann's disciples. Laying before them the history of the patients whom I proposed to treat with infinitesimals, I used to ask their advice. It happened that these

\* A paper read before the Central Society of Belgian Homœopaths, October, 1884, and published in the *Revue Homœopathique Belge*, November, 1884.



were generally chronic cases, and therefore one of the first questions put to me by my respected confrères was, "Has your patient ever had the itch?" They seemed to attach great importance to my answer, and this, I confess, disconcerted me and tempted me to smile. The itch, a parasitic affection which I had many times seen cured in the military hospitals in less than two hours! What influence could a little animalcule, which had accidentally taken up its abode in a patient's epidermis fifteen or sixteen years before, have over an actual and present state of disease? I spoke to this effect, and was answered very much as follows: "In asking a patient if he has had the itch, our object is not only to learn if he has had the special affection produced by the *acarus scabiei*, but also whether he has not suffered from cutaneous diseases even of a slight kind, and to the reply we attach great importance for two reasons: first, because we share Hahnemann's conviction that skin diseases can be driven inwards, and thus by repercussion be the cause of a great number of morbid states; secondly, because our medicines have a peculiar power of bringing back these affections to the skin, and so producing a favourable crisis which is almost always followed by the cure of the deep-seated disease."

As a matter of fact these two points are of capital importance in the treatment of chronic diseases.

Following the progress made in pathological and histological anatomy, official medicine, the heads of the profession leading the way, has made, to a certain extent, a clean sweep of medical traditions and of the opinions of the best observers of the beginning of the century. With the progress of local diagnosis, general diseases, affections *totius substantiæ*, have been completely lost sight of. It has been the fashion to wax facetious over "peccant humours and gross and fuliginous matters vitiating the blood;" and when Hahnemann published his theory of chronic diseases, which is essentially the doctrine of the repercussion of the diathesis on to the viscera, the wise men of the age received his ideas with incredulity. Hahnemann made use of the word itch to express cutaneous affections generally. The discovery is made that the itch is a simple parasitic disease, and the theory of repercussion and homœopathy are demolished with the same blow!

Even we homœopaths, in spite of the admiration which we accord to our master, have had the weakness to suppose

that he, the great medical observer of the century, has been deceived on the subject of chronic diseases. "*Quandoque dormitat Homerus?*" said Varlez once at the Academy of Medicine. Our error, however, was not of long duration, and a little investigation was sufficient to convince us of the truth of the great law of repercussion. We see an asthmatic patient whose sufferings vanish on the appearance of a slight eczema on the skin; or one who suffers from dyspepsia and hypochondriacism eat and digest perfectly, and take a roseate view of life after a few days of gouty swelling in the great toe, &c., &c. Little by little we have ceased to smile when a patient comes to us and says: "I had scurf on my head, and since it has disappeared I have had headaches; I suffer from my eyes, my cataract commenced to go just when I ceased to blow my nose as often as heretofore; my cough has increased since I have become less subject to sore throats; my hæmorrhoids trouble me no more since I have digested badly," &c., &c. It suffices to hear the patients, and to listen to their troubles, to convince oneself easily that a great number of chronic diseases of the most varied kind are the result of the repercussion of tetter, of suppressed gout, &c., &c. But most physicians won't give themselves the trouble of listening to patients. The means of diagnosis which modern science puts at their disposal appear to be sufficient for them. They note with the greatest care the variations of weight and temperature; they analyse the urine, and examine all the excreta with the microscope, without taking any account of what the patient tells them. The words of a German physician occur to me, who in his clinique used to say to the patients: "Be quiet; I know better than you do what you feel." This is a climax of scientific pride and arrogance which did not exist in the time of Molière.

For some years there seems to have been a certain revival of Hahnemannian ideas and medical traditions; the theory of diathesis, as one calls it now-a-days, has regained its proper position, and we have a French hospital physician, M. Guéneau de Mussy, publishing an account of a number of serious internal diseases, some of them even reported to be incurable, which have been benefited or radically cured by the appearance of skin affections, and he has invented a new word to express these diseases, "They are," he says, "*Eudermatoses.*" I myself hold with Hahnemann that there are a great many of these endermatoses, and I

think that if the attention of the medical world is directed to these facts—now that M. Guéneau de Mussy supports them—medical men will be surprised at the number of endermatoses they will find on examination.

Hebra, the celebrated specialist for skin diseases, has denied the existence of the herpetic constitution, for with him there is never any repercussion; but let me quote what Dr. Guibout said the other day in a lecture on the herpetic diathesis, when he advanced theories which would have rejoiced the soul of Hahnemann. Its title was:—“*The influence of the herpetic eruptions on the general health, salutary crises, retrocession.*”

“There are cases,” said M. Guibout, “where herpetic eruptions disorganise the skin and render the free exercise of its physiological functions impossible, and it is evident that their presence is then incompatible with health, on which they have a most disastrous effect; but there are others where they exert a no less harmful effect on the general health, and this is when from some accidental outside cause, or under the influence of a peculiar idiosyncrasy, they abruptly leave the skin and transfer themselves to the mucous membranes which line the interior of these organs.

“This sudden disappearance, this sudden and unforeseen transference of an external disease to an internal organ, is called a metastasis, or retrocession, and most serious consequences are often the result of such an event. As a rule, the accidents produced by metastasis are grave in proportion to the extent and severity of the cutaneous disease, and they are always of the same type or character as the original affection. If this has been acute or inflammatory, the visceral complications produced by metastasis will be the same; and if, on the contrary, the skin affection has been of a chronic kind, the retrocession will cause the development of chronic internal complaints.

“Thus the retrocession of an acute moist eczema may cause cerebral meningitis, acute brain softening, suffocative pulmonary catarrh, enteritis or other internal diseases, and the retrocession of acne or psoriasis may bring about a chronic disease of the stomach or intestines, cancer, or even pulmonary tuberculosis.

“But there are cases where the existence of herpetic eruptions causes no disturbances of the general health,

just as scrofulous eruptions sometimes exist without any physiological derangement. There are also subjects in whom the presence of eezemas, lichens, and prurigos is quite compatible with good general health; and sometimes even these eruptions seem necessary to good health, and are a sort of natural emunctories—safety valves—channels by which deleterious matters, which if retained in the economy would occasion serious mischief, are got rid of. These deleterious matters or vicious principles exhaust their action on the skin, and so assure the healthiness of all the internal and visceral organs; and if the skin were not affected the mucous membranes would be, these especially, as they are the internal skin. These two skins, the inner and the outer, are often complementary one to the other, and often a pathological condition of one insures the physiological perfection of the other. Now, if the herpetic eruptions, which are essentially mobile nomadic and intermittent, by a to-and-fro movement which is natural to them, leave the skin suddenly, it will readily be understood that functional disorders much more serious than the eruptions will be produced; and these disorders, which constitute grave internal diseases, will resist all treatment and will refuse to disappear until the eruption, the retrocession of which has produced them, is re-established. Then they will be cured as if by magic, and the proper equilibrium will be restored. It is from this cause that you will see cases of bronchitis, obstinate coughs, indigestion, want of appetite, colliquative diarrhœa, &c., which no medicine seems to touch, quickly cured when a few spots of eczema or psoriasis make their appearance on the skin, from which they had suddenly vanished. Such is, gentlemen, the aspect we have to present to you of the cutaneous diseases which MM. de Bazin and Hardy have called *Herpetides*. If I add that these affections are hereditary—that they establish themselves, after a manner, in a family, that they are transmitted from generation to generation, and that they are transmitted by man to woman by seminal impregnation—if I tell you all that, you will be obliged to conclude that these affections are constitutional and general, and that they are manifestations of a peculiar diathesis. They have peculiar pathognomonic characters which make them a separate class of skin diseases, altogether distinct from scrofulous and syphilitic eruptions; they proceed evidently from another

diathesis, and this is what we may call the *herpetic diathesis*.

“ There is no doubt about the existence of this diathesis, which is as real as the syphilitic and the scrofulous ones, and is distinguished from them by special and well marked characteristics ; it is hereditary and is transmitted by seminal impregnation ; it is not inoculable nor contagious, but may be acquired through bad hygienic conditions and through moral agencies, such as mental shock and prolonged grief. It appears in earliest infancy, is present through youth and manhood, and often continues to old age. Its favourite seat is the skin, but it also has a predilection for the mucous membranes. When it leaves the skin suddenly disorders of the general health appear by metastasis, and only subside when the affection returns to the skin. Its manifestations have sometimes an acute and sometimes a chronic character ; intermittent in the first stage they become continuous in the second, and in the third and last stage they sometimes finally leave the skin, and becoming visceral, cause the most serious internal diseases. The herpetic diathesis may be cured, but the cure is always long and difficult. Left to itself it progressively gets worse ; compatible at first with health it ends by inducing a state of cachexia, which is one of its terminations, for there is a herpetic cachexia just as there are syphilitic and scrofulous ones. Another termination is cancer, especially of the stomach. Cancer is often the final development of the diathesis of which the skin lesions are the prelude and warning.

“ It only remains to be added that the cutaneous manifestations of this herpetic diathesis leave no cicatricial trace behind them. Syphilis and scrofula, as you know, are followed by cicatrices, and they each bear their special and characteristic cicatrix. From the cicatrix one can at once discover the diathesis and make even a posthumous and retrospective diagnosis, so indelible and certain is its mark. But it is different with the herpetic diathesis ; the skin lesions which point to its presence are too superficial to produce cicatrices, as they affect the most superficial layer and that only slightly, and the loss of substance they cause is thus easily and rapidly repaired without a trace being left of them. This is a most useful point to bear in mind in diagnosis, for though rupia is in exceptional cases perhaps herpetic, yet this does not invalidate the rule, as it is by

no means certain that even rupia is herpetic, and the cases where it is so are, at any rate, extremely rare." (*France Médicale*, August 30, 1884.)

Am I not right, gentlemen, in saying that our master would applaud this language? It is, *à propos* of *herpetism*, the reproduction of his psora theory; one might say that M. Guibout had copied it!

But it has yet another point of interest for us homœopaths. We should more boldly assert that our remedies have an unequalled power to bring back to the skin and into their proper sphere the salutary crises of the diathesis, and for this purpose, as you know, the highest potencies must be used, rarely lower than the 30th. You know, also, that our antipsoric or antiherpetic, as M. Guibout would call them, remedies frequently cure this herpetism which is such an obstinate complaint. You know also acute diseases have a more decided tendency towards spontaneous cure than chronic ones, and that correspondingly our medicines nearly always produce in skin diseases a sort of acuteness which is a favourable presage of cure.

All this, gentlemen, is of good augury for the progress of the cause we belong to. Our adversaries are taking our remedies one by one: *podophyllum* in affections of the liver; *drosera* in whooping cough; *gelsemium* in neuralgia; *hamamelis* in uterine affections with hæmorrhage. And now that the medical School of Paris, through the organ of one of its masters—the worthy successor of Bazin—reproduces the theory of chronic diseases and psora propounded by Hahnemann, let us hope it will be led by such reasoning and discoveries until it finishes by making the great discovery that homœopathy and the use of small doses are the foundations of true therapeutics.

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## THE MOVEMENT CURE.

By H. LEFFLER-ARNIM.

THE appellation, "Movement Cure," carries its own meaning with it, for the curative movements are, virtually, movements, exercises or special gymnastics of a nature calculated, by their careful use, to rectify certain bodily failings of a chronic character. Both actual disease and simple functional derangement have come under the curative

influence of the movements, which differ from the ordinary gymnastics in their *object* as well as in *themselves*—in their object, because, while ordinary gymnastics are intended to maintain health which is not yet broken, the aim of the *curative movements* is to restore, by the aid of special exercises, the equilibrium of a disturbed vital mechanism.

Much mischief has been perpetrated by the want of perception, which has led persons to resort to the ordinary gymnastics when suffering from actual organic weakness (notably of the lungs) instead of to the curative movements.

The curative movements, in themselves, differ widely from the ordinary gymnastics. In the latter, the various physical exercises are passed through by the pupil with only mechanical aids, such as trapeze, cross-bars, &c., &c. In the former the movements are mostly *applied* to the patient by operators trained for the purpose.

By this means the curative movements may be made to be of service to the most delicate individual—even those to whom standing or walking is an impossibility.

The curative movements are of three distinct kinds: passive, half active, and active.

The *passive movements* are those which are applied to the patient while he or she is in an entirely passive condition, *i.e.*, in a condition in which no exertion, no voluntary movement is required on the part of the patient.

The *half active* movements are those in which special groups only of the muscles are required to act. These are effected under the control of the operator, who offers a certain degree of resistance against the muscles which are required to be brought in action.

The active movements are those which are entirely carried out by the patient without the help, assistance, or co-operation of the operator, but always under the control of the latter.

The more debilitated the patient the greater the number of passive movements used. The other movements are used in proportion as the patient is stronger, or increases in strength under the movements.

The passive movements consist of *frictions* (or strokings), with the palm of the hand over the surfaces of the body, a flannel vestment intervening. They are principally applied along the chief nerve groups, upon which they have a soothing, restorative effect. The frictions applied *against*

the course of the veins also effect a change in the peripheral circulation by stimulating the superficial veins, and consequently increasing the capillary action.

Of *percussions*, with the margins of the hands and fingers upon osseous and osseo-muscular surfaces principally; to act upon the sublying organs or groups of nerves. Such, for instance, the cerebellum, the lungs, the liver, &c., and in this manner to reduce congestion and stimulate absorption.

Of *vibrations*, which are applied both directly and indirectly to the various organs, and have for their chief object the stimulation of the nerves.

Of *ligatures*, which are a series of temporary equable pressures upon the greater vessels which, by momentarily checking the circulation, induces the blood to flow with increased velocity when the ligature is removed.

Of *fullings*, which are a series of firm, rapid passages of the hand over the muscles, and which act pre-eminently upon the lymphatics.

Of *nerve pressures*, which Ling found to act upon the nerves in much the same manner as the ligatures do upon the blood vessels.

Of *rotations* applied to the joints, which regulate the absorption and secretion of synovial fluid, which stimulate the circulation by alternate expansion and relaxation of the surrounding muscles.

Of *flexions*, which stretch the muscular fibres and fasciæ, and slightly stimulate the circulation.

The *half-active movements* consist of the greatest variety of flexions, pressures, &c., &c., which are performed by the operator and the patient together. Their chief object is to put into action any special group of muscles, either for a direct or indirect purpose. They are applied to all parts of the body where voluntary contractile muscles exist; and, in their secondary action, are used to effect beneficially the involuntary muscles, such as for instance the heart.

One of the chief uses of the half-active movements is to promote the circulation of the extremities, strengthening the muscles, nerves, glands, &c.

In cases where it is undesirable or inexpedient to act locally upon an affected organ, the half-active movements are applied to a remote part of the organism, so that the local action, which is comparatively strong, may in a mild manner be reflected, as it were, upon the desired part.



Thus many leg movements are used for patients suffering from pulmonary complaints, which act mildly upon the lungs; and the half-active movements of the arms, and especially of the lower extremities, are of singular use in cerebral disorders, and, with one or two special exceptions, are of more or less use in all organic complaints.

The *active movements* are those which are carried out by the patient entirely alone without the co-operation, but still under the control of the operator. They are used towards the end of a cure, and by strong patients, and are always alternated by a good share of half-active and passive movements.

The great use of the curative movements will thus be seen to be the restoration of the primary vital processes of the body, in which the regulation of the circulation takes the foremost part, and by which, of course, we include the removal of local congestion, and the strengthening of the muscular walls, the processes of assimilation and secretion, and the general functional activity.

They are useful in most chronic disorders, and in consequence of their *general* effect form a valuable auxiliary to the homœopathic form of treatment, it having been proved beyond doubt that the action of the medicines administered whilst the patient is under the movement cure is more exact and certain. The two systems harmonise in a marked degree.

The curative movements are useful in a variety of instances both of a surgical and medical nature.

In surgical cases, such as enlarged joints, muscular contractions, spinal curvatures, &c.

In medical cases, such as diseases of the pulmonary organs, of the liver, kidneys, spleen, heart, &c., dyspepsia, weakness of the bladder, spinal complaints, decline, epilepsy, cerebral disorders, severe prostration after illnesses, paralysis, &c.

In the large array of passive movements which were formulated by the great Swede, Ling, their founder, means are handed to posterity of dealing successfully with many disorders which have been deemed past all hope of cure: of these one of the foremost, combined with skilful homœopathic treatment, stands the treatment of lung cases, which have been happily dealt with even when tuberculous abscesses were present to an appreciable degree. Here the vibrations are pre-eminent in their usefulness.

One of the many cases which come under this class was that of Miss K., a lady of 21, tall, and having the beautiful teeth, eyes, and complexion, which to the practised eye indicate but too plainly the presence of pulmonary mischief. Both lungs were affected, and there were grave doubts whether the disease had not already advanced too far to be remedied. By the help, however, of the curative movements, and in particular of the vibrations combined with *gentle* percussions, the diseased portions of the lungs became separated from the as yet unaffected surrounding lung tissue, passed off from the system through the ordinary excretory channels (which had also been stimulated to normal action by the movements), whilst the increased circulation through the lungs, the activity of the air cells, &c., rendered the surrounding parts of the lungs healthy, and in a condition to perform their functions in a natural manner. In this way it may be accounted for that this lady, who is now the mother of several children, was when we last heard from her in perfect health.

Another of the passive movements, too, which ranks high in the treatment of disorders of the digestive organs is the rotation—applied, however, in a particular manner to the trunk of the body—and by which the muscular walls of the stomach and abdomen, the bowels, the hypochondria, &c., are expanded and relaxed, whilst the patient is in an *absolute condition of passivity*.

Illustration of this :—The case of Mrs. W. stands prominently to this point. This lady, aged about 60, of rather bilious temperament, had suffered from periodical attacks of bilious headaches and utter prostration, which would compel her to remain perfectly quiescent for the entire day, neither eating or taxing the mental powers in any way. As she had a great deal of business to get through, these attacks, occurring as they did at frequent intervals, became a serious hindrance to her, putting aside the great physical discomfort to which she was also subjected. Mrs. W. attended the curative gymnasium, and by the aid of the movements, and in particular by the help of trunk rotations, she gradually threw off these periodical attacks. At first they came as usual, but remained less time, and as she continued to improve in health they were less severe, and less frequent, until they left her entirely. The lady improved markedly in general health, and in appearance; the skin of the face, which was dark-coloured and shrunk,

became of a natural tone and smooth and pliant, which will be readily understood when the *cause* had been removed. The latter result of the treatment, however, was more marked about a year after the lady had been with us than even at the time.

This passing glimpse of the movement cure may suffice to remove one or two errors which have been persistently indulged in with regard to it, but it will scarcely convey anything approaching a distinct idea of their great curative power. If the pages of this highly appreciated journal will be open to me at a future time, I may then explain more of the scientific side of the movement cure and its manner of action.

11, York Place, Portman Square, W.

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## REVIEWS.

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*Surgical Emergencies and Accidents.* By J. G. GILCHRIST, M.D.,  
Professor of Surgical Pathology and Therapeutics in the  
University of Iowa. Chicago: Duncan Bros. 1884. Pp. 582.

It is somewhat startling to find a volume of 582 pages devoted to the discussion of "Emergencies and Accidents!" The title indeed should have been on "Injuries and Accidents." In the course of this volume Dr. Gilchrist traverses the major portion of the wide field of surgery. Every form of injury which can occur in any part of the body is discussed with great minuteness and care. Contusions, wounds, gun-shot injuries, poisoned wounds, burns and scalds, frost-bites, chilblains and asphyxia, preceded by chapters on shock and anesthesia, are first considered. Then follow nineteen chapters embracing within their scope the injuries by which the different organs and parts of the body may be damaged. The bloodvessels, nerves, muscles and tendons, the joints and bones, head and scalp, the ear, face, mouth, spine, throat and neck, the upper and lower extremities, the chest, abdomen, pelvis and genital organs.

The work is done with great thoroughness, the symptoms which direct the surgeon in diagnosis and treatment are clearly set forth, and the measures which experience has endorsed as those which have proved to be most successful in the treatment of each case are described with much care. Further, the style in which the work is written renders it pleasant reading.

There is, however, one serious blot on this otherwise excellent book of study and reference which, though apologetically referred to in the preface, we cannot pass by without notice. We allude to

the almost innumerable clerical errors it contains. Those which have been considered the most important—and they number fifty—have been mentioned in a table of *errata*, these any purchaser of the book should correct before reading, as in many instances they entirely alter the author's meaning. Even then, each page, almost, is disfigured by some specimen of false spelling! Dumas, the French chemist, for example, appears as Dunos! If the author cannot bring himself to sacrifice the stock in hand, we hope the present edition will speedily be sold out, and be followed by one in which the literary work is worthy of the surgical teaching. It is too good and useful a book to be so much disfigured. The type, paper, and binding are also unworthy of the American press of the present day.

With the exceptions we have named, we can fully commend this work of Dr. Gilchrist as one which will be found useful by every general practitioner. It is an important and valuable addition to our resources of reference in cases of difficulty and danger, cases where prompt and skilful action are eminently required; and, we trust that, ere long, we may have the pleasure of seeing a second edition presented in a manner more creditable both to author and publisher than is the one before us.

*Practical Notes on the New American and other Remedies.*

By R. TUTHILL MASSY, M.D., &c. 4th Edition. London: Keene & Ashwell, 74, Bond Street, W. Pp. 173.

THIS little book was originally published in 1869, and has now arrived at its fourth edition—satisfactory evidence this, that it has been appreciated.

There are two classes of medicines which have been introduced amongst us from the United States,—those which, like *gelsemium*, have been fully and well proved, and others such as *galium aparinium*, with which no experiments on human beings have been performed, and the indications for which are therefore purely empirical. The former have, in nearly all instances, been found valuable, they are capable of being prescribed homœopathically; the latter have, as might have been expected, turned out more or less disappointing.

In the "Notes" before us no distinction is drawn between the "proved" and the "unproved" remedies, between those, the indications for the selection of which are based upon experiments on healthy people, followed and endorsed by the clinical test, and such as are purely empirical, the authority for the prescription of which is no better than some Jones or Smith, or perchance the "medicine-man" of an Indian tribe! This, we think, is a mistake. It is one indeed that has been made by all writers on these medicines from Dr. E. M. Hale downwards. The indica-

tions for the use of any medicine cannot be regarded as trustworthy unless they are primarily drawn from our knowledge of the physiological action of the drug; no remedy can be correctly described as "homœopathic" unless its pathogenesis shows its action to be similar to that marking the disease in which it is stated to be remedial.

Apart from this mixing up of empirical and homœopathic medicines, Dr. Massy's little book contains a number of useful hints as to the forms of disease in which a variety of medicines both new and old may be prescribed with advantage. In addition, he has scattered throughout his pages a variety of suggestions for the employment of measures outside of medicine-giving in affording aid in the treatment of different kinds of disease, such as diet, climate, bathing, and so on. The "notes" are brief and simple, and are presented in a readable and attractive manner. It has been, and we doubt not will continue to be, a popular book of its class.

In another edition we trust that the proof-reading will be more carefully attended to. Among several errors which we have noticed, "Dr. Bennett," on p. 69, should, we are sure, be "Dr. Burnett," and "Epatorium," on p. 94, would look prettier as "Eupatorium."

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*Il Colera: Sua Etiologia e Cura.* Pel Prof. EPAMINONDA ABATE.  
Napoli. Stabilimento Tipografico Dell'Unione, Strada Nuova  
Pizzofalcone, 8, 1884.

*The Cholera: its Etiology and Treatment.* By Prof. EPAMINONDA  
ABATE. Naples. 1884.

WE have read this excellent pamphlet on the question of Cholera, its causation, and cure, with the greatest pleasure. Professor Abate treats the subject in the most philosophic manner. He rejects the mushroom theories regarding bacilli as totally inadequate to explain the facts; and regards the presence of these micro-organisms as a result of cholera rather than its cause. The author regards the mysterious appearance and spread, and equally mysterious disappearance of the disease as due to different electrical states of the atmosphere and the earth. And no doubt this is an extremely potent factor. It is a fact well known to Indian practitioners. On one occasion, a regiment in India, being quite free from cholera, happened to be on church parade when a thunderstorm broke, and there and then, in church, a number of the soldiers were struck down with the disease. This kind of thing has happened over and over again. On the other hand, it can hardly be said that electrical conditions are the only cause of cholera. This can hardly explain why native Hindoos alone are attacked on one occasion, and white persons

on another, whilst both are under the same electrical conditions ; it will hardly account for the escape of Parsees when Mussulmans are attacked, and *vice versa*.

Professor Abate, who is evidently a medical man, naturally looks to electricity for the cure of what he considers abnormal states of electricity to be the cause. As we should have anticipated, he met with the most violent and unwarrantable opposition from his orthodox colleagues, who, with an enthusiasm worthy of a better practice, diligently assisted the disease in carrying off the patients in the most approved routine fashion. But in spite of all the obstacles thrown in his way, Professor Abate was enabled to carry out his treatment, in some instances with encouraging success.

We welcome Professor Abate's pamphlet as a solid contribution to the literature of the question of cholera, in the midst of the mountains of waste paper denominated "Official Reports."

*Iodide of Arsenic in Organic Heart Disease.* By J. H. CLARKE, M.D. London: Gould & Son, Moorgate Street, E.C. 1884.

THIS is a reprint of an essay read at the last British Homœopathic Congress, and subsequently published in this *Review*. It gives interesting details of a series of cases of organic disease of the heart, in which manifest advantage was derived from the use of the *iodide of arsenic*.

This salt has been but very slightly and imperfectly proved, but in acute phthisis, in pleuritic effusion, and in pericardial effusion, it has been found to be of great value. The original idea of so employing it is Dr. Herbert Nankivell's, who thought, that from the provings of *arsenic* and of *iodine*, he could sufficiently infer what that of the *iodide of arsenic* would be to admit of his using it clinically. In this he has proved to be right, and now Dr. Clarke has shown that we may expect good results from employing it in many cases of chronic weakness of the heart—in just such cases, in short, as those in which most homœopathic physicians have been in the habit of prescribing the salt of *arsenic* in ordinary use. The cases are interesting and well reported.

*Notes on the Treatment of Mental Disorders.* By JOHN D. HAYWARD, M.D., London.

THIS interesting essay, reprinted from the *British Journal of Homœopathy*, is by the son of the President of the last British Homœopathic Congress, and shows its author to possess a power which we trust he will largely use for the advantage of his brother practitioners—that of handling a difficult subject clearly and succinctly. The aim of Dr. Hayward is to show the interdependence

of a sound mind and a healthy brain, with the consequent dependence of insanity upon morbid cerebral processes, and the adaptation of homœopathy to its treatment.

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*Thirty-Second Annual Report to the Council of the City of Manchester on the Working of the Free Public Libraries. 1883-4.*

We cannot notice this very interesting report better than by making the following extracts from it, which show more fully than any words of ours could do the increasing desire of the wages-receiving classes of the country for literary study and the valuable means which a free library forms for gratifying this desire :—

“ Over two and a half millions of visits have been made by the public during the past year to the various libraries and news-rooms. This enormous number is more than 200,000 in excess of the previous year. A like increase is seen in the volumes which have been read, the number used for reading at home or in the reading rooms being 1,820,898, against 1,191,588 volumes in the preceding twelve months.

“ Of the volumes issued to readers 278,876 were used in the reference library, and 1,041,517 in the six branch libraries. The reference library figures show an increase on last year's working of 26,228 volumes. In the branch libraries the year's increase was close upon 108,000.

“ As regards the Sunday use of the libraries, the Committee have again to report an increase. In the reference library 14,842 volumes have been consulted, the average being 276 each Sunday, against 267 in the previous year. In the branches 9,859 volumes have been used by 9,529 readers in the general reading-rooms, and 66,829 have been issued to boys in the five boys' rooms. The number of readers of magazines and newspapers has been upwards of 186,000. The total number of persons who have entered the libraries on Sundays has been 212,150, or an average of 4,250 each Sunday.

“ A special reading-room for boys was opened in December last at the Cheetham Branch. This makes the fifth room of the kind now provided in connection with the branch libraries. These rooms continue to grow in popularity with juveniles, who crowd them nightly. The number of volumes used by boys has been 284,945, an increase of over 70,000, of which 58,288 volumes were perused in the new room at Cheetham.

“ The number of persons holding tickets entitling them to the privilege of borrowing from the libraries is 87,518, and during the year they have made 609,657 applications for books, showing

that each borrower has been supplied with books, on an average, sixteen times in the twelve months. Out of the 670,000 volumes issued to them only 30 have been lost, and doubtless some of these will yet be recovered."

*Second Annual Report of the Metropolitan Public Garden, Boulevard and Playground Association. 1884.*

THE objects of this association are to secure, for the purposes of health and recreation, available plots of ground, large or small, within the Metropolitan area; to obtain the right of laying out, planting and seating all disused burial grounds, waste places and enclosed squares to be laid out as gardens, as gardens and playground combined, or as playgrounds alone. The report gives a very full account of the work accomplished during the past year. That this work has been considerable, and is much appreciated by those for whose benefit it has been undertaken, is abundantly evident from the details supplied,

An association engaged in so useful a work deserves more ample support than it appears to receive. The amount of good it effects is of course contingent upon the number and value of the subscriptions received by the Treasurer, Lord Brabazon, 88, Lancaster Gate; the Secretary, Capt. Thompson, 88, Lancaster Gate; and the bankers, Messrs. Coutts & Co., 59, Strand.

We may add that the report concludes with a list of trees and shrubs that will live in, and of climbing plants and evergreens suitable for London.

## NOTABILIA.

### THE BRITISH JOURNAL OF HOMŒOPATHY.

WE have been gratified, and are sure that all our English colleagues will be so likewise, at noticing the very sincere regret with which the discontinuance of the *British Journal of Homœopathy* has been noticed, and the warm testimony to its usefulness during its long career which has been given by our American and Continental medical brethren.

The *New England Medical Gazette* (Boston), writes in its January number as follows:—

"When an old and trusted friend passes away out of one's sight, it is sometimes imperfect consolation to feel that he is well content to go, having accomplished what he felt to be his life's work. It is with very real and lasting regret that we bid farewell to our honoured contemporary the *British Journal of Homœopathy*, which, with its October issue, retires from its long



and successful labours in the field of medical journalism. We shall miss its familiar appearance as the months go by, as one misses the grasp of a friendly hand.

“The *Journal* is in some sense the Nestor of homœopathic periodical literature. For forty-two years it has stood at its arduous post, and its younger brethren have looked to it, not in vain, for wise counsel and generous encouragement. It has at once faithfully chronicled and largely helped to make the history of homœopathy in England. It may well point with pride to the position occupied to-day by homœopathy and its practitioners, as compared with that occupied by them when its labours were begun; and none will grudge the *Journal* the assurance that to its own efforts may be largely attributed the good that has been wrought.

“In saying farewell,—

‘We mourn no blighted hope nor broken plan,  
Where now this life stands rounded and approved  
In a full growth and stature.’

“We comfort ourselves with the fact that four of the editors—Drs. Drysdale, Dudgeon, Hughes and Clarke—will not cease from literary labours with the cessation of the *Journal* they have so successfully conducted; but their words, losing no dignity or force in the exchange of the editorial ‘we’ for the more familiar ‘I,’ may still be counted upon to instruct and delight us.

“But we are not wholly comforted for the leaving by this strong worker of its work while yet so much remains undone. Talent and faithfulness are not wanting in the younger generation, whose hands are reaching out towards the work their predecessors must let fall; brighter lights may be rising even now above the literary horizon;

‘But yet—but yet we feel for us  
A star has set.’”

The *Hahnemannian Monthly* (Philadelphia) notices the same matter in the following article:—

“With the issue of its October (1884) number, the *British Journal of Homœopathy* ceased publication. It was originated forty-two years ago in the interests of a puny cause, struggling against a persecution as relentless as it was dishonourable. It aimed to lay before the medical profession and the public, the practical truths of homœopathy, and to secure for it that hearing that could be obtained in no other way. To suppose that such a journal could be other than a constant occasion of labour and expense to its publishers during those early days, would be to miscalculate either the number of homœopathists or the qualities of their enemies. Yet the Quarterly held on; its issues appeared regularly; its influence spread far and wide; it encouraged the despondent, sustained the weak, instructed the

honest seeker after truth, and, what was doubtless equally important to the progress of the new system, it furnished a medium through which the clinical and other observations of homœopathic practitioners were brought within the knowledge and use of others far and near. Indeed, it may be said of very much of what is now standard in the literature of homœopathic *Materia Medica* and Practice, that it originally appeared in the pages of the *British Quarterly*.

“The reason assigned for the discontinuance of the publication, as given in its farewell number, is that the condition of homœopathy, and of its relation to general medicine, which induced its publication in the first place, no longer exists. While this fact of course will be conceded, there will still be innumerable regrets that this should be considered a sufficient reason for its suspension. The original work of the *Journal* may long ago have been accomplished; but is not the new era opening up new fields of journalistic usefulness—fields in which the peculiar talents of such men as Dudgeon, and Drysdale, and Hughes shall still find opportunity for their highest and broadest exercises? Good homœopathic journalism is not so abundant a commodity that we can well afford to lose much of it. It is to be hoped, therefore, that the editors of the *British Journal of Homœopathy* will still find time and inclination to favour the profession with the benefit of their thought and observation through other media, and especially through journals on both sides of the Atlantic. Much as we shall regret the discontinuance of the *Journal*, it is better far to lose that than the continued usefulness of its editors.”

We may here state that the subscription list to the testimonial it is intended to present to Drs. Drysdale, Dudgeon, and Hughes, was to close last night. At the same time we feel sure that the secretary will, during the next week or two, be happy to receive the contribution of any gentleman who may have hitherto overlooked the fact of such a testimonial being intended to be presented. Dr. C. L. Tuckey, of 14, Green Street, Grosvenor Square, W., is the honorary secretary.

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#### DRAMATIC PERFORMANCE IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

ON Thursday, January 15th, a Dramatic Entertainment was given by the members of the “Thalian” Company, under the direction of Captain and Mrs. Conyers-d’Arcy, at St. George’s Hall, in aid of the funds of the hospital. It was the fifth annual performance, and the appreciation of these occasions, which assume a great deal of the character of *réunions* of the friends of

the hospital, was markedly displayed by an audience which filled the large hall. The "Thalians" were musically assisted, in a very effective manner, by the "Euterpeans," an orchestra of gentlemen under the direction of Colonel Douglas, and by their aid the entertainment bore out the promise of a felicitous quotation from Campbell appearing on the programme, and invoking—

———"the melodies which suit  
Thalia's harp, and sweet Euterpe's lute."

After the overture the curtain rose on the appropriate scene for "Twenty Minutes under an Umbrella," in which Miss Bruce-Strange and Mr. Nowell Sherson effectively enacted, with witty dialogue and humorous by-play, a lovers' quarrel and reconciliation; both performers being amply rewarded by hearty laughter and cordial applause. The piece of the evening, however, was Robertson's comedy, "The Ladies' Battle," in which a young political fugitive, Henri de Flavigneul, takes refuge under the disguise of a groom in the Château of the Countess d'Autréval, who, herself a lady of a certain age, is passionately in love with him. At the Château he is sought by the terrible Baron de Montrichard, a kind of amalgam of Jonathan Wild, Titus Oates, and Fouché. Leoni de la Villegontier—a niece of the Countess—is, at first, disgusted by the impertinent politenesses of the polished servant, whose manners, aping too nearly those of a gentleman, she resents as presumptuous, but being gallantly saved by him from a riding accident, she learns his secret, and falls deeply in love with him. The terrible Baron seeks de Flavigneul in the Château, feeling certain, "from information he has received," that the fugitive is concealed by the Countess, by whom he has been previously defeated in matters diplomatic and political. Gustave de Grignon, a visitor at the Château, is in love in a will-o'-the-wisp kind of way with the Countess, who uses his devotion to work up his courage—which is of a shadowy nature—to personate de Flavigneul, and allow the true fugitive to escape, a plan which, with all the art of a mercurial Frenchwoman, she so contrives as to carry out with the actual assistance of the terrible Baron himself. As will be readily understood, many of the situations are intensely dramatic, while much of the dialogue is full of point. The fury of the Baron when he discovers himself the victim of a plot, in the carrying out of which he has been the most active agent, having actually lent the fugitive his horse and given him a free pass, makes a very strong scene. Mrs. Conyers-d'Arcy supported the difficult rôle of the Countess d'Autréval with all her usual grace, refinement, ability, and stage resource. Her acting, when she suddenly discovers that she has a rival in her lovely niece, whom she tenderly loves, and to whom she yields up de Flavigneul after

her subtle strategy has saved his life, was very fine, and was simply splendid when she displayed to the discomfited Baron how deeply she had delved beneath his mine and shattered his well laid plans. Captain Conyers-d'Arcy played Gustave de Grignon, with the easy, rollicking air, and that command of stage humour so well known, and—as was fully apparent at this performance—so heartily appreciated by his admirers. Miss Ivan Bristow was very charming as Leoni de la Villegontier, and carried to the point of reality her impersonation of the lovely, innocent, impulsive and proud young patrician, being strikingly assisted by her personal advantages. As the Baron de Montrichard, the make up of Mr. Arthur T. Frankish was excellent, and great praise is due to so young an actor for the strength of his representation of so heavy a character. Mr. J. M. Powell did well as Henri de Flavigneul—by no means an easy part. In fact, the acting throughout was admirable, as was proved by the applause which often attended the entrance or exit of some of the performers. Mr. Fred. W. Morris made a good Brigadier, and Mr. Robert Bristow an equally good servant. Twice between the acts were the principal personages called before the curtain, and loud was the demand for Captain D'Arcy, when he modestly hesitated to appear. Loud also was the applause when Mr. Alan E. Chambre came on the stage and, as Honorary Treasurer of the Thalian Company and a member of the Board of the hospital, announced that the proceeds of the entertainment would exceed the amount realised on any similar previous occasion, being not less than £120. On the whole, the occasion was one of the most brilliant of the kind, the audience being very numerous and heartily appreciative. Great praise and thanks were earned by the excellent "Euterpeans," under Colonel Douglas, for their tasteful rendering of some difficult orchestral music. The night was somewhat inclement, and the full attendance of fashionable people must have been highly pleasing to the organisers of the entertainment, while the results constitute a substantial addition to the year's income of the hospital.

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#### CHRISTMAS TREE AT THE HOMOEOPATHIC HOSPITAL.

On the evening of Thursday, the 8th of January, the annual Christmas Tree entertainment given to the patients of this hospital took place, a numerous company assembling to assist in the amusements provided for such of the patients as could bear the mild excitement of the occasion. The adult patients and the little inmates, joined by a number of poor children who have been in the hospital during the past year, fully appreciated the good things provided for their comfort. The funds for the purpose were contributed by the Board of Management and the Medical

Staff, supplemented by various gifts of toys and clothing by liberal friends, and the sums given chiefly expended in useful presents, articles of woollen clothing, and other gifts of a kind likely to be appreciated by the poor, and beneficial to them in their struggle with hard times. Various kind friends of the hospital assisted in providing amusements for the children and elder patients.

There are between 60 and 70 patients now in the hospital, a fair proportion of them being children, and the Ward specially devoted to the latter is among the most pleasing features of the hospital. The number of patients now under care is greatly in excess of the average in recent years, and the Charity is, of course, in proportionately greater need of new annual subscriptions.

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#### THE BIRMINGHAM HOMŒOPATHIC HOSPITAL.

We understand that Mr. John Spence Law, M.B., C.M., Edin., has been appointed House Surgeon at this hospital in succession to Dr. M. Wilkins Gutteridge, who has removed to Bradford, where he has bought an old-established practice. Dr. Gutteridge carries with him the good wishes for his success of a large circle of Birmingham friends.

The Committee of Management have also lately taken a new departure in their arrangements for nursing. They have appointed a Lady Superintendent of Nursing, and propose to receive probationers for instruction therein. To the post of Lady Superintendent Miss Seavill, of Tunbridge Wells, has been appointed, a lady who has had considerable experience in the London Hospital, Whitechapel Road, the General Hospital, Birmingham, and other hospitals. In addition to great zeal for her special work she brings to its performance considerable energy of character, and an earnest desire to promote the best interests of the institution with which she is connected.

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#### THE ADELAIDE CHILDREN'S HOSPITAL.

THE annual meeting of this institution, held on the 20th October last, was presided over by his excellency the Governor of the Colony, who was supported by the Chief Justice, the Bishop of Adelaide (the Right Rev. Dr. Kennion—son of the late Dr. Kennion, of Harrogate), Archdeacon Russel, together with several of the clergy, members of the Legislative Council, and others.

The feature of this hospital is that its medical officers are in some instances homœopaths, and in others non-homœopaths. Their patients do not occupy separate, but are mixed in the same wards. In his opening speech his Excellency, remarking upon this, said that "It was pleasing to find that the medical

men of the two schools of medicine, the homœopathic and the allopathic, could meet in that hospital on a sort of neutral ground." As the institution has now been in operation for several years, as the number of admissions increases annually, as the subscription list is always expanding, and as from the details of the report we cannot but conclude that it excites a large amount of public interest in the Colony, we may rest assured that the plan adopted has proved successful. The Hon. D. Murray, in moving a vote of thanks to the members of the honorary medical staff, referred to the success of the institution as a proof of their zeal and generosity, and said that "they all worked harmoniously to make the Children's Hospital one of the most successful in the Colony."

A course of lectures on subjects embracing anatomy, physiology and hygiene was delivered during the year to the nursing staff by the Hon. Dr. Campbell, Dr. Cleland, Dr. Curtis, Dr. Jay, Dr. Nesbitt and Dr. Wigg. (Dr. Wigg, we may mention, was a pupil of the London School of Homœopathy during the session 1881-2.) These lectures were open to the public, and the large attendances they procured showed that they were much appreciated. It was intended to give a similar course during October and November.

We believe that the foundation of this hospital was mainly due to the efforts of our colleague, the Hon. Dr. Campbell, and we have much pleasure in congratulating him upon the success which his public philanthropy and scientific liberality have met with.

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#### ANOTHER DISCOVERY!

THE Berlin correspondent of *The British Medical Journal* (Dec. 27th, 1884) writes as follows:—"The *Allgemeine Medicinische Central Zeitung* published a few years ago a communication from Privy-Councillor Dr. von Blödan, of Sondershausen, on the use of *veratrin* as a remedy against cholera nostras. He says that, having frequently administered strong doses of *veratrin* as a remedy against cramp in the calves of the legs during sleep, and always with success, he concluded that, as it possessed a stimulating influence on the spinal nervous system of the spinal cord, it might restrain the danger of threatening symptoms in cholera. He mentions six cases which he treated this summer with *veratrin*. One was that of a strong man, aged 48, suddenly attacked with diarrhœa and vomiting. He exhibited all the usual signs of cholera; his thirst was insatiable, and his stomach icy cold; the pulse scarcely perceptible. Of a solution of 5 milligrammes of *veratrin* in dilute spirits and water, of each 50 grammes, a tablespoonful was given

to the patient every half-hour. After vomiting once more, all the bad symptoms rapidly disappeared; no external remedies were used. Another case was that of a woman, aged 79. Two infants he also successfully treated by using *veratrin*. A man, aged 61, who had been suffering from diarrhœa for some days, in consequence of having been wet through, was successfully treated in the same way. Dr. von Blödan concludes the account of his observations by recommending the remedy for further trial. The above-mentioned paper has also published another communication from Dr. E. Weber, of Cologne, on the same subject. Dr. Weber says that *veratrin* has been known by homœopathic practitioners for over fifty years, the remedy that they use being a tincture of *veratrum album*, which, he says, is a distinction of no importance."

*Veratrum album* was one of the remedies in cholera pointed out by Hahnemann in 1831. He knew that it was such simply and solely by means of the law of similars. How long will it be before this, the most important practical lesson taught by such empirical appropriations as this, is learned by therapeutists generally? This law, or rule or principle is the only one which can direct the physician to truly curative agents.

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#### TOXIC EFFECTS OF CHROME ON THE NOSE, THROAT, AND EAR.

WORKMEN engaged in the manufacture of chrome suffer from a series of symptoms referable to the respiratory tract, especially the nasal cavity, and its dividing septum. The most prominent lesion is a destruction of the cartilaginous septum of the nose; perforation occurring generally with great rapidity, according to Dr. John N. Mackenzie, sometimes as soon as 48 hours after exposure to the exciting cause. It is commonly preceded by general congestion of the mucous membrane, with more or less epistaxis, coryza, &c. The mucous covering of the septum is quickly destroyed, and the cartilage laid bare, necrosis of the latter soon following when the mucous membrane is destroyed; a crust forms which becomes closely adherent, and beneath which the corrosion of the septum proper goes on. After perforation takes place there is also a tendency to crust-formation about the edges of the artificial opening. The most frequent seat of perforation is the antero-inferior portion of the cartilage, or that portion which is most directly exposed to the action of the particles of bichromate of potash. Occasionally the ulceration is observed on the turbinated bones and in the naso-pharynx, lower pharynx, and occasionally in the larynx. The condition of the lower respiratory tract is that of inflammation, characterised by intense redness, moderate swelling, with tendency to

inspissation of secretion. Ulceration also attacks the hair follicles in the nasal vestibule, causing a dryness and itching, with falling out of the vibrissæ. As the ulcerative process in the nose and retro-nasal space advances the secretion becomes mucopurulent, and portions of the necrotic tissues are expelled, either in shreds or as a fine detritus mingled with the greenish-yellow discharge. There is a sensation of heat or burning in the nose and throat, and sometimes intense headache referred to various portions of the cranium. The sensation experienced is sometimes described as that of a bubbling or boiling as of water in a cauldron, in the vertex. Fœtor is never a prominent symptom. Purulent inflammation of the drum cavities also occurs, with perforation of the tympanic membrane, and the consequent development of otorrhœa. Gmelin, of Tübingen, found that the bichromate of potassium, when introduced beneath the skin of a dog, produced on the fourth day difficulty of breathing and deglutition, and the post-mortem revealed general inflammation of the respiratory tract, with bloody and fibrinous effusion. Inflammation of the respiratory tract has also followed the taking of the drug by the stomach.—*Journ. Amer. Med. Association*, November 29th, 1884.

#### IODIDE OF POTASSIUM ERUPTIONS.

At the meeting of the American Dermatological Association, Dr. Morrow exhibited a case of iodide of potassium eruption remarkable for its multiformity. The patient was syphilitic. The lesions appeared suddenly, and were accompanied by lachrymation, coryza, and œdema of the face and eyes. The whole nose presented a fungoid red appearance, being greatly enlarged. The forehead, face, neck, and forearms were also the seat of the eruption. On the left cheek was a furuncle, over the malar bone was a large dark bulla. On the forehead were many papules and pustules. The eruption on the back of the neck resembled molluscum contagiosum. On the forearms there was a variety of eruptive elements, papules, tubercles, vesicles, pustules, and bullæ.—*Journ. Cutan. and Vener. Dis.*, December, 1884.

#### ACTION OF COMPOUNDS OF NICKEL.

THE salts of *nickel*, and more particularly the *bromide*, have recently been investigated by Professor Da Costa, of Philadelphia (*Medical News*, September 29th, 1883), and his results, given avowedly in an introductory form, may well stimulate further research. Of the *sulphate* and *chloride* he does not speak with any degree of certainty. Tolerated in small doses, they cause giddiness and nausea when pushed beyond five grains. They appear to be most serviceable in cases of obstinate diarrhœa.



He speaks of the *sulphate* as "something of an anodyne," and the *chloride* having a calming influence on the nervous system. The *bromide*, however, gave more satisfactory results; doses of five to seven grains producing all the effects of full doses of all the other *bromides*. This is certainly to be ascribed to some special action of *nickel bromide*, the proportion of *bromine* present being less than in the corresponding salts of *potassium* and *sodium*. Prof. da Costa regards the drug as of probable utility in cases of epilepsy unaffected by the more common *bromides*.—*Medical Times*. November 24th.

#### VANILLAISM.

THE toxicological properties of substances in every day use are subjects never without their interest, especially to homœopaths, and any careful study of such properties is rarely unworthy of consideration. The *Revue Bibliographique*, in a late issue, quotes an article, written for *La France Médicale*, by Dr. Layet, who has recently made interesting observations of the effects of handling the vanilla-bean on the operatives whose business it is to distil from the bean the popular flavouring extracts. So numerous and varied are the pathological conditions consequent on this work that Dr. Layet feels justified in classing them under the generic term *Vanillaism*.

The doctor's studies have been made in the large manufactories of Bordeaux, where from twenty-five to thirty kilogrammes of vanilla are yearly utilised. The beans, on their arrival, are cleansed and then sorted over, being classified according to their quality. The *employés* in charge of these operations almost invariably will, in a longer or shorter time, develop the following symptoms:—A sharp pricking sensation makes itself felt in the hands and face, accompanied by an intolerable burning; the skin is covered with a pruriginous eruption; there is marked redness and swelling, and desquamation takes place at the end of a few days. The condition is doubtless caused by an *acarus*, which is found in the end of many of the beans. It is said not to penetrate the human skin, but by contact alone to communicate its poison. There is a fine thin oil on the surface of the bean, from which it derives its characteristic odour. This oil is said to produce marked effects; and many operatives who escape skin diseases complain of languor and faintness, with later such severe muscular pains as force them to give up this sort of work altogether.

All this is very suggestive to the enthusiastic seeker after "new remedies." It would be interesting to learn the results of observations analogous to those of Dr. Layet made in some of our own large manufactories, Burnett's for example. Certain "provings" might be brought to light for which the *Materia Medica* would in time be the richer.—*N. E. Medical Gazette*.

## THERAPEUTIC VALUE OF HOT WATER.

In the *Lancet* of September 15th, Dr. E. Cutter, of New York, has a communication on the Therapeutic Value of Hot Water. Its use dates back to 1858, when it was introduced to the profession by Dr. James H. Salisbury. "Among other things he found that the fermentations of food, and the products of these fermentations, were the chief primary factors in producing the diseases which arise from unhealthy alimentation. With the idea of removing these diseases by removing their causes, he employed hot water in order to wash out the saccharine, acetic, butyric, hydrosulphuric, and lactic acids, and sulphide of ammonium fermentative vegetations (yeasts) from the stomach and intestines. At first he tried cold water on his men to remove these products of fermentation, but the cold water caused distress, pain and colic, so he increased the temperature of the water. Lukewarm water made them sick in the stomach and exerted peristalsis upward. The temperature of the water was increased to hot—110° to 150°. This was well borne, and afforded a feeling of great relief, which thousands have since testified to." The quantity recommended is half a pint to a pint and a half three times—one to two hours before each meal and on going to bed. It should be taken in sips.

## LIVING CONTAGIA.

PROFESSOR TYNDALL delivered a lecture on this subject before a large audience, at the Royal Institution, on Friday, January 16th. He said that he had recently looked over the proof-sheets of a small book, shortly to be published, entitled *Louis Pasteur : his Life and Labours*; by his Son-in-law. From this it would appear that Pasteur had been led by some extremely curious observations to study the general question of fermentation; and rapidly closed with the idea that what we call ferments are all living things, and that what was previously considered to be a ferment, was in reality the food of the ferment. As far back as 1837, Latour and Schwann had independently discovered the nature of the alcoholic ferment. In the case of wine, this alcoholic ferment lived on the sugar of the grape.

Pasteur had proved also that the sourness of sour milk was due to the lactic acid ferment. This consisted of little "rods" which grew and multiplied in the milk, and the decomposition which it there produced had the effect of sourness. Having broken ground in this way, Pasteur went on to consider the general question of fermentation, and the maladies and diseases to which both beer and wine were subject. Over and over again, years ago, disastrous losses had been incurred by the brewers of London, when five minutes' examination of the yeast would

have shown them the disease from which it was suffering, and would have prevented them from using that yeast. The microscope, however, was now used everywhere in the breweries of England. The experiments of Schwann and Pasteur had led to the researches of Lister. With unrivalled keenness of vision, he saw in our hospitals these germs of putrefaction, and he said to himself, "Those germs must be destroyed if you are to secure the proper result of your operation." He saw that the treatment subsequent to the operation was quite as important as the operation itself, and he devised means to destroy those organisms. The result was his system of antiseptic surgery, which is one of the most beneficent achievements of the age in which we live. Pasteur, in 1865, investigated the plague of the silkworm in France, an epidemic that was devastating a vast industry. He discovered in the smitten worms certain corpuscles, the cause of the epidemic. Finally, he solved the problem of restoring to France her silk industry, simply by separating the healthy from the unhealthy moths, destroying the latter, and preserving the eggs of the healthy alone. The germ theory of infectious disease had, in his time, been growing like a mustard tree, but he remembered when it was looked down upon as an absurdity. Now, hardly a scientific physician in Europe did not, more or less, accept the germ theory of contagious disease. In fact, this power of self-multiplication which Pasteur noticed in the ferment bore every resemblance to the propagation of living things.

To Dr. Koch was due the credit of having investigated the wool sorters' disease, known also as splenic fever, malignant pustule, and Siberian plague, one of the most deadly organisms that ever invaded the system of man or brute. Pasteur attacked the consideration of this splenic fever separately from Koch; and he would here give an instance of the penetration of Pasteur. Koch had proved that while mice and guinea-pigs were invariably killed by this inoculation, birds could defy it. Pasteur asked himself "why;" and his first step was to ascertain the temperature at which this bacillus ceased to multiply. He found that the temperature was about 44° Centigrade (or 111° Fahr.), and reasoning that the blood of a fowl was of very high temperature, he reduced the temperature of a fowl's blood some degrees and then inoculated it. The result was that the fowl, which in its normal temperature was proof against this organism, was killed in twenty-four hours. Not satisfied with this, Pasteur next inoculated a fowl when in a low state of temperature, and then transferring it to a very warm temperature, the bacillus was killed. When he (Professor Tyndall) visited the *École Normale*, in Paris, he saw a cage in which some guinea-pigs and rabbits (those which had been inoculated) were running about, munching their food in perfect health; others looked drowsy and languid, others

were in the last agony, and others were in the rigor of death. It looked a very sad scene indeed. He could imagine a tender-hearted Bishop—with whose tender-heartedness he had the strongest sympathy—entering the laboratory of Pasteur. If such Bishop had the power, would he not have invoked the arm of the law to stop this “cruelty,” as he would have called it? But in doing so he would assuredly have fixed the brand of cruelty upon himself, for in lieu of the units which had been subjected to the operation of the scientific man he would have delivered over tens of thousands of these self-same animals to the ravages of splenic fever.

So they must look beyond the momentary suffering to the incalculable issues that arose from these experiments. It behoved them to look at all sides of the question. As far as he was personally concerned, he knew nothing about cruelty to animals, and would not tolerate it for an instant. But let them look at the cases where the bacillus ate the life away, and say, “Is it not worth while to try and combat those things?” Never, in the history of medicine, had such a bright day dawned upon them as the present one, and he said, in conclusion, “Do not let us be deterred by mischievous legislation.”—*The British Medical Journal*.

#### MONTSERRAT LIME-FRUIT JUICE.

THIS preparation of lime juice is one of the clearest and finest tasting we have met with. The lime plantations on which it is grown are in the West Indian island Montserrat, and are the property of a Limited Company. The reports issued of the mode of cultivating the plantation and preparing the juice for bottling and exportation are interesting, and the care taken to secure a good article appears to be very considerable. As a summer beverage, sweetened with sugar or some fruit syrup, it will, we are sure, become a favourite with the public, and any drink that will satisfy the thirsty and at the same time be free from alcohol, must be an advantage. As a specimen of lime juice we can strongly recommend that of the Montserrat Company.

#### DOGMATISM v. COURTESY.

SUCH is the title of an article in the *St. Louis Periscope and Clinical Review* which comments upon the characteristically insulting manner in which Dr. Dake, of Nashville, has been attacked by Dr. Wells, of Brooklyn, on account of his efforts to purify our records of *Materia Medica* from the false symptoms with which they are encumbered and disfigured, and by which their value is so much impaired. Dr. Wells is an elderly physician whose sense of his superiority to the rest of his medical brethren is fully equal to that of any member of the so-called “Legion of Honour,” and whose capacity for the use of violent language in referring to anyone who ventures to

question the truth of every symptom that has ever been ascribed to the taking of a globule or a part of a globule of his imaginary "high potencies" is unequalled. Dr. Dake we had the pleasure of meeting at the International Homœopathic Convention in 1884, and all, we believe, who heard him speak, or had the opportunity of private conversation with him were impressed by his thorough honesty of purpose, his sound common sense and the extent and variety of his professional acquirements. The medium of the attack is the *Homœopathic Physician*, an obscure journal published in Philadelphia. We had an opportunity of seeing the first few numbers of it some three or four years ago, but they did not appear to us to foreshadow a periodical that was likely to be of any service either to medical science in general or to therapeutics in particular.

Dr. Dake may rest assured that such an attack from such a quarter will in this country be looked upon precisely as *Punch*, many years ago, regarded abuse of England by the *New York Herald* as almost "too complimentary!"

The following is the article of the *St. Louis Periscope and Clinical Review* :—

"It is a little remarkable how difficult it is to harmonise and combine these two qualities in the life and character of the same individual. Of course the dogmatist is, or may be, the very soul of courtesy to all who accept his platitudes and aphorisms, his premises and conclusions, provided such acceptance take place on conditions of implicit obedience and assent unaccompanied by the slightest quality of doubt or word of objection. Indeed, your model dogmatist not only expects you to accept and adopt his peculiar view or views, but demands that you should do so with an active enthusiasm. If he tells you that he has discovered under certain circumstances the sum of the addition of two added to four makes seven, or that three subtracted from eight leaves four, he not only expects you to accept his discovery, but he expects you to show your pleasure and delight over the revelation, and that you shall become a zealous propagandist in behalf of others not similarly enlightened. Your unqualified acceptance of his dogma secures you his approbation and friendship, but with the reserved right on his part to feel towards you a certain patronising self-complacency and commiseration as a penalty for not having made discovery prior to or simultaneously with himself. Any quality of doubt, delay and opposition, brings you his sternest maledictions; you are a fraud, or fool, steeped in the most brutish ignorance and obstinacy.

"We have been led into this quality of thought and observation by an article in the December number of the *Homœopathic Physician*, in which Dr. P. P. Wells, of Brooklyn, N.Y., applies such dainty and correct terms as "*Conceit*," "*Indolence*" "*Ignorance*," "*Impudence*," to the work of the Institute; now

one of the oldest, highest, largest and ablest scientific associations in the United States, and ranking favourably by comparison with any similar association in the world. The special aim and object of his maledictions would seem to be Dr. Dake, of Nashville, Tenn., whom he likens to a *dog*, giving the dog rather the better of the comparison. I need hardly tell my readers that Dake has been the trusted and honoured servant of homœopathy and the Institute for 40 years; that nine-tenths of the membership have always heard him with pleasure and even delight whenever he might have anything to say; that they have heaped upon him honour, place, and preferment whenever he would accept. Nor is this all, he is the very soul of honour, benevolence, courtesy and urbanity. We certainly do not envy Dr. Wells, or covet the position in which his attack upon Dr. Dake places him. His brutal attack upon a man of cosmopolitan *fame* may bring to the attacking party *notoriety*, but nothing better."

#### AVOIDABLE ILLNESSES.

If men were to reflect upon the amount of illness, not to mention other evils, which they bring upon themselves, a total which ever increases with their self-development in civilisation, they would sometimes question the reality of a progress which includes so many errors. Even if we leave out of sight the known results of faulty practice, there is still a large margin of what seem to be anomalous mishaps which day by day are shown to have had an acquired and avoidable beginning. It is always satisfactory to get at the root of these unaccountable flaws, especially when they nearly concern one's personal health. Their removal is then usually assured, and our former discomfort or dread is covered with the satisfaction of enlightenment and remedial success. Trade-work has at all times illustrated, and does still continually illustrate, the truth of these remarks. Let us grant all that is due to its energy and enterprise, and still the value of its production is heavily discounted by errors which are not only due to oversight or ignorance but often to neglect. In so far everyone will admit the need of correction. By way of example, consider the case of staining and its applications. We showed a short time ago that some of the aniline dyes in the market, from whatever reason, were found to possess poisonous properties and to be unfit for dyeing articles of dress. Further evidence has not been wanting to confirm those observations. Another and older enemy of health, arsenic, has never been extirpated, but shows his front among us from time to time. Cases of poisoning by arsenical wall papers have been reported quite recently. The symptoms described, it is true, did not include the gravest possibilities, but chronic and intermittent ill health was proved to depend upon the presence of a highly coloured paper containing much arsenic. Mere colour we would add,

however, is no test of quality in this respect. The most innocent-looking hues may be arsenical, and, conversely, the same tints may be had without any such poisonous admixture. Undoubtedly the only guarantee for safety is to be found in the discontinuance of this or any other similarly hurtful substances as dyes in dwelling-houses. While there is any doubt about the matter, no custom in decoration can be safer or better than that of distemping walls and afterwards oil-painting them with some plain colour.—*The Lancet.*

#### AN OLD-FASHIONED MEDICINE CHEST.

THE *Chemist and Druggist* quotes from a recently published "*Life and Times of Sidney Smith*" the following rhymed letter which the reverend humourist addressed to a Mrs. Howard who had asked his advice about stocking a medicine chest. Sidney Smith wrote:—

“ With store of powdered rhubarb we begin ;  
(To leave out powdered rhubarb were a sin).  
Pack mild magnesia deep within the chest ;  
And glittering gum from Araby the blest ;  
And keep, O lady, keep within thy reach  
The slimy surgeon, blood-devouring leech.  
Laurel-born camphor, opiate drugs prepare,  
They banish pain and calm consuming care.  
Glauber and Epsom salts their aid combine,  
Translucent streams of castor oil be thine,  
And gentle manna in thy bottles shine.  
If morbid spot of septic sore invade,  
By heaven-sent bark the morbid spot is stayed ;  
When with black bile hepatic regions swell,  
With subtle calomel the plague expel.  
Anise and mint with strong Æolian sway,  
Intestine storms of flatulence allay,  
And ipecacuanha clears the way.  
Soda and potash change the humours crude,  
When hoven parsons swell with luscious food.  
I know thee well, thou antimonial power,  
And to thee fly in that heartrending hour  
When feverish patients heave their laden breath,  
And all is sickness, agony, and death !  
Spare not in Eastern blasts when babies die,  
The wholesome vigour of the Spanish fly ;  
From timely torture seek thy infant's rest,  
And spread the poison on his labouring breast.  
And so, fair lady, when in evil hour  
Less prudent mothers mourn some faded flower,  
Six Howards valiant, and six Howards fair,  
Shall live to love thee, and reward thy care.

## OBITUARY.

## ADRIAN STOKES, M.D.

It is with much regret that we chronicle the very sudden death of one who has been for many years a useful and hard-working member of the body of physicians who acknowledge that they practise homœopathically.

Dr. Stokes had for some years suffered from valvular disease of the heart, and had, in consequence, been compelled to retire from practice. On the first day of the new year he was as well as usual, and in the afternoon was playing a duet on the violin with a friend, when, during a momentary pause in the music, he fell down, and within ten minutes life was extinct. How thoroughly conscious he was of the precarious condition of his health is made touchingly manifest in a letter written by him to a medical friend, dated five weeks before his death. In it he says, "I have managed to rub on to a better state as regards the condition of the mucous membrane and power of digestion, but the atheromatous state of the heart's valves, with stenosis of the aortic orifice, and occasional attacks of palpitation and vertigo remind me often of the frail tenure I have of life."

Dr. Stokes was a member of an old Wiltshire family, some members of which had migrated to Gloucestershire, and at Wickwar, in that county, he was born on the 10th of December, 1815. After going through the ordinary school education he was apprenticed to his uncle, Mr. Thomas Stokes, of Nailsworth, who only died some three or four years ago, after practising in that town for more than half-a-century, leaving behind him the reputation of a kind and skilful general practitioner, and a thoroughly courteous gentleman of the old school. After serving his articles Adrian Stokes passed to the University of Edinburgh, where he graduated as a Doctor of Medicine in 1844. Shortly afterwards he settled in practice in his native parish. Of this parish the late Rev. Thomas Everest was the rector, and all who are conversant with the early history of homœopathy in this country will remember what an earnest advocate of it he was. About the time of Dr. Stokes commencing practice in Wickwar, the rector returned from Paris, where he had been for a considerable period a patient of Hahnemann's. Finding the young doctor a willing hearer of his eulogiums upon Hahnemann and his method of treatment, Mr. Everest soon prevailed upon him to test the latter in practice. To his surprise he found the results which followed so gratifying, the means employed so efficacious, the effects of his prescriptions so much more satisfactory than any he had seen follow the traditional methods in the Edinburgh,



Paris and London hospitals, that he determined thenceforward to adopt homœopathy as the basis of his therapeutics in the future, and resigned his membership of the County Medical Society.

After practising in Gloucestershire for several years he was in 1852 invited by Dr. Hilbers, then about to leave Liverpool for Brighton, to succeed him. Here he resided, actively engaged in private and dispensary practice until 1863, when he removed to Southport, where he remained until 1877, when failing health, induced by prolonged exposure to sewer gas, compelled him to retire from practice. He now settled in Sidmouth, where he was again a victim of bad drainage, and his own health and that of his wife rapidly deteriorating, he quite recently removed into Exeter that he might have the advantage of the advice of a homœopathic physician, and there he died as we have described on the 1st ult.

Dr. Stokes was a kind and careful practitioner, and was much beloved by his many patients and friends in Southport, where he will be long and affectionately remembered. Quiet and retiring in disposition he was rarely seen at any medical gatherings. He did, however, good service for medicine in his work on the Repertory. From the time of his arrival in Liverpool in 1852 he was associated with Dr. Drysdale in compiling this work, at which he continued until in 1883, when his health completely broke down and his eyesight began seriously to fail. He also contributed a number of short practical papers to this *Review* and *The British Journal of Homœopathy*.

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## CORRESPONDENCE.

### THE THERAPEUTIC PART OF THE REPERTORY.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In the article of your December number on the "Therapeutic Part of the Repertory," you describe as unnecessary and undesirable the insertion of a list of medicines which have been found useful, but have not, by proving on healthy persons, been shown to produce a similar state.

Upon this criticism allow me to make a few remarks.

Theoretically all medicines used in the homœopathic treatment of disease should be able to be placed in one class, with the double qualification given by physiological investigation and success in treatment. But practically now, and for a long time to come, we must have two other classes, one for those proved on the healthy, and therefore indicated in disease, and the other for

those empirically found successful, but not yet proved to be indicated by the law of similars.

Take, for example, *iodide of potassium*, as used in gummatous tumours. As far as I know there is no proof of its homœopathicity in such cases, yet it must be recommended in every therapeutic treatise, and it would not do to put it into the class of adjuvants.

Yours, &c.,

J. GIBBS BLAKE.

23, Waterloo Street, Birmingham,  
Dec., 1884.

[We regret that this letter was received too late to appear in our January number.—Eds. *M. H. R.*]

### NOTICES TO CORRESPONDENTS.

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

Communications, &c., have been received from Dr. YELDEAM, Dr. BOTT, Dr. C. L. TUCKEY, Dr. CLARKE, Dr. COOPER, Mr. CROSS, and Messrs. KEENE & ASHWELL (London); Dr. WOODGATES, Dr. F. NANKIVELL (Exeter); Dr. BLAKE, Dr. MADDEN, Mr. WALKER (Birmingham); Dr. MOORE (Liverpool); Dr. PROCTOR (Birkenhead); Dr. GREENWAY (Tunbridge Wells); Dr. WILDE (Weston-super-Mare); Dr. WALTHER (Eastbourne); Messrs. EVANS, SON & Co. (Liverpool).

### BOOKS RECEIVED.

*Transactions of the Homœopathic Medical Society of Pennsylvania, 1884*  
Pittsburgh: Barron & Co.

*Practical Notes on New American Remedies.* By R. T. Massy, M.D.  
London: Keene & Ashwell. 1884.

*Homœopathic World.*

*Hospital Gazette and Students' Journal.*

*Chemist and Druggist.*

*The Debater.*

*The New York Medical Times.* New York.

*The American Homœopathist.* New York.

*The New England Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The Medical Era.* Chicago.

*The United States Medical Investigator.* Chicago.

*The Medical Visitor.* Chicago.

*The Medical Publishers' Record.* Chicago.

*The Therapeutic Gazette.* Detroit.

*The St. Louis Periscope.* St. Louis.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgemeine Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homöopathie.* Leipsic.

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

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HOMŒOPATHIC REVIEW.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *OPIUM*.\*

BY ALFRED C. POPE, M.D.

THIS well known drug is much less frequently prescribed by physicians who practise homœopathically than it is by those whose remedies are chosen in accordance with some pathological theory. By the latter it is looked upon as the almost universal panacea for pain, and ordinarily regarded as called for wherever sleeplessness is present. As pain is a very general phenomenon of acute disease, and as sleeplessness is by no means unusual during illness—whether acute or chronic—*opium* is of course frequently resorted to by all whose *summum bonum* is the palliation of suffering.

On the other hand, the great end of adopting the homœopathic principle of drug selection is to find a medicine that will not merely palliate suffering, not simply obscure symptoms, not only numb pain, but one which will so modify health as to remove disease, and with disease pain and suffering.

Hence *opium*, the sphere of action of which, however well marked, and however familiar, is after all more limited

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than that of many other substances, is comparatively seldom required by the physician who practises homœopathically.

As a palliative, it has a place of usefulness in the practice of medicine, one which will continue, until the time arrives when our knowledge of disease is perfect, until we can find medicines—the method of selection we have, could we but apply it universally—medicines by which we may be able to cure everything! So long as incurable disease is attended by agonising pain, so long as causes of pain exist which are inaccessible to the influence of drugs—so long shall we, from time to time, require to invoke the narcotic aid of *opium* or its alkaloid. At the same time, we must be careful not to be led away into prescribing it by the facility with which, as we all know, pain may for a time be relieved by it, when a little research through the *Materia Medica*, a little handling of the *Repertory* and *Symptomen Codex*, will enable us to find a direct means of cure, a remedy. In too many instances, where homœopathic physicians use opiates or any mere palliative, the real cause of their so doing is to be found in a want of capacity on their part for making an effort to find a remedy. By the frequency or infrequency with which a homœopathic physician uses *opium* as a narcotic, may you very generally measure his zeal for his profession, and his knowledge of his *Materia Medica*.

The inspissated juice of the *papaver somniferum* of the natural order *papaveracea*, or the *opium* of commerce, is the substance used in medicine. With it we make a tincture of 1 in 20 of proof spirit, and from this the dilutions are prepared. It is also prepared in trituration.

Our knowledge of the physiological action of *opium* is derived mainly from the various cases of poisoning which have been recorded, and from the effects of *opium* eating, which have been described either by the victims of the seductive habit themselves, or by those who have observed them. A proving of it was made by Hahnemann, which, together with a considerable collection of observations by previous writers, he published in the *Materia Medica Pura*. A thorough re-examination of these records by Langheinz, of Darmstadt, has shown that many of the observations quoted are insufficiently pure to be available in practice. In the last edition of the *Materia Medica Pura*, Dr. Hughes has carefully gone through the writings from which they were derived, and has, in foot notes, made observations

enabling any one to put a correct value upon them. In Allen's *Encyclopædia* you will find a large collection of cases of poisoning incorporated with the provings of Hahnemann and those of Eidherr, of Vienna.

In examining the effects of *opium*, we are at once struck by the difference of susceptibility to its influence possessed by various people. So remarkable does this appear that at first sight it would seem to have a totally different influence upon some persons to that which it is seen to exert upon others. In the words of Dr. John Harley, we have, "*first*, those who are readily influenced by its hypnotic action, and who suffer little or no inconvenience from its excitant effects upon the brain, or its depressant action upon the vagus. *Secondly*, those who are distressed by its deliriant or depressant effects, or both, to such a degree that its hypnotic action is altogether counteracted until it has passed away."

Dr. Harley here very judiciously reminds his readers of the importance these facts "assume when, as is so frequently done in the present day, morphia is introduced beneath the skin."

*Opium*, then, by its capacity to give rise to excitement on the one hand and sopor on the other, is a conspicuous instance of the power of a drug to produce opposite physiological states, and is accordingly very generally quoted as an example of the double or reverse action of medicines. In small doses it is a stimulant, in large a depressant. A very small dose will produce excitement, restlessness, and so forth, and there its action will end. One somewhat larger will do the same, but in a less degree, and then a measure of depression. While in a third, the dose being still greater, the period of excitement will be so brief as not to be recognised, and symptoms of depression will occur at once. Further, the constitutional peculiarities of individuals has a marked influence upon the development of either one stage or the other. Both states, be it remarked, are abnormal, both due to the influence of the drug, and, being so, both are capable of being utilised in the treatment of disease.

The development of the excitant action is, at any rate in a measure, or perhaps I should say in its degree, as Dr. Harley suggests, the result of constitutional causes. "If," he says, "the individual be calm, unemotional, unexcitable, a dull, heavy, and stolid person, his mind will

naturally sympathise with the hypnotic impressions"—in other words, he is constitutionally predisposed to be brought rapidly under the full influence of *opium*. "If," he continues, "he be of the reverse disposition, the action of his brain will vibrate in unison with the excitant impulses. On the whole, these two influences appear to be pretty equally poised, and a very little is sufficient to disturb the balance." In this second example we have a person constitutionally predisposed to resist the full action of the drug to the utmost, and consequently we may have, in him, a complete illustration of its power. For though it is excitant at the first, it is only a question of dose how soon it becomes soporific. Dr. Harley appears to doubt this, and instances a gentleman to whom he gave one grain of powdered *opium*, a dose which was followed by insomnia and restlessness. Thinking that a larger dose would be more effectual, he gave him, on another occasion two grains. This produced "a mixture of somnolence with delirium." Here you see somnolence partially replacing insomnia;—one step further had been taken towards the full effect of the drug being obtained,—a little more, and it is possible that all the phenomena of apoplexy might have been produced. The same observation has been made on *opium* eaters. "While smoking," writes Dr. G. H. Smith, (*Lancet*, 1842); "they are loquacious at first, and the conversation is highly animated; but as the *opium* takes effect" (and I would interpolate as the dose grows larger from continued smoking) "the conversation droops, and they frequently burst into loud laughter without any apparent cause at all. \* \* The next phase presents a vacancy of countenance, with pallor and shrinking of the features, so that they resemble people convalescing from fever. A dead silence precedes a deep sleep, which continues from half-an-hour to three or four hours."

That certain constitutions come under the oppressive action of the drug at once, that they do not manifest the existence of those changes which give rise to excitement is assuredly no evidence that such changes do not occur in them, but merely that the individuals who do not show them are constitutionally incapable of exhibiting them.

Hahnemann was fully alive to this peculiarity—in peculiarity it be—in the action of *opium*. In the introduction to his proving of the drug he says:—"In the primary

action of small and moderate doses, in which the organism, passively as it were, lets itself be affected by the medicine, it appears to exalt the irritability and activity of the voluntary muscles for a longer period; and while it exalts the fancy and courage in its primary action, it appears at the same time to dull and stupify (the external senses) the general sensibility and consciousness. Thereafter the living organism, in its active counteraction, produces the opposite of this in the secondary action; diminished irritability and inactivity of the voluntary, and morbidly exalted excitability of the involuntary muscles, and loss of ideas and obtuseness of the fancy, with faint-heartedness along with over-sensitiveness of the general sensibility.

“In large doses the symptoms of the primary action not only rise to a far more dangerous height, but they pass from one to another with impetuous rapidity, often mingled with secondary actions or quickly passing into the latter. In certain persons certain symptoms are more conspicuous in others other symptoms.”\*

Further, that the excitement and depression produced by *opium* are but part of a whole, and contingent on the dose taken, is rendered still more probable by clinical evidence. We find that the symptoms reflecting excitement are as safe indications for the selection of *opium* as a remedy as are those arising from depression. It has been shown over and over again that insomnia and restlessness of a *certain type* will yield to infinitesimal doses of *opium*, as surely as will the drowsiness, heaviness, and constipation which are often the premonitory symptoms of a cerebral apoplexy.

I will now go through the leading phenomena in the action of *opium* upon man and point out the conditions in which it may be advantageously used as a remedy.

All the phenomena presented by *opium* are due to its action principally upon the brain and spinal cord, and, in a lesser degree, to its influence upon the sympathetic system of nerves. *Post mortem* examination reveals little more than an intense cerebral congestion, often with effusion of blood into the arachnoid, the ventricles, or around the pons varolii, as the result of poisoning by it. In addition, there is frequently congestion at the base of the lungs.

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\* *Materia Medica Pura.* Hahnemann Publishing Society's edition, vol. ii., p. 285.

From the varying character of the influence that this drug has upon different persons, there is and can be no precise order in the symptoms presented in all cases, either of proving or of poisoning. Mental excitement of a peculiar kind is very commonly the first effect of a moderate dose, this is followed by insomnia, then delirium, mental depression, and this by intense sopor, and if pushed far enough by apoplexy. Its action on the spinal cord is seen in its power to produce spasm and eventually paralysis of some parts.

A very fair illustration of the action of *opium* is recorded by Dr. C. Wesselhœft, of Boston (*North American Journal of Homœopathy*, August, 1876). The subject was a man 50 years of age, addicted to *opium* eating. "When under the influence of *opium*," writes Dr. Wesselhœft, "he seems to others to be in his normal condition, but a little intercourse with him shows his mind to be not only clear and active, but filled with gigantic schemes and theories, the realisation of which seems to him quite natural and easy. His faculties are remarkably keen, and his power of expression wonderfully terse and convincing. His appetite is good, and he sleeps apparently naturally, if he does not exceed his regular dose. As soon as the effect begins to subside (as it does after sleeping), he is depressed and melancholy, which soon reaches an extreme state of suicidal depression, in which the world seems terribly dull, and he feels driven to desperation, as if haunted by evil spirits. This condition is brought on by occasional attempts to resist his destructive habit; but he cannot endure abstinence long. As soon as he takes his accustomed dose of *morphia*, he is at once changed from a cringing desperate creature into a spirited and energetic individual. If the dose is a little too large, or repeated too often, the excitement and energy are changed into somnolency and the stage of delicious dreams; on awaking from these the prostration of body and mind is extreme."

The increase of mental power, which in some persons characterises the stage of excitement in *opium* poisoning is brief and fallacious, the real effect of the drug being to weaken, and ultimately to destroy mental power. Of one such case, a boy who had overdosed himself, or been overdosed with pills of *styrax* and *opium*, cited from a German Journal by Dr. Allen, it is said that "his head was dull, he had no mental grasp for anything, and could not comprehend the sense of what he read."



The delirium which results from *opium* is essentially chattering. Of one person, who took a grain of crude *opium*, it is said that "when delirious he talked about all sorts of things with open eyes and afterwards remembered them only as a dream."\* Of another, that "he talked of his business, cast up columns of figures, and started up at any noise."† With this talking there is great fear and tendency to start at the least noise, there is little or no real sleep. "He would like to go to sleep but cannot" is a frequent expression. "Sleeplessness, full of uncertain fancies and imaginations, that were entirely distinct from surrounding objects." "Though he is sleepy he is unable to fall asleep." "The inclination to sleep is present, but she had scarcely closed her eyes when she was aroused by most frightful images, when she spoke disconnectedly and did not recognise the bystanders."‡ There are frequent startings during the little sleep obtained. Dreams abound, frightful in some, joyous in others, vivid in all.

In the course of Dr. Eidherr's experiments with *opium*, one of his provers describes the following as his condition, so far as relates to sleep: "Though he usually slept quietly and without waking, this night he was very restless, and constantly turned hither and thither. His sleep, which was frequently broken, was only a half sleep. Every noise in the neighbouring bustling street he was aware of, he heard even the ringing of the door bells and the striking of the clocks, which was very tiresome for him. Dreams of the most various sorts troubled him all night. Accustomed to early rising, he could not get up this morning before 6 o'clock, when he felt more tired than he did the previous evening on going to bed. The head was at the same time heavy and confused," (*British Journal of Homœopathy*, xxiii, p. 17.)

These symptoms represent with sufficient clearness a form of insomnia, which, though not constituting a distinct disease, is often enough a sufficiently formidable phase of many disorders to require special attention, and here *opium* in the 3rd or 3rd dec. dilution will prove no mere palliative, but a remedy.

In the kind of delirium I have described, with its fear, its horrible visions, the insomnia, or restless dreamful

\* Allen Art. *Opium*. *Observ.* 63.

† Farnsworth. *Phil. Med. and Surg. Reporter*, 1869, p. 87.

‡ Harrison. *Lancet*, 1840.

sleep, you have, so far, a fair picture of many cases of delirium tremens—cases in which the crushing doses of laudanum or morphia, dictated by routine, are seriously dangerous, but where drop doses of the tincture, or two or three drops of the 1st decimal dilution thereof are invaluable.

Further, as I have already noticed, the stage of excitement so characteristic of *opium* in some persons, will, if the drug be pressed, pass into a kind of stupor—where a muttering delirium is combined with intense drowsiness, one from which the patient is aroused only with difficulty. These symptoms present a well marked resemblance to the delirium characteristic of typhus, and when this constitutes the 'most important indication for treatment, *opium* will, *cæteris paribus*, be a medicine you will require to prescribe.

Given, however, to the full extent, *opium* produces a still deeper influence. Stupor, insensibility, and complete coma gradually supervene. The face becomes swollen and bloated-looking, red, or livid, the breathing laborious and stertorous, the pupils contracted and insensible to light, the general surface is cold, and the pulse is slow and full, while the limbs are motionless, and the muscles relaxed.

Here you have all the symptoms typical of cerebral apoplexy. The *post-mortem* appearances which indicate it, are, as I have already shown you, those of *opium* poisoning.

In apoplexy, where considerable extravasation has occurred, a mechanical limit has been placed upon our power to cure. And while there is no reason to suppose that *opium* will by its direct action cause the absorption of a clot, I doubt whether there is any medicine which, by controlling the surrounding congestion, will so rapidly remove the chief hindrance to that process as it will. In one of the most complete cases of apoplexy, with perfect paralysis of the left side, and loss of the power of speech, that I ever remember seeing, I gave no other medicine than it, until all the acute symptoms had subsided, and I had the satisfaction of seeing my patient, a lady of between sixty and seventy years of age, make so perfect a recovery that she was again able to perform on the piano. A second attack, two years later, however, resisted all measures, and proved fatal within two or three days.

There is another class of cases less formidable in their nature than any I have as yet mentioned, which are, nevertheless, prone enough to pass into the last referred to, in which *opium* is invaluable. There is, without delirium, though generally with excessive drowsiness, a form of headache pictured in the poisonous effects of *opium* which is often very rapidly relieved by it.

The patient, who is usually between 50 and 60 years of age and of fresh habit, complains of a rush of blood to the head, dizziness and heaviness; he cannot think clearly, is readily confused, feels a pressure in the forehead and occiput, is drowsy, frequently dropping off to sleep in his chair at all hours of the day, sleeps heavily at night; his appetite is poor, tongue brown furred, mouth dry and bowels constipated. In such a person you will recognise one who is in more or less danger of an apoplectic fit. Give him drop doses of the 3d dil of *opium* every three or four hours, and in a very short while you will find the head clear, the sleep normal, the appetite returning, the tongue clean and the bowels regular. These are the sort of people that our fathers used to bleed every spring and autumn. Many such cases have I seen set perfectly right by small doses of *opium*.

The late Dr. Georg Schmid, of Vienna, describes a somewhat similar kind of disorder as indicating *opium* in the 1st volume of *The British Journal of Homœopathy*, (p. 377.) "The patient himself," he writes, "complains of the indistinctness of his state; he complains of his head, and says it aches, but when asked to define it more minutely, he says it is rather an incapability of the mind to perform its usual functions. This state is better illustrated by that confusion of ideas which is brought on by listening to an incessant chatterer, or from hearing a number of persons speaking at once, or from studying an intricate problem, &c. In patients who complain of a weakness of comprehension of this kind, the ordinary thoughts and ideas produce a similar confusion of intellect. This state is also not unfrequently produced in persons accustomed to continued and exhausting mental labour, such as students, &c."

It occasionally, although rarely, happens that *opium* is a remedy in infantile cerebral congestion. One such case occurred to me a few years ago. The patient was about seven or eight months old and teething. It had been

suffering from the usual irritation consequent on this for several days before I saw it, and the gums had been lanced by the medical man in attendance. When seeing the child late in the evening, I found it comatose. It had been asleep then for some twelve hours, occasionally giving a smart muscular twitch. The pupils were contracted to the size of a pin's-head, the pulse was quick and small. I dropped two drops of the 1st cent. dilution of the tincture of *opium* into half a tumbler of water and directed the parents to give the child half a teaspoonful every two hours. The following morning there was really very little the matter with it. The brain was perfectly clear and the child smiling and contented. Now we all know how dangerous a medicine *opium* ordinarily is in infancy. Here the medicine was perfectly homœopathic to the condition, and the small dose given was not only useful and thoroughly efficient, but harmless. In most cases of this kind *belladonna* is the preferable medicine—but the intensity of the coma and the contracted pupils—the appearance of apathy rather than of excitement, and the slightness of the convulsive movements, rendered *opium* more truly homœopathic than *belladonna* would have been.

The spasmodic action of *opium* is seen to arise chiefly in the lower bowel and in the bladder. In a case of poisoning by it recorded in the *Lancet* of 1845 the anus is described as being spasmodically closed during the colic with difficult emission of flatulence. Dr. Szontagh, of Vienna, one of Dr. Eidherr's provers, noticed spasm of the œsophagus when eating or drinking, rendering swallowing difficult. Spasm occurred also in the act of urinating, he "had to wait some time on account of twitchings of the sphincter vesicæ before the urine commenced to flow, it then, however, passed off in a full, uninterrupted stream. This was repeated all that day, on each occasion of micturition." Dr. Eidherr, in the course of his experiments, had "a sensation as if the anus was suddenly spasmodically closed. An effort to strain at stool diminished this troublesome feeling. Touching it externally caused a sharp burning pain; this lasted with equal severity for ten minutes, and went off gradually, but could be renewed at will by touching the part. The spasmodic constriction then gradually subsided." (*British Journal of Homœopathy*, xxiii, p. 11.)

The symptoms it excites in the abdomen closely resemble

those of lead poisoning—tympanitic distension with twisting and griping pains.

These symptoms are all of neurotic origin, depending upon irritation set up in the spinal cord. Their natural result is paralysis, and we find that Sigmund, writing on the habitual use of *opium* among the Turks (*Boston Med. and Surg. Journ.*, 1837, p. 107), says that "it renders the intestinal canal so exceedingly sluggish that the most active purgatives lose their power." Again, in the *Lancet* for 1828, vol. ii., p. 764, there is the report of a case where a woman, 40 years of age, had taken a large dose of *opium*; it is recorded that the bladder became distended, but not having power to expel its contents a catheter was introduced and gave great relief. On the third day great pain and difficulty were felt in passing urine; on the fifth only a small quantity of urine was passed, and that with pain and difficulty.

To the clinical import of these symptoms I shall refer presently. Meanwhile I proceed to examine the effects of *opium* on the eyes, face, mouth and gastro-intestinal tract.

The reddened conjunctivæ, glistening and sparkling of the eyeballs, the expression of fear and excitement conveyed by them on the one hand, or the heavy, dull, listless look, with inability to keep them open, on the other, reflect the cerebral conditions—the excitement and stupor—produced by the drug, and cannot be regarded as indicating any special form of ophthalmic disorder.

So, too, with regard to the face. The expression of countenance, wild and excited on the one hand, and, on the other, listless, stupid and vacant; the cheeks flushed or ghastly pale, or bloated and livid; the jaws rigid and fixed, or lax and drooping, are symptoms resulting from the influence exercised by *opium* on the cerebral circulation. The foaming at the mouth, its subsequent dryness, the white, pasty, sticky coated tongue, or its dry state, brown in the centre and white on the sides, equally result from the same cause.

The dysphagia alluded to just now may, in some instances, perchance indicate *opium* where this is a prominent symptom.

The sense of taste is perverted, being bitter or sour. Thirst is increased. Appetite is either ravenous or absent altogether. Vomiting is sometimes considerable. Digestion is slow, giving rise to a sense of pressure, flatulent

distension, colic-like pains in the bowels. Stools are infrequent, hard and knotty, evacuation is slow and difficult. The urine is scanty, and often suppressed altogether, or is retained in a distended bladder.

These, and similar symptoms, have led to the use of *opium* in constipation, lead colic, and retention of urine; while its alkaloid, *apomorphia*, has proved signally useful in some cases of vomiting.

In patients suffering from a constipated state of the bowels, where *opium* is indicated, there is almost invariably a headache of the kind already described as remediable by this drug, together with drowsiness, lassitude, incapacity for work, whether physical or intellectual, loss of appetite, a furred or pasty white or brown tongue, and a cessation of all desire for stool. The motions, when passed, are in small pieces, hard and crumbly.

In the third volume of *The British Journal of Homoeopathy* is a translation from the *Hygeia* of a remarkably encouraging case, in which *opium* was clearly indicated, reported by Dr. Arnold, at that time Professor of Pathology in the University of Heidelberg. Of this I will endeavour to give an abstract. The patient was a stout short man who had complained of rare and unsatisfactory evacuations for eight or ten years. Purgatives had been constantly prescribed by the medical men he had consulted during this time, and without any but the usual temporary relief. He was frequently six or eight days without a stool. The abdomen was swollen, full and heavy; his spirits were depressed and temper irritable. As these symptoms increased cramps were suddenly felt in the abdomen with bearing down towards the anus. Resort to the night-stool brought no relief at first, but excited a sense of obstruction which he referred to the region of the sigmoid flexure. After a few attempts a motion was obtained. It consisted of hard flattened lumps of the size of a pigeon's egg, mixed with fluid fœces. In subsequent motions the number of hard lumps diminished, and the latter evacuations were quite liquid. For two or three days he felt light, relieved in body, and in the best of spirits; then began the abdominal weight accompanied by fulness and tension, especially in the region of the cœcum and ascending colon, which presently became sensitive to the touch. Anxiety about himself, irritability and despondency rapidly increased; his appetite diminished, thirst was considerable,

tongue and fauces dry. After six, eight, or ten days, the evacuation occurred as already described, and then only after the use of purgatives. Dr. Arnold could not detect any stricture or organic change, but the rectum grasped his finger spasmodically. The seat of disease he believed to be in the sigmoid flexure, where he thought that there was an obstacle to the onward progress and evacuation of fœces. He prescribed a grain of the 3rd trituration of *opium* every evening. An evacuation occurred six days later with less straining, though he had to go to the night-chair several times without any result before it was accomplished. Bye and bye he had frequent discharges of flatus and two rather scanty evacuations daily of hard lumps mixed with mucus and liquid fœces. His mental and other symptoms were greatly improved. Dr. Arnold now gave *nux vomica* in the 3rd dilution on alternate days with the *opium*. The large evacuation grew less frequent and violent; one occurred daily and was more copious and natural; the tension and fulness of the abdomen diminished, and there was a lively call to stool which was more satisfactory. The appetite, strength, love of life and cheerfulness increased in such a manner that in the course of three months he was restored to perfect health.

Dr. Hirsch, of Prague, in a paper *On the Dose*, published in the *Allgemeine Homöopathische Zeitung*, vol. lxxiii., and translated in the 25th and 26th volume of the *British Journal of Homœopathy*, at page 108 of the latter, thus describes the pathological state induced by *opium*: "Diminution of the excretory function of the intestinal canal is," he says, "one of the primary effects of *opium*, the original cause of which is to be found in the abnormally altered motor relations of the muscular fibres of the bowels, whereby the circulatory dispersed fibres obtain the supremacy over the longitudinally disposed. To the irregularly increased activity of the circular fibres is also to be ascribed that partial contraction of the diameter and more or less important contraction of the bowels take place, as a consequence of which the motions pass in the form of small hard balls or knots. This marked loss of equilibrium between circular and longitudinal fibres produces much disturbance in the peristaltic movements of the bowels; on the one hand, causing inactivity and delay of the evacuation, and on the other, increased development and accumulation of flatulence, and these with general or

partial distension of the abdomen, and even also the formation of hernias and the strangulation of any already present. Partial constriction of the bowels, and the reflex phenomena in the form of anti-peristaltic movements of the intestinal canal caused by the complete hindrance to the further passage of solid and gaseous contents, are capable of producing vomiting of fœces."

This interpretation of the phenomena presented by the action of *opium* upon the intestines serves to explain the rationalé of such a case as that of Professor Arnold's. Together with the symptoms which, as Dr. Schmid says, are remarkably like those of lead poisoning, it also explains that of the action of *opium* in chronic plumbism. In this condition *opium* has long ago had a reputation as a curative agent. Hahnemann, in his preface to the article "*Opium*," in the *Materia Medica Pura*, refers to it and says truly enough: "Opium cannot stop the pain of lead colic until it has homœopathically removed the obstinate constipation produced by the lead by virtue of its primary constipatory action." Niemeyer (*Practice of Medicine*, i., p. 597) says: "Opium is the most effectual remedy against lead colic, and is used even by the homœopaths in full doses in this disease. We should not be afraid of using it, under the impression that it will increase the existing constipation. There is no remedy more successful than *opium* in relieving the constipation in lead colic." The dose which has proved successful in the hands of physicians practising homœopathy has not been what Niemeyer would understand by a full one, such as twenty or five-and-twenty drops of laudanum, but the tenth in the hundredth of a grain frequently repeated.

Dr. Hirsch describes a condition which he terms "asphyctic cholera," in which he found *opium* of the greatest value. He relates his own case as an illustration. After several days and nights of excessive exertion in attending cholera patients, he was suddenly seized during the night with the usual symptoms of the disease, which were checked at once by *veratrum*, leaving him very weak but otherwise pretty well during the following day. At 6 p.m. of that day "a disagreeable sensation of constriction in the scrobiculus cordis and of pressure in the chest with indescribable anxiety came on gradually. It had a peculiar effect on my breathing, which became laboured. It seemed to me



as if my lungs would not expand properly, and could not take in enough air, and speaking became an effort. I could not remain quiet in bed; threw myself from side to side; and only experienced a momentary relief from sitting up. The tightness and oppressive rising upwards from the pit of the stomach increased from minute to minute, as also the difficulty and shortness of breathing, and the indescribable tormenting feeling of internal uneasiness and anxiety. The frequency of the pulse was increased by twenty beats above its usual velocity, but its strength was considerably diminished. When, in addition to these symptoms, I felt a formication in the finger tips, and observed a bluish discolourment of the nails, I begged the medical student who was kind enough to nurse me, to fetch from the next room a phial of *tinctura opii*, of which I took five drops on sugar. A few minutes after taking this I felt a sensible alleviation of the oppression in the pit of the stomach. I could also breathe more deeply, the indescribable feeling of anxiety was much relieved." A similar dose was taken in fifteen minutes, and within another hour he was free from suffering. Dr. Hirsch states that during the epidemic he saw several cases of this kind where *opium* was equally serviceable.

Of late years *opium* has been extensively used in diabetes, in accordance with the suggestions of Dr. Pavy. Notwithstanding all that has been said and written about the glycogenic function of the liver, the actual pathological state which creates diabetes is far from being clear. Observing that many French physicians were in the habit of prescribing *opium* in diabetes, M. Coze (*Gas. Méd de Strasburg*, 1857-9) made some experiments on rabbits to determine its value. He injected 0.15 grammes of *muriate of morphia* in 5 grammes of water into one of the external jugular veins of the rabbits. He found the sugar in the liver was more than the normal amount, rising from 0.59 to 1.39. Secondly, that of the arterial blood was also about double the natural quantity, rising from 0.05 to 0.11. Thirdly, the proportion between the amount of sugar in the arterial blood and that in the liver remained normal, and consequently the combustion in the lungs was neither increased nor diminished. Unfortunately the urine was not examined. M. Coze at once condemned the use of *opium* in diabetes! These facts in no way prove that *opium*, or rather the *muriate of morphia*, is homœopathic to diabetes, save in a

very rough manner. On the other hand, diabetes is a disease in which it is not easy to find a remedy, and when a case proves obstinate we might quite reasonably take the hint given us by M. Coze's rabbits. Dr. Pavy of late years has, I believe, seen reason to regard *codeia*—one of the active principles of *opium*—as being more useful than the drug itself or either of its alkaloids. Dr. Myrtle, of Harrogate, gives (*British Medical Journal*, April, 1874) the particulars of a very interesting case where *codeia* was successfully used.

It has been long since observed that patients suffering from Bright's disease are unusually susceptible to the influence of *opium*. Dr. Little, in discussing the effects of *opium* smoking among the Chinese (*Edinburgh Medical Journal*, 1850), refers to the kidney as being often affected with Bright's disease. Beyond this general statement we have no evidence of the form which it assumes. Probably more or less permanent congestion of the kidney is one of the results of the habitual use of *opium*, which may eventually lead to degeneration of the structures of that organ.

To the power of *opium* to produce retention of urine I have already referred, and will now do so rather more fully. In the case I noticed as being reported in the *Lancet* of 1828, where a woman had taken a large dose of *laudanum*, the following was the condition of the bladder:—"It became disturbed, but was powerless to expel its contents. A catheter was therefore introduced, and gave great relief."

On the third day there was great pain, with difficulty in expelling urine. On the 5th a small quantity of urine was passed with difficulty and pain. On the 10th micturition was still painful, and accompanied with a sense of bearing down. On the 14th pain and difficulty in voiding urine were increased, and the straining to accomplish the act of micturition forced the womb down, adding much to the pain. This fairly represents the paralysis of the fundus vesicæ which *opium* causes—and cures.

But the paralysis extends further and involves the structure of the neck of the bladder. This is seen in the following abstract of a case reported in the *Amer. Journ. of Med. Science*, 1859, p. 281, where *opium* was repeatedly given to relieve a slight uterine inflammation. Strangury soon made its appearance with the usual symptoms, viz., a frequent and urgent desire to micturate without the

power to gratify it; burning and cutting pains at the neck of the bladder; cutting pains also along the ureters and urethra, with some tenesmus. The catheter was required for four days in succession, and further treatment was desisted from. But a return of the metritis threatening, *opium* was resumed, and strangury again occurred and continued until it was suspended, when it ceased in twenty-four hours, but recurred again on another attempt being made to give *opium*.

It is in such cases of retention from paralysis of the bladder, whether occurring idiopathically or as a prominent complication of a fever or other acute illness, or *post partum*, that *opium* has proved especially useful.

Vomiting is in many instances a prominent symptom of *opium* poisoning. It follows in the wake of the prostration the drug produces, and when once commenced is often attended with convulsions. It is, however, its derivative *apomorphia*, in which an emetic action is so conspicuous, immediate and violent. So certain is its action when administered hypodermically that it is now a favourite means for inducing vomiting in cases of poisoning. By those physicians to whom the principle of similars affords a basis of drug selection it is valued as a remedy in vomiting. It is so especially when the vomiting is sudden and profuse, when little or no nausea precedes it, but some vertigo oftentimes follows. In sea-sickness, so characterised, its use has been followed by very markedly good results, while in other cases, where vomiting has a cerebral origin, it has also been useful. Of the former, the following case reported by Dr. Skinner in the *Homœopathic Review*, vol. xx., p. 766, is an illustration. The patient was a German gentleman who had been ill at sea for seven days and under allopathic treatment without result. He had nausea and anorexia on raising his head, and severe headache at all times. The tongue was foul; vomiting occurred after taking the smallest quantity of food or drink. More or less constantly he complained of a sensation "as if his stomach was rolling over or round." Dr. Skinner at first gave him *coculus*. The nausea appeared better, and he was able to get out of bed and go on deck, but still had anorexia, and as soon as he partook of a meal he was as bad as ever. Next morning he was in his bunk and no better; all food and drink at once produced vomiting. Ten drops of *apomorphia* 3 were

added to half a tumbler of water, and a tablespoonful was given for a dose. After the first dose he felt considerably better, and from the time he took the second he continued perfectly well until the end of the voyage, three days later.

In the seventh volume of the *Annals of the British Homœopathic Society*, Dr. Galley Blackley and Dr. Dyce Brown report each a series of cases where vomiting being the most prominent symptom was relieved by *apomorphia*. In these vomiting was sudden, profuse and persistent, though depending on different causes. Two of the cases in Dr. Brown's series, communicated to him by Dr. James Walker, of Aberdeen, were reflex, depending one on uterine, the other on ovarian disease.

Though commonly used in the ordinary practice of medicine as a simple anodyne in cough depending on a variety of causes, the following description of a cough arising during a series of experiments with *opium*, in the person of Dr. Alb, of Vienna, shows one variety of laryngeal cough to which it is specific. The symptoms were as follows: "Tickling in the larynx with violent, dry racking cough, lasting ten minutes; both the dryness and the cough relieved by a glass of water; they however returned after a quarter of an hour with such great violence that tears came into the eyes; again relieved by drinking water, after which he fell asleep for two hours, and was again awakened by paroxysms of cough, which, however, were less violent, and accompanied by some expectoration of mucus at 3.45 a.m. Tickling in the larynx, causing dry cough (at 3.15 p.m.) which lasted more than six minutes, with lachrymation, relieved by drinking water, similar to that he had early in the morning. Tickling in the larynx and dry cough soon after 2 a.m., that ceased after five or six minutes without drinking water. Dry cough, with tickling and scraping in the larynx, woke me at 3 a.m.; this time it lasted scarcely five minutes."

The heavy stertorous breathing and pulmonary congestion to which it gives rise are, in a large measure, dependent on the cerebral phenomena present at the same time. In pneumonia with delirium, especially when delusions and great fear are present, *opium* is clearly indicated.

In my lecture on *belladonna* (*Monthly Homœopathic Review*, vol. xxviii., p. 133), I discussed at sufficient length to render it unnecessary for me to dwell upon it again—the antagonism of that drug to *opium*. The practical

result of this relation is that the one is an antidote to the other. The hypodermic injection of *morphia* is the best remedy in *belladonna* or *atropine* poisoning, and the hypodermic injection of *atropine* is the surest method of resuscitating a case of poisoning by *opium* or *morphia*. Dr. Fothergill, in his essay on *The Antagonism of Therapeutic Agents* (Macmillan & Co.), gives the following excellent directions for the treatment of *opium* or *morphia* poisoning:—"First empty the stomach thoroughly, then inject a fourth or a third of a grain of *atropine* before the respiration is gravely affected; then put the patient to bed and carefully note the respiration, the pulse and the temperature. If the respiration was still falling half-an-hour after the administration of *atropine*, to inject another third of a grain, and still to take careful notes; and give a third, or even more, if the respiration still fell." The dose is a large one certainly, but as much as a grain of the sulphate of *atropia* has been injected successfully in a case where from twelve to seventeen grains of *opium* had been taken in the form of *laudanum*, and where, after three hours had elapsed, and emetics and strong coffee had been given to no purpose, the respiration was rapidly failing and almost gone. Such having been the case you may safely adopt Dr. Fothergill's rule, and begin with the fourth of a grain, repeating the dose if the respiration does not rally.

For medicinal purposes, when prescribed homoeopathically, drop doses of the 2nd or 3rd decimal dilution, repeated more or less frequently according to circumstances, will be found to be amply sufficient.

Tunbridge Wells,  
February, 1885.

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## CASES OF ACUTE RHEUMATISM TREATED BY *BRYONIA* $\phi$ .

By EDWARD M. MADDEN, M.B.

In the *Review* for March, 1882, I reported a case of acute rheumatism, in which, after the joint symptoms had subsided, there came on very serious heart symptoms, pointing to an implication of the cardiac muscles, and the endo-cardium in the rheumatic inflammation. The chief interest I had in publishing the case was to show the diagnostic value of the sphygmograph (of which traces were given) and the

rapid improvement under material doses—10 to 15 drops—of the pure tincture of *digitalis*.

I had, however, mentioned in the first part of the history of the case that I had given the patient, a girl of 16, *bryonia*  $\phi$ , in five drop doses in alternation with *aconite*. Shortly after the publication of this case, I received a very serious, though kindly, remonstrance from one of the oldest and most respected adherents to homœopathy, for my temerity, which he deemed almost criminal, in giving such strong doses, and intimating his belief that had I given a high, or even a medium, dilution of *bryonia* there would probably have been no cardiac affection at all; indeed, he evidently thought the strong doses of *bryonia* had directly caused the subsequent heart mischief.

As this was a very serious indictment, and raised a point of great practical importance, I am anxious to publish a few later cases in which I have used the pure tincture of *bryonia*, and in which the results seem to show not only no tendency to produce heart mischief, but a decided effect in shortening the attack.

I shall not give a detailed account of each day's condition, but condense it into the form of a narrative, sufficient to indicate the nature of the attack and the treatment.

#### CASE I.

May 22, 1882. M. C., æt. 19, a tall athletic young man, for a week has suffered from an abscess in the neck, which was opened two days ago, and is discharging freely. For two days he has felt stiff all over, and there is tenderness and a slight blush over the right inner ankle. P. 120., T. 101° F.

I ordered him to bed between blankets, and prescribed *bry.  $\phi$* , five drops every two hours.

The next morning he was much the same, pulse and temperature both a little lower, but in the evening he had a blush on the outside of the left foot, and P. 120., T. 102.8, and I changed his medicine to *acon. 1x*, two drops every two hours through the night.

From this time the case progressed most satisfactory, though several joints were in turn affected; the morning temperature was within the normal range, and the evening temperature came down very nearly a degree each night, being normal on the evening of May 29th; the treatment during all this time remaining the same, viz., *bry.  $\phi$* , in five drop doses during the day, and *acon. 1x* at night.

He sat up in bed for an hour or two on the 27th, was out of bed for two or three hours on the 28th, and on the 31st resumed his work as teacher at a school. There was no suspicion of heart mischief either during or after the attack, and he is now doing as hard work as any man can do farming in Canada.

Of the next three cases I shall only be able to give the barest outline, as, unfortunately, the notes and charts have not been preserved by the house-surgeon—they having been all hospital cases under my care.

#### CASE II.

Harriett P., æt. 20, had been ill fourteen days previous to admission on the 26th January, 1884. This was a very bad case in an unhealthy subject. Nearly every joint was affected on admission, and most were swollen and red.

No medicine was given except *bry. φ*, three drops every three hours. The fever and pain both rapidly left her, and she left the hospital on the 27th February, though still feeling stiff in the right knee. No heart symptoms throughout.

I may here say that I make it a rule in all hospital cases of acute rheumatism to keep the patient in bed at least ten days after the pyrexia has ceased, and in the ward another week, if possible, before letting them return to their homes, or their work, so that from fourteen to seventeen days of their stay in the hospital may always be taken as the period allowed for convalescence.

#### CASE III.

Mary A. B., æt. 19, had a previous attack a few years before. Admitted on 30th January, 1884. Had been in bed four days. Not so severe a case as the last, but there was a mitral systolic murmur on admission, which remained unchanged all through the attack, and was probably an old murmur from the previous attack. The treatment was exactly the same as in Case II., and the fever and pain went down so rapidly that she was dismissed cured on February 16th.

#### CASE IV.

Thos. C., æt. 15, had been ill a month, but had not laid up with it till the last four days. He was admitted on 4th March, 1884. The treatment in his case also was *bry. φ*, three drops every three hours. The pain and fever

were quite gone in eight or nine days, and no heart symptoms came on. He was dismissed cured on March 25th.

## CASE V.

Mrs. S., æt 36, had rheumatic fever twelve years ago. Got wet feet fourteen days ago, and first felt pain and swelling in the right foot eight days since. Took to her bed four days ago with pain in all her joints. Was admitted to the hospital on 4th November, 1884. Her condition then was : Face flushed and perspiring freely all over the body ; there was pain on movement and tenderness on pressure in all the joints except the left wrist, the left foot and ankle were red and swollen. Heart-sounds normal. P. 120, T. 101° F.

She was, of course, put to bed between blankets, and the affected joints wrapped in cotton-wool. The only medicine given was *bry. φ*, three drops every three hours. There was not much change during the next day, the fever being as high as on admission, though even by this time the pain had left the legs and she could move them freely. On the following morning, however, November 6th, the temperature had fallen to 99.4 and in the evening to 98.6, and she felt so much better as to ask for solid food. The temperature never rose after this above 99.4, and by November 10th she was free from all pain and only stiffness remained. The medicine was continued at increasing intervals for another fortnight — no heart symptoms appeared during all the time—and she was dismissed cured on November 25th.

## CASE VI.

Elizabeth B., æt. 26, had rheumatic fever when 18. Got wet through eight days ago and has been in bed for five days. Admitted to the hospital on 10th November, 1884. Her condition now is : there is swelling and pain in all her joints, with more or less blushing over them ; she cannot bear the least movement of the left hand or arm ; the tongue is very white and furred, and she is sweating profusely. P. 108, T. 103.6.

She had the usual general treatment, and for medicine *bry. φ*, three drops every three hours.

The next morning the P. was 100 and T. 101.4, and it only rose in the evening to 102.2, but the pain and general condition remained much the same. On the following day, however, she was very much better and had no pain except



in the right arm, shoulder and neck, and this was more a stiffness than any severe pain. The temperature on this day fell to 101 a.m. and 101.6 p.m.

From this time the fever steadily decreased, till on 18th November it was down to the normal; there was no relapse of severe pain, though several of the joints were stiff and sore from time to time, though even on the 15th she could freely move all the joints. There were no heart symptoms throughout. The medicine was continued all the time. By the 21st there was no pain or stiffness anywhere, and she left the hospital on 2nd December.

#### CASE VII.

A. K., æt. 8. I was called to see this child on 10th January, 1885. She is a very delicate girl, having had infantile paralysis since she was two years old. Her mother was afraid she was suffering from some sort of brain fever, as she had been very delirious for the last two nights. She complained much of pain in the left leg and foot, the side which had been affected, and was hot and flushed in the face; P. 160, T. 101.2; but as she was dressed and very nervous, crying at the least touch or movement, I could not make a satisfactory examination or diagnosis. I left her *acon.* 1x and *bell.* 1x, to be given every hour in alternation, and told her mother to keep her in bed in future. The next day, January 11th, she was no better; P. 160, T. 102.6; and I now found swelling and a slight blush over the right knee and ankle, as well as the left ankle. I had now no difficulty in diagnosing acute rheumatism, and I accordingly changed her medicines for *bry. φ.*, three drops every three hours. The next day I found her a great deal better; P. 120, T. 99.4; in very little pain, and only a slight blush to be found on the left ankle. From this time she has gone on rapidly, the fever never rose again, although the rheumatism attacked first the left elbow and then the right hand, and already on the 15th the temperature was normal and she was begging to be allowed out of bed. There have been no heart symptoms throughout, and I have not changed her medicine since she began the *bryonia*.

In conclusion, I can only say that I have never seen reason to believe that any harm, cardiac or other, has followed the giving of the pure tincture of *bryonia*, but on the contrary, it has been followed by rapid relief, both to

the pain and the fever, and this has been especially marked in those cases in which I have given it by itself, instead of alternating it with *aconite*, as I used formerly to do, and as is, I believe, still the custom with the majority among us. May I ask those among your readers who have the chance, and especially those attached to hospitals, where careful records of temperature, &c., can be kept, to give a fair trial to the use of *bryonia*  $\phi$  in this complaint, and to publish the results, and I should be inclined rather to increase than to lessen the doses I have given in the cases above recorded.

Birmingham,  
20th January, 1885.

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NOTES ON THE FIFTH HYGIENIC CONGRESS,  
HELD AT THE HAGUE IN AUGUST, 1884.

BY DR. ROTH.

(Continued from page 84.)

*On the Danger to which the Nervous System of Pupils and Students is exposed by the Work required for their Study and Examination.*

MR. MENNO-HUIZINGA, of Harlingue, was requested to give a report. The following were his conclusions:—

Every kind of instruction having for its object the development of knowledge, more than of power, constitutes a danger to the health of the nervous system of pupils and students. In certain complaints, and especially where headaches are of such frequent occurrence amongst the pupils, the instruction must be considered as the cause of the complaint, or as an obstacle to its cure. The effort of the mind required for study and examination sometimes leads to weakness of energy in persons of average capacities. The overwrought emulation causes in youth a perverse tendency of the mind, which too often approaches a mental disorder.

Without taking into consideration the hygienic means relative to the progress of general health, Mr. Huizinga proposed the following measures for preventing danger of this kind.

The school programmes for all grades of instruction should be divided into such as are obligatory and voluntary.

They should be adapted for the instruction of all those with ordinary capacities who attend the schools, while the opportunity of acquiring more knowledge should not be offered except to those whose interest and higher capacities are patent.

Instead of pursuing a general and equal development, the instruction should be limited to the necessary knowledge required for the professions which are chosen, while it should be left to the individual initiative of stronger minds to pursue the more advanced courses.

Examinations should be considered as necessary evils; they should be limited according to the indispensable qualifications for some public office, and the attempt to measure the general development by examinations ought to be renounced. Mr. Huizinga treated the question from a social and pedagogue point of view. The Organisation Committee of the Congress showed their sense of the importance of the question by having it inserted in its programme, while the discussion proved that the hygienists were unanimous in interfering with the exaggeration of a purely psychological education.

Mr. Zoeros Bey, of Constantinople, insisted on the importance of extending physical education into all schools, for the reason that the daily programme did not admit of sufficient liberty being given to the pupils, the teachers demanding too much from them. He expressed the wish :—

1. That the programme of primary and secondary schools should be modified in all countries, so as to be more in harmony with the capabilities of the pupils.

2. That muscular exercises should be introduced as really obligatory in all those schools.

Dr. ROTH, of London, read a paper on the importance of the obligatory study of scientific physical education in the training colleges of teachers of both sexes. He wished that the teachers should have elementary notions of anatomy, physiology, and hygiene, that they might combine a theoretical and practical knowledge of all that is injurious with that which is useful for the physical development of man. Gymnastic exercises, without the use of any apparatus, can, and should be introduced. He proposed Ling's free exercises, which were sufficient for the development of all the muscles of the body, and which could be carried out without danger, and the incurring of unnecessary

expense. He showed photographs of his collection for the instruction of teachers and medical students at the International Health Exhibition of 1884, for which a gold medal had been awarded. He explained the diagrams of bad and good positions during the period of growth and education, as well as the drawings of the chairs and school benches, which he had designed for preventing these bad positions, and enabling the pupil to sit in a comfortable and natural position, and thus prevent short-sightedness and lateral curvature. One of the advantages of this school furniture is that the body remains in a leaning position on the back of the chair; the table approaches the body, instead of the latter approaching the table. The physical education of the senses, the hygiene of dress and other means required for the development of the physique of the pupils, were discussed. He concluded by pointing out the great advantages to be derived by pupils and students when placed under the care of teachers who had devoted their time to the study of physical education.

Dr. LUBELSKI, of Warsaw, mentioned that there were countries where children at an early age were forced to learn many things in a language which was not their own, and he thought that the various circumstances of race and age of the children should be considered. He objected to all stringent measures of correction and punishment, which made the children irritable and bad, but advocated kind encouragement and emulation.

Dr. DROUINEAU, of La Rochelle, suggested that no work should be done except during school hours, as had been proposed at the Congress in Turin, and that no certificates should be given in primary schools which were useless for children leaving school for the workshop.

At the end of this discussion the section, by a large majority, adopted the two propositions of Zoeros Bey.

*On the Asthma of Rye-Biscuit Manufacturers.* By  
Dr. VERSTRAETEN, of Ghent.

The Doctor had occasion to attend a family, the different members of which, when ailing in any way, suffered also from asthma. The family lived on the ground floor, where the bakehouse and the biscuit-store was. Some particular suffocating smell was felt. The patient awoke at night with a violent attack of asthma, although quite well when going to bed. This attack lasted two or three

days, when copious expectoration, which did not at first occur, took place. The sputa had the following characters: The ordinary mucus, which during the critical expectoration was very much increased, had an insipid (faint) smell, and a slightly acid reaction. Among the epithelial masses and scales were refracting globules, micrococci, and a large quantity of brown amorphous bodies of irregular form, indifferent to the ordinary re-agents, and which, in the course of a few days, became broken up and separated. In the various rooms, but especially in that where the biscuit stock was kept, a large quantity of them could be found; they were the pulverised *débris* of the biscuits, a powder produced specially in the process of handling and placing them in stock.

The attacks were very violent at the commencement, and returned in about a week or ten days; later, the intervals were longer. Some workmen were obliged to give up the work. After a day passed in the open fresh air a good night usually followed. The use of a mask of muslin, wet or dry, seemed to have a good effect. It is very rare for any to escape the affection.

*On Respiration Through the Mouth, from a Hygienic Point of View.* By Dr. A. G. Guye, of Amsterdam.

Dr. GUYE gave an account of George Catlin's suggestion, published many years ago under the title, "*Shut Your Mouth and Save Your Life.*" Catlin, the well-known traveller and author of several ethnological works on the North American Indians, contended that a large number of the diseases of civilised people, as well as the great infantile mortality, were due to the habit of breathing through the mouth and sleeping with the mouth open.

Dr. Guye maintained that respiration by the mouth was a functional derangement produced by two causes—1st, impediments to breathing through the nose from polypus or some temporary obstruction; 2ndly, the bad habit acquired by children in their infancy. He mentioned the effects produced by nasal and by buccal respiration, and compared the physiognomy of a person breathing through the mouth with that of an idiot. The air in passing through the nose acquired a higher temperature, was saturated with vapour, and freed from dust floating in the atmosphere. In passing directly to the mouth the air was frequently

colder than the body, dried the mouth, and contributed to the decay of the teeth. Sleeping with the mouth open was accompanied on awaking by attacks of coughing, which became chronic, and were of frequent occurrence with children. It was also a common cause of asthma, nasal catarrh, noise in the ear and headache.

Unfortunately when the climate was cold and damp, and the air of the dwelling impure, breathing through the mouth was more general, and became more dangerous. Dr. Dally and some English physicians maintain that inspiration should take place through the nose, and expiration through the mouth. Dr. Guye found this mode of breathing injurious, but considered it a mode of transition to the normal manner of breathing through the nose. Breathing through the mouth should be only exceptional and supplementary, it was a kind of safety valve.

Healthy children and new born infants did not breathe through the mouth. The natives of Java and the North American Indians watched the process in their children with great care. Our civilised mothers should also pay attention to the mode of breathing, especially where the breathing through the mouth was due to habit. The assistance of a medical man is necessary if there is an organic defect.

Dr. Guye advised the mechanical closing of the child's mouth by the mother, either with her hand or with a simple bandage that he had himself invented, and which he called the "*counter respirator*;" it was preferable to the English respirators, because it was impermeable. Some persons have tried to let the children hold a pebble or fruit stone in their mouths; there is a reflex action produced in this way, which closes the mouth; but such measures were scarcely practicable, except when the child was awake. Breathing through the mouth was often produced by defective action of the skin, and, therefore, Dr. Guye advised the greatest cleanliness.

Dr. ROTÉ remarked that he had for many years—ever since first reading Catlin's book—adopted the principle of nasal inspiration for his patients. He makes use of it in the beginning of the treatment of almost all cases, his aim being to enable the lungs to be filled as slowly as possible with the greatest quantity of air. The chest being full, the patients were advised to retain the air as long as they

could without inconvenience. Expiration was then performed by the mouth being very slightly opened, so as to let out but a very small quantity of air; they were thus accustomed to breathe out as long and as slowly as practicable. He also mentioned the beneficial effects resulting from increased breathing power, and gave some details of the old Chinese treatment of the "Cong-fu," in which the patients, under the form of religious ceremonies, were prepared by the priests of the Tao-se, and in the most extraordinary positions for the breathing cure.

The French Jesuits had described the treatment in their reports on the customs and habits of the Chinese. In the French reports the chapter on the Cong-fu was illustrated by twenty wood engravings, which had been reprinted in Dally's "Cinesology."

Dr. Neumann had written a little book on the "Art of Breathing, in its Application to the Treatment of Disease."

In conclusion, Dr. Roth mentioned that he remembered Mr. Catlin in 1840, when exhibiting his North American Indians.

#### *A Method for Measuring the Quantity of Light in Schools.*

Professor HERMAN COHN, of Breslau, gave an interesting address on the conditions of lighting schoolrooms, and how to measure the intensity of the light required. After giving a short historical sketch of the whole question, he pointed out the injurious effects of insufficient light in schools, of the development of short sight, &c., and then proceeded to discuss the existing methods of measuring the light in them, as well as the intensity of the light which had been hitherto used and recommended. He mentioned the methods of Hoffmann at Wiesbaden, of Suellen at Utrecht, and of Täger, systems, which were based both on the distance at which the scholar could distinguish the letters of a comparative series, as well as on the position which he occupied in the schoolroom; this mode of measuring was recommended by Landolt, at the International Congress of Hygiene, at Paris, in 1878.

The Professor then spoke on the principles of good lighting, as recommended in France and Germany by Taval, Förster, &c., and spoke favourably on the photometer of Berin-Sans, of Montpellier. He exhibited a new instrument invented by Professor Weber, of Breslau, an

apparatus with which he had made experiments, which he found extremely practical. It was based on a principle of allowing the light to pass through a series of prisms.

*Poisoning Caused by the Daily Use of Adulterated Foods.*

By Professor BROUARDEL, of Paris.

This question was brought before the Congress, at Geneva, 1880, by the professor of forensic medicine, at Paris; it was then unanimously resolved at the general meeting that it should be treated of again at the Hague. Professor Brouardel thus fulfilled the general wishes.

He began by showing how the adulteration of food implied the application of the latest chemical inventions, which were now entered into with a truly scientific spirit, that this industry was supported by large capitalists, and that the penalties inflicted for such adulteration were only illusory as regarded its prevention. He also explained how the interests for the protection of various nations were absolutely inter-dependent, and that there was a danger lest the state of legislation should permit the establishment of such an industry in one country while forbidden in a neighbouring one. Taking these facts into consideration, he therefore proposed that the representatives of the various nations should bring forward at the next Congress the texts of the various laws which exist, or which are being prepared, so that it might be possible to study the measures to be taken in an international form against an international danger.

It is desirable to make known Dr. Brouardel's remarks, as they were of the greatest importance to all who are interested in the question. During the last few years a new era of adulteration has commenced; many *bonâ fide* manufacturers and firms sell substances required for adulteration, and even maintained sometimes that in the present state of science it was impossible to detect their presence in the food. How were we to battle against an invasion of adulterated articles, mixed and made up in quite a scientific fashion? It could only be done by a special study of each substance, by personal observations and well-conducted experiments with the assistance of medical men and chemists. The former must pay particular attention to the symptoms observed, and keep a systematic record of the health of those who made use of these adulterated foods; the chemists must be asked to



discover some simple analytical process whereby the medical men could detect them in the body.

*Experimental Researches on the Effects of the Artificial Essences Employed by Confectioners and Liqueur Manufacturers.* By Drs. POINCARÉ ET VALLOIS, de Nancy.

The following were the conclusions of this essay:—

1st. A very large quantity of the various essences is necessary to produce any visible effects, not only in dogs, but also in guinea pigs. Five, eight, and even twelve cubic centimetres are often given to dogs without any effect, while guinea pigs can stand from three to six cubic centimetres.

2nd. When the requisite quantity is given, the symptoms appear almost instantaneously and have the appearance of being very dangerous.

3rd. The most constant symptom was great prostration, almost immediate in the guinea pigs, rendering them incapable of holding themselves up; this ended, after a more or less short period, in a real coma. In dogs the prostration was less intense, and alternated with a few moments of great agitation; this effect was produced by each kind of essence.

All the animals under the influence of the various essences sneezed frequently; they shook their heads violently and rubbed their snouts between their front legs.

The animals all suffered also from a more or less intense difficulty of breathing (dyspnœa), causing very extensive rythmical movements of the abdominal walls, and alternate flexions and extensions of the head.

With the exception of those animals which were dosed with the essence derived from pears, they dropped a quantity of glairy slime, which was sometimes tinged with blood.

In those which were given the essences of pineapple, of apple, and of raspberries, this superabundant secretion was accompanied with bronchial noises (râles), audible at a great distance. Cough was produced in those animals that had taken essences of the pineapple, the apple, of raspberries and strawberries.

A general trembling was caused by the essence of pineapple, pears, and raspberries. Rowing movement of the four limbs was produced by that from pineapple, raspberry, and strawberry. Extensive tympanites, prolapsus of the rec-

tum, vomiting, irregular winking of the eyelids, and intestinal contractions visible through the abdominal walls, were additional symptoms. Two little puppies, not yet weaned, after having taken some apple-essence, passed stools mixed with blood.

4th. Notwithstanding the apparent intensity of the symptoms, not one of the dogs experimented upon died. They were indeed able for a whole month, and even longer, to take considerable quantities of the various essences. Only three of the guinea pigs died.

5th. Chronic poisoning did not cause any anatomical lesions differing from those of an acute poisoning. The latter consisted principally in congestion of the digestive mucous membranes, with ecchymotic spots, hypertrophy of Peyer's glands, and extreme dilatation of the vessels in the brain and spinal cord.

6th. It might be stated, from a practically hygienic point of view, that the quantity of the essence requisite to produce appreciable accidents is so great, that there is no reason to fear the effects of the infinitesimal amount contained in the separate articles of diet.

*(To be continued.)*

## STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, AND CARDIALGIA.

By Dr. BERNHARD HIRSCHSEL.

Translated by THOMAS HAYLE, M.D., M.R.C.S., Edin.

*(Continued from vol. xxviii., p. 584.)*

### DAPHE MEZEREUM.

THE proper knowledge of Mezereum in general, as well as its action in Gastrodynia, has been first brought out by homœopathy. The results of the old and new provings (the Lusatian union) in the latter relation are the following:—

Feeling of hunger in the stomach, with rumbling in the abdomen; feeling of anxiety in the epigastrium; pain and feeling as if the arteries in the integuments of the abdomen beat, stretching up to the epigastrium; pains in the stomach; pressure in the pit of the stomach, increasing by fits towards evening; troublesome, uncomfortable; aching and burning on pressure; burning ache in the stomach or gastric region,

intermittently drawing over diagonally, increased by pressure on the epigastrium; after eating, with fulness; burning, with belching of air and a sort of anxious sweat; burning from the mouth down to the throat and stomach, which shows as if the abdomen was highly painful on touch; inflammation of the stomach; passing shocks on the left and muscular twitches near the epigastrium; pulling; tension. Feeling in the region between the epigastrium and navel, as if air bubbles formed; food lies as if raw and undigested in the stomach; feeling as if he had eaten enough; uncomfortableness in the stomach; unwell after eating, especially after fat; pressure and shoots after dinner.

On the chest breath impeded, better on standing, on sitting often intolerable; holding one's-self up does good; better towards evening; after supper again worse; chest and stomach-ache; great seizure of the stomach, much tensive and crampy pain, especially before eating.

Aggravations occur: On walking, in the evening, at night, from external pressure, by rising up, bent position, by in and ex-piration, bending. Improvement and assuagement: Through stretching out, rising up, bending of the knees, lying on the back, belching, discharge of flatus.

Accompaniments are: Violent yawning, short impeded breathing, chilliness and shuddering, sweat and anxiety, anxiety, weakness of the limbs, extrication of flatulence.

The gastric symptoms are very characteristic. Burning in the mouth, on the lips and tongue, like pepper (from the use of the berries—a poisonous symptom), with vesicles as if scalded. Increased flow of saliva with sweet taste, also with saltish, with metallic, offensive smell of the mouth.

Burning in throat down to the stomach, with feeling of heat and dryness upon the white-coated tongue; also pressure as from a plug in it; feeling of constriction of the throat, not impeding swallowing.

Taste insipid, acid, with proper taste of the food; bitter, with nausea, pyrosis; sweetish, and acid, salt; disgusting, as from hollow teeth.

Loss of appetite as from too much mucus in the throat; disgust at butcher's meat, with appetite otherwise unweakened; continual desire to eat, without hunger; instinctive desire to eat something, in order that the pain might cease; violent hunger and appetite, at intervals recurrent feeling of hunger with flow of water into the

mouth; ceaseless, unappeasable hunger, with feeling of emptiness in the stomach, also with disgust at flesh meat; anorexia, thirstlessness; great unquenchable thirst also, both alternating; belching, frequent, empty, tasteless, abortive; of wind and an acrid moisture after drinking cold water; with burning, and anxious sweat; with nausea, disgust, and belching; hiccough, or hiccoughing belching; eructation.

Frequent rising of water in the gullet; regurgitation of swallowed food and drink, which does not get into the mouth, with a pure taste. Easy nausea in the throat, with aching in the gastric region; nausea and pain as if after having eaten too much; violent; threatening of vomiting on walking, with burning heat in the forehead, going away after eating.

Great tendency to retching; retching with shuddering over the whole body, and rising up of a quantity of water from the stomach into the mouth, lessened by movement, with spitting of saliva; vomiting easy, of green bitter mucus, with drowsy feeling in the head, and beating pain in the frontal protuberances; remitting, not till after several hours; violent, obstinate, and continued; and purging; hematemesis, vomiting, and death—even to excess with purging—(poisoning symptoms).

During eating: Tastelessness, rumbling in the abdomen. After eating: Taste as of fire in the mouth, ache of the stomach, as of fulness, as if the food was undigested; as if the stomach and intestines were empty and swamped in walking; rumbling in the abdomen, with pressing belly-ache, with anxious sweat after, relieved by belching; quickened pulse; swimming before the eyes.

Pathological anatomy and poisonings give: The stomach studded with red spots, ulcerated, and stained with black blood, gastroenteritis. As to the practical application nothing yet is confirmed in general.

The imperfect picture of disease in Hofrichter runs\*:  
“T., 40 years old; burning in the mouth, like pepper, especially in the afternoon after eating; in the morning, sickness, fainty; small thirst, bad appetite, hard stool every third day; ache in the stomach and bowels; hot urine. *Mezer.* In eight days removal of troubles.”

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\* Allg. H. Z., bd. 45, s. 207.

Possart gives, in the "Characteristics of the Medicines," under the symptoms—inflammation of the stomach, cancer of the stomach with retching, vomiting of chocolate-like masses; burning in the throat.

Dr. Kallenbach, senior, \* has contributed to the Lusatian Union two cases of what may count for pronounced carcinoma ventriculi. The appetite was restored; food was again tolerated, and death took place without pain.

Link cites as indications: Emptiness, with feeling of hunger, with disgust to flesh meat, extrication of gas, regurgitation, nausea in the throat; trouble in the stomach and abdomen, relieved by stretching out, rising, bending the knee, lying on the side, by passage of flatus, upwards or downwards; with yawning, tightness of breath, shuddering, sweat, anxiety, weakness. "In particular kinds of stomach cramp in hysterical persons" is an indication thoroughly undefined.

Engelhardt † points out the "catarrhal-rheumatic gastrisms"—chronic inflammation of the stomach—especially burning and the crampy troubles in disorganisation of the stomach with greater justice.

Hartmann ‡ calls *mez.* an incomparable medicine in organic stomach pains, in burning-gnawing gastric pain, with the feeling as if the stomach was sore on its internal mucous membrane, and as if the food remained for a long time undigested and caused pressure, to which also is added bloody vomiting,

Out of the protocols of the Lusatian Union it is clear that Hartland employed it several times with speedy results in chronic gastric affections, especially in hysterical women.

Ruckert § saw use in it as an intercurrent in chronic gastric affections, when the patient got stomach ache from the most innocent food, with burning in the throat upwards, and constant heat in the throat.

#### DIGITALIS PURPUREA.

To the strongly pronounced gastric and bilious symptoms, among which especially disgust, choking, vomiting of chocolate-like masses of bile, a few gastric pains are attached, as shoots, fulness with anxiety, ache and burning, cutting constrictive feeling towards the liver. The imper-

\* Allg. H. Z., bd. 37, s. 39, 41.

‡ Ther., 2, 435.

+ Hom. Viertelj., bd. viii., s. 1.

§ KL. Erf., a., a., O.

fection of the early provings occasioned Dr. Bahr, of Hanover, to undertake a re-proving, see his prize essay.\* He found of gastric symptoms: Fulness with ache or pinching, or undefined pains, rumblings, gastric distensions, heartburn, feeling of hunger, disgust, derangement of appetite, colds. Then vomiting, choking, tenderness of the stomach and abdomen to pressure, more violent, with præcordial pain, combined with anxiety. The vomited matters are at the commencement food, then bilious; this generally, mucus, whitish, drawing into threads, coloured like chocolate, brownish, of bad odour; increase of saliva, with dryness of the mouth, frequently follows relief of symptoms; stools slow. Inspection showed a punctuate redness and injection of the mucous membrane, especially at the pylorus, and the descending colon; ecchymosis, never erosions. The stomach is often filled with bile, as general signs of polycholy, not of retention of bile in the liver and gall-bladder.

We see from this that the pains are subordinated to the gastric, and bilious states depend upon them. Status gastricus, bilious, pituitosus, gastnataxia, &c., are indicated by Noack and Trinks, Kammerer, and others. Bahr considered chronic vomiting, as also Withering proved by experiment, as indications for the employment of *digit.* But since that is only a symptom we gain little by this indication. That gastritis, which Noack and Trinks accompany with an interrogative—indeed even the form which leans to ulceration, or with changes of structure of even a cancerous nature—according to Bahr is an indication must be doubted after the post-mortem appearances, as well as the presumed affinity with *arsenic.* The same author speaks against its employment in hepatic disease. We learn so much that we must absolutely decline the employment of *digit.* in gastrodynia of whatever kind after the preceding results, both positive and negative.

#### DROSERA.

The symptoms: Nausea, vomiting, even of blood, salivation, hiccough; fine, passing, clutches, oppressive tension, as drawing in, shooting, and beating in the epigastrium, are partly gastric, partly perhaps due to catarrhal or nervous affection of the respiratory organs (*vagus*). Kammerer gives a case of gastric cramp with constriction of the

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\* *Dig. purp.* Leipzig, 1859.

stomach, even to the back, from all food, cutting in the abdomen and chilliness, simultaneously with spasmodic cough, urging to vomiting, especially in the morning with expectoration, in which he used *drosera*. Here also the cough has been the most important guide. In gastralgia no one would on such slight grounds employ *drosera*.

DULCAMARA

Has decided signs of pure gastric and intestinal catarrh, even to mucous vomiting, with distension of the stomach, pinching, pressure as after a blow with a dull instrument, squeezing together so as even to stop the breath; flatulence; drawing in of the pit of the stomach with burning pain; tension and shooting near the epigastrium; diarrhoea. It is also not much used in castrodynia.

EUPHORBIIUM OFFICINALE.

Results of provings: Spasmodic constriction as if bound with a cord, raking and seizing of the stomach; ache, painfulness of the stomach, as if after a blow, on pressure; pleasant feeling of warmth, burning as from red-hot coals, as from having swallowed pepper, from the throat down to the stomach, with belching, retching, and shuddering of the skin; accumulation of salt spittle in the mouth; bitter taste, unquenchable thirst, great hunger; with flaccid hanging down stomach and sunk abdomen. After eating, insipid taste, white coated tongue, burning aching in the epigastrium, hiccough, vomiting and purging. This medicine is not yet to be treated as proven. Many of its stomach symptoms are toxic. This acrid gum-resin can irritate even to the production of inflammation of the gullet and stomach, hence the predominant burning. Kreuseler ranks it with *chelidonium* in burning, gnawing (why this last?), gastric pains, with tenderness and feeling of pressure after eating, without being able to distinguish one from the other, and as sometimes suitable. According to Noack and Trinks it was once employed by Schulz in gastralgia, in constriction, especially after eating, retching, pain in back, palpitation, &c., but *nux. vom.*, *bell.* and *gratiola* had removed most of these troubles before (see *gratiola*). In one case of gastralgia Hofrichter\* had employed *euphorbium* intercurrently for burning in the throat. After the

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\* *Allg. H. Z.*, bd. 45 s. 220.

previous administration of *nux. vom.* and *mez.* were afterwards followed up by *nat. mur.* and *tabac.*

All this proves nothing for the action of this medicine, hitherto not settled, either physiologically or clinically. Burning remains the only indication; which, at all events, is more a consequence of the acrid principle—a mechanical not a dynamic action; and the gastric pains probably depend on the drastic action, since vomiting and purging as well as colic are peculiar to all the species of *euphorbium.*

#### FERRUM.

The preparations of iron stand in a very limited relation to gastrodynia. The not yet perfectly proved medicines, which come under this head show proportionately few pains. Other, perhaps very active preparations, have not yet been homœopathically proved. Their employment is often only according to analogy, which does not answer to the principles of homœopathy. We cite those already inquired into individually.

#### FERRUM METALLICUM.

Passive, exceedingly painful gastralgia; violent ache and extraordinary tension of the stomach; distension of the stomach and abdomen; taste as of bad eggs; putrid eructations.

#### FERRUM ACETICUM.

Gastric ache from eating butcher's meat, with fulness, violent, and in the abdomen, after eating. Acid in the stomach (and burning) as if everything eaten was acrid. Pinching gastric pain; spasms in the stomach; pain in the epigastrium on touch; feeling of constriction in the throat; taste acid in the morning; earthy; bitter of everything eaten; putrid, destroying all appetite; dry, of all solid food, as if without juice and strength. Loss of appetite on account of constant feeling of fulness, with appetite and good taste after drinking; small appetite, least of all for butcher's meat, with fulness; flesh does not suit, only bread and butter; fulness as if he would belch, going away after eating; attacks of paleness, rumbling in the bowels, oppression of the chest, confusion of head, spasmodic, violent belching; then heat in the face, pain in the head, and stitches in the crown; very great nausea in the throat ending in belching: disgust and heaving as from nausea on eating; constant; several hours retching;



vomiting before midnight; as soon as she eats it causes aching, heaves as from nausea, from disgust, or returns again in vomiting; vomiting of all ingesta, with repugnance afterwards to all food, dislike to the open air; of mucus and water every morning and after eating; with pyrosis and constriction of the throat; violent vomiting from sour beer. Everything vomited is acid and acrid.

After eating: Heat and anxiety, sleepiness and gloominess, with easy headache at the root of the nose preventing work; confusion of head, thirst, heartburn (after sour beer); constant belching, coming in shocks, and regurgitation of food, without nausea and retching; vomiting of food; fulness and gastric ache, weariness of the feet.

FERRUM IODATUM.

Unpleasant feeling at the epigastrium after several hours nausea and headache. (After 5 gr. of the 1st attenuation) more burning in the mouth and intestines, more heat and feeling of fever, and more headache.

No more of the gastric pains caused by eating, (curative action.)

Tongue clean; coated thick yellow. Burning on the tongue.

Taste nauseous, acrid, biting, dirty, bitter; nauseous, insipid.

Good appetite; not especially. What is eaten doesn't relish. Increased digestive power, (curative action). Constant inclination to belching. Frequent belching after eating (in the evening), with nausea and retching. Easy and slight feeling of nausea.

FERRUM MURIATICUM.

Of this only a few gastric symptoms are known, among which are vomiting, as in all forms of ferrum.

FERRUM SULPHURICUM.

Imperfectly proved. Nausea, vomiting, cardialgia, inflammatory affection of the mucous membrane. The pathological anatomy of animals gave reddened folds of the stomach, livid appearance of the mucous membrane of the stomach, red petechial spots, inner coat of the stomach covered with a thick, viscid, green mucus, showing only a few red points.

Among the pathogenetic actions of iron-springs we find: Stomach-ache, slight belching, indigestion, costiveness

(Pyrmont); violent constrictive pains in the lower abdomen and back (Pyrmont and Schwalbach).

The old school employed iron always in aepsia, gastric weakness, dyspepsia, acidity, chronic gastric catarrh, vomiting, hæmatemesis, cramp of the stomach in scrofulous and chlorotic patients, especially as aceticum, carbonicum, lacticum, muriaticum, sulphuricum. Under what circumstances the homœopaths make use of it in gastrodynia we shall have an opportunity below of showing. In literature up to date we find the following indications:—

A chlorotic girl,\* with leucorrhœa, had stomach ache with vomiting of food and of water with antecedent nausea. After the vomiting the pain in the stomach ceased; worse after partaking of milk. *Ferr. aceticum* 3 improved her after six days. After a longer period the catamenia set in and the chlorosis ceased.

Müller† attributes to iron an action on the spinal and splanchnic nervous system, and therefore holds that it answers to certain gastric affections in chlorosis, which indicate themselves by aversion to proper food; ache after most food, and easy vomiting of food, especially when coughing and during movement. As the only medicine in chlorosis he will not affirm it; it seldom heals alone, without being supported by other medicines.

According to Knorre, *ferrum* also covers dynamic vomiting at each taking of food, whereon it may be seen after its use. Kreussler allows *ferrum* to share indications with *sepia*, especially in intolerance of food; vomiting up again as soon as it is swallowed; tenderness of the gastric and epigastric region; costiveness, derangements of menstruation. Compare *sepia*.

#### ACIDUM FLUORICUM.

A proving of Hering, with weak people, gave gastric ache and burning; tenderness on pressure; fulness, heat before eating, going away after; weight in the stomach and then again heat; very unpleasant feeling in the stomach; belching; nausea, choking, heartburn.

Characteristic fact: It is questionable whether many symptoms are not merely signs of toxic action; since, however, the medicine exercises an important action on organic

\* Hofrichter, Allg. H. Z., bd. 45, s. 202.

† Viertlj. Schr. bd. vii., s. 442, bd. viii., s. 486.

and dyscrasic states, perhaps inflammatory and other gastric organic evils may be restrained by it. Clinically, however, it has not been used.

#### GINSENG

Presents a picture of neurosis of the stomach. Distension, ache, with dull rumblings in the abdomen, tension, discharge of flatus, uncomfortableness, yawning, painful drawing as from hunger, distension with shoots in the region of the heart, violent shoots in the abdomen, palpitation, anxiety and retching, after chilliness; constriction in the gastric region, drawing in the stomach, anxiety and oppression; painful digging down to the groin and stomach; abdominal pains which ascend to the stomach; nausea, retching.

But here also the characteristics which cut it out from other medicines are wanting; and since *ginseng* is especially suited for rheumatic states, colic, and such like, it is questionable whether the gastric symptoms do not point to these states, and are dependent upon them. There is no ground for the employment of *ginseng* in gastrodynia, which consequently has not happened.

#### GRANATUM

Has, according to J. O. Müller, cramp in the stomach, shooting in the epigastrium, anxiety, burning, ache and fulness, vomiting, diarrhœa, ache in the bowels, chilliness, uncomfortableness, weakness, and a special relation to the solar ganglion.

Hippocrates recommended it in cardialgia, Ahrens in inflammatory gastric affections. Obscurity so long sweeps over the whole that homœopathic experience is silent about it.

#### GRAPHITES.

In the stomach: Grasping with nausea; spitting going away during and after eating; spasmodic constrictive pain; aches, eased by lying and the warmth of the bed, returning on getting up again; with vomitings; in the throat down to the stomach as cramp in the stomach; after eating, shootings in the stomach and abdomen; burning in the stomach, then heat, then sweat; pinching, with digging in the chest; pain in the stomach with oppression, anxiety, with morbid hunger, disappearing after belching, with intermissions; foulness, feeling of disorder, cold, empti-

ness, yawning, with discharge of flatus; in the epigastrium ache the whole forenoon, shooting, throbbing, much spitting of saliva, running out of the mouth; very coated tongue; acidity, heartburn; taste salt, bitter, acid, putrid, unpleasant; loss of appetite; violent hunger and thirst; dislike to cooked things, warm things; belching abortive, continued, acid, with nausea.

Hiccough, in the morning on getting up, after each meal.

Nausea with disgust at butcher's meat. Fainty retching, with giddiness, gloominess, paleness of face, running of water out of the mouth; spasmodic choking of phlegm.

Vomiting of food, acid, with running out of water; crampy stomach-ache; hard stool; full distended abdomen, chlorosis.

After eating: Headache, pressure in the forehead to bursting; shooting and throbbing in ears, heartburn, ache in the stomach, scraping and burning with heaviness in the body and ill humour; sour taste from the stomach, full distended abdomen, pain in the hepatic region. Sleepiness, tiredness, chilliness, rising of green, bitter water from the stomach into the mouth, hiccough, flabbiness, constrictive pain under the navel and much mucus in the mouth; thirst.

The first recommendation in stomach affections depends on Hahnemann, by whom it is certainly spoken of symptomatically. Belching, nausea, weakness of the stomach (ache in the stomach), heaviness in the abdomen, collection of wind, costiveness, hardness in the hepatic region, immoderate hunger. "Nocturnal pinching and digging in the chest" we find in the first edition of the chronic diseases, and only there. Noack and Trinks adduce ontologically dyspepsia, cardialgia, chronic gastritis, a tolerably wide field.

In Hartmann the indications for cramp in the stomach: Raking and grasping, going away after eating, with nausea, expectoration of water. Since other medicines as *carb.* and *euphorb.* have raking and grasping this element is not sufficient, and the given signs are in general quite uncertain. Kreussler's recommendation also is very weak, who recommends *graph.* in cramp of the stomach after a chill, with burning, tearing, shooting, &c.; in chronic cases with *coloc. lycop.* Jahr has (Klinisch Anw.) spasmodic constriction, or grasping pains, or ache with vomiting.

There are very few reliable relations. *Graph.* is less adapted for the purely nervous form of gastralgia than for the hyperæmic, and probably for the organic at the commencement. Especially is it suitable for venous and scrofulous individuals, and ought to suit hæmorrhoidal and menstrual pains, as well as chronic gastric catarrh. As we have, however, much more certain helps for these states in medicines which are related to it, as *carb. vg.*, *lycop.*, *sepi.*, *sulph.*, we abstain till further experiences of its use are before us from a specific appraisement.

### REPORTS OF CASES.

Translated from the *Allgemeine Homöopathische Zeitung*,  
Vol. 105.

IN No. 1 Goullon describes a case of Ludwig's inflammation of the cervical cellular tissue (*cynanche cellularis maligna*) in a child of 10 years, of scrofulous constitution. The disease commenced with a scabby eruption on nose and face. On the 15th April. *acid. nitrici.* was prescribed, but without effect. the 20th. *Kal. iod.*, one grain, and on the 26th, *Æthrop's antim.* On the 3rd May, *merc. iod.*, but the disease went on. On the 6th May stomatitis came on, and erysipelatous swelling about the submaxillary gland. *Bell. and merc.*, in alternation, were prescribed; but on the 7th the whole of the neck was hard as stone, and the face much disturbed. The night was restless, with some delusions and dyspnœa. *Silica 12* was now given, which produced a change for the better. But this was of short duration, for the left side began to swell, and an abscess formed, and *hepar* was prescribed. Under this remedy the disease gradually subsided, and the child made a perfect recovery.

In No. 12, in a paper by Schlegel, continued through three numbers, and entitled "*Diuretic Action of Homœopathic Doses*," we find some cases worth recording.

1. A sempstress, aged 40, always delicate, takes cold easily, and suffers much from pains in limbs of various sorts. Has no vital heat; is apt to become very cold; is occasionally affected with an eruption in the skin, that causes general pricking as with needles, but is always followed by amelioration of the pains in the limbs. Is subject to constipation, sleeps ill, has night sweats, no appetite. Has taken many homœopathic medicines without

relief. On the 9th June she got *ledum* 30. On 7th July says she is much better. The pains in the limbs greatly abated, much urine was passed, the legs and belly that had long been swollen were much relieved; still, the legs were somewhat œdematous. The symptoms had increased the last few days. *Led.* 15. On the 28th July the report was that much urine was again passed, and she felt very well. The legs were still somewhat swollen. Pains almost gone. Repeat *ledum*. On 14th August the patient says that after each dose the urine became doubled in amount, otherwise it was red and scanty. Her old ailments had quite disappeared; but she had much flatulence, and cutting and contractive pains in the distended abdomen. For this, *colchicum* was prescribed.

2. A lady, suffering from Bright's disease (nephritis parenchymatosa) with great œdema, very scanty urinary secretion containing much albumen, granulated casts, epithelia, and white blood corpuscles. *Blatta* 6 greatly increased the quantity of urine and diminished the quantity of albumen, while the œdema was greatly lessened. The benefit was, however, only transient, and the patient died a year and a-half afterwards.

3. A lady, 50 years old, had suffered from metorrhagia. For some months the legs were swollen, there was some cough, with purulent expectoration, and incontinence of urine, much thirst, profuse sweat, yellow slimy diarrhœic stools, sleeplessness, moderate amount of albumen in urine, great œdema of legs and abdominal pruritis. *Convallaria*  $\phi$  was given without effect. Then she got *blatta* 6, which caused great diuresis; the swelling disappeared completely, almost all the symptoms were removed, and she could leave her bed. After a while the dropsical swelling returned; the patient was placed under allopathic treatment, and soon afterwards died.

4. A man, aged 23, had formerly suffered much from cutaneous disease, caught cold in January, erysipelas came on in the right leg, with red stripes, which opened up into the upper part of the trunk. This was followed by general desquamation of the skin and transient failing of health. In February dyspnœa, cough, vomiting, pappy diarrhœa, gradual swelling of the legs, mucous expectoration. Several homœopathic remedies were prescribed by an amateur. On 18th April he was seen and found to be very anæmic; face puffy; the legs, especially the right, very œdematous;

dull percussion over cardiac region increased ; the heart's sound dull, but normal ; right kidney very sensitive when pressed. *Hepar*, 30. May 3rd. Much the same ; vomiting returned, appetite very bad, loathing of food, extremities cool. Urine pretty free, but œdematous swelling continued. The urine contained much albumen and many casts. *Blatta* 6 caused speedy amelioration. On the 30th May the report was that the cough was gone ; the right leg slightly, the left not at all, swollen ; sleep better ; the eruption had disappeared ; the urinary secretion was doubled, so that he now passed  $2\frac{1}{2}$  litres per diem (the albumen in it was the same as before). The *blatta* was not repeated ; but under *dulc.*, *ars.*, *phos.*, *k-bich.*, *thuja k-chlor.*, *calc. phos.*, the anæmia and the albumen in urine, as also the œdema of the right leg, were greatly improved.

5. A publican, aged 48, delicate from childhood, subject to gastric derangement every spring, for the last four weeks afflicted with fulness, loathing, anorexia. Shooting from sacrum into left side, especially when walking, much flatulence, sleep bad, bitter taste, œdematous swelling of ankles and legs, scanty brown urine. *Lycop.* 30 had no effect. On 11th May he got *virga auria*  $\phi$ . 19th May. He was much relieved as to the general symptoms and pains. Besides the *virga* he got *tnct. ferr. acet.* (*Radem.*) on account of the anæmia. The urine contained much albumen. 26th May. Improvement goes on. More urine is passed, and it contains but little albumen. 8th June. The urine passed is about 3 litres daily. Œdema gone, appetite bad. The *virga* and *ars.* 6 alternately. 24th June. The patient came on account of catarrh of the chest. The old symptoms are gone, the urinary secretion is normal.

6. A smith, æt. 60. Since the spring there has come on swelling of legs and abdomen, which has increased so much that he must keep his bed. The scrotum is as big as a child's head, prepuce swollen like a bladder, urine scanty, and passed with pain, stool every day, no particular thirst, flatulent symptoms. In former days, he suffered much with skin disease. *Apis.* and *ars.* administered by an amateur at first caused diminution of the œdema, but it returned. *Lycop.* was of no use. The urine was free from albumen, no heart disease. 9th July. *Virga* did no good. 15th July. *Aq. quassia* (*Radem.*), a little spoonful three times a day. 25th July. Diuresis had

set in, and there was diminution of the œdema of the legs, the scrotum still as big as a fist, general health improved, patient able to get out of bed. Rep. med. 16th August. Only slight œdema of legs and abdominal parietes. Scrotum and penis normal. Patient out of bed all day, working a little. Cont. med.

7. This was a case of ascites in a girl of 8½ years, which yielded in a satisfactory manner to Radmacher's *aqua glandini*, or watery distillation of acorns, which caused copious diuresis.

(To be continued.)

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## REVIEWS.

*Materia Medica and Therapeutics: An Introduction to the Rational Treatment of Disease.* By J. MITCHELL BRUCE, M.A., M.D., &c. Cassell & Co., Limited: London, Paris and New York. 1885.

THE more recent works on *Materia Medica* written by University professors and hospital lecturers have, for the most part, consisted in mentioning those diseased conditions in which the drugs discoursed upon would probably prove useful, those in which experience has shown them to be remedial. Explanations as to their *modus operandi* have been, by such authors as Ringer, Bartholow and Phillips, the exception rather than the rule. As is perfectly well known, these gentlemen have derived the larger proportion of the information they had to communicate from the writings of homœopathic physicians; and it is equally well known that for them to have set forth the *rationals* of such therapeutic indications would, in consequence of the ignorance and prejudice of the majority of the members of the medical profession, have jeopardised their professional position. With them silence was golden; and, silent they were accordingly.

The volume before us is of a totally different type. So far as the actions and uses of drugs are concerned it is but little in advance of Dr. Garrod's *Essentials of Materia Medica and Therapeutics*, though at the same time, from the way in which Dr. Bruce discusses the indications for the dietetic, climatic, and general hygienic treatment of disease, it contains much that is interesting and useful which cannot be found in Garrod.

The study of his book proves—if indeed proof were wanting—that while a thorough knowledge of physiology and pathology must ever direct us in dictating the diet and general mode of life of a sick man, it is quite inadequate to furnish a basis for the selection of drugs calculated to relieve or remove disease. After



reading Dr. Bruce's so-called "rational treatment of disease," we cannot imagine any physician, having practical experience of homœopathy, who would not feel more than ever convinced of the value of the method he has adopted as a basis of drug selection—who would not be more than ever thankful for the abundant resources its development has opened up to him, more than ever assured that plausible as this exposition of "rational" therapeutics may sound, attractive as it may appear to the inexperienced reader, it is at the best a mere palliation of symptoms, that it simply obscures the effects of disease for a brief period, and that, as a direct method of cure it is, as it has over and over again been demonstrated to be, a delusion and a snare.

After an introduction dwelling upon pharmaceutical details, Dr. Bruce divides his book into three parts. The first deals with the inorganic, the second with the organic *Materia Medica*, and the third with general therapeutics. After describing the chemical composition or natural history, the sources, characters, impurities and ordinary dose of each substance, he discusses its action and uses. Drugs have, he tells us, one, or other, or all of four kinds of action. 1. *An immediate local action* when applied to an exposed surface, either externally or internally. 2. *Action in or on the blood*, a property of "very few." 3. *Specific action*: when "leaving the circulation drugs enter the tissues and organs, alter the anatomical and physiological state of one or more of them, and are then said to have a specific action upon them. In most instances this is the characteristic and most important part of the action of the drug." 4. *Remote local action*. This is seen when, in passing out of the body by the excreting organs, "the active principles of drugs frequently exert a further or remote local effect upon them, not infrequently resembling their immediate local influence."

Under each of these heads, the various drugs constituting the *Materia Medica* are examined, as far as their actions are known, to the author. How limited this knowledge is will be readily seen by any one conversant with the *Materia Medica Pura*, and accustomed to turn it to account in the treatment of disease under the guidance of the principle of similars. Take, for example, *phosphorus*, a medicine having a wide range of action, and the use of which is of great advantage in various forms of disease. "*Phosphorus*," writes Dr. Bruce, "has a powerful action on the body, and one which has been proved by elaborate investigations on animals to be of the most interesting kind to the physiologist. As a poison, *phosphorus* is also of great importance. Unfortunately, however, it cannot be said to be of much value to the therapist, as it has disappointed most attempts to turn it to practical account in the treatment of disease." If a drug can be said to have a powerful action on the

body, and, at the same time, to have disappointed most attempts to turn it to practical account in the treatment of disease, we may be perfectly sure that the "attempts" have been made in a wrong way. *Phosphorus*, as all who prescribe homœopathically know, is a medicine of the greatest utility, one from the use of which results of the highest importance have been obtained. Pneumonia, bronchitis, some forms of gastritis, nephritis, diarrhœa and dysentery, cases of pernicious anæmia, of hæmophilia, purpura hæmorrhagica, and encephaloid, of acute yellow atrophy of the liver, of acute glaucoma, of the pseudo-hypertrophic paralysis of Duchenne, of facial neuralgia, coccygodynia, and of rickets, have each yielded to the influence of *phosphorus* in the hands of physicians who have studied the details of its powerful action, and prescribed it on account of the similarity of these details to the symptoms of patients suffering from such forms of disease. With this knowledge—which every physician might have if he would—homœopathists have been able to turn it "to practical account in the treatment of disease." All that Dr. Bruce can say about this very valuable remedy is that it is "a powerful local irritant and caustic, but is never given to produce this effect." So much for its "local action." On the blood it is "said to have a 'reducing' action on the (oxy.) hæmoglobin or 'blood.'" It "has been employed in leukæmia and lymph-adenoma, but, on the whole, with disappointing results." The specific action of *phosphorus* is described as follows: "In the tissues *phosphorus* may be traced as the uncombined element, another proof that its oxydation in the blood is incomplete. Its effect on metabolism, when given in large doses, is most distinct and definite; it increases the nitrogenous products, including urea, tyrosin and leucin; reduces the glycogen of the liver to *nil*; raises the temperature, diminishes the excretion of carbonic acid and the volume of oxygen absorbed; leads to fatty degeneration of epithelial, glandular, and muscular protoplasm throughout the body. No doubt these alterative effects are essentially associated with each other; *phosphorus*, whilst increasing metabolism, so influencing it as to diminish oxydation, and thus to arrest the process at the first step where proteids are converted into urea and oil, instead of allowing it to proceed to the second or final step, when the oil is oxydised into carbonic acid and water. Hence all the results just enumerated; whilst the soluble products (urea &c.) are excreted the insoluble products (oils or fats) are retained in the tissues constituting fatty degeneration."

The practical value of this apparently scientific account of speculating on the probable causes of some of the symptoms produced by *phosphorus*, and the *post mortem* condition of some of the organs in animals poisoned by it, is thus expressed:

"The uses to which *phosphorus* has been put as a specific remedy"—how much Dr. Bruce has got to learn of the way to discover a "specific remedy!"—"do not obviously depend upon their effects upon nutrition. It has been given in nervous disorders, such as neuralgia; in adynamic conditions such as typhoid fever; in some kinds of skin diseases, including pemphigus; and as an aphrodisiac. It is difficult to understand how any of these morbid states can be benefited by a substance which diminishes oxydation; and, indeed, the empirical use of *phosphorus* has recently been in a great measure abandoned." If Dr. Bruce could once realise the fact that diseases are cured most quickly and most certainly by medicines which in health produce symptoms similar to those which characterise them, he would find no difficulty in understanding why a substance having a "reducing action on the (oxy)-hæmoglobin, or blood," cures disease characterised by diminished oxydation. Whether he understands it or not, the fact remains that such is the case, and has been proved so to be in instances too numerous to admit of calculation.

Then again we are told by Dr. Bruce that "*conium*, although of great interest to the pharmacologist, is but of little use in medicine." To the pharmacologist who is able to put his knowledge into practice through homœopathy, *conium* is not only of "great interest," but a medicine of considerable utility. It is only those physicians who flatter themselves that they can turn drugs into remedies otherwise than through homœopathy, who find it of "little use in medicine."

All that it is necessary, in Dr. Bruce's opinion, for a physician or a student to know about the action and uses of *stramonium* is disposed of in nine lines. "*Datura* has an almost exactly similar action to *atropia*. Two points of difference require to be noticed." These are, that the extract of *stramonium* is more powerful than the extract of *belladonna*, and that the former is more depressant to the nerves of the bronchi. With the simple statement—which, by the way, is far from correct—that "the use of *stramonium* is almost confined to the treatment of spasmodic affections of the respiratory organs, such as spasmodic bronchitis and asthma," the present state of our knowledge regarding the actions and uses of *stramonium* is supposed (erroneously supposed we are thankful to be able to interpolate) to be exhausted!

The only occasion on which the word "homœopathic" occurs in the work involves a misrepresentation of homœopathy. Writing of *camphor*, Dr. Bruce describes it a "refrigerant," and adds that this probably accounts "for the use in common colds of the homœopathic solution *spirit of camphor*, which is a very powerful preparation, occasionally causing death." There is no such thing as a

"homœopathic solution *spirit of camphor*." Druggists append the word homœopathic to a variety of articles—soap, cocoa, tooth powder, &c., to stimulate a sale—they add the word to *camphor* for the same reason. The preparation to which Dr. Bruce refers as "a very powerful preparation, occasionally causing death," is Rubini's *camphor*. The one used in the practice of homœopathy—that directed by HAHNEMANN—is a solution of one in six, and would require a much larger quantity than the ordinary "drop or two drops on sugar" to cause death, even "occasionally." Neither *camphor* nor any other drug can be correctly described as "homœopathic" unless it is given to a case of disease, the symptoms of which are similar to those the drug itself will produce. Then, and then only, is it "homœopathic."

The foregoing specimens are fair samples of the way in which Dr. Bruce has treated the whole of the *Materia Medica*. Imperfect as it is for the purposes of the practitioner, it is good enough, we do not doubt, for the student preparing for the College of Physicians. Presuming that it is so, we must also assume that it contains well-nigh all that is taught in the lecture room. Such being the case, who can wonder that the president of the Section of Medicine at the Belfast meeting of the British Medical Association should describe therapeutics as that department of medicine of which "we know least."

The third part is devoted to the consideration of *General Therapeutics*. The introductory chapter sets before us "the foundations of rational treatment." It opens by analysing the terms, "therapeutics and treatment," which are said to "include four different notions." These are: *Health*; *Pharmacodynamics*, *Physiological action*; *Pathology*; and *Recovery*. Therapeutics, as a science, is defined as consisting "in bending to our will the numerous natural forces which affect the human body, or in counteracting or neutralising their effects by other forces, until, in either case, nature returns to the normal." Treatment may be: 1, *Preventive*; 2, *Immediate*, which consists in (a) *the removal of the cause*, and may be dietetic, climatic or medicinal; or, failing to accomplish this, "we may attempt to neutralise or counteract its morbid effects on the body." This is described as (b) *symptomatic treatment*. It is thus defined: "Knowing the physiological action of many different measures we select such as act in an opposite direction to the morbid cause and employ them to counteract it." This is simply "antipathy." The giving of a purgative to cure constipation, of an opiate to remedy sleeplessness, of a diaphoretic to remove the dryness and heat of the skin in fever, of a diuretic to restore functional activity to the kidney, or a cholagogue to effect a similar purpose in the liver. If the therapeutic experience of centuries has

proved anything, it has demonstrated the worthlessness of such proceedings for the purposes of cure, save perhaps where the conditions it is sought to counteract are present in a slight form in a recently healthy person, whose power of reaction has not been materially impaired. Even in such an one they are undesirable, because always more or less debilitating.

While admitted to be "manifestly much inferior" to the removal of the cause, it is asserted that "if we can but find a means—whether medicinal or not—which shall counteract each abnormal condition to which the body may be subjected, we may defy disease." Ere this can be accomplished, we are told that "we must have a perfect pathology," and "a complete pharmacodynamics or pharmacology." But supposing that physicians were in possession of both these *desiderata*, they would still lack one thing, "some great natural law" (p. 397) which would direct them how to apply the "complete pharmacodynamics" to the "perfect pathology." It is this "great natural law" that homœopathy supplies. It is the possession of this, that enables the physician who avails himself of it to treat disease with infinitely greater success and celerity than he who turns his back upon it, rejects it with a "pooh, pooh," and ignorantly ridicules those who accept its guidance!

Again: Dr. Bruce thus defines "rational treatment." "Treatment," he writes, "is said to be rational when it is suggested by all our chemical, physiological, and pathological knowledge. Such treatment," it is added, "must be successful if our observations are correct: it is founded on great natural laws which are known and understood." How comes it then, that treatment suggested by "chemical, physiological and pathological knowledge" is so conspicuous a failure that physicians, whose experience is of the largest, whose professional position is of the highest, are so frequently found to regard the drug treatment of disease as practically of little value? Are their observations incorrect? Not at all. Are "the great natural laws of chemistry, physiology and pathology" imperfectly understood by them? Certainly not. The source of failure lies in the inadequacy of these great natural laws to determine the right medicinal remedy. Ere drug-therapeutics can be relied upon in the treatment of disease pharmacology must be understood and applied as it is understood and applied by those physicians who select their remedies by the light of a great natural law.

Notwithstanding, however, the strong assertion of the certainty of the success of "rational treatment," to which Dr. Bruce commits himself in one sentence, he finds it necessary to supplement it by "empirical treatment." This, he says, "is founded on experience only, and conforms to no yet known law. It may be, and frequently is, as successful as rational treat-

ment, or sometimes even more so ; but whether successful or unsuccessful, one can offer no scientific reason for it. All that we can say is that experience has proved incontestably that a particular kind of treatment was beneficial in a multitude of instances, and that it will probably be beneficial again. We hope soon to know more about the various remedies that have been successfully employed ; and as we acquire this knowledge, and come to be able to give a reason for their effects, *i.e.*, refer them to some great natural law, we shall transfer these remedies from the group headed 'empirical,' and add them to the group called 'rational.' Therapeutics will become a perfect science when empiricism has thus, without exception, given place to rationalism."

Now, seeing that a large proportion of the group of remedies which Dr. Bruce and others, who regard antipathy as the basis of "rational treatment," describe as empirical have been derived from the application of the "great natural law," (developed, if not discovered, by HAHNEMANN) to the study of the science of pharmacology, the writing of such a paragraph shows as calm a disregard of the progress of the science of therapeutics as any we have met with for some time. Were it not that the ignorance of the great mass of the profession, regarding homœopathy, might be safely reckoned on, no physician, having any regard for his reputation, would have risked the publication of it.

This "great natural law" has been propounded ; the pharmacological materials for putting it into practice have been experimentally obtained on a sufficiently extensive scale, and the success which has followed the application of the one to the other has demonstrated, that, in such application, we have a treatment of disease possessing unimpeachable claims to be regarded as "rational" and as "scientific."

After this introductory chapter, Dr. Bruce goes into detail, and here, save in his illustration of the uses of drugs, we find much that is of interest and much that may be studied with advantage.

In each chapter he gives a brief sketch of the physiological relations of the system. Three are on digestion, one on the intestines, another on the liver, another on the blood, while others are devoted to the circulation, the respiration, the nervous system, the kidney and the skin. The pharmacodynamics of each, including non-medicinal measures, such as food, air, exercise and baths, forms a section of each chapter. The pathological relation of each system constitutes another section ; the evidence of natural recovery in each particular system is discussed in a fourth ; while the final one considers "the rational system of treatment founded on the four previous divisions."

We have considered the previous portions of Dr. Bruce's book at so much length that we are obliged to omit all reference to the first four sections of these chapters. We do so with regret, because it is in them that, to our thinking, the chief interest of the work lies.

The fifth section of each chapter contains very little that is new. The directions given are very much the same as those taught thirty and more years ago—much the same as those which have been given, tried and found lamentably wanting in curative efficiency by several generations of physicians. Constipation is to be treated by *colocynth* and *blue pill*, followed by a saline, and this again by "a regular course of aperient medicine." How often, we should like to know, must such a plan be repeated before conviction of its inefficiency will be forced upon the *mens medica*? Hepatic disorder is to be treated on much the same lines, only here "*calmel* and *colocynth*, *rhubarb* and *colocynth*, *podophyllin*, and a variety of allied purgatives and cholagogues in combination with carminatives" are, we are told, "in constant employment." Where the plasma of the blood is acid, by prescribing alkalies the "excess of acid is not only neutralised but conveyed out of the system." Possibly so, but what about the condition that gives rise to the acid plasma? Is this to be remedied by removing its consequences? We should have supposed that a "rational treatment" would have sought to alter the faulty condition rather than merely endeavour to remove its products.

True to his principles, Dr. Bruce in this part of his work advises the use of measures which are calculated to remove the products of disease rather than the morbid states giving rise to those products; to compel a congested, or otherwise enfeebled organ, to work by means of medicinal irritants in considerable quantities, rather than to remove the condition giving rise to the loss of tone. Such a method of dealing with disease has been tried and failed too often to commend itself to our adoption, even though presented to us in the language of modern physiology and pathology—even though the *a priori* reasons for endorsing it as the best possible appear so plausible in print. Clinical research has condemned it, and it is by clinical research, not by theoretical speculations, that it must stand or fall.

If Dr. Bruce's work is to be taken as a standard of the present state of professional knowledge of therapeutics, we fail to see in what respect it has advanced of late years, unless it be in the mode of presenting it—which, instead of being dogmatic as aforetime, is now plausible, but none the less deceptive. Therapeutics still remains, as Dr. J. W. Smith described it at Belfast on behalf of himself and the non-homeopathic section of the pro-

fession, as "that department of medicine of which we know least."

It does more than this. It affords good and sound reason why every physician should leave no stone unturned to urge the study of homœopathy upon his professional brethren, should use every means to make its scientific character and practical value generally known.

### NOTABILIA.

#### HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

From the Fifth Annual Report of the Committee of the Dispensary, which has just been issued, we learn that: "During the year 1,158 patients have presented themselves for treatment at the Dispensary, of whom 890 were under treatment for diseases of the eye. The total number of attendances recorded was 5,048, exclusive of 740 visits paid to patients at their own homes, who had obtained home visiting tickets. There have also been 90 cases for dental treatment."

Dr. Croucher is the physician; Mr. Knox Shaw, the surgeon; and Mr. C. Philip, the dental surgeon of this flourishing Institution.

#### BUCHANAN COTTAGE HOSPITAL, ST. LEONARDS.

The General Annual Meeting of the subscribers to this Institution was held on the 29th January when a satisfactory report of its progress was given. From this we extract the following table which will explain the result of the year's work:—

Remaining in Hospital, January 1st, 1884	...	...	...	...	6
Admitted during the year	...	...	...	...	104
Admitted for operation and discharged same day	...	...	...	...	8
Total under treatment					118
Discharged as cured	...	...	...	...	66
Relieved	...	...	...	...	22
Incurable	...	...	...	...	8
Died	...	...	...	...	8
Discharged at own request	...	...	...	...	8
Remaining in Hospital, January 1st, 1885	...	...	...	...	16
118					

Of the in-patients 44 were men, 69 women, Of these 46 were ophthalmic cases. Average number daily resident through-



out the year, 10·77. Mean residence of each patient in days, 35·75.

The debt on the building having been generously paid off the Institution requires only to be so supported as to be enabled to carry on the work. The Balance-sheet affords evidence that economy has been studied, whilst the Medical Report shows that treatment has been no less successful than before. The Committee, therefore, appeal with confidence to the friends of the Hospital, and to the public, to supply the funds needed to cover the greater cost involved by increased work, a larger staff and heavier annual expenses, asking them to remember that the amount of support given must be the measure of the work to be done.

Of this Institution Mr. C. Knox Shaw is the surgeon.

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#### THE SUSSEX COUNTY HOMŒOPATHIC DISPENSARY, BRIGHTON.

The Committee of this Institution which was founded in memory of the late Dr. Hilbers, and opened in February of last year, have just issued their first Annual Report, which, however, extends over a period of eleven months only.

During this time 698 cases have been admitted, of which 349 have recovered, 288 have been relieved, 11 have died, and 50 remain under treatment. Dr. Metcalfe is the Consulting Physician, Drs. Belcher and Hale are the Honorary, and Mr. Ockenden, Stipendiary Medical officers; Mr. Lewis Lambert is the Honorary Dental Surgeon.

The financial report is excellent and ensures, we may reasonably hope, the prosperity of the Institution in the future.

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#### THE BRISTOL HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE report of this Institution for the past year opens with a brief sketch of the principles of homœopathy and the results of their application in practice. It goes on to say:—

“Notwithstanding the undoubted benefits already derived from this beneficent reform in therapeutics the prejudice is strong enough still to exclude medical men who practise it from the ordinary public hospitals and dispensaries in this country. Special institutions have, therefore, been established in different towns, and with considerable success, and there are few large towns which do not support a Homœopathic Dispensary.

“The first public dispensary in Clifton and Bristol for the treatment of the sick poor after Hahnemann’s method was established by the late Dr. Black in 1852. It was carried on for some years by Mr. J. Pritchard, and since then there has been

regular attendance at the Triangle two or three times a week. Up to last year the number of patients was about 25,000. Other dispensaries have from time to time been established in Bristol, but the initiative was always taken by some medical practitioner and the public never shared either the management or the responsibility.

“Last year, on the promise of a lady to give £1,000 towards the establishment of a more permanent institution on a public basis provided 4 per cent. interest were paid during two lives, it was resolved by the medical men already interested in dispensary work to combine their forces, and with the help of their friends and the public to make a new start in a central part of the town. Accordingly a Committee was formed, suitable premises were purchased in Brunswick Square, and an appeal was made for public support. The premises bought consist of a good dwelling-house and a cottage. The former can be prepared at a moderate expense for the reception of in-patients, and the latter was at once fitted up for the treatment of out-door patients. The attendance has been very gratifying, showing the decided preference of numbers among the poor for homoeopathic treatment. The premises at the Triangle have been retained, and the numbers at the two dispensaries during the first fifteen months ending September, 1884, was 5,144.

“476 visits have been paid by the stipendiary medical officer to patients at their own homes who were too ill to attend at the dispensary.

“Should the friends of the institution show sufficient interest in its development and funds be forthcoming, we hope by-and-by to receive in-patients. For this purpose a fund of about £600 will be required for furnishing, and an annual income of about £500 for general expenses. Towards the furnishing fund one lady has given £100, and a second donation of £1,000 has been received on the same conditions as the first £1,000, and from the same generous contributor. This sum has been invested at interest, so at present it is not available as income.”

Dr. Nicholson and Dr. Morgan are the honorary and Dr. Fallon the stipendiary medical officers.

We heartily wish the trustees, committee and medical officers, all success in placing the advantages of homoeopathy more fully within the reach of the poor of Bristol.

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#### OXFORD HOMOEOPATHIC MEDICAL DISPENSARY.

The twelfth annual report of the committee of this institution has been recently issued. From it we are glad to learn that the number of patients is increasing, and that fresh subscribers are taking an interest in the operations of the dispensary,

The number of attendances during the year has been 2,783. We would suggest to the committee that on future occasions they should report the number of *admissions*, as being a much more satisfactory basis on which to estimate the progress of an institution of the kind than the number of attendances alone. The physician is Dr. Guinness.

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#### WRITER'S CRAMP.

AN extract from a paper by Dr. de Watteville on this subject, which appeared in the *British Medical Journal* of the 14th ult., was published in the *Times* of the 18th ult.; in it attention is drawn to what is supposed to be a *new cure* for this troublesome and often intractable disorder. The "new cure," however, is nothing more than the ordinary application of Ling's system to its treatment, a plan which we believe that Dr. Roth, in common with other medical men who have studied and practised Ling's method, has used with much success in cases amenable to treatment.

The writer's spasm may, however, owe its existence to two causes. It may originate in some disturbance of a nerve centre, or from a morbid condition commencing at the periphery. The former is only curable by agencies influencing the diseased centre, the latter is remedial with comparative ease through Ling's method.

This is the plan of treatment adopted by Mr. Julius Wolff, a German writing master, whose great success has attracted the attention of many continental medical and surgical celebrities, including Bamberger and Billroth, in Vienna, Esmarch, of Kiel, and Charcot of Paris amongst others. Thus introduced, Dr. de Watteville invited him to visit London, and, having witnessed his proceedings and their successful issues, has communicated his observations to the profession through the journal we have named.

This illustration shows how ignorant the majority of medical men, even those who are well informed upon most subjects, are of methods not taught in the schools. Ling's system of manipulations, of active and passive movements, has been practised in London for five-and-thirty years by several medical men, and writer's cramp, of peripheral origin, has been frequently treated and cured by Dr. Roth in a manner which for all practical purposes is precisely similar to that adopted by Mr. Wolff, and yet so accomplished and experienced a physician as Dr. de Watteville never heard of it, and does not recognise the method when he sees it practised!

We shall be glad if Dr. Roth will kindly give us some account of his experience in the adaptation of Ling's method to the cure of "writer's cramp."

**THE DRYSDALE, DUDGEON, AND HUGHES  
TESTIMONIAL,**

We have received from the honorary secretary to the Testimonial Fund (Dr. C. L. Tuckey) the following completed list of subscribers. The presentation will take place at a dinner given by the subscribers to the recipients in the course of a few weeks.

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|-------------------------------|----------------------------------|
| Dr. Abbott, Wigan.            | Dr. Mackechnie, London.          |
| Dr. Ainley, Halifax.          | Dr. Macintosh, Torquay.          |
| W. Ayerst, Esq., London.      | Dr. Madden, Birmingham.          |
| Dr. Bell, Eastbourne.         | J. Mansell, Esq., Woolsthorpe.   |
| Dr. Blackley, Manchester.     | Dr. Markwick, London.            |
| Dr. Galley Blackley, London.  | Dr. Matheon, London.             |
| Dr. Gibbs Blake, Birmingham   | Dr. Marsden, London.             |
| Dr. E. Blake, London.         | Dr. Miller, Hampstead.           |
| Dr. Blumberg, Southport.      | Dr. B. Moir, London.             |
| Dr. Blyth, Dublin.            | Dr. D. Moir, Manchester.         |
| Dr. Bradshaw, Guilford.       | Dr. G. Moore, London.            |
| Dr. Dyce Brown, London.       | Dr. J. Moore, Liverpool.         |
| Dr. Bryce, Edinburgh.         | Dr. Murray, St. Albans.          |
| Dr. Buck, London.             | Dr. Nankivell, Bournemouth.      |
| Dr. Burnett, London.          | Dr. Newman, Bath.                |
| Dr. Burwood, Ealing.          | Dr. Nicholson, Clifton.          |
| W. D. Butcher, Esq., Windsor. | Dr. Neild, Plymouth.             |
| H. Cameron, Esq., London.     | B. Noble, Esq., London.          |
| Dr. Carfrae, London.          | G. Norman, Esq., Bath.           |
| Dr. Cash, Torquay.            | Dr. Pope, Tunbridge Wells.       |
| Dr. Chalmers, Sheffield.      | J. Potts, Esq., Sunderland.      |
| Dr. Churchill, Folkestone.    | Dr. Powell, London.              |
| Dr. Clarke, London.           | Dr. Proctor, Birkenhead.         |
| Dr. Clifton, Northampton.     | Dr. Pullar, Edinburgh.           |
| Dr. Collins, Leamington.      | Dr. Purdom, Croydon.             |
| Dr. Cooper, London.           | Dr. Ramsbotham, Leeds.           |
| Dr. Craig, Bedford.           | Dr. Rayner, Manchester.          |
| Dr. Croucher, St. Leonards.   | Dr. Reith, Aberdeen.             |
| W. H. Denham, Esq., Southsea. | Dr. Roche, Norwich.              |
| Dr. Drury, Bournemouth.       | E. B. Roche, Esq., Norwich.      |
| T. Engall, Esq., London.      | Dr. Roth, London.                |
| Dr. Epps, London.             | Dr. Scott, Huddersfield.         |
| Dr. Flint, Scarborough.       | Dr. Scriven, Dublin.             |
| Dr. Goldsborough, London.     | Dr. G. Scriven, Dublin.          |
| Dr. Guinness, Oxford.         | C. K. Shaw, Esq., St. Leonards.  |
| Dr. Gutteridge, London.       | Dr. Shuldham, London.            |
| Dr. Suss Hahnemann, London.   | Dr. Simpson, Glasgow.            |
| Dr. Hale, Brighton.           | Dr. Smart, Tunbridge Wells.      |
| Dr. Hall, Surbiton.           | Dr. H. Smith, Ramsgate.          |
| Dr. Hamilton, London.         | Dr. Stephens, Cannes.            |
| Dr. Harper, London.           | Dr. Stokes (the late).           |
| H. Harris, Esq., London.      | Dr. Tuckey, Kew.                 |
| Dr. Harvey, Southport.        | Dr. C. L. Tuckey, London.        |
| Dr. Hawkes, Liverpool.        | Dr. Walther, Eastbourne.         |
| Dr. Hayle, Rochdale.          | Dr. Watson, London.              |
| Dr. T. H. Hayle, Rochdale.    | Dr. Wheeler, Clapton.            |
| Dr. Hayward, Liverpool.       | Dr. A. Williams, Sydenham.       |
| Dr. Holland, Bath.            | Dr. E. Williams, Clifton.        |
| Dr. Johnson, Malvern.         | L. E. Williams, Esq., Liverpool. |
| Dr. Kennedy, Blackheath.      | Dr. Wilmot, Bath.                |
| Dr. Ker, Cheltenham.          | Dr. Wyld, London.                |
| Dr. Luther, Belfast.          | Dr. Yeldham, London.             |

### HOMŒOPATHY IN BOSTON, U.S.A.

At the Annual Meeting of the Boston Homœopathic Medical Society held on the 15th January, it was resolved to petition the City Government to set apart some portion of the city hospitals for the homœopathic treatment of the patients received. These city hospitals it should be remembered have their analogues amongst ourselves in such institutions as the Marylebone Infirmary. Hospitals on a large scale, and adequate for clinical instructions supported by voluntary contributions, like St. George's or the London, or richly endowed like Guy's or St. Bartholomew's are rare in the United States. It is at city hospitals that the medical student receives his clinical teaching. Hence partly the desire of the homœopathic physicians of Boston to acquire a footing in the City Hospital. A committee of the society was appointed some time back to consider the subject and the following is the report presented by them at the Annual Meeting :—

“ Mr. President : Your Committee, agreeable to the directions of the society, has carefully considered this matter of homœopathic hospital treatment for the city poor, and herewith present the following report. The Massachusetts Homœopathic Hospital, erected and supported by private charities, has during the past six years cared for 648 free patients. The facilities thus afforded have proved most gratifying to the patrons of the hospital, and have enabled them to place many sick and needy persons under that medical treatment which they believe to be best. The Homœopathic Hospital, owing to the limited number of free beds therein contained, furnishes but meagre facilities for the accommodation of the large number of charity patients who daily besiege its doors for admittance. It can accommodate but a tithe of the suffering which the 120 homœopathic physicians of Boston must annually turn over to some charitable institution for hospital care and treatment. There being no alternative, they are sent to the City Hospital where medical treatment is administered, in which the homœopathic physician does not believe, and to which the patient himself objects. This seems a gross injustice, and doubly so when we take into consideration that many hundreds of Boston's wealthiest citizens and heaviest taxpayers employ homœopathic treatment, believe it is the best, and desire that those of the city poor who prefer it shall have it. The free homœopathic medical dispensary, organized and supported by citizens imbued with a desire to extend the blessings of homœopathy to the poor has during the past year treated 1563 patients. Each year since its organization its patronage has increased until, at the present time its facilities are taxed to the utmost. Under the present régime the students of Boston University School of Medicine are practically shut out from the

wards of the City Hospital, thus depriving them of clinical advantages which are as much their right as that of any other body of medical students in the city of Boston. In the face of such facts as these one can but unanimously recommend that the City Government be petitioned to provide homoeopathic treatment."

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#### CHLORATE OF POTASH POISONING.

Drs. Broesicke and Schadewald report a case (Berlin. Klin. Woch., No. 42, 1888) of rapid poisoning by chlorate of potash, in a healthy young man aged 22. After excessive and incautious gargling with a strong solution for some trifling throat affection, in the course of which he had swallowed a considerable quantity, the patient complained on the following day of sickness and pain in the side and loins. Signs of acute gastritis rapidly followed; nausea and severe pain in the splenic region were the chief symptoms. Some enlargement of the spleen could be detected. Heart and lungs were normal, but distinct cyanosis, especially of lips and extremities, was present. Two days after the poisoning severe vomiting set in and lasted to the end. Icterus followed, but disappeared before death. On the fourth day severe epistaxis occurred; extreme precordial anxiety followed, but without any notable signs in heart or lungs; and some rigidity of the muscles of the extremities was observed. Death took place on the eighth day. Throughout the whole period of illness hardly any urine was passed; the temperature remained a little below the normal; the pulse, however, was of fair strength. The post-mortem examination, made four days after death, revealed a brown discolouration of the blood in the vessels. This blood, however, gave the normal appearance to the spectroscope. The spleen was very greatly enlarged, brownish in places, the capsule soft; the kidneys were also enlarged; the cortical portions expanded and of a dirty green colour. Microscopically, the straight and convoluted tubuli were filled with numerous brownish, irregularly-shaped masses of hæmoglobin. The stomach showed acute and chronic calculi with a free ecchymosis. The large intestines and rectum contained large quantities of brownish, watery fluid, and the mucous membrane appeared œdematous. Other organs normal.—*Medical Journal and Gazette*, November 8.

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#### LABURNUM POISONING.

HENRY ROBINSON, L.R.C.P., writes to the *British Medical Journal* (October 6th): On August 12th a gentleman came in haste to my surgery, stating that two of his children and nurse, while playing in the garden, had eaten a quantity of laburnum

seeds, and were very ill from the effects of them, and desired my accompanying him at once. Upon arrival, I found the nurse, aged 15 years, a little boy and girl, aged respectively 3 and 6, all more or less suffering from collapse and sickness, the pulse full and feeble, the pupils widely dilated. The little boy was in convulsions, the other two were not so. The stomachs having been well emptied before my arrival, I had each put into a hot bath, and immediately on being taken out wrapped in warm blankets, with a mustard poultice applied over the stomach, and gave a little brandy and water every few minutes. Reaction soon began to take place; and I am glad to say all made a good recovery.

Alex. J. Sinclair, M.D., reported the following case in the same journal, October 13th: On the evening of the 16th, a boy aged 7 swallowed twelve unripe pods of the laburnum tree. In two hours he was seized with vomiting and purging, accompanied by severe gastric pain. The vomited matters contained a quantity of green food and seeds. His pulse was weak and rapid, his countenance pale, the skin cold and clammy, and the pupils enormously dilated. Vomiting was encouraged by emetics of mustard and water. He then complained of feeling drowsy, and desired to lie down. Three teaspoonfuls of aromatic *spirits of ammonia*, largely diluted with water, were administered, with the effect of completely arousing him. Twenty drops of the same were given each hour for six hours afterwards, when the patient was permitted to fall into a deep sleep, awakening in eight hours perfectly well.

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#### POPULARITY OF HOMŒOPATHY IN THE UNITED STATES OF AMERICA.

It is a significant fact that of the taxable property in the cities of Boston, Buffalo, and Cleveland, three-fourths of the total is owned by those who in case of illness requiring skilled attention employ the homœopathic system of practice.—*The Medical Publishers' Record*, Chicago.

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#### AN ADMIRER OF THE MEDICAL PROFESSION.

SENATOR EDMUNDS was particularly cordial towards the members of the American Medical Association whom he met at Washington, "because," say the graceless gossips, "he owns the biggest tombstone quarry in Vermont."—*New York Medical Times*.

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#### CORRESPONDENCE.

##### VACCINOSIS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I was much pleased to see Dr. Proctor's utterings on this subject, but I can hardly admit that much of what he says is in any sense criticism. Dr. Proctor's offhand dis-

missal of what I have ventured to call homœoprophylaxis is a clear proof that he has entirely failed to apprehend the difference between my *text* and my *sermon*. He says (*Monthly Homœopathic Review*, p. 66):—

“4th.—That the law of similars applies to the prevention, as well as to the cure of disease.

“Now, dealing with the last proposition first, it is only necessary to say, that if Dr. Burnett had gravely propounded the statement that, in his opinion, two and two made four, he would have been equally original in maintaining what no homœopath denies, and what every homœopath has learned with the first rudiments of his art. *Pulsatilla*, as prophylactic in measles; *belladonna*, in scarlatina; *arsenic* and *quinine* in ague, are integral parts of homœopathy. Curiously enough, however, Dr. Burnett fails to lay stress on the strongest illustration of this law, that is the efficiency of vaccination in preventing small-pox. He rather brings all his condemnations to bear upon it as involving certain dangers to be spoken of as ‘vaccinosis,’ bearing possibilities of mischief to the human race beyond all computation. He reserves the beneficent operation of the law of similars for his *thuja*, which is the Hercules to cleanse the Augean stables left behind by vaccination. The 4th proposition, then, we may at once dismiss, as requiring no proof at Dr. Burnett’s hands, and as being for us mere common place.”

Now, at first sight this must appear to the uninitiated to be a very deadly shot, but in reality it is only a stogy, noisy, blank cartridge, making only malodorous smoke. It is: “mere common place,” an “integral part of homœopathy.” What Dr. Proctor would fain present as a *sermon* stolen by me, and palmed off as my own, is my *text*.

The following from my little book (*Vaccinosis*) *proves* this. (pp. 97-8-9):—

“Many other ardent homœopaths have claimed that vaccination is a proof of the truth of homœopathy; that it is, in fact, part and parcel of it. Evidently this is from the want of a little thought on the subject, since it must be manifest that such is quite impossible, for the simple reason that homœopathy is a system of *curing—similia similibus curantur*—whereas vaccination is not a *curative* measure at all, but a *preventive one*. And since prevention is, admittedly, *better* than cure, it must follow that it cannot be the *same*; therefore, vaccination is not homœopathy, though I shall suggest that it might fitly be termed *Homœoprophylaxis*, inasmuch as vaccinia and variola are similar pustular diseases, and the former being preventive of the latter, it may be in obedience to the principle—**LIKE PREVENTS LIKE**. Being a question of prophylaxis, it cannot be classed in *any* system of *cure*. And that likes *are* prevented by likes, I could



adduce very many examples to show, did the narrow limits of this little treatise admit of it. Here it must suffice to differentiate between homœopathy and homœoprophylaxis, and to endeavour in a very general way to study a little the true nature of the latter as exemplified in vaccination and analogous facts such as Pasteur's inoculations.

"Giving a variolous patient vaccine pus, or lymph (vaccinum), wherewith to cure his small-pox, that is homœopathy, and we have ample testimony that it will thus act if given in refracted dose, and thus acting, it can hardly be other than homœopathic in such action. The law of similars is the groundwork of both; in the one case to prevent, and in the other to cure."

Again, page 121 :—

"Strewn about in literature there are examples of small-dose homœoprophylaxis; see Hahnemann's little essay on Belladonna, for example, at the very birth of Hahnemannian homœopathy."

So much for Dr. Proctor's mistaking my text for my sermon.

If I might make bold to tender him a little bit of advice it would be to read "*L'Histoire d'un Savant par un Ignorant*," and some of the "*Comptes rendus*" of the *Académie des Sciences* bearing on the subject of experimental preventive medicine, so that he may get a little beyond the very ancient use of *belladonna* in scarlatina.

With many apologies for occupying so much space,

I am, &c.,

J. C. BURNETT.

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## THE CYCLOPÆDIA OF DRUG PATHOGENESY.

To the Editors of the "*Monthly Homœopathic Review*."

GENTLEMEN,—The first part of the "*Cyclopædia of Drug Pathogenesis*," undertaken at the instance of the British Homœopathic Society and the American Institute of Homœopathy, will be ready about the time of the appearance of this letter in your pages. As no arrangements for its publication (in the ordinary sense of the word) have yet been made, will you allow me to state that members of the two Societies will receive their copies free; that single copies can be obtained by others on remittance of 2s. 6d. to the printer, Mr. Adlard, 22½, Bartholomew Close, London, E.C.; and that applications for larger quantities should also be addressed to him.

Yours very faithfully,

RICHARD HUGHES,

*British Editor.*

Brighton, February 18th, 1885.

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 NOTICES TO CORRESPONDENTS.
 

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

*Lectures on Cholera*, by Dr. Salzer.—We hope to publish a review of this book in our next number and report the delay which has already occurred.

Dr. REED.—The *Review* was in type before your letter arrived.

Reports of the Croydon and Plymouth Dispensaries are unavoidably postponed to our next number.

Communications, &c., have been received from Dr. BOTH, Dr. M'KEOWN, Dr. BURNETT, Dr. C. L. TUCKER, Mr. WYBORN, Mr. CROSS, Mr. B. NOBLE (London); Dr. HUGHES, Dr. BELCHER (Brighton); Dr. CROUCHER (St. Leonards); Dr. NIELD (Plymouth); Dr. HAYLE (Rochdale); Dr. PURDOM (Croydon); Dr. REED (Southampton); Dr. HEGENWALD (Meiningen), &c.

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 BOOKS RECEIVED.
 

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*On the Prevention and Rational Treatment of Lateral Spinal Curvature.* By Mathias Roth, M.D. London: Bailliere & Co., 20, King William Street, Strand.

*The Medical Annual and Practitioner's Index.* London: Henry Kimpton, 82, High Holborn.

*State Measures for the Direct Prevention of Poverty, War and Pestilence.*

By a Doctor of Medicine. London: E. Truelove, High Holborn.

*The Eye as an Agent in Causing Headaches and other Nervous Disturbances.* By Geo. S. Norton, M.D.

*Fifth Annual Report of the Society for the Prevention of Blindness.*

*First Annual Report of the Sussex County Homœopathic Dispensary.*

*Annual Report of the Hastings and St. Leonard Dispensary.*

*Annual Report of the Buchanan Cottage Hospital, St. Leonards.*

*The Western Daily Mercury.*

*The Homœopathic World.* London.

*The Hospital Gazette and Students' Journal.* London.

*The Chemist and Druggist.*

*The Monthly Journal of Chemistry, Pharmacy, &c.* London.

*The British and Colonial Druggist.* London.

*The North American Journal of Homœopathy.* New York.

*The New York Medical Times.* New York.

*The American Homœopathist.* New York.

*Homœopathic Journal of Obstetrics.* New York.

*The New England Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The United States Medical Investigator.* Chicago.

*The Medical Era.* Chicago.

*The American Observer.* Detroit.

*Therapeutic Gazette.* Detroit.

*The Medical Advance.* Ann Arbor.

*The Second Annual Announcement of Hahnemann Medical College, San Francisco.*

*Boericke & Tafel's Quarterly Bulletin.*

*Bibliothèque Homœopathique.* Paris.

*Allgemeine Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homöopathie.* Leipsic.

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

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE PHYSIOLOGICAL ACTION AND  
THERAPEUTIC USES OF *HYOSCYAMUS*.\*

BY ALFRED C. POPE, M.D.

THE *Hyoscyamus nigra*, or *henbane*, is found in much the same localities as the *belladonna*, viz., in waste and stony places in Central and Southern Europe, and in the neighbourhood of old castles and ruins in the south of England. It is a biennial plant of the natural order, *atropaceæ*, and flowers during summer; the proper time for collecting it is when it is partially in flower. A tincture is prepared from the herbaceous part of the plant. From the 3 x and upwards preparations of pilules and globules may be obtained.

*Hyoscyamus* is one of the drugs proved by Hahnemann at an early period of his investigations. The results of his experiments and researches are recorded in the first volume of the *Materia Medica Pura*, edited by Drs. Dudgeon and Hughes. In addition to these sources of our knowledge of the action of this drug some ninety-five cases of poisoning and experiments have been collected and arranged in *Allen's*

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\* Revised from a Lecture delivered at the London School of Homœopathy, Session 1881-82.

*Encyclopædia.* Dr. John Harley, in his *Old Vegetable Neurotics*, has an interesting chapter on the physiological action of this drug, though of less practical value than that on *belladonna* in the same work.

The action of *hyoscyamus* is almost exclusively of a cerebro-spinal character, and resembles very much that of *belladonna*, with, however, this very marked difference, that among the phenomena produced by *hyoscyamus* there are none indicating fever.

The phenomena of over-dosing or poisoning with this drug comprise dryness of the mouth, headache, excitement with insomnia, delirium, mania, exhaustion, convulsions, apoplexy, and paralysis. They occur much in the order in which I have named them.

The kind of headache that *hyoscyamus* gives rise to is marked by a sense of confusion, with vertigo, and by frontal pressure. The vertigo amounts to faintness, is felt especially when walking, the pupils become dilated, and vision cloudy. One of a Committee appointed by the Royal Society of Physicians in Vienna to make some experiments with this among other drugs describes his symptoms as follows:—"Giddiness and reticulated vision, with painful headache on the right side, soon followed by prickly sensation in the arms, and thereafter viscid perspiration on them." There is also a sense of heat, and throbbing in the head. Dr. Keil, who made some experiments with large doses (*Allen's Encyclopædia*) had a severely throbbing headache which awoke him during the night, with violent throbbing in the carotids; the pain disappeared during the sleep which followed. This throbbing is most marked and frequent in the frontal region. A sense of pressure is present in some instances in the occiput.

Following on a headache, indicated by such symptoms as I have related, or, if the dose taken is a large one of a good preparation, a restless suspicious form of excitement occurs. Dr. Macfie Campbell (*Lancet*, 1874, vol. ii., p. 797) relates a case where a gentleman, about sixty years of age, took an overdose of a mixture containing *hyoscyamus*—the amount of the *hyoscyamus* swallowed was about six drachms of the tincture. Three hours later "he became excited and incoherent in his speech, wandering purposelessly about the house, muttering and touching things as though suspicious of those about him. He then lay down upon a

sofa and appeared drowsy, but very restless." His wife not recognising the cause of this condition, gave him a dose of the mixture with which he had already so liberally supplied himself. This time he took a drachm-and-a-half of the tincture. "He became delirious; saw policemen coming into the house; heard them speaking about him in the hall; his face became flushed, his hands were constantly in motion, seemingly trying to rub his face or brush something away. He was very irritable and constantly muttering to himself." When Dr. C. saw him, two hours later, he found his face and neck flushed, swollen, and dry; extremities cold; pulse small and rapid; pupils slightly dilated; tongue and mouth parched; breathing natural. He appeared drowsy, but restless, constantly shifting his position. He did not attempt to answer any questions, but occasionally muttered a few disjointed words."

Again, the kind of delirium excited by *hyoscyamus* is very well portrayed in a case reported by Dr. Covert in *The Transactions of the New York State Homœopathic Society*, 1878, where a young child was poisoned by eating the seeds: "He was delirious, but easily controlled, could not understand questions when asked, and would answer yes or no; delirious most of the time, and would answer and seem to know for a moment, and then would commence his strange actions—working and clutching of his hands, would strike his attendants; his movements were very quick, it was with difficulty that they could hold him on their laps. Two hours later he was greatly excited, talking about everything; could not fix his attention upon anything, or be held; at one time he is on the floor, watched by those in attendance; at another he wants to fight; he closes his hands and strikes at his attendants, and attempts to bite; at intervals he would sing, and at times would burst out laughing; when anything is offered him he clutches hold of it with both hands greedily. Four hours later the slightest opposition excited him. It was another twelve hours before he became quiet and disposed to rest."

But beyond this, again, *hyoscyamus* gives rise to well marked mania, of which the two following extracts from reports of cases of poisoning, the first of which arose from eating the roots of the plant, was reported in the *Berliner Medicinische Zeitung*, 1836, are good illustrations:—"She danced, ran about the room, and attempted to take hold of different objects without being able to grasp them; she

stared vacantly about her, and did not hear a reply to any questions ; it required several persons to hold her in bed." Again, in another case, reported in the *Brit and For. Med. Chir. Review*, 1857, p. 399. This woman who had eaten soup made with the plant, began to laugh, dance and run around the room, and grasp at things which usually she never touched ; she stared at the bystanders, heard nothing, and answered no questions ; several men were unable to make her drink or lie down. Her face was pale ; pulse rapid ; free respiration ; dilated pupils, and there was great injection of the capillaries of the eye. This madness lasted till the next day, with complete sleeplessness ; the vertigo, stupefaction, and incoherent ideas lasted for several days.

In some cases, obscene acts and words have been noted as characterising the mania ; in others there is great quarrelsomeness with attempts to bite and scratch. These symptoms of mental disturbances have been generally followed by loss of memory and mental weakness.

Closely homoeopathic as *hyoscyamus* therefore is to some forms of acute mania, it is nevertheless not unfrequently used, especially in the form of *hyoscyamine* in the lunatic asylums of this country in this disease. Dr. Lawson, of the West Riding Asylum has, in his medical reports issued from that institution and in the *The Practitioner* for July, 1876, defined the kind of mental disorder in which it is useful, as clearly as any homoeopathic physician could do.

Dr. Hayward, of Liverpool, (*Brit. Journ. Hom.* vol. xxxv., p. 164) records the following interesting case of mania, in which *hyoscyamus* perseveringly used was completely successful in curing the patient. He was a gentleman, about fifty years of age, who had for some years entertained groundless suspicion that he was being watched by the members of a family with whom he had had some misunderstanding. This notion gradually increased upon him, until he resorted to devices to preserve himself—such as dressing in different clothes every day to avoid recognition ; ultimately, with the same object in view, he sailed for Bordeaux. During the voyage he became so strange in manner that the captain told off two men to watch him. On arrival at Bordeaux, two physicians who saw him desired his removal to an asylum. Two attendants were procured, and he was brought home, being kept under the influence of morphia and chloral during the voyage.

Dr. Hayward saw him on the evening of the day of his arrival at home, and remained with him two nights and a day. He was in bed, and recognised Dr. Hayward, but immediately went off into delusions. Half a drop of the 1st decimal dilution of *hyoscyamus* was given to him every hour. During the night he had very little sleep, and kept uncovering and exposing himself and committing many other insane acts, but he was not unmanageable. Next morning and forenoon the medicine was administered every two hours only. During the day, he committed many insane acts, and made many insane observations. He was continually counting, at one time in French at another in English, and at another in both languages; he was also continually fixing himself to correspond with the points of the compass, and looking through his fingers; also tracing the pattern of the carpet with his feet, and twisting his legs till he nearly fell down; also grasping at imaginary objects; watching his relations suspiciously and imagining he might be poisoned; talking to himself, &c.

After a midday dinner, he was persuaded to go to bed, and he slept quietly for three hours; after this the medicine was given only every three hours. During the next night he slept well at intervals, did not uncover himself, and on the following morning was much less insane. The medicine was continued five times a day. He slept well the next night and after the third day of treatment he was not so insane as he had been two months before, and the attendant was discharged. He rapidly improved in mental health and in less than three weeks from the day of his return home he was almost fit to return to business.

This you may regard as a very characteristic case of the kind of mania to which *hyoscyamus* is homoeopathic.

In some cases of nympho-mania and that which is puerperal many of the symptoms are similar to those produced by *hyoscyamus* and in both you will find it a useful medicine.

Dr. Worcester (*Lectures on the Treatment of Insanity and Kindred Nervous Diseases*, New York, Boericke and Tafel, 1882.) writing of *hyoscyamus* says:—"This remedy is most efficacious in mania of hysterical females, characterised by excessive talkativeness and inclination to laugh or sing; or puerperal mania with sexual excitement; in cases refusing to eat from fear of poison, it seldom fails to remove the delusion." Page 160.

The introduction of *hyoscyamine* into the resources of our lunatic asylums, while it has unquestionably done great good, has not altogether been free from danger. In the first place, the active principle of *hyoscyamus* is evidently a very uncertain preparation. As much as 3-4ths of a grain has been injected hypodermically with but slight apparent effect, and so small a quantity as the 1-40th has in others produced serious and almost fatal results. But, secondly, the chief evil, that which more than anything else jeopardises its position as a curative agent, is the idea that acute mania is a concrete disease and that if useful in one case it will probably be so in another, and hence it is given in all, until the many failures to do good are remembered, while the instances of its being followed by advantage are not only not examined, not studied and compared with those where it proved useless, but they are forgotten altogether. It is not in all cases of mania that *hyoscyamus* is useful, but only in those which present phenomena like the symptoms presented in cases of poisoning by it. In such it is not only useful but safe. *Hyoscyamine* is unnecessary, the 1st cent. 1st. decimal, or one or two drops of the pure tincture are amply sufficient for a dose.

In the symptoms arising from *hyoscyamus* which I have detailed to you, you have a picture not only of acute mania in some of its manifold forms, but of the kind of delirium frequently met with in typhus fever and typhoid states. In the delirium of true typhus, it has proved a most valuable agent in moderating it. You will have noticed that there is no excitement of the circulation associated with the *hyoscyamus* as there is with the *belladonna* delirium. There is some injection of the conjunctiva and some flushing of the face in the first instance, but it speedily gives way to paleness and a haggard expression of countenance. At the same time we find coma, vigil, and muttering delirium.

In the delirium of parturition, of which obscene acts and words often form such prominent features, *hyoscyamus* is a well indicated and valuable remedy.

So, too, in delirium arising from cerebral exhaustion or "brain fag" of an aggravated type, it has proved useful. The late Dr. Bayes gives the following report of a case where it had been of great service.\* This patient showed

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\* *Applied Homœopathy.* By W. Bayes, M.D. P. 103.



a complete loss of sense ; urine passed unconsciously into the bed ; delirium coming on with occasional fits of excitement, in which he tears at the bed clothes, attempts to fling off everything, then makes the movement of writing with his hand, and calculates aloud for hours (he was a banker's clerk) ; afterwards he falls asleep for some hours, waking with fits of excitement." Half drop doses of the pure tincture were given.

In delirium tremens it is a medicine that will be frequently indicated. The case of poisoning I have quoted from Dr. Campbell's paper in the *Lancet* was when seen so like one of delirium tremens, and the patient's habits were known to be calculated to give rise to the disease that his medical attendant on first seeing him regarded it as such. The illusions which in other cases have been produced by poisoning with *hyoscyamus* remarkably resemble those of delirium tremens. Among them are such as the following : " momentary listening to imaginary sounds ;" " the people in the room appear to assume grotesque appearances."

Another phase of disease of the central nervous system is simulated in the following group of symptoms presented by a man who had eaten the roots after they had been cooked. It was originally reported in *Gaz. des Hôpitaux*, 1854. He fell in a state of unconsciousness, the whole body being stiff, like a piece of wood, the face pale, eyes closed, pupils dilated, conjunctiva injected, anterior cervical muscles so much contracted that he found it impossible to lay his head back upon his pillow ; his pulse was small, thready, and rapid ; respiration stertorous and extremely difficult, with apparent spasms of the pectoral muscles. If, at the same time, you remember the power of *hyoscyamus* to cause muscular twitching, tremors, and jerking—you will see in its action a marked resemblance to some cases of multiple—sclerosis of the brain, in which the symptoms are those both of apoplexy and epilepsy—epileptiform apoplexy they are sometimes termed.

Paralysis of the tongue has been observed several times, as a consequence of *hyoscyamus* poisoning. Three soldiers, for example, who had been poisoned by eating a salad of which the roots of the plant formed a part, "felt their tongues paralysed, and their throats so constricted that they were obliged to remove the last mouthful with their fingers."

Complete paralysis of the extremities has been noticed in two cases, but weakness and stiffness of them, together with other indications of central irritation, are numerous in all severe cases of poisoning. These are of every variety, from simple tremor of the muscles, up to tetanic rigidity. The most frequent phenomena of this class are twitchings and jerkings in the muscles of the face, and in those of the extremities. Of two girls who had eaten the seeds (*Med. Chir. Review*, vol. xx., p. 205,) the observer says: "the hands and feet were every now and then twitched with convulsions, and so strongly did they struggle that it was no easy task to restrain them, or take anything away from them that they took hold of."

Symptoms of this class suggest *hyoscyamus* as a probable remedy in epilepsy and in chorea. In both kinds of disease, however, it is only in their earlier stage, or in their acute forms that *hyoscyamus* is likely to be of much avail. In the puerperal epileptiform convulsions, for example, it is often clearly indicated and proportionably useful.

Again in some instances of localised choreic movements in children, such as squinting, stammering or twitching of the face, it has been prescribed with advantage.

Finally, Hahnemann drew attention to the similarity between some cases of poisoning with *hyoscyamus* and some instances of hydrophobia. Among the symptoms characteristic of the former which warranted this suggestion, are those of considerable mental and moral excitement; incoherent and constant talking; great fear, restlessness, depression of spirits and disposition to quarrel; dryness, sense of constriction and burning heat in the throat, with difficulty of swallowing and frequent hawking of mucus; a dread of drinking water, but at the same time great thirst and a desire for water. In one instance where this was the case (*Edin. Med. Essays*, vol. ii., p. 249), when the patient succeeded in swallowing fluid, convulsions sometimes followed, and he failed to recognise those around him. Slight convulsive movements, now in the upper and now in the lower extremities; sleep is either absent, or full of dreams about wild animals springing at him.

These symptoms correspond pretty closely to those observed during the second stage of hydrophobia, just as those of *belladonna*—with its marked febrile action—do to those of the first; and, as we shall see on another occasion, those of *stramonium* do to the third, where the convulsive

action is more prominent, and the delirium becomes more violent.

Two well marked cases of hydrophobia are recorded in *The British Journal of Homœopathy*, as having been cured, one under the care of the late Dr. Leadam, where *bellad.* and *hyoscy.* were the principal medicines used ; and one under that of the late Dr. Ramsbotham, where, with the exception of a single dose of *lachesis*, *belladonna* was the only remedy employed. Both cases were sufficiently well marked to prevent any doubt being entertained as to the nature of the disease. Dr. Ramsbotham's patient was seen early, and *belladonna* was all sufficient. In Dr. Leadam's the second stage was already fully developed when he was called in.

Now, though the *a posteriori* evidence in support of the curative power of these medicines is slight, yet, in a disease like hydrophobia, which Dr. Bristowe dismisses as necessarily fatal, and therefore we may conclude as one in the treatment of which we are justified in abstaining from all drug treatment, one from which 395 deaths were registered as having occurred between 1870 and 1877 in this country, and with a principle of drug selection such as the law of similars, one of the utility of which there is such an abundant testimony in other forms of disease—you are, I think, more than justified in relying upon it in selecting your medicines, should a case of hydrophobia come under your care ; and, according to the stage and indication of the particular case, prescribing the homœopathic remedy. Nothing can well be worse than the results hitherto obtained by the resources of traditional or empirical medicine—homœopathy furnishes you with, I think, a fair chance—and you would be unwise not to take it.

Such, then, are the chief indications for the use of *hyoscyamus* as suggested by its action on the healthy and confirmed by clinical observation.

There are just two other conditions in which it is indicated homœopathically to which I will allude.

It is so in some forms of cough. The kind of cough, as the symptoms it gives rise to shows, is one where, with a good deal of mucus in the throat, a dry cough comes on at night, waking the patient up after he has fallen asleep. It is relieved by sitting up, reappearing again on lying down. There is little or no expectoration. It is a cough dependent upon irritation of the nervous supply—not one

arising from a catarrhal or an inflammatory state of the mucous membrane.

*Hyoscyamus* also excites irritability of the bladder, as is evidenced by frequent micturition, especially at night. The late Dr. Chapman (*Brit. Journ. of Hom.*, viii., 230) records a case of slightly enlarged prostate in a gentleman of 70 years of age, where the patient was obliged to rise in the night so frequently that his rest was broken to a degree that made him miserable, in which he directed a suppository of five or six grains of the extract of *hyoscyamus* to be introduced into the rectum at bedtime. The local irritation was, he says, removed, and he was able to do without the suppository in two or three weeks.

The *Pharmacopœia* directs us to prepare our tincture as I have told you from the leaves, flowers, and stems of the plant, but I cannot avoid thinking that as a very large proportion of the symptoms arising from *hyoscyamus* have been occasioned by eating the root, a much more efficient preparation might be produced from it.

As to dose the 1st dec. and 1st centes. are those I have mostly used. I believe they are the dilutions very generally employed in homœopathic practice.

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## THE TREATMENT OF WRITER'S CRAMP.

By DR. ROTH.

THE paragraph regarding writer's cramp, which appeared in the March number of this *Review* quoting an extract from a paper on this subject, published in *The British Medical Journal* by Dr. de Wattville, and subsequently inserted in *The Times*, announcing a *new* and successful cure for writer's cramp, must be my apology for writing these notes. The editor's kind appeal to give some account of my treatment has been an additional inducement to me to prove that Dr. de Wattville is wrong in believing Wolff's treatment to be *new*, and that all writer's cramps are curable; only those caused by local morbid conditions are so.

As neither Mr. Wolff, nor any of the eminent medical men who gave him testimonials have published an account of his practical treatment, only mentioning that it is based

on gymnastic exercises and massage, the profession can merely judge of the results. I regret that all these celebrities have neglected their duty by not giving a minute description of Mr. Wolf's practice, and thus teaching the profession how to cure the complaint.

There should be *no* secret in medicine, and I hold with Paul Louis Courier "that it is a duty to make known whatever you believe may be useful to others." Several years have passed since the so-called *new* cure of writer's cramp was originally practised, but the medical world remains as ignorant of the method as before.

My treatment is based on Ling's scientific system of Kinesi-therapeutics; but I have neither seen nor read any details of the scientific application of manipulations and movements in the treatment of writer's cramp. Therefore I *alone* am responsible for the treatment I am advocating, as one which has proved successful in several cases.

Writer's cramp may be defined as an affection of the arm, hand and fingers, preventing the patient from writing at all, or from writing more than a few lines at a time. Certain groups of muscles, or single muscles, in the forearm and hand are either too weak, or spasmodically contracted, and being so, prevent the steadiness of the forearm and hand, or the steady holding of the pen. There are several varieties of this affection, depending on the weakness or cramp of various single muscles, or groups of muscles, the normal action of which is interfered with by a state of irritation of the nerves, an irritation which may be produced by either a local affection of the nerves, or a disorder of some part of the brain or spinal cord. The general constitution of the patient may be either strong and healthy, or the contrary. Accordingly as the causal irritation of the nerves is central or local, the disease is divisible into two classes, of which that produced by a local affection is curable, while the other, arising from any disturbance of the centres of the nervous system, is incurable, except when the central cause can be removed.

The treatment described in the following pages, refers only to the class of curable writer's cramps. Not only writers, but pianists and other musicians obliged to make use of their hands and fingers for a protracted period, but also persons engaged in milking cows, or in occupations obliging them to make use of their fingers and hands for

a long time, are frequently liable to an affection similar to writer's cramp. In all cases a thorough examination is necessary in order to find out whether a central or local cause produces the mischief; further, all movements of the fore-arm, hand and single fingers must be carefully gone through; the power of placing the thumb in opposition to every single finger; the power of holding and pressing possessed when finger and thumb are so opposed; the rotary movement of the elbow, wrist, and first finger joints must be examined while done in opposite directions and the mode of holding a piece of chalk, a pencil, a pen—both steel and quill—must be watched. By a similar searching inquiry into all movements, as well as by pressure, percussion of every single part of the fore-arm, hand and fingers, it will be possible to find out the abnormal state of every single part, and whether any nerve, or branch of a nerve, or any other spot is painful or sore. The state of the arm and hand with regard to its temperature, its nutrition, circulation, sensation and power must be minutely observed.

After such a searching examination it will be found that certain positions and movements can only be kept up by a great intensity of will, and even then very imperfectly, and the parts will be found to tremble and shake, or to contract spasmodically. These few remarks will suffice to show the different modes of examining the patients, in order to find out which parts contribute to cause this painful state.

There are some specially *bad positions* of the arm and of the hand *while writing*, and amongst the bad modes of holding the pen I will merely mention a few instances. Instead of holding the pen between the thumb and middle finger, with the fore-finger gently placed in a semi-extended position on the pen, many writers press very

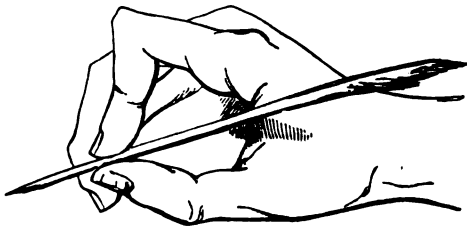


Fig. 1.

strongly on the pen, either with the thumb, thereby causing an indenture on the side of the middle finger, or they press very hard on it with the fore-finger, which causes the second joint to form a right angle and the third to form an obtuse angle on the back of the pen, as shown in fig. 1. Again, instead of gently supporting the writing hand on the little finger in the longitudinal direction of the fore-arm, many persons curve the wrist with convexity of the back of the wrist and hand, as seen in fig. 2 ; instead of writing in the

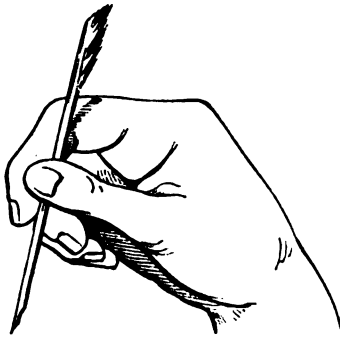
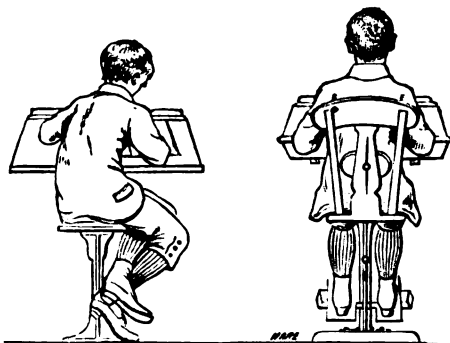


Fig. 2.

usual way from the left-to the right and from below up, they write straight up and down ; and instead of using merely the fingers, they move the whole hand and partly the fore-arm. The position of the body while writing should admit of the back leaning on the chair, both fore-arms supported on an inclined desk, which can be moved towards the body, while the paper is placed obliquely from left to right. In the majority of cases, children are still taught to place the paper straight before them, and slightly opposite to the right half of the chest, their body is thus twisted into an unnatural position, and it throws a great part of its weight unnecessarily on to the right fore-arm. The illustrations will give an idea of some good and bad positions taken up in writing and playing the piano.

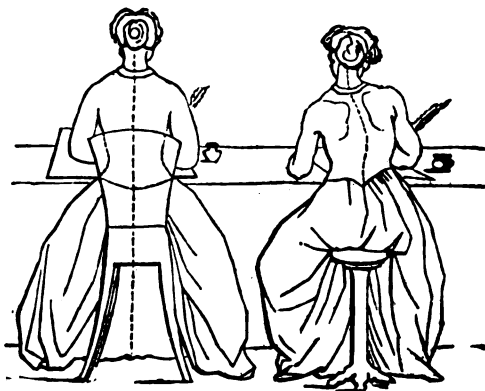
Besides the bad positions of the hand in holding the pen there are many bad positions in which the body is placed

while writing which also contribute to a pre-disposition to writer's cramp.



Figs. 3 and 4.

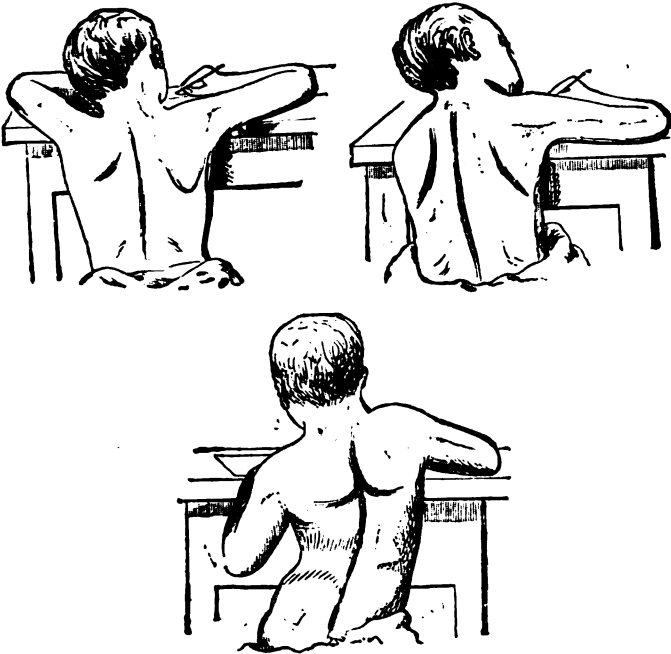
Figs. 3 and 4 illustrate good and bad positions of boys writing.



Figs. 5 and 6

Figs. 5 and 6 represent girls writing in a good and bad position.





Figs. 7, 8, 9.

Figs. 7, 8 and 9 show bad positions of boys writing at a high table. A much larger number of illustrations would be required to show the numerous bad positions in which people



Fig. 10.

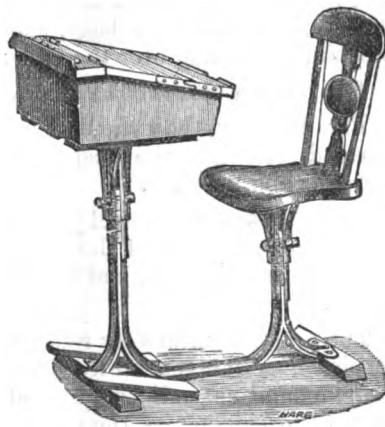


Fig. 11.

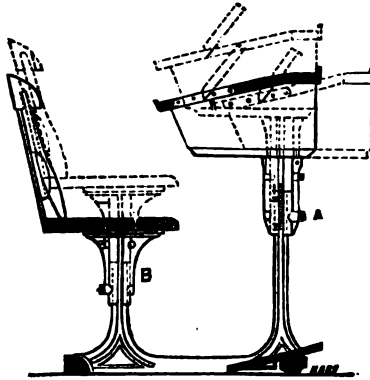


Fig. 12.

usually write. Therefore I have added figs. 10, 11 and 12 in order to show how these bad positions can be prevented by encouraging the writer always to lean back in the chair, and to draw the writing table or desk to the body instead of leaning forwards and bending the body towards and on to the table. The chair in which the height of the seat corresponds with the length of the legs (from foot to knee), the depth of the seat with the length of the thighs, and the height of the back of the chair with the length of the figure. There is a movable convex pad fitting into the lumbar curve, while the concave part at the top of the chair permits the shoulders to rest; the whole body is at rest, and no effort is required to sit up; the desk being movable is brought close to the body, and there is no necessity for stooping or leaning over the table.

Fig. 11 is a school chair and desk.

Fig. 12 shows how the desk and seat can be raised and lowered, also how the desk can be moved horizontally forwards and upwards.

These observations will suffice to call the attention of practitioners to some of the causes contributing to weaken the fore-arm and hand, and thus to pre-dispose to writer's cramp.

The practical means for relieving or curing this affection consist first, in a general hygienic treatment. All occupations, mental as well as physical, which tire the patient must be forbidden; as the work of the hands and fingers

depends in a great measure upon the power of the shoulder joints and upper arm, as well as upon the elbow joint, it is desirable to strengthen these parts.

The movements used in the treatment are divided into five classes :

1st. Passive, that is manipulations and movements done by the surgeon on the patient's arm, while the latter is doing nothing, in fact is in a perfectly passive state.

2nd. Active movements, in which the patient is assisted by the surgeon, while he himself tries to do the movement.

3rd. Active movements, done by the patient alone.

4th. Active movements, with the resistance of the surgeon. Here the surgeon tries gently to resist the active movement of the patient, who endeavours to overcome the impediment caused by the resistance opposed to his action.

5th. Active movements, in which the patient tries to retain the prescribed position and resists the surgeon, who endeavours to change it ; thus, when the patient is told to bend his elbow, his wrist, or any finger, the surgeon tries gently to produce an extension, or, when the patient is told to stretch some joint, the surgeon endeavours to bend it, while the patient is constantly exerting himself to do the reverse.

Besides these five classes of movements and manipulations a very important factor in the treatment is *the influence of the patient's will* to act on any part in the manner prescribed by the surgeon ; the 2nd, 4th, and 5th class of movements just mentioned are most useful and important for this purpose.

In my monograph on *Infantile Paralysis* I described the mode of and the details for inducing the patient to use his will ; at a later period, 1880, in a paper on "*The Influence and Use of the Will in the Treatment of many Spinal Deformities,*" I also dwelt on this subject.

Those interested in the treatment of writer's cramp I must refer to these two pamphlets, which will enable them to act as prescribed when dealing with this complaint.

Amongst the additional means of treating a patient, the mode of holding a pen in the natural way, the positions

most suitable for the hand, fore-arm, and the body must be taught.

In some cases alternate shower or rain douche, baths of hot and cold water are useful for strengthening the whole arm and hand.

The following are some of the manipulations used for friction, extension, percussion, kneading of the muscles of the arm, hand, and fingers :

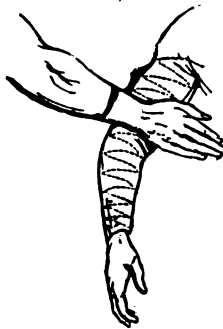


Fig. 13.

Fig. 13. Longitudinal arm striking.

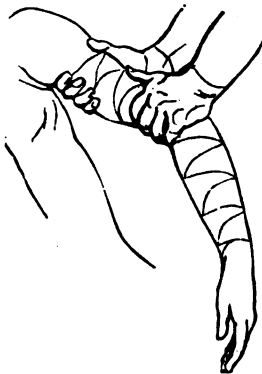


Fig. 14.

Fig. 14. Fulling.



Fig. 15.

Fig. 15. Kneading of arm and hand.

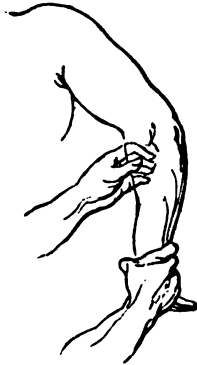


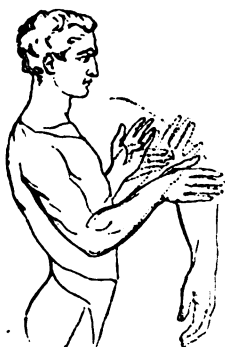
Fig. 16.

Fig. 16. Kneading of a single muscle.



Fig. 17.

Fig. 17. Vibration of arm and hand.



g. 18.

**Fig. 18.** Percussion of arm and hand.

Fig. 19.

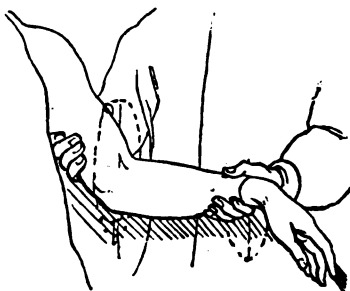
**Fig. 19.** Passive rotation of the hand.

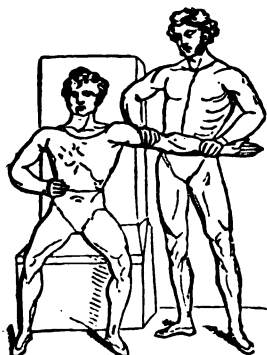
Fig. 20.

**Fig. 20.** Rotation of arm.



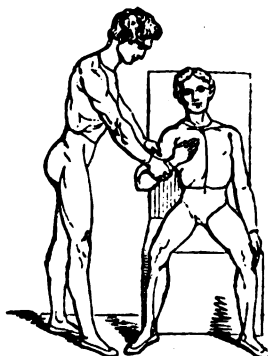
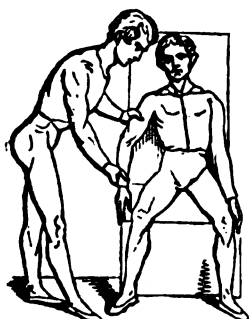
Fig. 21.

Fig. 21. Flexion and extension of the hand.



Figs. 22 and 23.

Figs. 22 and 23. Fore-arm—flexion and extension.



Figs. 24 and 25.

Figs. 24 and 25. Arm extension.

The few illustrations above described give some idea of the various manipulations and movements required at the beginning of the treatment. A hundred additional illustrations might be added without exhausting the number of manipulations which might be used; the same manipulation or movement can be used on various parts, while the arm is placed at different levels; one or two or more joints are either bent or stretched; they are done either by the patient or with resistance on his part or on the part of the surgeon, modifying in various modes the effects which can be produced. In my *Handbook of the Movement Cure* minute details are given how to apply the various manipulations and movements.

(To be continued.)

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## LONDON HOMŒOPATHIC HOSPITAL. — CASES OF TYPHOID FEVER.

Under the care of Dr. J. GALLEY BLACKLEY.

### Case I.

*Benign Typhoid, uncomplicated, lasting twenty-two days.  
Treated with Bryonia and Arsenicum.*

SARAH B—, æt. 21, domestic servant, admitted July 23rd, 1883, stating that she was seized a week ago with pains in the head, followed by aching in the back and limbs. Has been living in a house where a child is laid up with "fever." Bowels have not been opened during the week.

*On admission.*—Temp. 96.6°, pulse 108; tongue furred, moist, no abdominal tenderness or pain in joints. Heart and lungs normal. R̄ *Baptisia* φ, gtt. j, tert. hor. (prescribed by the house surgeon). Diet, milk ad lib. Evening temp. 104.6°. A tepid compress on abdomen.

July 24th.—Temp. 103.2°, pulse 104; bowels have acted twice after an enema, second stool loose and "pea-soupy." Tongue moist with irregular flakes of white fur. Abdomen tumid, but not specially tender. One faint rose spot visible. Slight moist cough occasionally. R̄ *Bry.* 1x, gtt. j, 2dis horis. Milk diet to be continued. Evening temp. 102.8°.

25th.—Morning temp. 100.0°; six small pea-soupy stools passed during the twenty-four hours. A second spot visible



on the abdomen this morning. Vomited several times during the night, but slept fairly during the intervals. Evening temp. 102.8°. To have koumiss in place of the milk.

26th.—Morning temp. 101.8°. Five stools. Tumidity of abdomen less marked; no pain or gurgling, and but little tenderness on pressure; slept well and has not been sick since taking the koumiss. Still coughs slightly. Evening temp, 102.8°.

30th.—Temp. 100.2°; two stools, loose; tongue cleaning along the edges, furred down the centre. Perspiring freely. No fresh spots have appeared. No tenderness or tumidity of abdomen. R. *Ars.* 3x, gtt. j, tert. hor. Evening temp. 102.4°.

August 2nd.—Morning temp. 98.6°; pulse 88. Last stool passed at 3 p.m. yesterday, partly formed. Koumiss to be discontinued, arrowroot and well-boiled rice to be substituted; 4 oz. of port to be given daily. Continue *Ars.*

7th.—Temp. normal night and morning. Bowels constipated.

25.—Out of bed. Was allowed some solid food with 2 oz. only of wine; and on the 27th was put on the regular "1st diet" of the hospital.

September 10th.—Discharged cured.

*Remarks:* This case calls for no special comment, the only complication being the vomiting, which was promptly checked by the substitution of koumiss for the milk.

## Case II.

*Benign typhoid of the constipated type; duration twenty-nine days; medicines used Bryonia and Arsenicum.*

Emma C.—, æt. 44, housemaid, admitted August 30th, 1883. Says she was suddenly seized nine days ago with pains in the head and back, accompanied by nausea and shivering, and followed by "violent heat." Since then the bowels have been constipated and the urine high-coloured and scanty.

*On admission.*—Temp. 99.2°; pulse 80; tongue dry, dark brown and tremulous. Says menses have not appeared for three months past. Has still considerable pain in the back. No abdominal tenderness or spots. Heart and lungs normal. Passed one loose stool immediately after her arrival. R. *Ars.* 3x, gtt. j. and *Bry.* 1x, gtt. j, 2dis

horis alt. A tepid compress to be applied to the abdomen. Diet, milk and beef tea. Evening temp. 102.2°.

August 31st.—Morning temp. 99.8°; tongue same as yesterday. Bowels open. Passed 16 oz. of high-coloured urine; sp. gr. 1040; contains a trace of albumen. No abdominal tenderness or spots. Complains of great lassitude. Evening temp. 101.2°.

Sept. 5th.—Temp. last night, 100.8°; this morning, 99.4°. Tenderness on pressure (for the first time) to the right of the umbilicus. Bowels not open for four days. Tongue cleaning. Sleeps well. Evening temp. 101°.

12th.—Morning temp. 100.4.; tongue dry; bowels moved after enema; stool loose and typhoid in character. Abdomen and chest covered with rose spots, somewhat larger than usual. Perspired freely during the night. Evening temp. 101.6°.

17th.—Morning temp. 99.6°. Tongue less dry; bowels moved now two or three times daily, stools small and loose. No abdominal pain or tenderness. Sleeps well, but perspires profusely during sleep. Omit *Bry.*, continue *Ars.*; to have arrowroot in addition to milk and beef tea.

20th.—Evening temp. 98.4°.

21st.—Very weak; perspires profusely both night and day. R; *China* 1x, gtt. j, tert. hor.

22nd.—Morning temp. 97.4°.

25th.—Temp. below normal night and morning. Allowed fish.

October 1st.—Chop and 4 oz. of port.

3rd.—Bowels still constipated, otherwise feels quite well. R; *Sulph.* 3, gr. ij, t. d.

10th.—Discharged cured.

*Remarks:* This case might safely have been treated with *Bryonia* alone in the early stages. *Arsenicum* was prescribed by the house-surgeon on admission, on account of the state of the tongue.

### Case III.

*Benign typhoid; temperature normal on twentieth day; medicine used, Arsenicum and Bryonia.*

Emily J—, æt. 19, general servant, admitted September 21st, 1883, complaining of loss of appetite, constipation, severe headache, pains in the limbs, and want of sleep for several days past.

*On admission:* Temperature was 100.4°, pulse 112; tongue furred in the centre, red at tip and edges. Skin

dry. Some tenderness over right iliac fossa, no spots or distension. Says she passed a constipated stool just before admission. Cardiac dulness slightly increased, systolic bruit heard at apex and in pulmonary area, second sound reduplicated.  $\mathcal{R}$  *Arsen.* 3x, gtt. j. 2dis horis. Milk ad. lib. Evening temp. 100·6°

September 22nd.—Morning temp. 99·6°, pulse 112. Slept very little. No action of bowels; has passed no urine for twenty-two hours. Evening temp. 101·6°.

24th.—Temp. 100·6°, pulse 108. Slept well. Is perspiring slightly; passed a large loose stool last night. Evening temp. 101·8°.

26th.—Temp. last night 102·4, this morning 101·8°, pulse 104. Slept well. Complains of pain in chest and back, but not in the limbs. Some pain on pressure in right iliac fossa, and distinct gurgling present. No stool for three days past.  $\mathcal{R}$  *Bry.* 1, gtt. j, omni horâ. Evening temp. 101·4°

27th.—Morning temp. 101·6°, pulse 100; complains of sharp pains in chest on inspiration. (No frotement to be heard.) Passed two typhoid stools last night.

29th.—Temp. 101°, pulse 100; sleeps well. Four loose stools passed during the last twenty-four hours. Tongue furred in centre, clean at tip and edges. Omit *Bry.* and return to *Ars.* To have brandy 3 oz. daily, and beef tea in addition to milk.

October 1st.—Six small stools; still complaining of some pain in the chest. To have *Ars.* and *Bry.* in alternation.

8th.—Temp. normal. No stool for the last forty-eight hours.  $\mathcal{R}$  *Bry.* 1x, gtt. j, 4tis horis.

15th.—Was up yesterday for half an hour. Omit all medicine. To have tea and bread and butter.

26th.—Discharged cured.

*Remarks:* The special point of interest in this case is the fact that, in spite of the mildness of the symptoms throughout, temperature did not reach the normal point before the twentieth day.

#### Case IV.

*Admitted about middle of sixth week. Complications; emaciation; low delirium; bronchitis; abscesses. Medicines used: Arsenicum, Hyoscyamus, Ipecacuanha, Hepar, and Silica.*

Mary Ann C—, æt. 41, single, admitted October 26th, 1883, sent to me by Mr. Black Noble, who has kindly

furnished me with the following brief account of her symptoms before admission :—

“Ordered to bed on September 23rd, when her temperature was 103·5°. Had done most of the nursing of her brother, æt. about 9, and her sister, æt. 13, the former just recovered from typhoid, and the latter still ill. Had been feeling ill for a few days, but made no complaint till now. She went through the usual stages of the fever, but her progress was slow and far from satisfactory, owing to the defective sanitary condition of the house and to bad nursing combined. She was kept throughout upon slop diet, and the medicines she had most of were *Ars.* 3x, and *Bell.* 1x. The bedsore was attributable to carelessness; about a week before her admission to the hospital she several times urinated involuntarily, and remained for several hours unattended to. Under my treatment four weeks and five days.”

*On admission* : was found to be terribly emaciated, with a small bedsore over the sacrum. Abdomen much retracted; no pain on pressure or gurgling; no diarrhœa. Tongue tremulous, densely coated with white moist fur. Chest resonant; respiratory sounds hoarse. Slight mitral systolic bruit heard over apex of heart. Thyroid gland enlarged and indurated. Hearing and mental faculties obtuse. Low muttering delirium, both asleep and awake. Picks her lips and the bed clothes when awake. Temperature at 5 p.m., 101·4°; at 8 p.m., 103·8°. To have *Bell.* 1x, gtt. j, p. r. n. during the night. Nourishment to consist of Benger's Self-Digestive (pancreatized farinaceous) Food with milk.

October 27th.—Temp. at 7.30 a.m. 99·4°. Slept very little, and talked during sleep. One small semi-solid motion passing during the night. R. *Ars.* 1, gtt. j, 4tis horis, and *Hyos.* 3x, gtt. j, occasionally at night in place of *Bellad.* Evening temp. 102·2°.

28th.—Had a much better night. Temp. 99°; pulse 116; respirations, 35. Tongue still densely coated. Passed 44 oz. of urine. No action of bowels. Evening temp. 101·6°.

30th.—Temp. 98·6°; pulse 100; resp. 28; two formed stools passed during the night. Slept well, but talked rather more in sleep. Evening temp. 98·8°.

November 8th.—Temp. normal night and morning; pulse 99, gaining in strength; resp. 35. Moist râles, heard over both apices in front; clear percussion note back and

front. Has slight loose cough but no expectoration. Bowels have acted once a day for several days past, stools being solid or semi-solid and light in colour. Emaciation still extreme. R̄ *Ipec.* 1x gtt. j, tert. hor. and *ol. morrh.*, ʒij., after dinner. To have rice (boiled to a jelly) with milk.

12th.—Cough troublesome, causing pain in the enlarged thyroid. Bowels constipated. Complains of feeling faint. Gaining flesh. Pulse 122, compressible. To have farinaceous diet, with milk ad lib., and cocoa for breakfast; and 4 oz. of port per diem.

16th.—Pounded meat. Bedsores healing.

19th.—Had an abscess over right scapula, which was opened and 6½ oz. of laudable pus evacuated. General condition still improving.

23rd.—Was given a little chicken, and on the following day chop and *café au lait*.

The abscess over the scapula was followed by one in the axilla and one over the dorsum of the left foot. For these she received *Hepar s.*, followed after some days by *Silica*. The patient sat up in bed for the first time on Dec. 3rd (the bedsores being now quite healed), and although still much emaciated, was discharged cured on Dec. 14th. The latest accounts of the patient were that after a few weeks' stay at Worthing she was in better health than she had been for many years.

*Remarks:* Although not a genuine instance of "ambulatory typhoid," this case affords an instructive example of the difficulties with which medical men have to contend in treating patients who have themselves been engaged for weeks in nursing cases of typhoid. Such cases generally run an unfavourable course, and frequently terminate fatally. The complications in this case, with the exception of the emaciation which had proceeded to the last degree, call for no special remark, and were fairly met by the drugs prescribed. In combating the emaciation, I would direct special attention to the excellent results afforded by the preparation known as "Benger's Self-Digestive Food," which in my hands has always shown itself well tolerated by typhoid patients, and appears decidedly superior in nutrient properties to any food consisting of milk alone.

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**IS TUBERCULOSIS TRANSMISSIBLE THROUGH  
THE MEDIUM OF MILK DRAWN FROM  
A TUBERCULOUS COW?\***

By J. SUTCLIFFE HURNDALL, M.R.C.V.S. Eng.

MR. PRESIDENT AND GENTLEMEN,—It may be as well that I should, in the first place, remind you of the precise facts from which originated the suggestion that I should bring before this Society the views I entertain concerning the subject of this paper; a subject of vital importance to the general public, of the seriousness of which, however, local authorities—nay even Parliament itself—seem to be in perfect ignorance. At the meeting of this Society held in the month of December of last year, I availed myself of the opportunity which our rules afford for the consideration of general subjects to ask the members whether they were disposed to undertake the work and expense of a scientific experimental enquiry into the subject of the transmissibility of tubercle through the medium of tuberculous milk, at the same time offering to take the principal share of the work, and stating that I would contribute towards the outlay in accordance with my small means, provided the members of this Society took the matter up heartily. Further, I informed the meeting that some two years ago I had introduced to the attention of Dr. Moore and Dr. Hayward a practical scheme, which was the outcome of many years' consideration, one which, if carried out, would have ensured to the public of Liverpool pure, unadulterated, uncontaminated, healthy milk, so far at least as human caution and the application of scientific and sanitary measures could ensure such a desideratum.

However desirable it may have been in the interests of the milk-consuming public of Liverpool that I should succeed in enlisting the sympathies and active co-operation of gentlemen occupying the high professional and social status of Dr. Moore and Dr. Hayward, I have only to say that my efforts towards the consummation of this object proved abortive. Nothing abashed by this gentle rebuff in my early professional career in Liverpool, I have hardly ever ceased to ponder over this subject; and as I have not been able to arouse any one up to the present time to see the desirability of taking active steps to protect the local authority and the public of Liverpool against themselves,

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\* Read before the Liverpool Medico-Chirurgical Society.

I concluded that some other course must be adopted. I determined to appeal to the homœopathic medical body, in the hope that through it ultimately something might be done to convince the local authority that it is high time the members of this body aroused themselves from the slumber of ignorance which seems to have thoroughly overpowered them. We have, as citizens, to pay pretty dearly for the luxury of a medical officer of health in this city and all his attendant satellites; and the said gentleman makes periodical elaborate reports, which are duly printed and afterwards reported in the daily papers with high-sounding palaver; but of what use is all this while disease is still rampant in our midst, and no practical diminution of loss of life is realised as the outcome? Pray, what does the medical officer of health in Liverpool know about animals and their diseases, so as to enable him to state whether this or that carcase is fit for food? what practical acquaintance has he with cow shippens, and with a cow in health or disease, so as to enable him to say whether this or that animal is giving milk fit for human consumption? and, allowing him the credit of the little that he and his subordinates do know by rule of thumb of these matters, how often think you does the medical officer, either himself or by his assistants inspect the dairies of Liverpool? Echo answers, How often?

Well, gentlemen, it is this absence of suitable useful knowledge on the part of officials that provides a good cause to deplore the high death-rate of this and similar towns. The very elements of sanitation are allowed to be treated as unworthy of consideration; it is true that several of our leading veterinarians have sounded the note of warning, but both as regards the local authorities and, stranger still, the medical profession, it has been very much like the voice of one crying in the wilderness. For my own part, I am neither surprised, nor do I attach any importance to the fact that, so far as Parliament is concerned, all that has been spoken or written on the subject by my profession has received no attention at the hands of our legislature, at least, so far as has been exemplified by practical outcome, for it seems as though nothing short of agrarian crime would arrest the attention of this august assembly. In this attempt to direct your thoughts to the consideration of a wide and very important subject, I determined that, if anything would cause you to think seriously of the whole

matter, surely that disease, so slow, insidious, and ultimately fatal as tubercular phthisis, is the most suitable to select upon which to invite your earnest and serious investigation. This disease has probably baffled the efforts of the medical profession more than any other; and, even with all the advantages that homœopathy offers, I am not aware that any treatment has been discovered that can do more than temporarily alleviate the patient's sufferings, or assist him or her to pass the later days of a shortened life with more or less of comparative ease; but no restoration to a normal condition of health can reasonably be anticipated once the virus of tubercle has laid siege to the human system; hence, preventive measures are those that it is the duty of all concerned in medicine to encourage and perfect.

But I must not forget that, first and foremost, I have to show you that there is good reason to believe that this fell and dire disease can by any stretch of the imagination be considered capable of transmission to the human subject through the medium of our most ordinary food products; nay, so ordinary is the product, that with our artificial mode of living, the milk of the cow is relied upon for the support of children from their earliest days, because our race has so degenerated that many mothers either cannot or will not supply the natural aliment for their offspring. In this way the virus of this relentless enemy of mankind finds a congenial nidus for development, wherein the ordinary resisting powers of a well-developed and mature constitution have not to be combated with nor overcome.

It would be a work of supererogation on my part to remind the members of this Society, whose daily lives prove their devotion to the science of medicine, that an appalling responsibility rests upon them and the rest of the medical profession with relation to this awful and cruel disease. Gentlemen, you know all about this, and appreciate it, as much as anyone can possibly do; but I desire to remind you, with all respect, that if you do not give ear to the warnings which the veterinary profession has issued, and to the suggestions emanating from us as a body for the earnest consideration of all concerned, you will be morally responsible for many victims upon whom the doom of early death is sealed for want of due, proper, and only reasonable precaution against the inroads of bovine tuberculosis. I contend that if only a mere doubt exists as to the possibility of tubercular phthisis being communicable to the human



subject through the medium of tuberculous milk, it is the undoubted duty of everyone who has a knowledge of such possibility to see that no precautions are left unfulfilled to prevent the dissemination of the seeds of such a disease ; and if there is good reason to think that any life has been sacrificed from such a cause, the duty of prevention only becomes the more incumbent. It seems to me that there is a great tendency to treat the matter lightly because uncertainty exists as to whether the risk of partaking of tuberculous milk may not be indulged in with more or less of impunity. So practical are we getting in these days of experiment, that before danger in any direction is admitted life must be lost in very many cases, and that because not every experiment has been proved affirmative. Experimenters seem unable to accept the possibility of their own blundering, or to be able to understand that so insidious and slowly developing a disease as tuberculosis can possibly work its dire effects unless shown to demonstration at once ; the possibility of the virus of tubercle being implanted in an otherwise sound and healthy constitution, and not showing itself perhaps to the third or fourth generation, does not even appear to suggest itself to the minds of some impetuous enquirers ; and, forsooth, because tuberculous milk is partaken of for say two or three years, and the victims neither die right off nor show any signs of decay, therefore tuberculous milk is said by some to be a perfectly safe article of diet, and people are not only allowed to use it, but are encouraged to believe that both tuberculous milk and tuberculous flesh may be partaken of with impunity.

Let me give it as my opinion, gentlemen, that such conclusions betray a careless and wicked regardlessness of the value of human life ; and in order that you may earn the gratitude of this, and future generations yet unborn, let it go forth that the Liverpool Homœopathic Medico-Chirurgical Society was the first medical society in Great Britain to inaugurate a systematic and thoroughly practical investigation of this subject ; and if you succeed in proving that the milk of tuberculous cows is capable of transmitting the disease to such animals as their own offspring, to rabbits, pigs, guinea-pigs, sheep, dogs and cats, without mentioning monkeys, then by analogy I argue it is only fair to assume that tuberculous milk is an element, the consumption of which by the human subject is fraught with the greatest

possible danger, and which ought to have the official ban put upon it. I now propose to present to you the various opinions of authorities in the veterinary profession, obtained either as the result of direct correspondence with myself or taken from the published writings of those who have treated upon the subject. It would be of little practical value for me to offer my own individual opinions alone, even though I were far more capable of dealing with the subject than I am; but being one upon which opinions are very divided in the medical profession—among those who have given any attention to it—I deem it of the first importance that I should lay before you the views of those members of the veterinary profession who have given close attention to the subject, and whose opinions and conclusions, I venture to think, should be received with some amount of deference, even by a learned society such as your own.

In the first place, Dr. Fleming, the principal veterinary surgeon to the British army, Member of the Court of Examiners of the Royal College of Veterinary Surgeons, the most extensive writer among English veterinarians that we have at the present day, states in a letter addressed to myself, and dated December 11th, 1884—

“As to the production of the disease by feeding with tuberculous material or milk, or by inoculation, there can be no doubt whatever. Experiments may be undertaken upon growing pigs, rabbits, or guinea pigs, care being taken that the materials experimented with are derived from really tuberculous animals.”

I may inform you that Dr. Fleming was the first in England to draw attention to the danger of consuming tuberculous flesh and milk, and he has again and again written upon the subject in the *Veterinary Journal*, of which monthly publication he is the editor, and, further, he has repeatedly introduced into the pages of the *Journal* the opinions of Continental veterinarians thereupon. In Dr. Fleming's *Manual of Veterinary Sanitary Science and Police*, the last edition of which was published in 1875, he says, when treating of the subject of “the milk of tuberculous cattle as food”—

“That the milk of diseased cows suffering from tuberculosis is deteriorated in quality there cannot be a doubt; \* \* \* but that its use as food is likely to induce phthisis we are only now commencing to obtain proofs.

“Klebs has carried out a series of experiments on various animals to test the action of this milk when given as food, and

has been successful in inducing tuberculosis in them. In addition to rabbits and guinea pigs—creatures which appear to be extremely susceptible to the artificial production of the disease—he accidentally produced the disease in a dog by giving it the milk from a cow in the last stage of the malady.

“The results of his experiments led him to the conclusion that the use of this milk always produces tuberculosis, which first commences as intestinal catarrh and then assumes the form of tubercles in the mesenteric glands; it afterwards attacks the liver and spleen, and subsequently the thoracic organs. He asserts that the tuberculous virus exists in the milk of phthisical cows whether they are slightly or seriously affected, and that it is chiefly in the serum; as when the milk has been so filtered as to deprive it of its solid particles the fluid portion appeared to be as active as the unfiltered. Its virulency is not destroyed by ordinary cooking, and it is all the more active as the disease has reached an advanced stage. He admits that it may produce no injurious effects in vigorous subjects. He thinks it probable that the virus of tuberculosis may exist in varying proportions in the milk of phthisical cows according to the extent of the disease in them.

“Professor Gerlach, of Berlin, and others have demonstrated that the milk of tuberculous cattle will produce phthisis in creatures fed with it. The commencement of phthisis is generally so insidious in the human species that it is most difficult to arrive with any degree of certainty at the causes which directly produce or favour its development, but from the evidence before us it is to be feared that at least one of its sources may be referred to this fluid. It is certain that tuberculosis is a somewhat common and a very destructive disease, among dairy cattle especially, and more particularly those in towns; that the udder is one of the glands not unfrequently involved; that infants and adults consume milk in large quantities—indeed it is the staple diet of young children; and that phthisis is a very prevalent and fatal malady in the human species, and chiefly among the dwellers in towns and cities. There is every reason then to prohibit the use of milk from cows affected with tuberculosis, and especially for infants who rely mainly upon this fluid for their sustenance, and whose powers of absorption are very active. Even if it did not possess infective properties its deficiency in nitrogenous elements and fat and sugar, and the increased proportion of earthy matters would alone render it an objectionable article of diet. It had long been known that it was liable to produce diarrhoea and debility in infants; but though these died from general or localised tuberculosis, the part played by the milk in its production was not suspected.

“The milk is deficient in quality; it is more watery, bluish

tinted, and contains a larger proportion of alkaline salts; but it is less rich in nitrogenous matters, and fat and sugar than in health, proving that assimilation is defective.

“Cattle kept solely for dairy purposes, and particularly in large towns, suffer by far the most severely from this affection. Constantly confined in stables, which are not always well ventilated and clean, deprived of exercise, drained of milk in large quantities, and fed on the kind of aliment which most favours the increase of that fluid—though it may not enhance its quality—it cannot be wondered that the nutritive functions of the cattle so treated must suffer to a serious extent.”

In a paper read before the Norfolk and Eastern Counties Veterinary Medical Association, entitled *Tuberculosis from a Sanitary and Pathological Point of View*, Dr. Fleming says—

“That the flesh and milk will produce tuberculosis when animals are fed with it, had been already conclusively shown by several veterinary experimenters and especially Professor Gerlach. These experiments I have described in the various works already cited. But it is to be noted that the experiments were nearly all performed on small animals, they being most convenient. Only the other day I received an account of some most interesting and instructive experiments performed by Bollinger, of the Munich Veterinary School, on swine, goats, monkeys and guinea pigs with the milk from tuberculous cows.

“In one instance three pigs, six weeks old, were fed with the milk of a cow whose lungs were recognised to be tuberculous, and at whose autopsy these organs were found to be affected with caseous pneumonia, with tuberculosis of the pleura, and bronchial, mediastinal and mesenteric glands, as well as the uterus. The pigs died early in the experiment, unfortunately, and only in one were the laryngeal lymphatic glands found enlarged and softened. In another instance, milk was obtained from a cow which after death showed tuberculosis of the liver, peritoneum, ovaries, thoracic and abdominal gland, and pleura, with cheesy deposit in the lungs. This milk was given for about ten weeks to four healthy three-weeks old swine; it was uncooked, and from 1½ to 8 litres daily were allowed. During this period the throat glands were observed to enlarge; when from four to five months old, the pigs were killed, and were found to be affected with advanced tuberculosis; more especially were the lungs, liver and spleen involved, while the throat, bronchial, epigastric and portal glands were extremely swollen and cheesy. In two of the swine there were small caseous follicular ulcers in the ileum. Control swine (same litter but not fed on this food) remained healthy. A young pig fed for fourteen days longer with milk from the same cow gradually wasted and died when

three-and-a-half months old, three weeks after the termination of the feeding. The autopsy revealed more especially caseous inflammation of the large intestine, an exquisite miliary tuberculosis of the lungs with great enlargement and caseification of the bronchial glands. In another instance, six pigs of the same litter from a healthy sow were experimented upon, four being fed with this cow's milk also, two with uncooked milk, two with cooked, and the other two kept as control animals. After some months the control animals were killed, and found to be quite healthy: those fed with the cooked milk, when also killed, were affected with severe generalised tuberculosis; while of those fed with uncooked milk, one that died showed caseous (scrofulous) enteritis, and the second, very unwell, was still alive. From these experiments it would appear that in swine scrofula is first developed by the milk, then tuberculosis—the one being only an advanced stage of the other."

Further on, in the same paper, Dr. Fleming gives it as his decided opinion—

"That with regard to the milk this should invariably be condemned as highly dangerous." He continues: "I have urgently pointed out the necessity for having all dairy stock carefully and regularly inspected by thoroughly competent veterinarians, with a view to discovering the earliest indications of the disease, and so to preserve not only the lives of the healthy animals in contact with them, but also those of the people who consume their milk. One cannot experiment upon people, but judging from the close relationship between the pig and mankind, physiologically and anatomically speaking, there cannot be a doubt that our own would be as readily infected as the porcine species.

"I have years ago thrown out the surmise that, as in pigs, much of the infantile diarrhoea and scrofula and tuberculosis in man might justly be attributed to infection from tuberculous cows, the comparatively long latency of the disorders masking their origin. A German, Dr. Stang, of Ambrach, has given an instance of a child five years old who had been allowed to consume for a somewhat long period the uncooked milk of a tuberculous cow, and who died from tuberculosis. A very recent case has been communicated to me. A surgeon in Providence, United States of America, had a cow affected with tuberculosis, the milk of which was consumed by his family, a large portion being allowed to one of his young children. The veterinary surgeon called in to attend the animal warned the owner as to the danger of giving this cow's milk as food, but the warning was unheeded. The latest intelligence is that the child which received the largest share had died of tubercular meningitis."

The next authority whose opinion I am about to quote is Professor Walley, Principal of the Dick's Veterinary College, Edinburgh, also President of the Royal College of Veterinary Surgeons for the present year. Before referring to the published writings of Professor Walley, I will read quotations from a letter dated December 8th, 1884, written in reply to a communication I addressed to the Professor on the subject now under consideration, and I ask your careful attention to it, as it contains some very startling statements, furnishing quite enough evidence to justify me in inviting you, as a scientific society, to enter upon a thorough investigation of this subject. Professor Walley says—

“ I am in receipt of yours of the 6th instant in reference to the transmission of tuberculosis from the cow to other animals through the medium of the milk. I am strongly of the opinion that such transmission would not or could not take place unless the affected animal was the subject of udder lesions, and I am further of opinion that the experiments in this subject recently carried out by Dr. Imlach, in your city, were of no value whatever in determining the question, as it is quite evident to me that no care was taken to select a cow with well marked udder lesions. Tubercular mammitis can only be diagnosed by the aid of collateral evidence. Given a cow presenting the symptoms of pulmonary tuberculosis, with or without enlargement of the laryngo-pharyngeal (or other groups) lymphatic glands, and symptoms of interstitial mammitis, you may reasonably conclude that the latter is of tuberculous origin. I would advise that milk from such an animal should be given to a number of susceptible animals—say guinea pigs—and injected under the skin, and into the peritoneal cavity of others. From my enquiries into this subject I feel perfectly convinced that transmission from the cow to her offspring and to man is not only a probability but a certainty; and I may tell you that when I first came to Edinburgh I had three children poisoned with bad milk, and one of them, the youngest, never rallied, but became (according to the doctors) the subject of tubercular disease of the intestines, and died.

“ I quite agree with you when you say that it is time the matter was set at rest, and that the subject of tuberculosis should be thoroughly considered with a view to legislation by the medical in conjunction with our own profession; and you will remember I have over and over again urged these views, and shall continue to do so.

“ It is high time that the recommendations embodied in the resolutions I proposed at the meeting of the of National Veterinary Association in Manchester were carried into effect, and I consider

that the authorities of all large towns are guilty of great neglect of duty to the unprotected public if they do not place their byres under proper veterinary and sanitary supervision."

The resolutions referred to by Professor Walley were submitted to the profession in the following six questions, all of which were answered by the meeting unanimously in the affirmative :—

" 1st. Has the time arrived when the veterinary profession should take more active steps to bring the meat question before the public and the Legislature ?

" 2nd. Should all private slaughter be abolished in boroughs and cities ?

" 3rd. Should cows and dairies be inspected periodically by veterinary surgeons, who should have the power to enforce the removal of any cow in the system of which evidence of dangerous disease exists ?

" 4th. Should all public markets and marts be periodically inspected by veterinary surgeons, and any animal there exposed showing evidence of dangerous disease be removed and its carcase afterwards inspected ?

" 5th. Should the flesh of animals that have suffered from glanders, tuberculosis, septicæmia, or any disease likely to prove dangerous to the human subject, be condemned ?

" 6th. Should inspectors of meat markets be efficiently trained ?"

After these propositions had been submitted to and answered affirmatively by the meeting, Professor Walley said—

" Is it your wish that copies of these resolutions should be forwarded by the President of this Association to the Lord President of the Privy Council and to the President of the Board of Health ?"

To this question also a decided answer in the affirmative was given.

These quotations from the proceedings of the National Veterinary Association, held at the Victoria University, Manchester, on the 30th July, 1884, show, gentlemen, that, as a profession, we have not been indifferent to the public health as regards the integrity of both the milk and flesh of diseased animals ; but to do battle against powerful Corporations, the individual members of which are, doubtless, more or less influenced by the fact that the medical profession has treated this matter in rather a *nonchalant* style, has seemed up to the present a hopeless task ; but

I hope the day is not far distant, when, stimulated by the action of the Liverpool Homœopathic Medico-Chirurgical Society, the medical profession will take up a proper stand, and be found side by side with the veterinary profession, using its powerful influence in the true interests of health. Unquestionably, isolated instances can be quoted where members of the medical profession have recognised the importance of dealing with this matter in a thoroughly practical manner, but, as a body, I fear the same cannot be said. Professor Walley is the author of a very useful work entitled *The Four Bovine Scourges*, viz., "Pleuropneumonia;" "Foot and Mouth Disease;" "Cattle Plague;" and "Tubercle (Scrofula,)" in which it is stated—

"That as to the use of milk from animals in which tubercle is suspected to exist, no two opinions can be held; its deleterious effect, even when exposed to a tolerable degree of heat, has been abundantly proved; nevertheless, with the object of preventing a little loss, I have known gentlemen sell cows for dairy purposes in whose systems they have been told tubercle existed; and cowkeepers do not always hesitate to add the products of a graped or angle-berried cow to the bulk of their daily yield of milk.

"This matter should be taken cognizance of by local authorities in the working of the recent Privy Council order referring to dairies and milk shops. It would be far better to give compensation, and have even a suspected animal destroyed than allow her to remain in a herd or byre with the probability of spreading the disease to her neighbours, and poisoning the consumers of the milk."

(To be continued.)

## REPORTS OF CASES.

Translated from the *Allgemeine Homöopathische Zeitung*,

Vol. 105.

(Continued from page 174.)

IN No. 15, Hafin relates the following cases:—He was called one evening to see a gentleman who had suddenly gone mad, and could not be restrained. He was standing up in his bed, shouting loudly, abusing and striking those around him, beating the wall with his fists. His eyes were rolling wildly, and his face was red. This had come on suddenly after drinking more than usual. A dose of



*chloral hydrate* had no effect in pacifying him. *Bellad.* 1 every quarter hour soon had a soothing effect. He fell asleep, and the next day was quite himself.

2. A boy, aged 4, suffered from paralysis of the rectum. He could only get an evacuation by means of cold water enemata, but even then he did not know when the fœces came away. After such an operation he remained for six or eight days without a stool. He got *nux. vom.* 30 without relief. *Nux m.* 1x was efficacious in causing regular stools for several days. But this soon failed, and he relapsed into his former state. *Phosph* 2x. cured him completely.

3. A youth, aged 20, presented himself with an ulcer on the glans penis. It was black, deep, very fœtid, and readily bleeding, of the size of a shilling. He had been treated by carbolic acid externally before he was seen. *Arsen.* 24, *nitr. ac.* 24, and *merc. sol.* 24, were given alternately every two hours. He complained of constant jerking pains in the ulcer. The next day the sloughing ulcer had extended to the middle of the penis but the pains had ceased. The following day the appearance of the ulcer was better; its fœtor had diminished. It was covered with yellow pus, and the slough had disappeared. The fourth day improvement continued, but the half of the glans was lost. Now *merc. corr.* 2x was given, and continued three times a day, and under its use in a month the ulcer was quite healed.

In No. 23 there is an account of Bolle's method of treatment of whooping cough with inhalations of an alcoholic solution of the *corrosive sublimate*. A saturated tincture is made, and 12 to 20 drops of this are added to 100 grammes of alcohol. This is put in a cup, over which the patient's mouth is held and inspirations are made, the expirations being made by the nose. In this way he has succeeded in curing whooping cough in a wonderfully short time. He believes the *corrosive sublimate* enters the bronchial tubes and destroys the microbes, which are the cause of the cough.

Bolle's treatment of wounds by means of cotton wool moistened with *arnica* tincture is well known. He now says that the same good effect is obtained by using alcohol instead of the *arnica* tincture.

He treats lupus with the saturated solution of *corrosive sublimate* in alcohol. He first sprinkles the ulcer with the solution, and then covers it with cotton wool saturated

with the same solution. After four days the scabs come away, and the ulcer is then dressed with wood tar.

In No. 9 Hannes relates some interesting cases. 1. A girl, aged 2, had suffered for three weeks from cough. It came on in fits of long continuance. She coughed in single impulses, occurring in rapid succession, apparently excited by a twitch in the larynx. After each fit the child fell into an uneasy slumber, disturbed by occasional coughs, until she was woke by another fit. During the height of the attack the forehead was bedewed with perspiration. The child had also constant dry heat, with intense redness of the cheeks, thirst, anorexia, inanition, and great weakness. Allopathic treatment had been tried in vain. She got *Drosera* 30. Immediately the cough lost its spasmodic character, and came on in single low impulses, and in a few days she was quite well.

2. A girl, aged 17, got an attack of scarlatina. The eruption was considerable; there was but slight sore throat. Afterwards a tiresome dry cough set in. It usually came on in the afternoon, and lasted through the evening and night. She was generally free from it in the forenoon. Along with it there was great restlessness, increased fever, sleeplessness, troublesome dryness of the mouth, dyspnoea, with violent pressive pain in the chest, aggravated by deep breathing; then a kind of soporous state and stammering speech as if the tongue could with difficulty be moved. *Drosera* and *hyoscyamus*, but after the first dose of *nux moschata* 30 she fell asleep, and woke free from all morbid symptoms.

3. A woman aborted in the 5th month. The following day, the placenta not having come away, she got *puls.* 30. Next day the placenta came away, and the pains ceased, but then came on heat, thirst, nausea, and cough. She got *Bryonia*, 30. A few days after this the doctor was called to see her, and found the following state: Pale, pinched features; quick, short breathing; short cough with mucous râles, with inability to expectorate; very quick, small, weak pulse; heat, thirst, dry mouth, having pain in the front of the chest above the scorbiculus cordis; great weakness; frequent attacks of oppression of the chest with increased dyspnoea, and a feeling as if the mucus stuck in the chest; at the same time, great palpitation of the heart, weakness to fainting and inability to speak. No pain in the chest on pressure, auscultation

variable; large mucous settling in the region of the right scapula. *Nux moschata* 30, was prescribed a dose every hour. The report next day was: Marked improvement after a few hours; can expectorate easily; breathing free, no more attacks. Three days later the report was: Is very well; only yesterday a slight attack. After a few more doses of *nux mosch.* was quite well.

4. A man, aged 60, complained that for several years he had suffered from rheumatic pains in sacrum and back, so that he often could not walk about. For the last five weeks he has had violent pains from sacrum to left leg; the pains are worst at night; he cannot lie quiet an instant at night on account of the pains; must get up and walk about, which gives him relief. At night he perspires all over; during the day and when moving about the pains are better. He got *ferr. oxydat.* 3x, one dose per diem. Six days after this the report was: Great improvement; sleeps well at night; has very little pain; is still stiff when he gets up from his seat and the leg is weak, but this goes off on walking. The medicine was continued, and no more was heard of him.

5. A farmer, aged 63, had suffered for several years from rheumatic pains in the right leg, extending from the hip to the foot, especially in bed in the morning, with trembling of the limb; restlessness and tossing about; on getting warm he goes to sleep. On rising in the morning he is stiff; the pains are better when moderately moving than when sitting still, but he cannot walk much. Formerly he had rheumatic pains in the left arm and left side of the chest, which were also worst in bed at night, with restlessness and tossing about. He got *ferr. oxydat.* 6x, one dose per diem. Four weeks later the report was:— Considerable improvement; not much change the past eight days, then marked amelioration; then again a slight aggravation, thereafter greater improvement; the pains are now trifling; can do his work again. Cont. med. The pains after this went off completely, and did not return.

6. The wife of a farmer had for some days had slight drawing pains in the right leg, from the hip downwards. The pains then increased at noon suddenly; they were violent, drawing, tearing pains, from the sacrum down along the front of the right thigh, aggravated by movement; she cannot move thigh; the right ischio-sacral region is painful on strong pressure. At the same time

heat, restlessness, agitation, thirst, red, hot cheeks, especially on one side. She got *cham.* 30 in water. Soon after the first dose she fell asleep, and the next day she was walking about the room free from pain.

7. A woman, æt 55, had suffered for four weeks from pains in stomach. On the 15th April she came for advice. The pains are worst in the afternoon, about three to four, until late in the evening; worse also after every meal; after but a few minutes feels the pains become more violent, she must loosen her dress over the pit of the stomach, and press her hand strongly on the latter. Evacuation gives little relief; she is most comfortable when she gets warm in bed. Little pain at night. The pains go from the back through the left hypochondrium into the pit of the stomach. No appetite, tongue furred, white; disgusting bitter taste; constipation; urine brown; dirty yellow complexion, features pinched, white of eyes distinctly yellow, pit of stomach painful on pressure. *Lycop.* 30 every third day. On the 25th April the report was: Day and night violent pain in abdomen and back, complete anorexia, nausea, constipation, motions bright yellow, urine brown as if mixed with blood. *Chelid.* 30 every third day. 3rd May: She reported improvement in every respect, the pains had immediately subsided, urine now nearly quite clear, stool regular, still yellowish, white of eyes normal, pains in pit of stomach only after every meal, and not severe; pains in back gone; sleep, appetite, &c., good; pit of stomach on the right hand, about the bend of the false ribs, and still sensitive to pressure, it is then she feels the pains most. The remainder of the disease went off in a short time, and she got quite well.

8. A strong, healthy-looking man of 50 applied on the 4th June. Has been complaining for a year of rheumatic pains here and there; especially tearing in the left arm and leg, sometimes by day, sometimes at night; the left leg, especially the thigh, for some time back œdematous and painful on pressure, so that he cannot put a boot on the left foot, and can only walk with difficulty; stiffness in all limbs; anorexia, bad taste, tongue covered with gray fur to the point, moist; burning in stomach, with thirst for beer; pit of stomach painful when pressed, also when breathing deeply, coughing and stooping; full feeling in belly, breathing oppressed, urine brown, turbid; bowels rather constipated. *Chelid.* 30 every two days. On the 11th

June the report was : Feels on the whole better, pains in pit of stomach gone, full feeling diminished, urine clearer ; appetite somewhat improved, tongue clearing from tip backwards, leg still swollen, eyelids red and sticking together. *Sacch. lact.* Report of 19th June : Considerable improvement, no more thirst, appetite good, tongue clean, urine clear, bowels regular, leg no longer swollen, still some stiffness in it, eyelids still red and adherent in their canthi. *Sacch. lact.* Report of 28th June : Increasing improvement ; he can walk even up-stairs easily ; lids still red. *Sacch. lact.* Report of 10th July : Quite well.

### REVIEWS.

*An Essay on the Prevention and Rational Treatment of Lateral Spinal Curvature.* By MATTHIAS ROTH, M.D. London : Bailliere, Tindal & Cox, 20, King William Street, Strand, 1855.

No inconsiderable proportion of the books written now-a-days on special forms of disease are mere compilations—the product of the author's reading and theorising—and have for their object not the supplying of the stereotyped “long-felt want” but simply the announcement to the public that whatever may be the opinion of others, the author considers himself an authority upon the subject treated of, and to let all and sundry know that it is one to which he has given special attention. The essay before us belongs to that rarer class of medical works which present the thought and experience of a professional life-time : one which has not, and cannot have, any other end than the communication to others of the observations and reflections which have resulted from many long years of active practice and zealous effort in endeavouring to counteract the effects of disease,

Such a book is entitled to the most respectful consideration that a medical reader can give to it.

Spinal curvatures are, and long have been, among the *opprobria*, not only of surgeons, but of physicians. For many years past they have received a large amount of attention from surgeons who are styled “orthopædic,” without any advance having been made in methods of treating them. Palliation by the wearing of instruments, which, however ingeniously constructed, are at the best cumbrous and costly *impedimenta*, while they too frequently confirm rather than remove disease, together with the lying on the back, the maintenance of pressure against some too conspicuous deformity, “rubbing” after a somewhat indiscriminate fashion, and the administration of so-called “tonics” constitute nearly all the therapeutic resources of the specialist in orthopædic surgery in treating spinal curvature. Nothing can show more clearly how imperfectly the natural history of such a deformity

is understood than the failure of so many—indeed nearly all—medical men to recognise the importance of a slight deviation from the normal in the line of the spine. How often, how generally, on a surgeon seeing such a deviation, is the anxious mother assured that her daughter “will grow out of it,” that it is so trivial that beyond a little attention to the general health no notice need be taken of it, no anxiety felt! Could it be realised that in a large proportion of instances such disease is progressive; that it is in this stage alone that a complete cure can be assured; that in the second nothing better than a certain though often considerable amount of relief can be afforded; and that in the third but little help can be vouchsafed by art, the desire for more light upon the nature and treatment of spinal deformities would be far greater than it is.

The recognition of the fact that in some 80 per cent. of lateral curvatures, whatever may have been their primary cause, it is to an abnormal state of the spinal muscles that the first temporary deviation from their normal (which in proportion to the length of time during which it exists sooner or later becomes a permanent deformity) is due, that it arises from a disturbance in their antagonistic function, those on one side being shortened by the relaxation of their antagonists—the recognition of this fact will point to the restoration of tone in the relaxed muscles as the *sine qua non* of successful treatment.

Further, while in nearly all cases there is some constitutional dyscrasia which needs specific medication to assist in its removal, this abnormal state of the muscles has been induced by the habit of allowing the body to assume a position prejudicial to their integrity.

It is to the demonstration of these two facts, and to the study of the means of coping with them, that Dr. Roth's essay is devoted. The first condition is met by the application of the principles of Ling's medico-gymnastic treatment. Of this Dr. Roth many years ago made a careful study, and partly from it has designed a plan which, as it differs from all others, is commonly known as the “Roth-treatment.” It consists of three steps, the *preparatory*, the *curative*, and the *final*.

The preparatory comprises all measures necessary for the improvement and cure of any constitutional disorder or weakness; the removal of all causes tending to produce or continue spinal curvature, such as injurious occupations, &c; the change of all articles of dress interfering in the slightest degree with the functions of respiration, circulation or digestion, or with the free movements of any part of the body; the avoidance of all positions preventing deep breathing or inducing an abnormal form of the neck, chest, shoulders, spine or head; teaching a patient to see, and afterwards to feel his abnormal position; bringing the

influence of his will to bear upon his position, and some elementary movements of the head, arms and feet, together with some respiratory movements.

The curative consists of a series of twelve movements, designed by Dr. Roth in harmony with Ling's ideas. The final relates to the instruction of the patient in such active movements as may be necessary for the maintenance of his improvement.

It will be observed that Dr. Roth's method is no narrow "movement cure" merely, but that while movements calculated to invigorate the relaxed muscles form an important part of it, it directs attention with much minuteness to the placing of the body in such surroundings as will give the utmost freedom of action to the muscles of every part.

To the measures necessary to ensure the prevention of deformity, Dr. Roth devotes a considerable portion of his essay. "Preventive treatment," he writes, "begins properly with a rational rearing of babies and infants, and a rational physical training of children, youths, and adolescents; it is essential to attend from the first infancy during the various stages of growth, to a few elementary hygienic rules, which because they appear very simple are generally neglected, although they are the only real means for preventing many diseases."

These rules are carefully stated and explained, for simple as they are, commending themselves to one's common sense as they do when merely named, they are such as are more constant "in the breach than the observance."

With the exception of the selection of remedies rendered necessary by constitutional dyscrasia, the whole of Dr. Roth's method of dealing with spinal deformities is based upon, and its practice requires, a thorough knowledge of anatomy and physiology. Its elaborate character in the medico-gymnastic department renders it impossible for the busy general practitioner to put it into practice, and it must ever be, so far, restricted to the specialist; but it is no less essential that every medical man should be sufficiently acquainted with its details as to enable him to recognise the necessity for advising it in cases calling for it. To every member of the medical profession, therefore, this essay of Dr. Roth's should be welcome. It throws a bright light upon a very dark place in medicine; it expounds in a clear and comprehensive manner how many of the painful cases occupying this dark place may be relieved and not a few permanently cured; and, yet further, it shows very fully how the occurrence of such cases may be prevented. It is written in a very simple style, and the text is so profusely illustrated by diagrams that the author's instructions will be realised with the utmost ease.

We trust that it will be widely read, and feel fully assured that its study will interest every one who undertakes it.

*The Medical Annual and Practitioner's Index. A Yearly Record of Useful Information on Subjects Relating to the Medical Profession.* 1885. London: Henry Kimpton, 82, High Holborn, W.C.

WE are glad to find that the encouragement the publisher of this *Annual* received on the appearance of his first venture, last year, has induced him to issue a similar but considerably improved edition for the present year. The contents of the book fully carry out the announcement on the title page—it is in reality “a record of useful information on subjects relating to the medical profession.” Indeed, it is more than this, for the information it contains is not only useful but exactly such as the member of the medical profession is very frequently in want of, and which it is a great advantage to him to have ready at hand in a concise and trustworthy form.

The variety of information it supplies is greater in the present than it was in the last volume. It opens with a very interesting summary of the chief events and discoveries in physical and natural science, prepared by Dr. Taylor, the editor of that exceedingly interesting periodical, *Science Gossip*. This is followed by a chapter of considerable importance to all medical men, entitled *Hints in Dealing with Cases of Insanity*—a subject on which medical men are generally far less well “posted” than in their own interests they ought to be. Every one should read carefully these few pages, and before dealing with a case of insanity carefully read them again, giving good heed at the same time to a note on *Certificates of Lunacy* at p. 257, from which we make the following extract:—

“The present condition of affairs is such as to exonerate us from granting our certificates; and this is no movement of retaliation, but one of justifiable and necessary self-defence. An illustrative instance: Three medical men (the writer being one) were recently entreated on separate occasions to consign an undoubtedly suitable case to restraint and curative treatment; each declined, and a well-known specialist was appealed to. He, too, anticipating a rapid amelioration under treatment, declined on the grounds that the patient would soon be released, to all intents, sane, and in a position to persuade a modern jury that restraint had been unlawful. As it is, a mad person remains at large.”

This refusal to sign certificates in acute mental disease is, in the existing state of the law, perfectly justifiable. A few suicides and murders will probably occur in consequence of it, but that cannot be helped. Medical men cannot run the risk of being put to heavy expenses in defending themselves against an action, such as that recently brought by a Mr. Hasker against Dr. Goldsborough, to protect either individuals or their neighbours. If



the law refuses to shield medical men in the exercise of their duties, the public cannot expect them to shoulder heavy pecuniary liabilities on their account.

Some valuable information on sanitary matters, by Mr. Dymond, is contained in the next chapter, which is followed by some well illustrated notes on bandaging, by Dr. Percy Wilde, the editor. Next comes a "dose index," by Dr. Stanley Wilde. This is followed by a chapter on medical education, which gives a full account of the process through which a young man must pass ere he is entitled to describe himself as a doctor of medicine, a physician or a surgeon. It is preceded by a very timely hint or two on "the commercial aspect of the enterprise." After reading this a young man must be somewhat of an enthusiast in physic if he perseveres to the end! Having shown that he will have incurred an expenditure of at least £650 in securing a qualification, the writer asks—"What are his prospects?" and his reply is, "He enters a profession in which moderate success, industry, good health and capital to work upon may procure him a rising income of £500 after about six or seven years labour. If he purchase a small practice he may realise this sum a year or two earlier; if he buy a practice worth £1,000 he may find it return him about three, four, or five hundred the first year (for practices, except rural ones, have wills of their own, and sometimes decline to be sold); if he have the good fortune to secure a really desirable partnership, his original outlay will be returned to him much earlier."

Discouraging as all this is, it is perfectly true in the large majority of cases. The medical profession, as a money investment, is as uncertain as an American railroad!

Some of the most popular of British and foreign health resorts are briefly described in the chapter following, by Mr. Norman, of Bath. Then we have an account of the chief medical societies, and then one of the chief inventions of the year which have an interest for physicians and surgeons. This part is well illustrated. The next chapter, by Dr. Percy Wilde and Mr. McCaw, gives brief notes of the principal facts and hints of a practical character which have appeared in the medical journals. A useful series of "test types" occupies the ensuing few pages. This is followed by a list of new books, and this by some notes and jottings on medico-legal events, by Mr. A. Leach. A list of hospitals and dispensaries, with their rules for the admission of patients, comes next, and then a Medical Gazetteer, intended to show at a glance various particulars of interest to the medical practitioner concerning the towns of Great Britain.

A list of private asylums, hydropathic establishments and nursing institutes is followed by a short chapter of *Hints on the Analysis of Urine*. A medical official and trade directory, a com-

plete list of scientific and medical newspapers and periodicals published in Great Britain, and a series of weights and measures complete the information of this very useful volume. A few pages, however, yet remain, but these are *blank*, and are intended to afford a practitioner an opportunity of following Captain Cuttle's excellent advice—"When read, make a note of." Having this handy little volume always on the study table, here is a place where can be jotted down any fact or observation arresting the attention when read, and having about it the appearance of something of practical value, as well as of scientific interest.

The *Medical Annual* is, we think, a book without which no medical practitioner who has once seen or used it would willingly be. It is practical, convenient and reliable, and we wish it all success.

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## NOTABILIA.

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### THE INTERNATIONAL HOMŒOPATHIC CONVENTION 1886.

Time flies apace! We are reminded of this by the fact that we are once more within measurable distance of the date of the third International Homœopathic Convention, appointed to be held at Brussels, in 1886. The Brussels Committee has commenced preparation for the assembly by issuing the following circular, which we trust will have the effect of inspiring some amongst us to prepare papers of an interesting and practical character to be submitted for discussion on that occasion.

"The International Congress of Homœopathy, in its second quinquennial session, held in London in 1881, chose Brussels as the place of its next *réunion* in 1886, and named Dr. Hughes permanent secretary, and keeper of the archives of the institution.

"In its session of July 1st, 1884, the Central Association of the Belgian Homœopaths, as the sequel to a correspondence between Dr. Hughes and Dr. Martiny, delegate from Belgium to the Congress of London, in 1881, named a provisional committee charged to take measures on the subject of the Congress of 1886.

"At present the Committee think it well just to remind homœopathic medical men that the date of the *réunion* of this next quinquennial assembly approaches, and to ask them to be kind enough to prepare some scientific works or memoirs on a subject relating to homœopathy; it is also highly desirable that every country should send to the Congress a report supplementary to that presented at the Congress of 1881, noticing all that has passed bearing upon homœopathy since that time.

“In the hope that you will respond to our appeal, and that you will lend your co-operation to the Congress, we address to you the assurance of our cordial sentiments of brotherhood.”

The foregoing circular is signed by Drs. Martiny, Sentin, Criquelion and Schepens. Dr. Hughes, of Brighton, the permanent secretary of the Convention, will, we are sure, be happy to receive any communication that either of our colleagues may desire to make, or supply any information that may be required regarding the arrangements for the Convention.

### THE EXPERIMENTAL STUDY OF DRUG ACTION.

A committee appointed by the American Institute of Homœopathy have recently issued the following rules to be observed in the provings of drugs:—

“For the purpose of gaining more complete knowledge of our remedial agents, and making our *Materia Medica* more useful, this committee advise that new provings be undertaken with three special objects in view viz.:

“First. To learn the evolution of drug effects, by observing the order in which the various functions of the body are disturbed.

“Second. To discover the primary and secondary effects of drugs upon the various special organs and tissues of the body, observing which organs are excited, and which are depressed in each stage of the proving.

“Third. To induce in man (within the limits of safety) the objective symptoms characteristic of the drug under experimentation; and in animals by gradually increasing fatal doses, the extreme functional derangements and organic changes which that drug is capable of producing.

“As these various lines of investigation cannot be pursued successfully by one method of proving, we recommend that three series of experiments be made with each drug.

“Each prover is requested to begin with Series I, and proceed in order with Series II, and Series III, allowing a sufficient interval between each series for the subsidence of all drug effects.

#### SERIES I.

“Experiments made with single doses of attenuated drugs for the purpose of learning the place of beginning of drug action and the order in which the various general functions of the body are disturbed thereby.

“Medicine for proving will be issued in a package plainly marked ‘Series I,’ with a letter or sign to indicate the remedy. (The name and attenuation will be given after proving is returned.) The package will contain several parcels marked in duplicate numbers.

“When ready for proving, having complied with the rules hereinafter mentioned, take the contents of parcel No. 1 at one dose half an hour before breakfast. If no symptoms arise therefrom, the following morning the contents of parcel No. 2. So continue daily taking them *seriatim* until drug symptoms are produced.

“*Having obtained some effects, though slight and unsatisfactory, take no more medicine for a week, or until every function is normal.*

“Health being restored, the next number may be tried. So continue keeping a record of every attempted proving and of entire failures. When a satisfactory proving is obtained (one that presents symptoms involving every function of the body more or less) it is desired that after sufficient delay this proving may be repeated *using the duplicate number.*

#### SERIES II.

“*Experiments made with a single dose, in material quality (not dangerous) for the purpose of determining the primary and secondary action of the drug, uninterrupted by repeated doses of the same, or by an antidote.*

“Medicine will be issued in a package marked ‘Series II,’ with letter or sign to indicate the drug (the name of drug will be given to a physician or friend of prover under pledge of secrecy). Each package will contain six parcels marked in duplicate, No. 2 being threefold stronger than No. 1, and No. 3 in like degree stronger than No. 2. The prover may elect which parcel to try, being governed by his sensitiveness to drug action.

“Being prepared for proving take all the contents of the selected parcel at one dose, half an hour before breakfast. If the effects produced by this dose are not satisfactory, the experiment may be repeated with the next higher number, after the health is fully restored. If a good proving is obtained from the first attempt, it should be repeated in due season *using the duplicate number. On the second trial the dose should be taken on retiring at night.*

#### SERIES III.

“*Experiments made with repeated and increasing doses, for the purpose of obtaining the cumulative action of the drug, in pathological changes of function and structure.*

“Medicine will be furnished in bulk, the package being plainly marked with name of remedy. Instructions will accompany the parcel indicating in a general way the size of first dose and interval of time between doses. The size of subsequent doses and the extent to which the proving shall be carried must depend upon the zeal of the prover. When the limits of safety have been reached in the person of the prover, it is desired that

further experiments be made upon animals with gradually increasing doses, until death results. Then a careful autopsy should be made and a full description of every diseased part found by this examination should be embodied in the proving.

“In all experiments, especially in Series II and III, every prover should be examined daily during the proving, by a physician other than himself, and every approved means of diagnosis should be made use of—the clinical thermometer, stethoscope, laryngoscope ophthalmoscope, microscope, delicate balance, uro-analysis, and such other means as may be required for a thorough description of the condition of the prover. A careful record of each daily examination should be embodied in the proving. Care should be taken to record the normal condition with the same instruments and the same accuracy as the abnormal.

#### QUALIFICATIONS OF PROVERS.

“Provings should be made by persons of each sex. Perfect health (being impossible) is unnecessary for successful proving. It is needful however that the prover shall be at the time of proving in his usual health, with every function acting regularly. He should be free from unusual care or fatigue, and should have sufficient leisure to give attention to the symptoms as they develop. He should be capable of giving an intelligible account of symptoms experienced, and able to put a bridle on his imagination. During the proving, no change should be made from the usual habits of eating or drinking or in the use of stimulants.

#### THE RECORD OF PROVINGS.

“Before an experiment is begun record in your day-book your name, address, age, height, weight, temperament, the colour of eyes and hair, the daily amount of stimulants and narcotics used, any personal idiosyncrasies, any hereditary tendencies, and all former ailments if severe, in the order of their occurrence, with any chronic lesions resulting therefrom. These noted, give your normal pulse rate when at rest, also the number of respirations per minute. Record the exact time of taking each dose and of every symptom as it arises.

“After taking medicine of Series I, the record of the first half hour should include all observable sensations or bodily phenomena, whether normal or abnormal. The first effects of such a dose will sometimes be manifested in *increased physiological activities*, presently followed by morbid symptoms. As the first are of equal importance with the later, these earliest disturbances should be carefully noted.

“Describe as explicitly and briefly as possible the character and locality of pains, especially whether deep or superficial.

Notice conditions of aggravation or relief. Make record of every act of defecation or urination, or delay therein. When stools are painful or abnormal describe their character. When the urine is abnormal in colour, or quantity, or frequency, or is passed with pain, have it carefully and thoroughly tested by every practical method. Be careful to observe slight and transient excitement of the heart or genital organs when no other cause exists, also temporary variations in the muscular or nervous tone, shown by sudden debility, or passing mental conditions. Observe the sleep-producing effects of the drug. Observe the colour, warmth and dryness of the skin, as well as sensibility. Count the pulse every fifteen minutes after taking medicine, until permanent rise is obtained record only variations. When sensations of heat or cold are experienced, count the pulse and try the bodily temperature. When pulse rises above or falls below normal, try the temperature. When sensations of exhilaration (mental or physical) are experienced try the pulse.

“ While the record is open, omit no symptom that arises after taking the drug, though it may seem to be due to other causes.

“ Record any extreme variations in the weather or any other accidents or influences which might affect the health during the proving.

“ When provings of the first series are made, the record may remain open five days, during which no medicine of any kind should be taken.

“ When provings of the second class are made, the record should remain open two weeks, as symptoms sometimes disappear entirely and then re-appear.

“ If an antidote must be taken, record the subsequent symptoms separately.

“ When provings of the third series are made, symptoms may arise for an indefinite period. The record should be closed as soon as average health is restored.

“ *In provings of the 1st and 2nd series, the record of effects following each dose should be kept entirely separate one from another.*

#### CORRESPONDENCE WITH THE SECRETARY.

“ When provings are completed, have them copied in ink on commercial note paper, giving with each record the number of series, letter and number of parcel. When complete send to our Secretary Dr. A. W. Woodward, 180, Ashland Avenue, Chicago. Those whose provings are accepted, will be credited by name in publication, and will be entitled to a copy of transactions at cost.

“ All persons desirous of making provings, will apply to Dr. Woodward, stating which series they will undertake, whether Series I, or II, or III, or all of them. Medicines for proving

will be furnished free of charge. Those who desire to compete for the prizes offered by this committee will be required to make provings by every method herein specified.

- “ D. J. MCGUIRE, M.D., *Chairman.*
- “ H. R. ARNDT, M.D.
- “ E. M. HALE, M.D.
- “ E. A. FARRINGTON, M.D.
- “ C. WESSELHOEFT, M.D.
- “ LEWIS SHEERMAN, M.D.
- “ A. W. WOODWARD, M.D., *Secretary.*”

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THE SOCIETY FOR THE PREVENTION OF BLINDNESS  
AND THE IMPROVEMENT OF THE PHYSIQUE OF  
THE BLIND.

THE fifth annual report of this society has recently been issued by its active originator, secretary, and treasurer, Dr. Roth. We have frequently brought before our readers the objects aimed at by this society, one which seeks to prevent the occurrence of blindness by difusing as widely as possible such information as if acted upon will remove the causes which now give rise to two thirds of the cases of permanent loss of sight. Ignorance here, as in a large proportion of cases, is the source of disease. It is to remove all excuse for such ignorance that this society exists; it is in furtherance of this object that the limited funds placed at its disposal are expended.

Two years ago the society instituted a competition for a prize of 2,000 francs for the best memoir on *The Causes of Blindness and the Practical Means of Preventing them*. The report of the Jury appointed at the Congress of Hygiene held at Geneva in 1888, to examine the essays sent in is given *in extenso* in the annual report of the society. Seven essays were sent in; of them four were written in German, two in English, and one in French. The essay which received the first prize is Dr. Fuch's, Professor of Ophthalmology at the University of Liege (Belgium). Of this work the reporter, Dr. Haltenhoff, says:—

“ This is an original work of great merit, and which answers best, and more completely than the others, the different questions laid down in the programme. It combines the personal experience of the practitioner with the complete knowledge of the special literature of the subject. The author has considered all sides of the question, with a knowledge, exactitude, largeness and superiority of views that has struck all members of the jury. He has always borne in mind the practical and philanthropic aim of the competition, and has taken as his point of departure a

definition of blindness based on the state of social and economical dependence of the blind. The author of the MS., '*Viribus unitas*,' knows how to be *complete and scientific*, while at the same time he avoids all superfluous statistical details, as well as pathological or therapeutical considerations, as being beyond the limits of the subject. His work presents an excellent compendium, of which every chapter can be very profitably consulted by itself.

"Everywhere the foremost place is given to the study of the real preventive means of diminishing the number of incurable blind persons. The jury believe it to be their duty to express the wish that this excellent work may be soon published, and if possible, translated into other languages, either under the patronage of the English Society for the Prevention of Blindness or in any other suitable manner."

The second prize of 1,000 francs is the work of Dr. Wilbrand, of Hamburg, which is described as follows:—

"This is also a very conscientious work, of which the various parts answer the conditions that were laid down in the programme. It is especially distinguished by the many statistical researches, sometimes accompanied with numerous figures, and although wanting here and there in the preventive measures, is complete enough with regard to the causes of blindness; it is a work of merit which the jury would be happy to see rewarded."

The third prize was awarded to Dr. Mules, of Manchester—an essay of 578 pages illustrated by 58 drawings and sketches, mostly coloured. Of it Dr. Haltenhoff says that "it enters chiefly into the pathology of the causes of blindness, and gives numerous examples of various classes of cases, chosen in a vast field of clinical observation. Unfortunately, the author has often allowed himself to enter into the discussion of special ophthalmological questions, partly anatomo-pathological, partly therapeutical. This fine work is deficient in the etiological and statistical sections—in the study of preventive measures, which prevents its being placed in the first rank, to which, by its incontestable scientific merits, it certainly has a right."

Arrangements have been made with a distinguished medical man for a translation of the German essay by Dr. Fuchs, and funds are earnestly desired to allow of its early printing.

With the following extract we must conclude our notice of the society's report, and when doing so would once again solicit for it that support from the benevolent and philanthropic which it so thoroughly deserves, and which alone will enable it to continue its most excellent and useful work.

"Owing to the action taken up by the society, an oculist of Belfast, Dr. McKeown, has been induced to bring the matter



before the London Ophthalmological Society, a society which includes nearly all the oculists of Great Britain. A deputation was appointed to wait on the President of the Local Government Board, and point out to him the need for some official action in connection with inflammation of the eyes of the new born-infants. The suggestion was that a card setting forth in a few words the dangerous character of the disease and the need for medical treatment at the earliest possible moment, should be handed to every one applying under the Poor Law system for medical attendance during labour, and to every one registering a birth. This recommendation has already led to official action in Ireland.

“It is to be hoped that the Government will take similar steps in England and Scotland. Although one of the great causes of blindness will thus be considerably diminished, there is still much work to be done in removing the ignorance of parents, teachers, professional and working classes regarding all matters concerning the preservation of a good eyesight. Medical ignorance will perhaps be removed when the Council of Medical Education insists that no medical qualification shall be granted unless there is included with the other subjects a strict examination in the theoretical and practical science of treating eye disease.”

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#### BATH HOMŒOPATHIC HOSPITAL AND DISPENSARY.

THE thirty-fifth annual report of this institution has just reached us. It was presented at a meeting of the governors and subscribers held on the 11th February, 1885. The Mayor, Mr. Handel Cossham, in opening the proceedings, said that he had just been shown over the hospital, and had been charmed with its pleasant position, and especially with its home-like aspect—so different from that which was necessarily the case in larger hospitals. He congratulated the committee on the state of their finances, which he concluded was largely due to the success which had attended the “*Maye Fayre*”; and was glad to observe that, though a good deal of money had been spent in improving the premises, there was a considerable balance still in hand. He was somewhat surprised at the large number of patients they had been able to treat; and would like to see some statistics by which the old and the new methods of treatment might be compared. He had no doubt that they were accumulating a great number of facts which would tend to justify the claim of homoeopathy to a superior position as a system of medicine: and, if they did this, it would go far, he thought, to convert both the medical profession and the public to an acceptance of its principles.

From the medical report we learn that 90 patients had been treated in the wards during the year, that 5,941 patients had

attended at the dispensary, and 1,141 visits had been paid to those unable to leave their homes.

During the year several old-school practitioners have occasionally attended the practice at the hospital, and have expressed a very favourable opinion of the results witnessed.

The medical officers conclude their report as follows:—"The medical staff are always glad to receive practitioners and students of medicine at the hospital, and to explain the methods adopted; and it is hoped that the opportunity thus afforded of studying a department of therapeutics, concerning which so much ignorance prevails, will be taken advantage of more largely in the future. It is only by watching the progress of cases, especially those generally believed to be beyond the reach of medicine, that a belief in the enormous power possessed by remedies properly selected can be obtained. Our case-books form a mass of evidence of this; and the fact that notes of such cases are refused admission to the medical journals and transactions of the societies of the dominant school, is a public misfortune. We hope that the time is not far distant when the public will insist upon a better system of medical education, and demand that no person shall be licensed to practise medicine until he has obtained a knowledge, not only of the system which may happen to be at the time dominant, but of all known methods of healing."

Of the hospital and dispensary, Dr. Newman is the consulting physician, Dr. Holland and Mr. Norman the honorary, and Dr. Percy Wilde the stipendiary medical officers.

#### THE HAHNEMANN CONVALESCENT HOME AND BOURNEMOUTH HOMŒOPATHIC DISPENSARY.

In their sixth annual report the Committee of Management of this institution are able to congratulate the governors and subscribers on a very successful year's work. The Convalescent Home has, during the year, been doubled in size and completely furnished. It is now capable of accommodating thirty patients, instead of only twelve, as formerly. The finances are in good order, the balance being on the right side. The increased expenditure demanded by thirty beds will, however, necessitate a large addition to the revenue account, if the relation between income and expenditure is to be so accurately maintained in the future as it has been in the past, and we, therefore, trust that the number and value of the annual subscriptions will be largely increased.

Sixty patients—mostly cases of phthisis, bronchitis, and general debility—have been received into the Home during the

year. At the Dispensary 780 cases were admitted, sixty-eight of whom were attended at their own homes. Of these there were—

Recovered	...	...	...	...	880
Relieved	...	...	...	...	207
Unimproved	...	...	...	...	29
No report	...	...	...	...	150
Dead	...	...	...	...	2
Under treatment	...	...	...	...	62

780

The medical officers are Dr. H. Nankivell, Dr. Hardy, and Mr. G. Frost.

#### BIRMINGHAM AND MIDLAND HOMOEOPATHIC HOSPITAL.

THE annual meeting of the governors and subscribers of this institution was held on the 18th February, the chair being occupied by the Mayor (Mr. Martineau.)

The annual report of the committee stated that the work of the hospital continued to maintain its high standard of usefulness among the poor of the town and district. The free beds had been fully occupied, and there had been a marked increase in the number of patients contributing a small sum towards the cost of their maintenance. The following were the statistics for the year 1864 in comparison with those for 1858:—In-patients admitted: Children 29, against 37 last year; adults 169, against 148; total 198, as compared with 180 last year. The out-patients numbered 4,642, and the attendances 22,111, as compared with 4,751 patients, and 23,969 attendances last year. The home patients were 404, against 454 in the year previous. Notwithstanding an increase during the past year in almost every source of income, the treasurer's accounts still showed a large deficiency, amounting to £187 14s. 2d., against £275 17s. 11d. last year, but it was satisfactory to notice that the charge for interest on the mortgage debt of £4,000—viz., £180—accounted for nearly the whole of the present deficiency. If, therefore, this mortgage and the overdraft on the current account at the bank could be cleared off, in the manner proposed by the president at the last annual meeting, there would seem to be every reason to hope that the institution would be able to pay its way in future. From the success which has so far attended the efforts which had been made to obtain donations, the committee felt confident that by the end of the year they would be able to avail themselves of the conditional offer of £2,000, made by the president and other friends, and that the

hospital would be cleared of debt. Including the £2,000, on account of which £1,250 had already been paid into the bank (namely, £500 by Mrs. Barrs, and £250 each by Mr. Chance, Mr. Albright, and Mr. Wilson), the amounts already received or promised up to that day reached the sum of £3,087, leaving a balance of £1,968 to be obtained during the remainder of this year.

### THE PLYMOUTH HOMŒOPATHIC DISPENSARY AND COTTAGE HOSPITAL.

THE annual meeting of this institution was held in the Mayor's Parlour, Plymouth, on the 16th February. In the absence of the Mayor, who was engaged at a Board of Trade inquiry, Professor Chapman occupied the chair.

The following extracts from the report presented by the committee will show the progress of the institution:—"The past year has been an eventful one in the history of this institution, your committee having been enabled in November last to open the Cottage Hospital for the admission of patients with results that have been satisfactory thus far. The work of the dispensary has again shown a very decided increase on that of the previous year, upwards of 2,000 patients having been treated, as against 1,896 during the year 1883. The number would have been still larger but for the fact that the committee were compelled early in the year to discontinue the issue of tickets for home visitation except to persons who were *bonâ fide* subscribers. This step was found necessary for two reasons—first, the excessive work thrown upon your medical officers by the issue of such tickets; and second, the growing abuse of the privilege. Notwithstanding this resolution, 400 cases have been visited at home upon recommendations of subscribers. . . . The rooms above the dispensary have been fitted up for the purpose of a hospital. Every care has been taken to make them unexceptionable from a sanitary point of view and thoroughly comfortable. There are three rooms for patients—one for women with four beds, one for men with two beds, and a private ward, named after our late much-respected treasurer, the "Tyeth Ward," which contains two beds, and can be used on emergency for general cases. A bath-room has also been fitted up."

From the medical report, signed by Dr. F. Neild and Dr. W. C. Reed, we learn that at the dispensary there were under care January 1st, 1884, 108; admitted and re-admitted from January 1st to December 31st, 1884, 1,910; total, 2,018. Of these were cured or relieved, 1,718; not relieved, 58; no report, 125; died, 22; under care December 31st, 1884, 90; total, 2,018. Of this number 400, who were too ill to attend personally, were visited at their own homes, and 2,207 visits were paid them.

The Cottage Hospital was opened for the admission of patients on the 10th November last, and consequently the report is for seven weeks. During this time eight cases had been admitted; of these five had been discharged cured or relieved, and three remained in hospital at the end of the year. Various minor operations had been performed during the year with satisfactory results. Several patients had been supplied with surgical appliances, principally those for the relief of spinal curvature.

The treasurer's balance-sheet showed the receipts to be £250 14s. 4d., with an expenditure of £209 8s. 1d., leaving in hand a balance of £41 6s. 3d. The hospital account showed that, while there had been an expenditure of £1,845 10s. 5d. in purchasing, altering, and furnishing the premises, subscriptions to the amount of £1,461 7s. 8d. had been received, leaving in hand a balance of £115 7s. 3d., which the secretary explained would be required for working expenses.

#### THE LONDON HOMŒOPATHIC HOSPITAL.

An evening concert to the nurses of the hospital and their friends, took place on Thursday, February 19th, in the Bayes Ward of the hospital, under the musical direction of Dr. Carfrae. Several well known singers and instrumentalists rendered some selections of high class music in an accomplished manner, and very great applause followed several of the pieces. The instrumental quartettes were very successful, Miss Waugh accompanying on the pianoforte, Mr. Carden playing the violin, Dr. Carfrae taking the viola, and Mr. Bowman playing the 'cello. The violoncello solos by Mr. Gordon were remarkable specimens of perfect and rapid intonation and executive skill. The vocal quartettes by Mr. Bartrum, Dr. Blackley, Mr. Hardcastle, and Mr. Longman, were very pleasing in effect. Madame Thayer Chapman gave some splendid specimens of artistic vocalisation in "The Merry Postilion" and "Welcome Pretty Primrose," being warmly encored in the latter. Miss Hope Glenn won golden opinions in "Springtide" and "The Bailiff's daughter of Islington" good naturedly responding to a hearty demand for an encore after each song. Mr. Bartrum, who possesses a voice of singular purity and sweetness, sang Balfe's "Good night" in a very pleasing style. The concert was well attended by the friends of the hospital, and nurses, and much gratification was expressed by many present. During the interval between the two parts of the programme refreshments were served in the board room, and the pleasant opportunity thus afforded for conversation was freely taken advantage of by the guests. Messrs. Erard lent for the occasion a concert grand piano *gratis*, and Messrs. Carter & Co., the well known seedsmen, of Holborn, provided a plentiful loan of floral decorations on the same generous terms.

## NURSING AS A FINE ART.

Few facts in reference to the sick and their welfare are more noticeable than the development of the art of nursing in recent years. Twenty years ago nursing was a luxury very much monopolised by hospital patients, and even in their case the luxury was somewhat of a coarse character. There were, of course, good, kind, and wise women in those days who had quick sympathies with the sick, and whose presence and ministrations in wards were like those of a mother or a good angel, but they were not plentiful, and the work done was often performed unskilfully and untenderly. It is not pleasant to recall what must have been the sufferings of the sick in earlier days in poorer hospitals, especially in Poor-law hospitals, when given over for the night to the care of a nurse not considered good enough for day duty, and who prepared herself for her nocturnal work by copious potations of beer. The cry for a cup of water or for a change of posture by a thirsty or restless patient was often unheeded, or only heeded to be rebuked. When kindness was not at fault, intelligence was often wanting, and superstition and ignorance had it all their own way. The best proof that this is not an exaggeration is to be found in the prejudice which still survives against professional nurses. There are large numbers of educated people who would not consent on any terms to have a "hospital" nurse. It can scarcely be imagined that their objection is to the training received in hospitals. It must be traceable to experience of the old order of nursing, or to the survival of some of its bad traditions. The old order of nursing is not quite extinct. Practitioners of any standing could still give instances of nurses whose coarse ignorance and unkindness brought discredit on the order; who put the wrong end of the clinical thermometer into the mouth; who seemed to think less of the patient than of themselves; who conceived of nursing as a calling requiring a large amount of stimulant; and who disgusted all the other members and servants of a household by the assumption of airs of superiority which neither their nursing powers nor their general intelligence justified.

It is well worth the attention of all persons interested in nursing as a calling and in the welfare of the sick to consider the reasons for the existence of a still great amount of prejudice against trained nurses. Some of it is to be explained by too hard a view of their function in coming into a house, and by the absence of sympathy, sometimes sympathy even with the patient, who is treated too mechanically, as a mere model requiring dressing or bandaging. But a more common fault is the want of sympathy with friends, and the exaction of too much service from servants who are probably already overtaxed. It would be

unreasonable to expect perfection in nurses. The very training they are subjected to gives them that little knowledge and that familiarity with big words which are apt to spoil simplicity and to produce conceit. But after all this criticism—and it is neither ill-natured nor unjust—truth compels us to say that medical men owe very much of their greater success in treatment to the greater efficiency of nursing, and that that patient who with an acute or prolonged disease refuses the help of a good nurse, not only does an injustice to the members of his household, but sensibly diminishes the chances and the rate of his recovery; and that for one nurse who is selfish, or inconsiderate, or incompetent there are ten who are serviceable and sympathetic, and who add infinitely to the comfort of a sick-room and to the good chances of a patient. Every now and again one meets with a nurse whose art is in every sense a fine art, and in whose way of making the bed of a patient, preparing his food, or dressing his wounds there is an element of genius that is missing in all the boasted art of men. That this is likely to be a more and more common experience it is quite reasonable to hope, seeing the number of capable and refined women who give themselves to this work and to the training of others for it; and to the help which earnest and distinguished members of our own profession afford in the education of nurses. Nursing must, in truth, be a fine art, or it is nothing. It is a calling in which coarseness is almost a crime and in which every duty should be done delicately and lovingly. The presence of heavy-headed and heavy-footed people with hard hands and harsh voices in a sick-room is the best illustration possible of an *error loci*.—*Lancet*.

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#### A NEW ANTIPYRETIC.

THERE is a wonderful difficulty in the nomenclature of chemistry at the present day. Spelling Bees may get a hint from the science.

A new antipyretic has been recently discovered which it would be well to prescribe, particularly as the name is so simple and easy to recollect, It is a 'tetrahydroparachiranisol.' We do not give the dose at present. We allow a month to recover the moral shock, naturally to be expected from the contemplation of such a name, and a year to become familiar with its pronunciation, after which our readers may possibly hear from us again.

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#### MEDICAL PRACTICE IN THE ARGENTINE REPUBLIC.

THE *British Medical Journal* quotes from the *South American Journal* an article describing the position and prospects of physicians in the Argentine Republic in the most glowing terms.

All the medical men are said to be making fortunes, and there is still room for healthy competition. The most extravagant fees are paid in special cases by the wealthy classes without a murmur. Ordinary confinements cost about £20; particular ones may run to £100. For amputation of an arm £600 to principal and £400 each to two assistants is noted; attendance during typhoid fever, £200. It must be remembered, however, that expenses are very high. In the city of Buenos Ayres there are said to be now practising about a dozen English-speaking doctors, all doing well. In other large cities of the interior, and in the country, there are a good number to be found. But immigration is flowing into the country, and everything growing so fast that there seems to be no fear of overcrowding. The charges by dentists are said to be on a like magnificent scale, as much as £5 or £6 being paid for stopping a tooth. Before a doctor is allowed to practise in the Argentine Republic he must pass an examination, and be licensed by the Government Medical Board; and before he can do this he must, of course, be master of the Spanish language. The population of the country is so cosmopolitan that the more modern languages he speaks the better will be his chances of success.—*Chemist and Druggist.*

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#### WHO KILLED THE CHILD?—PHYSICIAN OR DRUGGIST?

A CASE of considerable interest, and, if the facts as they have been received by us are correct, one, moreover, which does not throw a very favourable light over the mode of carrying on legal proceedings in the United States, has lately been tried in Chicago. In this case the defendant was a druggist of well-known capacity, who was engaged in what we should imagine, from the evidence brought forward, to be a very extensive and respectable business. The plaintiff sued this gentleman for 5,000 dols. as damages for the loss of his infant child, whose death, he alleged, had resulted from the carelessness of the defendant in dispensing a prescription. It appears that in the summer of 1881 a physician was called in to attend the child, who was suffering from infantile cholera, and he made out a prescription which called for ten powders, each of which was to contain one-fifth of a grain of calomel and 4 grains of sugar. The prescription was sent to the defendant's business and was dispensed by him. Shortly after taking one of the powders, according to the allegation of the prosecution, the child grew worse, and the physician in attendance thereupon charged the defendant with having dispensed morphine instead of calomel. This charge the defendant stoutly denied. The child was then treated as though it were suffering from narcotic poisoning, and within the next six hours something like 40 ounces of a strong



decoction of coffee was injected into its stomach, and ejected at intervals by bringing pressure to bear upon the stomach. Hypodermic injections of camphorated oil were also administered. Ultimately the child died. The physician when examined alleged that he had employed the proper treatment for the case, and also declared that one of the powders which had been dispensed by the defendant had been examined by him, and been found to contain one-third of a grain of morphine. This evidence was, of course, intended to show that the child had died from the effects of poisoning, and that this alleged result was due to the carelessness of the defendant in dispensing the prescription. On the other hand, however, the evidence given by those who had performed the *post mortem* examination clearly showed that one of the deceased's lungs had collapsed, as a consequence of the mode of treatment adopted by the medical attendant. The jury, after several hours' deliberation, found a verdict for the plaintiff, with damages, 750 dols.—*British and Colonial Druggist*.

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#### CORFIELD'S COMPRESSED TABLETS.

WE have received from Messrs. Corfield, of Birmingham, a specimen of their preparation of triturations for dispensing. Three grains of a trituration, say of *sulphur* or *mercurius*, are compressed into a small flattened round ball. They are decidedly elegant in appearance, and possess the great advantage of being readily dispensed; all the time and trouble of weighing out the substance, dividing it into doses, and folding each in a separate paper being done away with. We understand that those practitioners who have used them have been much pleased with them. Their appearance is good, the dose in each exact, and their convenience obvious.

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#### AN APPEAL.

A HOMŒOPATHIC physician, 75 years of age, having, owing to a protracted illness from a second attack of lumbar abscess, been for long unable to practise, and having consequently incurred liabilities which he is now unable to meet, is asking the help of his friends towards raising a sum of £200. The British Homoeopathic Medical Benevolent Society has, on the recommendation of Drs. Drysdale and Hayward, of Liverpool, and Professor Maclean, of the Netley Hospital, contributed a grant of £10. Dr. Drury, Dr. Kidd, Dr. Dyce Brown and others have sent contributions. Dr. Dyce Brown will receive any sums that may be forwarded to him for this purpose, as also will Rolles Driver, Esq., J.P., of 10, Rochester Place, Southampton, who undertakes to apply the money to the discharge of these liabilities.

## DRYSDALE, DUDGEON AND HUGHES TESTIMONIAL.

In the list of subscribers to this testimonial, published last month, Dr. KENNEDY, of Blackheath, should have read Dr. W. A. KENNEDY, of Newcastle-on-Tyne. The following additional subscriptions have been received since our list was published:—

Dr. S. Morgan, Clifton	...	...	...	£1	1	0
Dr. Jones, Birkenhead	...	...	...	1	1	0
Dr. Jagielaki, London	...	...	...	0	10	6

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. ROTH, Dr. G. BLACKLEY, Dr. C. L. TUCKEY, Dr. J. H. CLARKE (London); Dr. PROCTOR (Birkenhead); Dr. BELCHER (Brighton); Dr. WILLIAMS, Dr. GORDON SMITH (Liverpool); Dr. NEILD (Plymouth); Dr. H. NANKIVELL (Bournemouth); Dr. REED (Southampton); Messrs. CORFIELD (Birmingham).

## BOOKS RECEIVED.

*A Cyclopædia of Drug Pathogenesis.* Part I. London: Adlard, Bartholomew Close, E.C. 1885.

*The Human Element in Sex.* By Dr. Elizabeth Blackwell. Fourth edition. London: A. Churchill, New Burlington Street. 1885.

*The Electriad: A Tale of the Trojan War.* By a G. O. M. London: Pall Mall Electric Association, Limited, Holborn Viaduct, E.C.

*The Homœopathic World.* London.

*The Hospital Gazette.* London.

*The Chemist and Druggist.* London.

Extra issue of *Chemist and Druggist*, containing the New Poisons Bill. London.

*The Monthly Magazine of Pharmacy.* London.

*Modern Society.* London. March 7th, 1885.

*Fourth Annual Report of the Buchanan Hospital, St. Leonards.*

*The Calcutta Medical Journal.* Calcutta.

*The New York Medical Times.* New York.

*The American Homœopath.* New York.

*Homœopathic Journal of Obstetrics.* New York.

*The New England Medical Gazette.* Boston.

*Hahnemannian Monthly.* Philadelphia.

*The United States Medical Investigator.* Chicago.

*The Clinique.* Chicago.

*The Medical Era.* Chicago.

*The Medical Advance.* Ann Arbor.

*The Therapeutic Gazette.* Detroit.

*The St. Louis Periscope.* St. Louis.

*Boericke & Tafel's Bulletin of Homœopathic News.* Philadelphia.

*Catalogue of Hahnemann Publishing House.* Philadelphia.

*Bibliothèque Homœopathique.* Paris.

*Allgemeine Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homöopathie.* Leipsic.

*Rivista Omiopatica.* Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 13, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 69, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *STRAMONIUM*.\*

By ALFRED C. POPE, M.D.

THE *Datura Stramonium*, or thorn apple, belonging to the natural order of the *Solanaceæ*, is found in Europe, Asia and North America, chiefly among rubbish heaps and around ruins. It flowers in summer time, is collected when both flowers and fruit are present, and the entire plant used in the preparation of the tincture employed in medicine.

Our knowledge of the physiological properties of this plant is chiefly derived from a proving made by Hahnemann, together with some five and thirty cases of poisoning collected by him from older authors, which you will find in the second volume of the *Materia Medica Pura*, edited by Dr. Dudgeon and Dr. Hughes. Nearly 200 cases of poisoning collected by Dr. Allen, and a few more or less fragmentary provings made of late years, are contained in the article *Stramonium* in Allen's *Encyclopædia*.

In its general action *stramonium* may be said to be a pure neurotic—the entire force of the drug being expended

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\* Revised from a Lecture delivered at the London School of Homœopathy, 1882-88.

upon the nervous system. Hence while of the greatest value in some very serious forms of disease, its sphere of action is much more restricted than is that of many powerfully acting medicines. Delirium, mental excitement proceeding to mania, and convulsions constitute the chief of the phenomena arising from poisoning by *stramonium*.

In endeavouring to place before you such an account of the conditions produced by this drug—of the phenomena which characterise them—as may enable you to use it clinically with advantage, I will, in the first place, give the details of three well marked cases of poisoning by it—cases which exhibit nearly all the indications of perverted function that *stramonium* excites.

In the St. George's Hospital Reports for 1869, Dr. Paget Blake, of Torquay, recounts one of the most complete and instructive cases of *stramonium* poisoning with which I am acquainted. The patient was a gentleman subject to attacks of asthma, to relieve which he took lodgings in Torquay, and on the night previous to Dr. Blake's being summoned to him, he had taken from a drachm to a drachm-and-a-half of the tincture of *stramonium* for the same purpose. He had gone to bed at 11.30, and had been heard pacing his room and making an unusual disturbance until about 4.30 a.m. At 7 his servant rapped at his door as usual, but getting no answer and thinking he might be asleep after a restless night, did not disturb him until 8 o'clock, when on entering the room he found him with his feet at the door as if he had been pushing against it, and his head completely under the bed. He was cold, speechless and apparently dying. In this condition of collapse Dr. Blake found him, the room being in a state of indescribable disorder as regards furniture. The features were sunken; skin icy cold and covered with a clammy sweat; the hands and feet livid (the former being much bruised); no pulse perceptible; heart's action feeble and intermittent; pupils so contracted as to be scarcely discernible. Sinapism, friction and fomentation were applied. An attempt was made to pour a little brandy down his throat, when it was found that he could not swallow. He was unconscious, could not be roused by the loudest shouting, or moved by pinching; the arms and legs when lifted fell placid and lifeless. Dyspnoea was terrible, respiration being a succession of deep sobs and gasps. In an hour, the pulse became per-

ceptible, the heart's action firm, and the surface warmer. Presently an emetic dose of sulphate of zinc was got down, and the contents of the stomach were ejected. He now began to rally, opened his eyes, stared about him, the pupils were still intensely contracted; on waving a hand before the eyes he neither blinked nor took any notice—he evidently could not see. There was still the same terrible spasm of the throat at each attempt to swallow, but the fluids did eventually pass after much struggling. About 12.30 the pupils began to expand and vision gradually returned. He looked enquiringly round the room, and that with some degree of terror, apparently wondering at the strange scene dawning upon him. He continued gulping, as if vainly striving to get rid of some substance in the throat, and made ineffectual attempts to speak, but not a syllable could he articulate; the mouth was too dry and parched, the secretion of saliva being evidently entirely suspended. An ounce of castor oil, which had been got down an hour or so previously, brought away a highly offensive evacuation. Shortly afterwards a smart reaction set in. The face became flushed, the head congested. He muttered unintelligible sounds, looked wildly around, and could not be made to do what he was told, though he apparently understood all that was going on. He kept wanting seemingly to clutch at some person or persons who, he imagined, were before him, but he could not use his arms though he tried to do so. There were no convulsions, but the arms and legs were now quite rigid. He kept improving during the day, but could not articulate, though he was mild, tractable and gentle. The chief symptoms gradually disappeared. He could not, however, speak at all intelligibly until the end of the next day, and then continually misplaced words, calling his head his foot, his arm his leg, and misnaming the things he required, though ludicrously unconscious of his perpetual misnomers. All this day, too, he simply answered when spoken to, but never volunteered any remarks, and was constantly muttering a strange jargon of sentences. It was several days ere he could converse without calling something by a wrong name.

On recovery he had no recollection whatever of anything that occurred from the time of his taking the dose until on the evening of the third day he noticed Dr. Blake standing by his bedside.

We cannot but regret the lack of observation of the events of the night after taking the *stramonium*; but the wild confusion in which the furniture in the room was found, and the fact of his having been heard moving about the room until 4 in the morning, suggest, as Dr. Blake remarks, "a period of wild delirium prior to the collapse in which he was found, during which he was fighting with some imaginary enemy at whom he knocked about in all directions, dispersing everything right and left, when he received the blows and scars which marked both his hands. Having demolished his supposed antagonist he probably placed both his feet against the door to prevent any fresh intruder coming in, and then put his head under the bed for additional security."

Assuming, as I think we may fairly do, the correctness of these suppositions, we have a perfect picture of the violent delirium accompanied with hallucinations and fright, which are so eminently characteristic of the action of *stramonium* and of the cases in which it is so valuable a medicine. The dose was a heavy one. The period of excitement was followed by a state of collapse. This being partially recovered from, reaction sets in, and then we have another group of symptoms equally characteristic of the less severe disturbance produced by *stramonium*. The hallucinations are present, he is more or less unmanageable, and, but for the paralysis arising from the exhaustion, would probably have been quite so. These symptoms gradually subside, and then we have a well-marked aphasia, or to speak more accurately, we have a combination of aphemia—he could not for some time articulate anything—and of amnesia. When he recovered some degree of articulating power, his memory of words was lacking, or, perhaps we might say, his apprehension of the meaning of words was wanting—he misnamed the things he wished for, being all the time unconscious that he was doing so.

It is clear, from this case, that the tendency of *stramonium*, when its full influence is exerted, is to disturb that portion of the brain "in which," as Dr. Bristowe explains, "words are transformed into ideas and revised in thought," and which "acts in the process of transforming them again into articulate speech, upon the centres of origin of the various nerves of speech, through the intermediate agency of a special co-ordinating centre." This centre being probably situated somewhere in or below the corpus striatum.

A second case gives a vivid picture of the phase of delirium *stramonium* excites. It is reported by Dr. Dunham in his *Lectures on Materia Medica*. The patient was a man suffering from ulcerated legs, to heal which he had applied the leaves of the thorn apple. The following is Dr. Dunham's description of the state in which he was when he visited him :—

“ I found him,” he writes, “ dressed, and lying on a lounge. He recognised me, and immediately apologised for not rising, stating that his limbs were not under his control ; and, in fact, I found afterwards that they were paralysed. His face was covered with patches of an irregular shape, not elevated above the rest of the skin, and of a brilliant fiery red. The conjunctiva was injected, the pupils immensely dilated ; the whole expression of the eye was brilliant, restless, suspicious, and roving. The brow was corrugated. The appearance of the patient suggested mania, and I might have at once pronounced it a case of delirium tremens, had I not well known the temperate habits of my patient. The tongue was moist, the papillæ enlarged, and projecting through a soft white fur. The limbs were motionless. The arms, on the contrary, were constantly reaching forward and upward, with an uncertain tremulous motion, as if the patient were endeavouring to seize some object which he indistinctly perceived in the air. As I sat observing him, he suddenly turned towards the wall, exclaiming, ‘ There are those bugs ; help me to catch them ! ’ ‘ What bugs ? ’ I asked. ‘ There,’ he replied, ‘ a long train of bed-bugs, and after them a procession of beetles, and here comes crawling over me a host of cockroaches.’ He shrank back in much alarm. Then suddenly he turned to me, saying, ‘ I believe I know they are not really bugs, but, except once in a while, they seem real to me.’ This scene was many times repeated. For some time I was at a loss to account for the condition of my patient. At length the peculiar, almost convulsive, motions of his upper extremities, while the lower extremities were nearly paralysed, together with the aspect of the face, and the mental condition, suggested *Stramonium* to my mind. His family knew nothing of his having used it, but when he heard me mention the name, he pointed to his legs, where, on examination, I found a quantity of the bruised green leaves, which he had applied to the ulcers, it seems, the night before, in the hope of relieving pain.”

The delirium in this case is generally characteristic of that met with in delirium tremens. The uncertain, tremulous motions, as if the patient were endeavouring to seize some object which he indistinctly perceived in the air, and then the hallucination of cockroaches on the wall—such

symptoms as these are precisely those one would look for in the delirium of a well-marked and fairly advanced case of that disease. In other conditions presenting delirium of this kind you will find that *stramonium* will often rapidly calm your patient. One such I saw many years ago. In this the delirium arose from a sudden retrocession of an erysipelatous eruption, produced by a lotion prescribed for the patient by a druggist. Her shouting and noise and struggles to get away were serious enough. I gave her a few drop doses of the 3rd dec. dilution of *stramonium* at intervals of 10 minutes, and had the satisfaction of seeing her perfectly calm within an hour afterwards. The erysipelatous blush shortly reappeared on her face.

The third case was originally reported by Dr. Bürkner, of Dessau, in the *Allgemeine Homöopathische Zeitung*, January 13th, 1873. The translation of it, from which I quote, appears in the *Homœopathic Review*, vol. xvii., page 116. The patient was a boy, three years of age, who had found and eaten a small thorn apple. When seen he was in bed, "with highly flushed face, sparkling eyes, and continuous movements of the limbs and of the whole body—at one time listening, and apparently understanding when spoken to, at the next paying attention to nothing, as if unconscious, but evidently occupied with all kinds of illusions and hallucinations."

"The most striking features of the case at first sight were," says Dr. Bürkner, "the serious affection of the sensorium and the spasmodic movements. The whole body was in continual motion; all the muscles twitching, as in St. Vitus' Dance. The features constantly varied in expression, at one moment being drawn up as if to smile, at the next wearing an expression of astonishment or joyful surprise, the lips meanwhile moving as if speaking earnestly, or pointing themselves as if to whistle; the mouth opened and shut noisily, and the tongue was protruded quickly at times, and licked the lips. The whole head was thrown backwards and forwards, the spine and the whole body making spasmodic twistings, and the patient appeared to be constantly making unavailing efforts to sit up. The constant movements of the arms and legs were not spasmodic, but uncertain and purposeless; the hands were oftenest carried towards the face, rubbing the nose and mouth, and pulling the lips, or else they clutched at imaginary objects, picked the bed clothes, rubbed or



scratched the breast and neck. Then, for a moment, the arms sank, as if fatigued to the side, but almost immediately the play of the muscles would recommence.

“The face was meanwhile dark red, as from congestion; the eyes wide open and glittering wildly, but more motionless and staring; the pupils greatly dilated, and barely sensible to light. The sense of hearing seemed very much deadened, but once or twice an interval occurred, during which it was very acute. The mouth and tongue were dry and, like the face, deeply reddened. There was partial paralysis of the organs of speech; the patient constantly endeavoured to speak hurriedly, but he seldom uttered words; it was merely a sort of barking, stammering, or muttering. He was able, however, now and then to sing two or three notes, and occasionally to whistle, this being followed by loud laughing. The voice sounded hoarse and screechy.

“That this was also spasmodic action of the muscles of the throat, and a species of paralysis resulting therefrom, was evident from the difficulty of swallowing, which was so great that it was hardly possibly to administer any liquids, or even a spoonful of medicine, although he appeared to be almost choked with thirst. The feeling of constriction in the throat was evidently the cause of his persevering efforts to carry the hand towards the mouth and throat. . . . The febrile symptoms were very characteristic, especially of the disturbance of the circulation. Between the glowing heat and redness of the head and face, and the coldness and pallor of the rest of the body—between the temperature (98° 26 F.) in the axilla, and the small weak pulse of 162 in the minute, coupled with the slightly accelerated, though oppressed and occasionally spasmodic, breathing, the contrast was very striking. The hands and feet felt decidedly cool, and often had a bluish appearance. The whole surface of the skin was dry. The temperature in the mouth could not be taken, owing to its constant spasmodic movements.”

The symptoms narrated in these three cases are such as are characteristic of some cases of acute mania, of a form of delirium met with not only in delirium tremens, but in typhus fever, and indeed such as may appear in several acute diseases where the cerebrum is actively disordered, and of acute chorea.

Dr. Worcester (*Lectures on Insanity*, p. 200), precisionises the special indications for *stramonium* in a case of acute mania as follows:—"There is a strong desire for light and company; he cannot bear to be alone; the ideas are strange and absurd; thinks himself tall, double, or lying crosswise, one half of the body cut off. Thinks he converses with spirits, and prays fervently. Terrifying hallucinations; sees ghosts; hears voices; sees strangers, or imagines animals to be running around, or jumping at him. Talks all the time; sings and makes verses. Coma; spasms; unconsciousness; jaw hangs; hands and feet twitch; eyes roll; pupils dilated; grasping of hands towards the nose and ears, &c.; difficulty in swallowing liquids."

Similarly in the mania of epilepsy, it is when fear is excessive, provoked by hallucinations, and when the convulsions are of an opisthotonic character, and excited by bright light, or sudden causes of terror, whether real or imaginary, that *stramonium* has been found useful.

To the special indications for the use of this medicine in delirium tremens, I have already referred.

In the delirium of typhus and typhoid fevers, Dr. Trink, of Dresden (*Brit. Jl. Hom.*, vol. xxix., p. 323), says that he had found *stramonium* indicated when the delirium had "the character of a monomania, in which the patients were, so to speak, under the influence of one fixed idea, clung to it obstinately, pursued it constantly, and when for a time they were diverted from it always returned to it again; or secondly, delirium in which the patients repeated poems or single verses of poems, or sang operatic melodies, the musical accompaniment of which they heard, &c.; or finally (1), delirium in the form of visions, in which they saw persons they knew, and conversed with them; or strange figures that inspired them with fear and horror, from which they sought to escape by creeping under the bed clothes, as in delirium tremens with hallucinations of the senses to a greater or lesser degree." The third case of poisoning I cited shows the character of the convulsive movements *stramonium* produces to resemble those of chorea. In acute chorea, that which has developed suddenly, especially when caused by fright, and where, with the choreic movements symptoms of cerebral excitement are largely intermingled, *stramonium* is eminently useful. In a case under my care a few years ago, where the

patient, a boy of 10 or 12 years of age, had a variety of choreic movements, and at the same time hallucinations, fighting his shadow on the wall, and striking out, unconsciously, at different objects, frequently spitting in all directions, blurring out absurd words in the middle of a sentence of ordinary conversation, without the slightest idea of having done anything of the kind, *stramonium* was most useful. The cerebral symptoms entirely disappeared under its use, and never recurred, care being of course taken to prevent any undue strain upon, or any chance of excitement of, the nervous system for some months afterwards. It is not in the chronic form of the disease, or when the source of irritation is purely spinal, that it is of service. Here medicines, whose influence is less transient, such as zinc, copper, arsenic, *secale cornutum*, carbonate of lime, and sulphur, will be better indicated homoeopathically, and consequently more useful.

In the third stage of hydrophobia it is more than probable that *stramonium* will be found of service. The characteristic symptoms of this terrible disease have been especially prominent in several cases of poisoning by it. For example, they were so in the following instance, reported in the *Zeitung Klinische für Medicin*, 1856, and reproduced in Allen's *Encyclopædia*, where a boy had eaten the seeds of the plant. The symptoms relating to this phase of disease was as follows:—  
“Excessive aversion, amounting even to rage, to the administration of any liquid; he appeared to be suffering from hydrophobia, and even had the spasmodic irritation of the pharyngeal muscles, so that anything taken choked him, and had to be regurgitated.”

To take another example, Professor Lobstein in his dissertation on the vegetable poisons of Alsace, published at Strasburg, in 1776, and quoted in *Medical Facts and Observations*, published in London in 1794, in describing the cases of two children, æt. 7 and 9, poisoned by the seeds, says, “they were much convulsed; when loudly spoken to, or when anybody touched them, their convulsions became more frequent and violent. By degrees the spasms grew less violent, and their skin, from being intensely hot, became moist; their pulse was still quick, but softer. They now rejected every kind of liquid, and seemed to labour under hydrophobia, for on offering a cup

of drink to them, the moment it touched their lips the spasm returned with great violence."

It is worthy of remark that among the Chinese *stramonium* is regarded as a specific in cases of hydrophobia. Dr. Ozanam gives, in a paper on this point, some extracts from the reports of missionaries confirming this fact. (*Bull. de la Soc. Méd. Hom. de France*, vol. xviii.)

The resemblances presented by *stramonium* poisoning we have so far considered have been to definite morbid states, but when proved in doses which are perturbative rather than dangerous to life, we meet with phenomena such as occur in various forms of disease of the nervous system which should not be lost sight of, albeit not traceable to any recognised pathological state, simply because they represent the beginnings of disease, and not those ultimate conditions which furnish our pathological nomenclature.

In the 16th volume of the *Homœopathic Review* is a very useful and suggestive proving, revealing symptoms of this order by Mr. Theobald, of Blackheath. After the usual dryness of the throat, he had a dull, not definitely localised, headache, his sight became confused, he was unable to form letters, distant objects were not affected. The headache increased and is described as "deep in the brain," and constant. The presbyopia increased necessitating the use of spectacles. He became unsteady and staggering, swaying slightly from side to side in walking. Forgetfulness and mental confusion, a clouded state of the faculties rapidly developed, until he writes, "I upset everything I touched." A friend, to whom he was talking, "seemed to me," he says, "to be talking to me out of a cloud, or as if he was a figure in a vision and not a reality, and when he ceased talking I subsided into a sort of bewilderment, from which I could with difficulty rouse myself. My writing was an unintelligible scrawl. I lay down again all day till evening dizzy and incapable, with dull headache on the vertex, but not much pain."

In some instances there has been a form of diplopia produced when the letters appear one higher than the other, the latter being a little to the right.

These and similar symptoms, while they do not suggest any special form of disease, are such as are met with in various kinds of cerebral irritation, and are, therefore, well worthy of being remembered, more especially in headaches.

Almost the only specific forms of disease, other than those of an essentially cerebral or cerebro-spinal origin, to which the pathogenesis of *stramonium* presents a well-marked similarity are erysipelas and scarlatina. The special points which call for the selection of this drug in preference to *belladonna* in scarlatina have been very fully described by Dr. Wells, of Brooklyn, in vol. v. of the *American Homœopathic Review*; they are, however, too lengthy for quotation here.

The characteristic symptom of scarlatina, that from which it derives its name—the bright red and smooth eruption on the skin—is a very generally marked symptom of *stramonium* poisoning. “The whole cutaneous surface of his body was as intensely red as crimson” is the remark of one observer. In another case, where eating the seeds proved fatal to a child two years of age, the body is described as being “covered with an erythematous, or rather scarlatinaform flush.” In another case, where recovery took place on the fifth day, recorded in the *Ohio Med. and Surg. Reporter* by Dr. Kimberling, there was “an intensely red rash over the skin, resembling the rash of scarlet fever, but having a more shining appearance, disappearing on the third day.” In one or more cases desquamation has been observed after an eruption of this kind.

The state of the throat is less like that commonly seen in scarlatina; for, though there is great soreness and dryness, there is little or no tonsillary swelling, and, though there is a difficulty in swallowing, this arises from spasm in the œsophagus rather than from inflammation and swelling of the fauces.

It is in the nervous symptoms after all that you must look for the reasons which should determine your choice here. These you will find in the peculiar type of excitement, the delirium, and the restless, tremulous, convulsive movements which I have described as marking the action of *stramonium*.

Given then a well-developed scarlatina eruption, with comparatively slight throat symptoms, and unusual cerebral excitement, you will probably find *stramonium* to be the best medicine you can prescribe.

Pretty much the same may be said with reference to erysipelas. *Stramonium* poisoning resembles it, producing a face red, swollen and puffy, and a similar condition of

the eyelids. But it is only in cases when the peculiar form of delirium which characterises the action of *stramonium* is present that you will find it called for here.

Hence, though the tissue irritation resulting from erysipelas and scarlatina is simulated by *stramonium*, it is the neurotic phenomena present in individual cases of these diseases that will lead you to choosing it as a remedy in them.

Opium, given in full doses, seems to be the best attested antidote to the effects of poisoning by *stramonium*. In *The American Jl. of Med. Science*, January, 1862, Dr. C. C. Lee gives three well-marked cases of poisoning by it, in which the symptoms were evidently overcome by full doses of opium. All the patients recovered.

With regard to the dose, you must be careful that you do not prescribe too much. It is a remedy which, given too crudely, is very apt to excite aggravation. The 3rd dec. is abundantly strong, and you will get better results, with less chance of aggravation from the 3rd centesimal. The late Dr. Clotar Müller, of Leipsic, says that the 6th and 3rd centesimal dilutions have, in his hands, often produced very decided effects and cure, especially in chorea; and that he has used the 18th and 30th sometimes with good effect in spasm of the œsophagus, and cramps in general in children. (*Brit. Jl. of Hom.*, vol. xxiii. p. 374).

## ON LACHRYMAL FISTULA.

By R. E. DUDGEON, M.D.

THERE are not many cases of cures of this disease to be found in our homœopathic literature; and most of those recorded are so ill-described that it is difficult to determine the exact nature of the disease to which the describer gives this appellation. In some of the cases said to be lachrymal fistula there was no fistulous opening at all. Thus a case given by Weber (*Aug. Hom. Ztg.*, xxxix., 280) was merely one of periodical inflammation and swelling of the lachrymal sac, probably owing to catarrh and temporary stoppage of the nasal duct. Schellhammer (*Arch.* xx, 3, 120), says that with one dose of *laches.* 12 he cured a lachrymal fistula accompanied by a very ugly and obstinate eruption on the face in a fortnight, after having fruitlessly tried for a whole year a number of other homœopathic remedies. A more detailed description of the fistula would have been desirable.

A case similar to that of Weber, and called by the author (Gross) "an incomplete lachrymal fistula," but which was of course not a fistula at all, is mentioned in the *Allg. Hom. Ztg.* xl. 14.

B. of D. (probably Bönninghausen) mentions in the *Archiv*, xvii., 1, 15, the case of a lady, æt. 47, who had suffered for eight years from lachrymal fistula of the right eye, which had eroded the surrounding parts to the extent of an inch in diameter, and which poured out watery matter. *Calc.* 30 was given 13th Jan., and improvement went on till March 9th. Then *lycop.* 80 produced further amelioration. *Calc.* 80 given again on 15th May effected a complete cure. It is a pity a more detailed description of this case is not given, for though the treatment seems to have lasted about six months, if not longer—for we are not told how long after the last medicine was given the disease lasted—its long duration, and the destruction of soft parts it had caused, show that it must have been a case of no ordinary severity.

Neidhard's case (*Brit. Journ. of Hom.*, xxvii., 567), is very unsatisfactorily related. The patient had suffered for years from an obstruction of the lachrymal (? nasal) duct with overflow of tears. He had had several operations performed on the eye by a skilful surgeon, which were successful, but gave only temporary relief. He was treated with *spir. silicæ*, internally and externally, and "an almost radical cure effected."

A case by Rummel (*Allg. Hom. Ztg.*, xxxiv., 200) is the most fully described instance of fistula lachrymalis and its treatment I have met with in our literature. A girl, æt. 18, presented herself with inflamed lachrymal sac in June, 1845. She got *merc.* 15. The inflammation subsided but the part remained swollen, and when pressed tears and purulent fluid exuded from the puncta. *Stann.*, *euph.*, *lach.* were given in various dilutions. Neither these medicines nor cod liver oil, continued for several weeks, did any good. In August, homœopathic treatment was commenced. *Merc.*, *sep.*, *calc. c.*, *nux v.*, *lach.*, *rhus t.*, *sulph.*, *graph.*, generally in the 30th dilution were successively given. At the end of September the lachrymal sac became again much swollen and inflamed. *Hepar.* 30 was given, and the swelling opened of itself and discharged pus. This opening communicated with the lachrymal sac, constituting the affection lachrymal fistula. From October, 1845, to

August 15th, 1846, various attempts were made to close the opening by homœopathic medicines. *Calc.*, *lach.*, *stan.*, *ant. cr.*, *puls.*, *silic.*, *petrol.* were given and repeated in 30th and 200th dilutions, but without apparent good effect. A scab often formed over the opening, closing it for a few days, but then the scab fell off and the opening was found to be as before. Under *silic.* and *petrol.* the opening diminished in size, the redness subsided and the quantity of discharge from the opening and the puncta was lessened. On the 15th August the patient got two doses of *calc. c. 200* in four days. Then a pause was made. By the 29th August the opening was closed and covered by a thin scab-like piece of desquamated cuticle, after the removal of which the fistulous opening was observed to be cicatrized, the lachrymal sac was no longer swollen, and when it was pressed nothing escaped from the puncta. "Thus," says R., "the cure was completed in fourteen days." Rather a curious remark to make when the treatment lasted upwards of ten months; but he does not count the time passed in giving inappropriate medicines. It is difficult to see why he should ascribe the cure to the time when *calc. c. 200* was exhibited, considering that *calc. c.* had been given several times previously without effect, and that the improvement actually commenced when *silic.* and *petrol.* were being administered. But then these medicines were probably given in lower dilutions, and Rummel wants to make out a case for the wonderful power of the 200th dilution, which seems only to have come in accidentally at the end of the disease.

Here is a case by C. Hering, from the *N. Archiv*, iii., 1, p. 122: "A lachrymal fistula on the left side, which had lasted years. About an inch below the left canthus towards the cheekbone, there was a bright coloured, longish scab, with very little redness, and very little pain on pressure. Every three or four days it commenced to itch violently and to discharge; remained thus for three or four days, then seemed as though it would heal again. Before the attack there sometimes came a pain like that given in s. 171 [of Dr. Hering's proving of *fluoric acid.*\*] After *fl. ac. 30* this pain recurred immediately at an unusual time, then the whole thing healed and only left a cicatrix behind."

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\* "Behind the left eye towards the temple in the left nose and forehead, a pain apparently in the bone, as if something pointed were thrust deep in."



It is not evident that this was a case of lachrymal fistula at all. Perhaps it was only some cutaneous affection. Nothing is said about the state of the tears, lachrymal sac or puncta; we are not told what kind of patient it was, nor how long the treatment lasted.

I have lately had a case of fully developed fistula lachrymalis which is perhaps worth recording.

A lady, aged about 60, consulted me on the 8th of May last on account of her eyes. They, especially the left one, were constantly watering, especially in the open air. They had been doing this for years, and she had been under homœopathic treatment all the while without benefit. I found the tarsal edges of the left eye thickened, the conjunctiva thickened and injected; some mucus floating about in the tears. The orifices of the canaliculi rather thickened, but the puncta themselves were quite pervious. The lachrymal sac rather swollen, but not painful; when pressed tears and mucus escaped by the puncta. The right eye was much less affected, slight chronic catarrh was all that could be seen in it. The patient had suffered much in past years from rheumatism, and had since had rheumatic fever, though not very severely. She still has a good deal of muscular rheumatism, especially in the lower limbs. I prescribed *arg. nit.* 3, night and morning. Two days later I was called in to treat her for œdema of the eyelids, for which I gave *apis* 2, which soon removed it. Nothing particular occurred until the 27th May, when I found the lachrymal sac swollen and hard. Under *silica* 3 she improved considerably, till the 12th June, when from some cause or other, she attributed it to sitting in a draught, there appeared a redness of the skin around the inner canthus of the left eye and upon the cheek, like erysipelas. The inflammation increased in spite of *belladonna* and *silica*, and on the 16th June it was evident that an abscess had formed in connexion with the lachrymal sac, in the region of which there was great inflammation, swelling and much throbbing pain. I wished to open the abscess, but the patient would not submit to the operation, so I gave *hepar* 3. The abscess burst on the 18th with, of course, immediate relief to the pain and swelling. As the opening communicated with the lachrymal sac, this now became a case of lachrymal fistula. The vicissitudes of the disease after this were such as are usually seen in such cases. The inflammation and swell-

ing of the sac was sometimes less, sometimes more. The discharge sometimes profuse, sometimes slight. The opening sometimes larger, sometimes smaller; sometimes scabbed over for a few days, but then again bursting its scab, and pouring out watery pus. The patient got during this period. *hepar*, *calc. fluor.*, *merc. iod.*, *cinnabar*, *arg. nit.*, *fluor ac.*, *silica*, all these generally in the 3rd and 6th potency. In November the fistulous opening remained, though small, and frequently scabbed over for a day or two, and there was much less redness and disfigurement of the face. The tarsal edges of the eye looked more healthy, and altogether the appearance of the patient's eye was much improved; but the persistence of the fistula became very irksome, and she consented to what I had often proposed, viz., that the advice of an eminent oculist should be taken. Accordingly, on the 5th November, I took her to one of the first metropolitan oculists. He carefully examined her, and said that the only thing to do was to perform an operation, which he described to her in detail. He proposed to slit up the lower canaliculus on the conjunctival side, gain thus an entrance into the lachrymal sac, and through this opening to pass a bougie down into the nasal duct every day or every other day until the passage was quite restored. The patient, a highly sensitive and timid lady, asked if the operation would be painful. "Undoubtedly," the oculist replied, "unless we can give you an anæsthetic." I said, I feared there was an objection to the employment of anæsthetics in this case, as the patient's heart was very much diseased from previous rheumatic attacks. Auscultation revealed pre-systolic bruit, clear systolic sound, but diastolic sound replaced by a loud bruit, showing aortic valvular insufficiency and regurgitation. The sphygmographic tracing showed complete effacement of the so-called "aortic-curve," as seen in the woodcut.



Having an equal dread of pain and anæsthetics, the patient resolved to continue with the homœopathic treatment, under which she had certainly improved and which

she hoped might ultimately cure her. I kept her on *silica*, giving it in various attenuations from the 3rd to to the 30th. At the end of January the eye appeared very much better, the fistulous opening being scarcely perceptible; the redness had nearly disappeared, and only occasionally a little moisture exuded from the microscopic opening. By the beginning of March that had completely closed, and the cicatrix could hardly be discovered. In fact, the left eye did not differ in appearance from the right, and both looked decidedly more healthy than when I first undertook the treatment nine months previously. This case very much resembles that of Dr. Rummel, given above. The two offer very good examples of the course and progress of fistula lachrymalis under favourable circumstances. I cannot, of course, say, like Rummel, that my case was cured in a fortnight, but it was cured just as his was, by the gradual subsidence of the catarrhal or blennorrhagic condition of the eye and its lachrymal emunctories. In neither case did the homœopathic medicines prevent the formation of an abscess. I have recorded a case (*Brit. Journ. of Hom.*, xiii., 135) where an abscess seemed to be inevitable and a fistula impending, but where all the threatening symptoms disappeared within a very short time after taking *silica* 6. In this case the lachrymal sac formed a small red swelling, exquisitely sensitive to the touch, the seat of throbbing pain, and there was complete obstruction of the nasal duct. A case somewhat similar to this is recorded by Dr. W. Roche (*Monthly Homœopathic Review.*, xiv., 503), but it does not seem to have been so violent, nor the cure so quick as in my case. Dr. Roche's remedies were *merc. c.* and *sulph.* alternately.

My chief reason for writing this paper has been to show that fistula lachrymalis, which oculists are almost unanimous in alleging to be incurable without an operation, may terminate in complete recovery under the administration of homœopathic medicines, without any surgical interference whatever. The cure, to be sure, sometimes occupies a considerable time, but if the patient is well even after a year of treatment, he may be much better off than if he had submitted to an operation, which is, as performed in modern times, painful and tedious, and by no means always more successful than the less artistic, but simpler, operation of our younger days.

## CARLSBAD: ITS SPRINGS, THEIR PHYSIOLOGICAL ACTION AND INDICATIONS.

By Dr. THEODOR KAFKA,

Consulting Physician at Carlsbad.

CARLSBAD, so called after the Emperor Charles IV., of Germany (son of John of Luxembourg), who, in 1358, is said to have found the Sprudel spring when hunting a deer, is the most frequented watering-place in Austria. In 1883 there were more than 27,000 visitors there. It is situated in the extreme north-west of Bohemia at an altitude of 388 metres, enclosed between two systems of rivers, near the confluence of the Tepl and Eger, in the district of Eger, belonging to the kingdom of Bohemia, a province of Austria. The surrounding mountains are covered chiefly with firs, pines, oaks, together with some beeches.

The whole environs of Carlsbad are free from stagnant waters, and, thanks to this circumstance, the town is exempt from intermittent fevers.

The climate generally is similar to that of central Germany, and the best proof of the clearness and the salubrity of the air is, that Carlsbad has always been free from pestilential and epidemic diseases.

The north and west winds are those which are most prevalent, the former is especially so, the entrance of the valley of the Tepl northwards giving it abundant opportunities of access.

The soil dries rapidly, even after persistent rains. The mean temperature is a little above  $5^{\circ}$  R. =  $41^{\circ}$  F., and the mean height of the thermometer is a little more than  $26^{\circ}$ . The springs arise from the granite, and the exact thermal line is at the limit between the coarse and fine grained granite. It is probable, according to Warnsdorff, that the latter is of more recent origin than the former; that it has pierced through the coarse grained granite and opened by it a deep fissure to the water, which goes down on the mountains, in which it can penetrate, and develop a high temperature.

The basalt, which is present in the granite of Carlsbad, has an especial geological interest.

The cleft (*spalt*) of the granite, whence our springs arise, was and still is partially "in the form of a vault" filled up with stony concretions, deposited by the springs,

known as the "Sprudelstein," or "Sprudelschale" (sediment of Sprudel).

There are numerous springs. The thermal water arises at many points in the course of the Tepl, and in the cellars of many houses. The centre of the eruption of the warm water is upon the right shore of the Tepl and partially in the channel of this river at the place called "Springerraum" (place of the springing water). The waters spring forth continually or at intervals out of seven apertures, some pierced by the hand of man, the others by the violence of the powers of nature in this area of fifty square yards, which the sediment of the waters covers with a vault. All these wells or fountains communicate one with another, thus proving that they belong to the same stream of water. As all the springs of Carlsbad arise from a common reservoir they all have a similar composition. The principal difference between them is the temperature; it varies from 109° F. to 169° F. Upon that difference depend also the slight chemical variations in the springs, which are situated at the extremes of the range of temperature. The tepid springs can retain only one part of the carbonic acid with which they are saturated in the depths of the earth, while the warmer springs on arriving at the surface lose the larger part of their carbonic acid. It is, therefore, not exact to speak of weak and strong springs, the difference between them is only one of temperature.

The thermal water can, as I have proved, only retain the carbonic acid, which it has taken up in the depths of the earth, under a strong pressure; as soon as this pressure is removed, *i.e.*, as soon as the water comes to the surface, the carbonic acid escapes. The bicarbonates of lime and iron, which have been dissolved by the carbonic acid, are precipitated on losing it, and incrust all things with which they come in contact. The crust of the sinter is composed principally of iron, which is transformed into a sesquioxide of the hydrate of iron by the oxidation of the air. In consequence of this precipitation the common basin, out of which the hot waters rise, is covered with a three-fold vault of sinter, the three-fold German *Sprudelschale*.

From the numerous springs which emerge at Carlsbad the following are used therapeutically for drinking and bathing:—

Temperature according to the last analysis of 8th April, 1883 :

Temperature of the air = 7.4° R, = 47° F.	
The Sprudel... ..	58.2°R=168°F
The well of Hygea ... ..	Ditto
The spring of Bernard ... ..	52.2°R=147°F
The fountain of the Curhaus ... ..	52.0°R=146°F
The Neubrum ... ..	48.1°R=140°F
The well of the rock (Felsenquelle) ... ..	47.7°R=138°F
The spring of Theresa (Theresienquelle) ... ..	47.6°R=137.5°F
The source of the mill (Alühlbrunn) ... ..	41.1°R=124°F
The Elisabeth's well (Elizabethquelle) ... ..	35.7°R=111°F
The Emperor Charles' well (Kaiser Karlsquelle) ... ..	36.8°R=114°F
The spring of the castle (Schlassbrunn) ... ..	42.7°R=127°F
The market's spring (Marktbrunn) ... ..	35.4°R=110.5°F
The Emperor's spring (Kaiserbrunn) ... ..	39.8°R=120°F
The spring in the house to "the Russian crown" ... ..	27.0°R=92.17°F

There are at Carlsbad also two acidulated springs, namely, the *Sprudel sauerling* (temperature 25°R=88°F), and the *Dorotheensaerling*, which is very pleasant for drinking, because it contains only carbonic acid. It is also used for vapour baths: and there is one *iron spring* which is only used for bathing.

The hot springs keep about the same temperature, while those which are tepid are subjected to remarkable fluctuations.

The warmer springs rise directly from the basin; the tepid ones are deeper, and have their origin in the large subterraneous basin. Their course is rather long and circuitous, and they lose some of their heat on the way.

In springs whence the water rises from the earth in jets, it passes upwards in about 30 to 40 jets in a minute. The water of the Sprudel is thrown upwards some feet at each eruption, falling again to the *niveau* of the shell which surrounds the spring. The steam of the water and the carbonic acid are the forces producing these eruptions.

According to the researches of myself and others the following conclusions have been arrived at:—

(1.) That the water of Carlsbad is not diuretic. The quantity of urine passed under its influence is less than that of the absorbed water.

(2.) That the morning urine passed immediately after taking the water only has an alkaline reaction; that passed later has a neutral or acid reaction.

- (3.) That the uric acid is diminished.
- (4.) That the secretion of urea diminishes in most cases.
- (5.) That the alkaline phosphates are more freely eliminated during the use of the waters.
- (6.) That intestinal action is moderately excited, but never amounts to diarrhoea. This is a fact which is confirmed by long experience. *The water of Carlsbad is not purgative.* The hotter springs, for instance the Sprudel, can produce even constipation, and many drink it for curing a chronic or acute diarrhoea.

The water of Carlsbad has also a great influence on the liver. Its high temperature promotes absorption; aids materially in dispersing congestion; increases the action of the skin; and lastly, has an anodyne influence, especially when pain has its seat in those parts with which the water comes directly in contact, as *e.g.*, in painful affections of the stomach and bowels.

In the different allopathic essays upon Carlsbad, especial attention is paid to the individual active constituents of the water of the springs. But, as sincere followers of homoeopathy, we must look upon this water in its entirety, as nature offers it to us.

Though Glauber's salt forms the principal element of the springs which are enumerated below, the denomination alkaline saline is misleading, for the action of the water is entirely different when exported in bottles or imitated artificially, showing that elements of which chemistry has only discovered traces play an active part in the cures effected by the waters. There are still many riddles to be solved, and practical experience shows that we must attribute a certain value to these traces which are scarcely seen by the chemists; we have here a new instance of it, that the waters of Carlsbad work only their wonderful and extraordinary effect when one drinks them at the springs themselves; the carbonic acid evaporates in the transport.

The last chemical analysis of the Carlsbad waters was made in the year 1878, by Professor Ludwig and Dr. Alanthner, from Vienna. (The result of this analysis of the Sprudel, Market-Castel, Mill and Emperor springs, and of the Elisabeth and Felsenquelle, is to be found in the brochure *Researches of the Baths of Carlsbad*, by these authors.)

I have extracted the following table, which contains the quantitative and qualitative composition of the above-mentioned springs:—

	Sprudel.	Market Spring.	Schloss-brunnen.	Mühl-fountain. (Mühl-brunnen.)	Neu-brunnen. (New-spring.)	Theresa's Spring. (Theresen-brunnen.)	Elisabeth Spring.	Felsen-Quelle Rock.	Emperor Spring. (Kaiserbr.)
Carbonate of iron . . .	0-030	0-006	0-001	0-028	0-026	0-017	0-026	0-026	* 0-029
Carbonic protoxide of manganese	0-002	0-002	Trace.	Trace.	Trace.	0-002	0-002	0-002	0-002
Carbonate of magnesium . . .	1-665	1-634	1-615	1-613	1-592	1-577	1-642	1-615	1-602
Carbonate of calcium . . .	3-214	3-350	3-337	3-266	3-287	3-277	3-273	3-293	3-173
Carbonate of strontium . . .	0-004	0-004	0-004	0-004	0-004	0-003	0-004	0-003	0-004
Carbonate of lithium . . .	0-123	0-123	0-136	0-118	0-113	0-113	0-121	0-116	0-121
Carbonate of sodium . . .	12-980	12-705	12-279	12-790	12-910	12-910	12-799	12-826	12-674
Sulphate of potassium . . .	1-862	1-814	1-930	1-888	1-839	1-839	1-840	1-803	1-796
Sulphate of sodium . . .	24-053	23-860	23-158	23-911	23-654	23-654	23-769	23-785	23-411
Chloride of sodium . . .	10-418	10-304	10-047	10-288	10-309	10-309	10-319	10-314	10-103
Fluoride of sodium . . .	0-051	0-051	0-046	0-046	0-046	0-046	0-057	0-060	0-053
Phosphate of soda . . .	0-040	0-040	0-039	0-029	0-036	0-036	0-030	0-035	0-056
Phosphate of calcium . . .	0-007	0-007	0-004	0-009	0-004	0-009	0-007	0-007	0-007
Alumina . . .	0-004	0-007	0-005	0-005	0-006	0-005	0-005	0-003	0-005
Silicic acid . . .	0-715	0-712	0-703	0-735	0-709	0-718	0-724	0-707	0-729
Carbonic acid, half bound . . .	7-761	7-681	7-493	7-672	7-627	7-584	7-697	7-704	7-581
Carbonic acid, free . . .	1-898	5-957	5-822	5-169	4-372	5-100	6-085	4-653	5-641
Cerium, rubidium, thallium, arsenic, zinc, antimony, selenium, formic acid, fluid organic substance of not ascertainable composition . . .	Traces								
Total of solid constituents . . .	55-168	57-619	53-304	54-730	54-589	64-384	54,614	54-606	53,765
Specific gravity . . .	1-00530	1-00537	1-00522	1-00532	1-00534	1-00537	1-00539	1-00540	1-00537
Temperature in C° . . .	73-8°	50°	56-9°	57-8°	63-4°	61°	42-9°	60-0°	49-7°



I have often tried the Carlsbad waters on myself and on others, but it would take too long to enumerate all the symptoms which I and the other provers felt. Catarrh of the stomach and intestines, slight jaundice and dyspepsia have been the principal effects of the waters on healthy persons. The Sprudel, which is rather constipating, produces often diarrhoea in healthy persons; the other cooler springs constipate healthy individuals, while they open the bowels in habitually constipated ones.

*Symptomatology of the Carlsbad Waters according to numerous observations.*

*General condition.*—Great disposition to lie down, even in the morning after breakfast. Aggravation is more felt during rest than while walking out of doors. Lying on the back lessens, lying on the side sometimes produces pain. *Sensibility to cold air*, a peculiar disposition to take cold; often after having taken cold there come on cutting pains in the lower part of the body, or diarrhoea, or coryza with coughing. After a thunderstorm and a sudden cooling of the air, *rheumatic pains* develop themselves very easily even in persons who have never felt anything of the kind before. The complexion becomes pale and livid, as if all forces of life would be extinguished without, however, the patient's being aware of the gravity of his state.

*Great debility; dislike to all work; feeling of weakness;* the usual *quick gait becomes slow*; a sensation of want of strength; weariness and lassitude, without being able to specify what ails one. Uneasiness and general derangement after the slightest error of diet.

*A feeling of painful weariness* in all the joints and in the neck in many persons reaches such a degree that they faint sometimes whilst drinking the springs. Often the outward pulse is feeble, sensibility to cold extreme, and oedema of the feet, which soon passes away, is frequent, then the forces are renewed again, and the patient gets every day more animated and in better spirits.

A sensation of *a want of strength* after having been exposed to great heat, after a slight moral emotion (post coition), or after pollutions, but particularly before a critical evacuation of the bowels or a hæmorrhoidal flux, and even before the period.

A sensation of *uneasiness* is very often observed, accompanied by weakness in the stomach. It alternates with a

sensation of good health, especially after critical evacuations, a general feeling of relief is present.

General derangement, disgust for the smell of tobacco—smoking is not so agreeable as usually.

Feeling of uneasiness, especially till the second or third week of the cure.

The sensation of heat, and the perspiration of the skin are augmented. Much heat is felt, especially after meals.

Burning heat in the viscera, in the head, the breast, the stomach, and even in the external parts of the body.

Sensation of a pleasant, beneficial heat.

Shootings and formication between the shoulders and towards the back, as in the beginning of a paroxysm of intermittent fever.

Extreme sensibility of the whole body to the touch.

The afternoon and the evening show most of the nervous, venous, and congestive phenomena.

A little walking causes a transient heat and an abundant perspiration.

Sensation of a dark veil before the eyes, and weakness, going on to loss of consciousness, particularly in persons who are subject to bilious hæmorrhages and piles.

Such an *agitation* in the whole body, that it is impossible to stay long in the same position. Anxious trembling, as if the hands and feet would fall asleep. Restlessness and indisposition, particularly in the evening and during rest; the least exertion of the mind provokes dizziness, which forces one to interrupt the work.

#### Anxiety.

Pressing, penetrating pain; the pressure extends not only to the parenchymatous organs, it augments in the evening and indoors; it decreases in the open air and in moving. Painful compression in the two shoulder blades. *Thumb compression* in the surroundings of the deltoid muscle, more at the right than at the left side.

Painful sensation of compression in the different muscles of the fore-part of the arm, and of the joints of the arm, so that the free movement is hindered; if the elbow-joint is seized, even the leaning upon it gets painful. Very often severe compressive pains appear also in the lower extremities in the region of the socket of the hip-bone, but also in the deeper joints and on their muscular surroundings. The painful pressing extends often to the metatarsal bones, and to the soles of the feet, so that treading upon them becomes

very difficult, many patients even believe they have sprained their feet.

Sensation of tearing pain.

*Tension and tearings, sometimes in the neck, sometimes in the anterior part of the arms, or on the internal surface of the fore-arms.*

Pulling pains pass through the whole body, changing most suddenly from the trunk to the extremities, and remaining only a few minutes in the same place.

*Shaking and trembling* and other analogous sensations are felt in nearly every part of the organism, but most particularly in the muscles of the limbs, just as if they were produced by an electro-magnetic apparatus.

Generally our springs seem to have the property of evoking tearing pains and liability to catching cold.

Other kinds of pains :—

*Itchings and prickings in different parts of the body, accompanied by perspiration.*

*Transient pricking in different parts as if caused by a needle*, particularly between the shoulder-blades and on the upper and lower extremities. Trembling and pricking in the joints and limbs.

Pricking pains here and there, often with a feeling of heaviness and laziness.

The *paralytic* pain characterises the springs of Carlsbad. A peculiar sensation of heaviness of the whole body. A sensation of deadness spreads over a whole side.

The act of rising and getting into motion is the more painful the longer one has been sitting ; when one rises, after having been sitting, one feels a kind of paralytic stiffness and torpidity in the limbs ; this torpid feeling vanishes after good exercise, but it comes back after writing and at rest.

A sensation of being asleep in the extremities, particularly in the lower ones. Not only all former complaints reappear for a short time, but also *former pains*, which sometimes had been quite latent for ten years, return during the cure.

### *The Cutaneous System.*

The phenomena which appear upon the skin during the cure deserve a high physiological signification, if we consider the easiness of metastasis of pathological processes of the blood and abdomen to the skin.

A slight yellow colouring of the upper lip and round the mouth and of the white of the eye, which extends to the alæ of the nose, around the edges of the lips to the chin, even in persons who do not feel the least bilious or hepatic disorder, but this yellow colouring does not last, and generally only appears soon after first drinking the springs.

The *blue-red colouring* and slight swelling of the skin, which is often seen where there are disorders of the circulation, caused either by diseases of the heart and the lungs or by some local obstruction (acne, etc.), considerably increase during the beginning of the cure, but decrease afterwards.

“A sensation of itching is felt in different parts of the skin; sometimes on the chest, or between the scapulæ; and sometimes on the neck or at the upper and lower extremities.”—(S. Porges, *The Mineral Waters of Carlsbad*, 1864).

Permanent itching in different places of the skin, principally in the most delicate parts of it. Very often patients complain of pricking in the paralysed organs, as if small insects or ants were creeping on or beneath the skin. All the pimples and freckles begin also to itch; there is a greater sensibility and a feeling of pain in the scars, not provoked by any changes of the weather.

*Red spots and lines*, often burning like fire, especially when patients come out of the bath; these last sometimes seven or eight hours after bathing; then they gradually disappear and lose their colour, but the patients remain very susceptible to the influence of cold air.

In persons subjected to the test of our waters, we often noticed small red pimples or efflorescences, particularly on the back or on the chest, and especially on the perspiring parts; however, these disappear with or without suppuration. Very often hemispheroidal particles come out, though they heal often very soon.

We observe frequently during the cure a miliary eruption, which spreads over the whole body. Some patients are subject to *herpes zona* round the epigastric region, and sometimes to *erysipelas* of a very violent character, principally if they have formerly suffered from that complaint.

A kind of *urticaria* comes out also sometimes, and disappears very soon.

Many patients suffer here from a furfuraceous or squamous scaling of the cuticle, principally persons with inveterate gout, or hæmorrhoids; also where there exist

affections of the womb, particularly towards the climacteric age.

*Cutaneous perspiration is generally excited, and sweat comes easily, whilst the patients are walking, and even in the early morning, when drinking the springs.*

#### *Mind and Temper.*

The patient is often morose, ill-tempered and peevish, without any real cause, and there is a disposition to grumble quite opposed to former habits. This state of mind continues the whole day. They are very irascible, and often lose their temper for a trifle. They feel discouraged and are anxious about household concerns.

Healthy persons, as well as patients, are, whilst taking the waters, more excited than usual; a slight contradiction leads to anger.

And again, persons are sometimes self-contented, very talkative, and extremely good tempered. Frequent changes of temper, which is alternately gay, or peevish, with no inclination to do anything.

In the beginning of the cure, music produces melancholy, and the patients avoid it; but a little later it causes an exalted sensation.

Little disposition for any intellectual work.

Great exertion during mental work. Extraordinary absence of mind and confusion of ideas. Great depression and disinclination to talk.

#### *Inattention—*

Loss of the memory of names. The patient forgets very easily. Indifference to objects which interest one ordinarily.

Sometimes exaggerated sensibility to sensual impressions, for instance, strong odours, bright light, noise, conversation, talk and music.

#### *Head.*

While the patient takes the waters, one observes the following very strange symptoms.

Immediately after drinking, he feels a kind of giddiness, which disappears slowly after breakfast.

Contractions of the superficial muscles appear often, particularly of the sternocleidomastoideus at its insertion into the mastoid process.

The heaviness of the head disappears only after dinner.

Humming, with sensation of exhaustion, which disap-

pears in the open air and comes back often during the day. Giddiness and numbness, with pressure in the forehead, alternating with a tearing tension in the occiput; the head is heavy and full, and becomes worse on turning or stooping; a compressive pain sometimes in the forehead, sometimes in the whole cranium. Tearing headache, either in the right or in the left temple, and in the occiput. The temporal veins are turgid; much heat in the forehead, principally on entering a room.

It would occupy too much space here to give a full description of the various sorts of headaches from which patients affected with the venous dyscrasia suffer.

#### *Eyes.*

Yellowish colour of the conjunctiva. The eyelids are sometimes swollen as in œdema; in the morning they adhere together.

The secretion of tears is much increased. A *compressive pain* in the eyes. The eyes often become cloudy, as if they were covered with a veil. A radiant heat in the eyes, with a sensation of *flying black spots*. Weakness of the eyes, on reading and writing.

#### *Ears.*

An increase of heat in the ears and itching.

Sensation of *squeezing, humming, roaring, tingling* in the ears.

#### *Nose.*

Turgidity of the nasal vein. Frequent sneezing. Sensibility of the nose, as if a cold in the head would begin. Frequent bleeding at the nose.

#### *The Face.*

The colour frequently changes. A feeling of heat in the face, with or without redness, principally in the evening and after meals. The face is as if it were puffed.

Prickings and quiverings, without an increase of its redness, and heat on the right cheek in the region of the *pes anserinus*. (Porges.)

#### *The Mouth.*

Dryness of the whole mouth, with increased thirst. The palate is as if it had been dried. Spitting and hawking of mucus. Much water in the mouth of a saline taste, and violent salivations, amounting almost to ptyalism.

An abundant covering of the teeth with mucus. Tearing pains in the teeth, especially of the upper jaw, bluntness of the teeth as from an acid.

A white coating of the tongue with bad smell of the mouth. The tongue is sometimes yellow. Upon the fore-side of the tongue the coating is often white, upon the back-side yellow.

A stale (flat) taste as from retained mucus.

There is often in the throat a sensation of roughness and of scratching, which becomes sometimes itching.

Stiffness of the neck, accompanied with pains caused by the moving of the neck.

### *The Stomach and the Intestines.*

The appetite during the use of the waters is subjected to various fluctuations. The appetite is at first increased, as is also the thirst. Strong desire for eating at unusual times.

A gnawing pain in the pit of the stomach, which often diminishes after meals. Strong desire to eat black bread.

Later on, one perceives a diminution of appetite. Appetite is felt suddenly at unusual times, and disappears as suddenly.

Pressure in the stomach after dinner.

Tobacco is no longer pleasant, even for those who smoke habitually.

Increased thirst. Most of the patients on rising in the morning hasten to the spring as soon as possible to drink the waters.

*They feel later on an aversion for the spring, sometimes even a complete disgust.*

As soon as the first glasses are drunk eructation comes on, which is preceded by rumbling in the stomach. The eructations are repeated the whole day; are sometimes of a bitter taste, but more often tasteless. Oftentimes the eructations are incomplete and painful.

Eructation of a watery liquid of a sometimes saline taste. Nausea, with accumulating of water in the mouth.

Hiccough, accompanied by yawning.

Disgust for meat.

Nausea, increasing sometimes to the vomiting of a liquor without taste, or of a slightly bitter and acidulated taste without requiring particular exertion.

Sensation of emptiness in the stomach and afterwards canine hunger.

The region below the ribs and around the stomach is enlarged and swollen.

A pressing pain and heaviness in the stomach. Gurgling and rumbling in the region of the stomach, with eructation. Flatulence develops itself here very easily, and more frequently than elsewhere.

#### *The Intestines.*

Fulness and heaviness, and consequently inclination to respire deeply.

The abdomen is inflated. Sensation as if a girdle compressed the whole abdomen. Pain of pressure and tension at hypochondria. Gurglings and rumblings in the whole abdomen.

Abundant flatus of a very bad smell. A most uncomfortable feeling of fulness in the region of the pelvis and pudenda.

A varix of the size of a nut comes out of the anus and produces burning pains after stool, as well as an obstacle to walking. (Porges.)

Sometimes the secretion of a whitish mucus in the rectum and at the anus is increased.

Frequent bleeding of the hæmorrhoids; the *blood is often blackish and coagulated*, or else quite red, and in the latter case it is expelled in jerks.

During the cure action of the bowels becomes irregular, more sluggish commonly than in the beginning.

The evacuations remain quite normal during the whole time of the cure with some patients; with others the motions become less frequent; but in general we observe diffiuent, pappy evacuations, which are often accompanied with abdominal colic, so that people are even suddenly awakened at night and obliged to go to stool. The abundance of these evacuations is not always in proportion to the food taken, as they are the consequence of the dissolution of abdominal stases. Very often patients are quite surprised at the quantity of evacuated impurities, wondering how so much could have found room in their bowels.

There is often at the same time mucous diarrhœa.

These symptoms give an evident proof that our waters are not at all purgative (although such is, unhappily, still the opinion of many medical men).



### *The Urinary Organs.*

Sensation of pressure and of heaviness in the region of the kidneys. *Obtuse compressive pains.*

Great sensibility to pressure over the lower ribs at the side of the spina dorsalis.

*Frequent desire to make water*, with an abundant emission of watery urine.

Compressive pain in the perinæum, when making water, and even a good while afterwards; sometimes a sensation of burning in the urethra. The patient must make water very often during the day; at night he is aroused to urinate. The urine is limpid, like water.

### *The Genitalia.*

*In men*: The testicles swell without pain or inflammation, but the patients are obliged to wear a suspensory bandage.

Itching and pricking in the epidermis of the penis.

Pollution without erection.

Diminishing of the venereal desires.

During the whole cure the erections and pollution disappear.

*In women*: *Slight fluttering from the sacrum through the pelvis, towards the symphysis pubis and the groin.*

Much itching and sweating at the external genital parts, which are often as if swollen.

Before the period, there often appear troublesome symptoms; swelling of the lower part of the womb, heaviness in the calves, cold and heat at night, bad humour.

The menses are generally scanty and delayed. Sometimes they come more abundantly and *last longer than usual; then the blood is darker and has a most penetrating smell.*

Fluor albus (Leucorrhœa) appears here frequently. Even in persons who have seldom or never had it, one finds a clear mucous discharge.

### *The organs of Respiration.*

A sensation of dryness and excoriation in the larynx and windpipe, with scratching therein and ejections of mucus. (Porges.)

Hoarseness and harshness without any feverish excitement.

A peculiar sensation of oppression in the lower parts of the

chest, as if the lungs had not sufficient room to expand themselves completely, and obliging one very often to breathe strongly.

Dyspnœa, *heaviness and pressure* along the sternum. Difficulty of breathing in going upstairs.

*Reading aloud becomes wearisome.* Pressure in the sides, fugitive and tensive pains, fatigue in the breast as after long sitting.

#### *The Heart.*

A sensation of *heaviness and fulness*, a *pressure, tension*, and *constriction* in the region of the heart, and *palpitation*.

#### *The Spinal Cord.*

During the use of the springs, there appear symptoms which indicate an action upon the spinal marrow. *Dragging pains in the neck and in the scapula*, a sensation of stiffness and painful weariness in the same part.

Pressure and pulling along the whole spine, an obtuse thrilling pressure, a feeling as if paralysed in the whole back and in the loins.

*Tensive pains* from the loins to the womb.

In sitting the whole back and the loins become painful and stiff, as if one had passed a very long time in a sitting position.

*Spinal irritation* is perhaps nothing more than a certain amount of venous congestion. The only cases of spinal irritation that can be relieved at Carlsbad are those in which among other symptoms one can distinguish those of spinal hyperæmia.

*(To be concluded in our next number).*

## THE TREATMENT OF WRITER'S CRAMP.

By DR. ROTH.

*(Concluded from page 214).*

IN some cases the local affection causes a reflex action on other parts, it is therefore desirable to make a trial of the Kinesi-therapeutic treatment in all cases before coming to the conclusion that the affection is not local.

I have lately heard of a case in which the local affection had caused symptoms of general chorea, which lasted for

years, and which were removed by the cure of the original malady.

In order to give some idea of the mode of proceeding in the treatment, I will mention what I have done in similar cases, but I would earnestly advise my colleagues, especially the younger ones, to make themselves thoroughly acquainted with Ling's medical application of movements, usually called the Movement Cure or Kinesi-therapeutics, and to go through a course of instruction in the practical application of manipulations and movements.

The ignorance of the majority of medical men of Ling's system is the cause of the public resorting to teachers of educational and military gymnastics.\*

In the beginning passive manipulations, such as kneading, fulling, pressure, vibration, percussion, longitudinal friction on the whole arm are to be applied; if any of these cause pain in a special group of muscles, or in a single muscle, or in any trunk or branch of a nerve, the surgeon must avoid increasing any pain on these parts and must try to make circular frictions always in the same direction round the painful spot, he should very gently and carefully diminish the circular friction round the painful spot forming the centre of the frictions. If any of the joints are contracted he must find out whether it is caused by

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\* While preparing these notes Dr. A.S. Kennedy mentioned to me the case of a Swedish manipulator who attended a stout lady suffering from flatulency; he stripped her and began to make powerful manipulations on the naked abdomen of the patient and told her, while imitating the sound of eructations, "You see, madam, how you will lose your flatulency by the air passing from you through me."

Dr. Stapfel named another person who boasts of being the inventor of nerve-pressure, to which he ascribes wonderful cures. The ignorant public believes similar stories, and when an Austrian count and his wife, who came to England to be under the treatment, praised the wonderful nerve-pressure inventor, Dr. Stapfel asked me to lend him a copy of my *Handbook of the Movement Cure*, in which a chapter on nerve-pressure was published thirty years ago, as it was known at the time in Sweden.

Many similar facts could be mentioned relating to persons calling themselves Doctors of the hand cure, but for the honour of the many Swedish officers and teachers who passed the course of gymnastics in the Royal Central Institution, at Stockholm, the majority of them are most respectable gentlemen. My reason for alluding to the above facts is the wish to encourage my younger colleagues to study Ling's medical system, and to prevent the public from falling into the hands of charlatans.

Without such knowledge it is very difficult to be successful in the treatment of writer's cramp, or any other complaint.

weakness of the extensors, or whether some of the muscles are contracted or the tendons retracted.

In the first case he can overcome the contraction by assisting the patient in making an extension by helping him to stretch the contracted part. Another mode of overcoming the contraction is by increasing it passively and encouraging the patient to extend the part while the surgeon slightly resists, the activity of the extensors is thus increased: the contracted joint might also first be stretched as far as possible by the surgeon, who makes a kind of vibratory gentle extension, then the patient tries to retain the position, while the surgeon endeavours to bend the stretched part.

In cases of contraction caused by retraction of the tendon or spasmodic contraction of the muscle, the surgeon can stretch the joint while the patient resists.

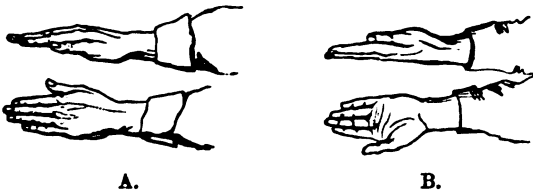
Where a kind of paralytic state has taken place in the flexors or extensors, the antagonist must be brought into play, the power of the will must be directed to the weak muscles, and all the means used in paralytic affections be applied, while at the same time much attention must be paid to preserve a good temperature of the whole limb. I must here refer to the chapter, *How to keep up the warmth of a paralysed limb*, published in my *Infantile Paralysis*.

If the arm, hand, or one finger are swollen, the friction must be centripetal and repeated only in this direction. If any of the larger veins in the neighbourhood of the swelling are visible, centripetal friction is to be done, especially on the veins; the arm is to be placed horizontally, so that the elbows and wrist joints are higher than the shoulder, which can be done by a wedge-shaped cushion. In cases of atrophy the frictions will be centrifugal, and where possible they are mostly to be done on the arteries. The arm is to be kept warm by the addition of a second sleeve of flannel or of fur.

Passive rotations of the shoulder, elbow, wrist and finger joints are done first, afterwards the patient helps the movement by his will, later the weight of the arm is taken off by the surgeon, and the patient endeavours to make the movement in alternate directions, while the surgeon diminishes his assistance in proportion to the patient's increased power, finally the patient makes the movement, while the surgeon tries to resist. These movements should be increased in

number very gradually, they might begin with six times, and be increased to 12, 18, and 24 times.

*Flexion and extension* form another set of movements which are to be made on all the joints of the arm, hand, and fingers, and are modified in the same manner as the rotation, namely, as a passive movement, as one with the assistance or resistance of the surgeon, or as an active movement, and finally with the resistance of the patient. In the prescription, S. R. after a movement stands for "surgeon resists," and P. R. "patient resists." On the elbow joint pronation and supination are made in the five different modes already mentioned in the previous movement, and the whole arm can be either stretched, or bent in the elbow. The illustration A. B. of the four hands shows the various positions in which they are placed: namely, hand with the palm down, with the palm up, with the palm to the left, and with the palm to the right.



In the wrist joint the hand can be bent downwards to the right, upwards and to the left, thus a rotation is formed. In the fingers rotations, flexions, extensions, abduction and adduction, form the principal movement.

The various active and passive movements here indicated will serve as sufficient material from which to choose such manipulations, passive and active movements, as are suitable in individual cases. Space does not permit me to enter into minute and detailed descriptions of the mode in which all these should be applied; those interested in the subject will find the various details in my "*Handbook of the Movement Cure*," which will enable them to apply scientifically, and systematically both manipulations and movements for curative purposes, and to apply, on a scientific basis, the very large number of movements suitable for the treatment of writer's cramp.

In the following wood engravings a few of the manipulations and movements just named are illustrated; with the

help of the *Handbook*, the surgeon will be able to make use of them.

Of the movements of the hand and fingers the following figures will give some idea. As time does not permit me to prepare a larger number of engravings I am unable to give more.

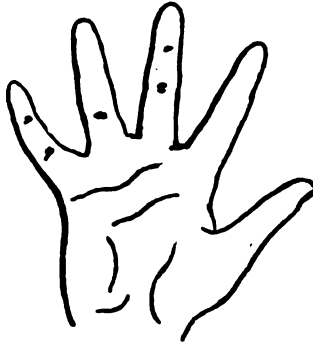


Fig. 26.

Fig. 26 represents the right hand with the thumb and fingers separated and well stretched. In this position rotation, flexion, extension, abduction, and adduction of the thumb as well as of the fingers is made in the various forms previously described.



Fig. 27.



Fig. 28.

Figs. 27 and 28 represent the flexion of the fingers in the second and third joints; these are used either as commencing positions, in which the patient either bends one or all his fingers, while the surgeon tries to stretch them,

or extension is made by the patient while the surgeon resists.

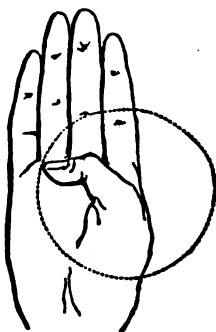


Fig. 29.

Fig. 29 shows the hand with the fingers stretched and placed close to each other, while the thumb is bent in all its joints ; this is a commencing position for extending the thumb either with the resistance of the patient or of the surgeon ; when the thumb is extended either all the fingers are, or a single finger is, bent by the patient, while the surgeon resists ; or the patient resists, the surgeon trying to bend.

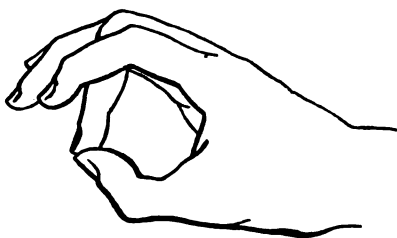


Fig. 30.

Fig. 30 represents the middle finger opposed by the thumb ; similar opposition is made to the other fingers by the thumb, the patient retains the position, and the surgeon tries to separate the fingers. As the third finger and the thumb are principally concerned in holding the pen, the flexors of both are brought into activity, and therefore similar movements are frequently very useful.



Fig. 31.

Fig. 31 shows how the surgeon's hand takes hold of the patient's thumb while the hand is supported ; this position gives some idea of the surgeon's resistance while the patient tries to bend his thumb ; the same position is required when the surgeon extends the patient's thumb either passively, or while the patient resists.

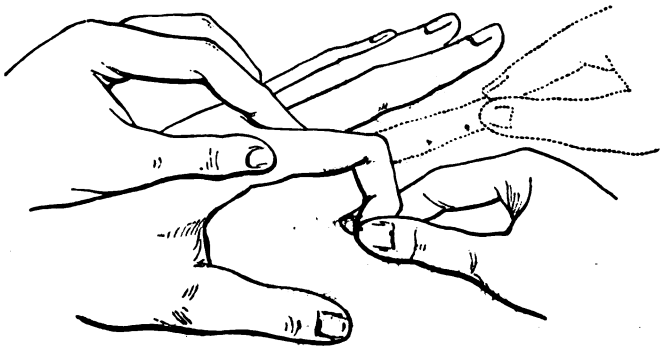


Fig. 32.

Fig. 32 shows how the surgeon's right hand, or rather his fore-finger and thumb, fix the third joint of the patient's



bent fore-finger, while the left hand of the surgeon seizes the first joint of the patient's fore-finger in order to stretch it, while the patient resists; or to resist the patient's extension. The dotted lines show the position of the extended fore-finger.

These few illustrations will suffice to give the student some idea of the manner in which he should act on the patient's hand.

Figs. 31 and 32 are instances of the mode of executing resistance movements, or movements with assistance.

The surgeon must, in each case, after having made his diagnosis, form a plan and prepare a kind of medical prescription of the special movements and manipulations to be done in each individual case, and mark for each movement whether it is to be passive or active, with assistance or resistance.

I will now recapitulate in a few words the leading points of treatment in every case of peripheral writer's cramp.

*First.* Every hygienic, surgical, or medicinal means should be used which is calculated to improve the general or local state of the patient.

*Second.* Manipulations and passive movements should be applied at the beginning very gently, and without causing pain.

*Third.* The patient should be encouraged to do for himself all that he can without fatigue.

*Fourth.* When a certain amount of improvement has taken place, the patient's special attention should be directed to the positions of the body, his arm, and his hand while writing, further to the mode of holding the pen and of practising writing; for this last purpose I would specially recommend that he should first use chalk, afterwards pencil and quill, and finally a steel pen. Pen-holders should be of wood, bamboo, or cork, their size should be double or treble that of those generally in use. Writing for a few minutes only should be permitted at the beginning, the time being increased in proportion to the improvement gained.

*Fifth.* Passive manipulation should begin and finish each *séance*; two *séances* a-day are desirable during the first week or ten days, or for so long as no considerable change occurs.

I believe I have now given a general outline of the treatment to be pursued in writer's cramp, and regret

that the pressure of professional work prevents me entering more fully into the necessary details. I hope that this paper may induce those eminent medical men, who speak so highly of Mr. Wolff's treatment, to make it known, and thus to contribute towards diminishing the prevailing professional ignorance regarding the management of a disease which has so long been an *opprobrium medicorum*.

48, Wimpole Street,  
6th March, 1885.

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### IS TUBERCULOSIS TRANSMISSIBLE THROUGH THE MEDIUM OF MILK DRAWN FROM A TUBERCULOUS COW?

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

(Continued from page 230.)

I PASS now from the consideration of Professor Walley's views to give some extracts from a very interesting paper which appeared in the *Veterinary Journal* for 1879, Volume VIII., entitled, "Can the milk of Phthisical Cows produce Tuberculosis?"

The paper, originally in French, was read before the *Société de Médecine Publique*, by Doctor Vallin, Professor at the Val-de-Grace Hospital, Paris, a short time before it appeared in the *Veterinary Journal*, Professor Vallin proceeds to state in the opening paragraph as follows:—

"When my learned friend, M. Villemin, made known his early inquiries into the inoculability of tubercle, a certain number of practitioners did not fail to say and to write, 'What is the use of these researches? Of what advantage is it to our patients to know that we can really make them tuberculous?' The smallest quantity of a good remedy against phthisis would better serve our purpose and theirs. For a long time we have been aware of the pretensions and the disdain of those who attribute thus the monopoly of sound practice, and for whom all progress is limited to the discovery of an empirical formula or a new drug. To these contemners of physiological and scientific research we would reply, that in the cowsheds of our large cities the majority of cows become phthisical; are you, therefore, quite certain that the uncooked milk, yet warm from the udder of the cow, is not capable of making those children tuberculous who are fed on it daily?"

“If this transmission of tuberculosis by milk were demonstrated, of what value would the long series of remedies against phthisis be in the face of the prophylactic indication which such a demonstration would furnish? If you deny this transmission, is your conviction founded on a sure basis, and would you not hesitate to give to your own child the milk drawn from a cow which you knew to be phthisical? If the question is not decided—if there remains the slightest uncertainty with regard to it—what danger does the public health not incur? We punish dairymen who add water to milk: what measures should we not adopt against those who sell milk capable of giving rise to such a frequent and serious malady that of every three adults who die one perishes from tubercle? I hope to be able to demonstrate that these are not purely imaginary fears nor sentimental reflections on a gratuitous hypothesis. In France everyone denies the transmission of tuberculosis by the milk of phthisical cows; but in nearly every other country in Europe—in England, Switzerland, Bavaria, Saxony, Prussia—the most eminent professors of the veterinary schools consider this transmission, if not demonstrated, at least as probable; and the most serious part of the business is, that those who deny it have made no experiments, while those who have experimented have transmitted the tubercle.”

Dr. Vallin then proceeds to quote the opinions of such authorities as M. Colin, of Alfort; M. Reynal, director of the Alfort School, and M. Bouley. The two former he criticises for formulating opinions without the satisfactory evidence derivable from actual experiment; and the last named, he states, expressed the greatest reserve with regard to the milk of phthisical animals. A quotation is then given as follows, from a report of the Inspector-General of the Veterinary Schools, supplied in 1876 to the Consultative Committee of Public Hygiene, in the following terms:—

“With regard to the question of the possible transmission of tuberculosis to the human species by the continued use of milk from cows affected with pulmonary phthisis, it is of too great importance for me to treat it as a merely incidental matter. I believe that it deserves to be the object of a special study on the part of the committee.

“I shall merely content myself with saying that the experiments of Professor Gerlach, of Berlin; those of Professors Chauveau and Saint-Cyr, of Lyons; and, finally, of M. Visour, Departmental Veterinary Surgeon of Pas-du-Calais, on the ingestion of tuberculous matters, and the effect of their absorption by the digestive organs, should cause reflection. Without attempting, at present, to solve the question as to the contagion of tubercu-

losis, I think it is prudent to treat it as if it were a reality; and from this point of view, that every advantage is to be derived from prohibiting the consumption of the milk of tuberculous cows. In Gerlach's memoir he devotes a very important part to researches into the effects of feeding with the milk of a tuberculous cow. The animal was seven or eight years old, very emaciated, with short respiration, a husky cough, and dry rales on auscultation. It still yielded  $1\frac{1}{2}$  litres of milk daily, but this quantity fell gradually to 500 grammes during the last month. At the autopsy, nodules were found beneath the pleura, and very advanced tuberculation of both lungs. The experiments were conducted on two calves, two pigs, one sheep, and two rabbits. These animals took, for a variable time (from twenty-one to fifty days), a certain quantity of this uncooked milk. At the autopsy, all of them—with the exception of one of the calves, which died accidentally, and too early, of apthous fever, then epizootic—were found tuberculous nodules beneath the pleuræ, and in the pulmonary parenchyma, caseous masses in the mesentery, bronchial glands, &c. As a further example, a calf, eight days old, afterwards nourished for fifty days almost exclusively on the milk of a phthisical cow—at first 1 litre per diem, and later 800 grammes, or an average of 650 grammes—amounting to a total of 32 litres during fifty days.

“The animal's health did not appear to be markedly disturbed, and 100 days after the commencement of the experiments—fifty days after the milk was withheld—it was killed. The pleuræ were found covered with false membranes, studded with nodules the size of a pin's head; immediately beneath the pleuræ nodules protruded, varying in size from that of a pea to a millet seed, fixed in the pulmonary tissue. Only eight miliary nodules were found in the interlobular spaces; these nodules were transparent, grey, very firm, and on section showed in the centre a more transparent part; one of them, more voluminous, contained in the middle a small, yellow, caseous mass. There was very great tumefaction of the bronchial glands, and in the centre of these a caseous matter already infiltrated with saline deposits. The mesenteric glands were twice their normal volume, and completely transformed into caseous matter. All these lesions are identical with those observed at the commencement of consumption in the cow, and a very careful microscopical examination fully confirmed this identity. The other calf, which died accidentally after taking the milk for ten days, only presented at the autopsy inflammation of the small intestine and a slight swelling and ‘succulence’ of the mesenteric glands, such as always exists in the enteritis accompanying apthous fever.

“Nowhere was there any appearance of congenital tubercle. Gerlach took care to keep at the same time as evidence,

animals of the same species and often of the same litter, fed with pure milk, and in these no tubercles were found.

“It therefore appeared to him impossible to attribute to a mere coincidence the existence of such lesions in five animals of different species, especially as spontaneous tuberculation is very rare in the sheep, and is scarcely known in the pig. Not only did Gerlach admit that the milk of phthisical cows is hurtful—and specifically hurtful—because it transmits the tuberculation, but he also studied the seat and ways of infection. The mesenteric glands were constantly diseased and filled with caseous and calcareous deposits. It was by this way, by the digestive surface, that the virulent principle had penetrated, and had progressively contaminated all the organism. It remains to be discovered, he says, if tuberculation of the lungs is only a secondary infection, resulting from the resorption of the caseous points formed in the mesenteric glands, just as in the rabbit and guinea pig tuberculosis is merely the generalisation of the infection at first localised in the caseous centre at the point of inoculation, or rather if, on the contrary, the blood of the entire organism is not infected at once. The following summary of Gerlach’s conclusions are those with which he terminates his memoir:—The extirpation of consumption in cattle should be energetically carried out. In a herd the disease is propagated by the milk an infected cow gives to its progeny, so that it is rare that in a pasture cases of the disease are isolated. There are herds which are ravaged by it, while alongside of them are others which are perfectly free from it. All suspected animals should, therefore, not be allowed to breed; and cows ought not to supply milk to children until their conditions as to health is clearly ascertained. As the diagnosis of the malady is difficult, it is necessary at the outset to be assured that the cow does not come from a tuberculous herd or a doubtful source. A long time was not allowed to elapse before Gerlach’s researches were examined and tested. In 1878, Klebs, Professor of Pathological Anatomy at Prague, in the first volume of his *Archiv*, published a long memoir, in which experiments on the transmission of tuberculosis by milk occupied the largest space. The milk he employed was furnished by a cow which was certainly phthisical, and which had been placed at his disposal by Professor Leonhard, of Berne. He experimented on nine vigorous and well-developed guinea pigs, derived from a very healthy family, a large number of which had served for experiments of various kinds, and none had offered traces of tubercles. The memoir is divided into four parts, in which the author studies successively the following questions:—

“1. Can the milk of phthisical cows transmit tubercle? 2. Is it the fluid portion of the milk which serves as a vehicle for the

infectious element? 8. Does cooking destroy the noxious properties of the milk? 4. Is the milk of tuberculous cows noxious in all phases of the malady? The five animals employed to solve the first question were healthy and strong; they drank the suspected milk *ad libitum*. Two died on the twelfth and twentieth day of the experiment. In one the gastro-intestinal mucous membrane had a bright red tint, the mesenteric glands were abnormally tumefied, and there were caseous nodules in the spleen and liver; in the other, which was greatly emaciated, there were numerous nodules in the liver; the other organs were healthy. The other three guinea pigs, which had wasted, and their coats looked unhealthy, were killed on the fortieth day. In one all the organs were found normal; in the second there were caseous nodules in the liver, and grey nodules in the mesenteric glands; while in the third there were cicatrices on the surface of the liver and caseous deposits in the spleen. From these experiments Klebs draws the following conclusions:—

“1. Animals rapidly become unwell after the ingestion of tuberculous milk, but they may afterwards recover. 2. When death is rapid it usually occurs as the consequence of a gastro-intestinal catarrh. 3. The alterations are first developed in the mesenteric glands, in the gland of the vena porta, and then in the liver and spleen. 4. The alterations of the liver consist of multiple tuberculous centres disseminated in the whole of its substance, or proceeding from a central deposit. Reparation appears to be made by cicatrix, and we consequently find cicatrices corresponding to the old deposits, and caseous masses corresponding to the recent centres.

“In the spleen the caseous nuclei persist longer than in the liver.”

Dr. Vallin then proceeds to criticise Klebs' conclusions in the following manner:—

“Klebs does not sufficiently describe the lesions observed at the autopsies, and he too readily accepts the notion that he really has to do with tubercle. He does not sufficiently prove that the cicatrices found on the surface of the liver of a rabbit result from the resorption of caseous centres. It would require more numerous and more rigorous experiments to establish so serious and extraordinary a fact as the resorption and cicatrization of tubercle, and we may ask if these were really tubercles.”

Dr. Vallin, however, after this, pays a respectful tribute of acknowledgment to Klebs for the particulars of a curious and important observation, in which it was conclusively proved that tuberculosis was transmitted to a dog, through the digestive canal, by means of milk from a cow.

“The dog, a well cared-for animal of the Saint Bernard breed, belonging to the director of a *Maison de Sante* in the neighbourhood of Berne, drank regularly a large quantity of milk from a cow, which was afterwards killed, and found to be tuberculous in a high degree. After partaking of the milk for a somewhat long period, the dog lost its appetite, became ill, and, at the desire of the son of the director, who was one of Klebs' students, it was placed under observation at the Berne Veterinary Institute, where it died. At the autopsy, there was discovered pleural and pericardial effusion, an innumerable quantity of grey miliary tubercles beneath the pleura and the pericardium, some caseous nodules in the spleen and liver, and indications of acute intestinal catarrh. At the termination of the ileum there were some ulcers, the borders of which were studded with tubercular granules. There were also grey and caseous deposits in the mesenteric glands.

“At the Hygienic Congress, held in June and July, 1876, at Dusseldorf, Bollinger, then Professor at the Zurich Veterinary School, made the following affirmation, viz. :—‘The alimentary employment of milk warm from the cow is so common that a person would scarcely be believed if he expressed any doubt as to its utility; and, in fact, when it is obtained from healthy animals there is no danger. But sick cows—those which have tubercles, or caseous inflammation of the lungs—continue to yield milk, and this milk, when uncooked, is very dangerous. Only a short time ago I knew of a goat, the freshly-drawn milk of which was drunk by invalids and by children, who died soon after. At the autopsy of this goat I found it tuberculous in the highest degree.’”

Dr. Vallin then quotes instances of contradictory and negative experiments, conducted by MM. Harens and Gunther, Professors at the Hanover Veterinary School; of Dr. Schreiber, of Berlin, and Professor Perroncito, of the Turin Veterinary School: after which he goes on to say :—

“If we believe for an instant in the virulence of the milk and the transmissibility of tuberculosis by it, we should have here, at least, as much as in other transmissible diseases, numerous instances of immunity, so that we must not be in too great haste to draw conclusions from particular cases. The experiments show that, notwithstanding numerous unsuccessful instances, the ingestion of milk derived from phthical animals appears to be capable of transmitting tuberculosis, or at least a serious malady similar to that which affected the animal yielding the milk. Taking the published documents

into account, however, we may assert that the positive results make a good figure in the face of the negative results."

And now, gentlemen, I have the pleasure of bringing before your notice the testimony of one, to whose judgment I attach, perhaps, more importance than to that of any of the foregoing, or to those whose names may be mentioned hereafter, because I know him intimately, and have been brought into relations so close that I have enjoyed the best opportunity of coming to a conclusion on my own judgment of what his opinion is worth. I refer to Professor J. Wortley Axe, who has, for a number of years, occupied with high distinction the chair of Histology and Morbid Anatomy at the Royal Veterinary College. Professor Axe is, in my opinion, no superficial worker, nor does he, so far as I have ever seen, volunteer opinions upon any subject until he has minutely investigated details for himself. It was his lot some years ago to have to draw swords with Dr. Klein on the subject of typhoid fever in pigs, and, if my memory serves me rightly he was the first to draw blood. Professor Axe is one of the teachers under whom I sat with pleasure and advantage during my studies at the Royal Veterinary College; and I further had the honour of appointment as his monitor, a position, which in my case, I can assure you, meant work. Although Professor Axe's time is most valuable, nevertheless, to oblige me, he has sent the following as his opinion, and the result of some of his work, on the subject we now have under consideration. He says:—

"My observations and experiments on tuberculosis in relation to milk as a source of infection, have been very conclusive so far as refers to the lower animals; and short of that crucial and conclusive test on which a definite and scientific solution of the question must ultimately rest, I have the strongest reasons for believing that the milk of tuberculous cows is also responsible for much of that enormous suffering and mortality which affects mankind in the form of pulmonary consumption, and other tubercular affections.

"As evidence of the transmissibility of tuberculosis from one animal to another through the agency of milk I may adduce the following experiments:—

"1. Two young pigs were fed almost exclusively on the milk of a tuberculous cow for ten days; on the 21st day, after the last meal one of them showed signs of ill-health, which was marked by dulness, a harsh, dry skin, a frequent cough, muco-purulent dis-



charge from the nose, and a watery condition of the eyes. The temperature fluctuated between 103° and 105°; food was taken with indifference, and, later, diarrhoea set in, followed by rapid wastings. On the fortieth day the animal was destroyed. *Post-mortem*: The lungs were found studded with miliary granulations of recent growth, and here and there larger masses of caseating tubercle. The bronchial glands were enlarged and infiltrated with tubercular matter. In the posterior half of the ileum, Peyer's patches were generally swollen, in parts dull or cloudy in appearance, and in parts distinctly caseous. The mesenteric glands were likewise tumefied, and showed centres of tubercular growth.

"Pig No. 2 gave a negative result.

"2. Of three kittens fed with milk from the same cow two exhibited generalised tuberculosis; the result in the third case was negative. As bearing on the question of the unity of human and bovine tuberculosis, the following facts appear to me to be highly interesting.

"A few years ago the late Mr. Maw, veterinary surgeon, of Scarborough, forwarded to me the lungs of a calf, showing more or less general tubercularisation. In the summer of the following year, when on a visit to that town, Mr. Maw, hearing of my presence, sought my opinion with reference to a cow, which he stated to be suffering from chronic mammitis. Examination of the gland revealed the presence of tubercular disease.

"On Mr. Maw being told this he at once reminded me that the lungs I had seen the previous summer were taken from a calf, the offspring of the cow in question. While conversing together, a little boy about eight or nine years old came into the yard, having a handkerchief tied round his throat. On inquiring the reason of this investment, he referred me to swellings and ulcerations about the throat and neck, which presented all the characteristic features of tuberculous lymphadenitis.

"This boy had been in the habit of drinking milk from this cow for a considerable time, and having regard to the fact that his parents were healthy people, and free from any history of tuberculous disease, I am led to look upon the case as fairly fulfilling the conditions of a scientific experiment.

"That tuberculous meat is capable of transmitting the disease to carnivorous animals has been demonstrated by me again and again. I may point out that in my experience positive results are much more frequently attained by feeding exclusively on tuberculous milk or meat than where a portion of the alimentary allowance consists of wholesome food."

(To be continued.)

## REVIEWS.

*A Cyclopædia of Drug Pathogenesis.* Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by R. HUGHES, M.D., and J. P. DAKE, M.D. Part I. Abies—Agaricus. London: J. E. Adlard, Bartholomew Close, E.C.

FROM a very early period in the history of homœopathy it was evident that as certainly as a magnetised iron bar resolves itself into a north and a south pole, would our system undergo development at the hands of a high and a low dilution party, according to the class of mind of its practitioners.

Each party has felt that the most important therapeutic truths are committed to its charge, and the question has been discussed as if one section were destructive of the other. This, however, is really not the case, for scientific homœopathy has been undergoing development all the time that the destructive process was supposed by some to be in progress, and when the net result of both lines of research has been gathered in it will be found that our system is all the richer and fuller from these divergent enquiries. For many years a number of the critical spirits among us have protested against the necessity of having to work with a *Materia Medica* which has been shown to be honeycombed with errors, and we have not been wanting in careful scrutinisers in Europe and America, who have exposed some of them and have attempted to point them out one by one. But the task was too great of proceeding on these lines, and a more radical measure has been proposed, nothing less so indeed than the re-casting of the whole on somewhat new lines, and the volume before us is the latest effort in this direction. It is not necessary to review the various discussions which have been published on the matter, as they must be well known to the readers of our current literature. An agreement has been come to by the Committees, on both sides of the Atlantic, who have been appointed for the purpose, and it remains with us to consider how far the work is a success, and how far it is likely to fulfil the intentions of the authors. The following rules have been agreed upon in compiling the work which it is hoped will be "The *Materia Medica* of the Future."

" 1. Give the scientific name and synonyms of each article and its natural order.

" 2. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.

" 3. Give, in describing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.

" 4. Give the results of experiments on the lower animals, where of value, generally in abstract.

" 5. Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom.

" 6. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.

" 7. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.

" 8. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.

" 9. Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below."

Considered generally, these rules must commend themselves to all who are in want of a *Materia Medica Pura*. But a word or two may be said about them before passing on to consider how they have been carried out, and with what result.

Rule 4, for instance, will doubtless have the effect of assisting to throw light on the dark places of symptomatology by showing the direction of morbid action, only dimly indicated by subjective symptoms. Necessarily such experiments on animals will be excluded from any schema and repertory, their value appearing only on reference to them, and as showing collaterally the ultimate tissue changes arising from drug influence. In man such *post-mortem* evidences are accepted as of the highest value, and, when these are wanting, we must take the observations on animals as the next best. There can be no question about the utility of such observations on man and animals in giving a coherence and an objective reality to the course and termination of symptoms. It is of the utmost importance whether a drug produces a serous or a plastic form of pleurisy, or whether the symptoms it excites point to a gouty or a rheumatic inflammation of the joints. With all respect to those who attach the highest value to the subjective elements of our pathogeneses, if we had but a morbid anatomy as well as a morbid physiology, there is little doubt that they would be glad to enrich their knowledge by this means and so complete their acquaintance with drug effects, from the earliest shadowing forth of nerve re-action to the last result of morbid action. The botanist must do the best he can with the bud to determine its natural order, but it will certainly assist him to have the fully expanded flower, with its sepals and petals, its stamens and pistil, and leaf formation. Pathology is but symptomatology come to maturity.

Rule 5 is unquestionably of prime necessity, and, granting

the fitness of the workers, no errors of fact or of translation should be permitted. The numerous criticisms that have appeared from Drs. Hughes and Allen show the importance of this rule.

Rule 6 is a double-edged sword—it cuts both ways. There is danger that in the case of a single prover reliable symptoms may be rejected, and therefore great discretion must be exercised. Much will depend on the prover and the nature of the proving. If the symptoms elicited bear signs of genuineness it would probably be best to act on the principle of English law that regards a man as innocent until he is proved to be guilty, or, at the most, to place them under a sort of *surveillance* by printing them in a special kind of type. At the same time it will, we think, be generally admitted that symptoms which have occurred in the persons of two, or three, or more provers are infinitely more satisfactory as *data* on which to prescribe than those which, by this rule, would be eliminated from this our most important text-book.

Rule 9 is one of great importance, and, to many, will appear to be of a somewhat revolutionary character. While, however, we must, with such evidence as the provings of *sulphur* and *natrum muriaticum* present, admit that even in healthy persons medicines more highly diluted than the 12th decimal have expressed their power to influence the body, it is, at the least, probable that such a power is limited—how limited we know not. Doubtless it is also true that a different class of symptoms—one called by Dr. Drysdale “the contingent”—is evoked by medicines in a state of dilution from that which results from drugs taken in the crude form; at the same time there is ample reason to believe that such symptoms can be obtained from dilutions below the 12th decimal. But the justification of the Committee in proposing, and of the *American Institute of Homœopathy* and the *British Homœopathic Society* in accepting, this rule consists in the fact that, in a work purporting to be authoritative, a line must be drawn somewhere, some dilution must be fixed on as that beyond which no medicine was used in the experiments it records. This being agreed upon, it next becomes a question as to the point where this line should be drawn. A long series of experiments which have been in progress for eight or ten years by Dr. Wesselhoeft, of Boston, Dr. Smith, of Cleveland, and others, have shown that beyond the 12th decimal the *physical* demonstration of the presence of matter is not possible. Physiological experiments, on the other hand, have proved that it must be present in dilutions far higher than this. The former experiments are, however, within our management and control; the latter are not so. Hence it was decided that the Committee should draw the line at the extreme

limit of the physical demonstration of matter. Moreover, those who have confidence in provings made with 200ths and c.m.'s can obtain them elsewhere.

Although the present work is drawn up in narrative form only, it is part of the general intention to construct an index for working purposes; we should have preferred a schema as well as an index, although the former has had a bad time of it latterly. It has been described as therapeutic mincemeat, and has otherwise come in for condemnation; but it has been truly said that we should begin to feel how great a loss we had sustained as soon as we were deprived of it. It may not be amiss to briefly advert to the schema, and to point out in what respect it is entitled to our support. Perhaps the most damaging thing ever said of it was by our esteemed colleague, Dr. Dudgeon. Years ago he said that to collect the various symptoms, and to classify them under anatomical headings, was about as rational as to take a historical picture, and put all the noses into one corner, all the ears in another, the eyes in another, and so on, and then expect to find a likeness of any one figure amidst the jumble. The illustration has been often used, and with very damaging effect. But its time has come, and it must pass away to the limbo of false analogies, for, with all respect to our colleague, the schema is no such farrago by any means. If we were to detach the nose symptoms from all our medicines, and throw them into a heterogeneous heap, and detach the eye, ear, and mouth symptoms in the same way, the analogy would hold good, for the different medicines represent the individuals in the picture. This, however, is not done, but the numerous symptoms that are producible in one organ, by one medicine, in different provers, are collected in order that the partial presentment of each may be confirmed and supplemented by the others. In this manner a tolerably complete picture may be obtained of a well-proven drug. In like manner a single photograph of an individual presents us with a very incomplete presentment of the man, but if he is taken full face, half face, and profile, and with various facial expressions, we can form a life-like conception of him. This is what the schema does for us, and in looking over the symptoms under any one heading we find ourselves performing this synthetic process, and so constructing a life-like picture of the drug in this department of its action. There is therefore a good reason for the existence of the schema, and it will be found useful in the "*Materia Medica of the Future.*"

Coming to the work itself, twenty-three medicines are presented, sixteen of them being the acids, mineral and organic. It is impossible to read these provings without feeling that, so far as they go, they place the *Materia Medica* on a basis that defies

scepticism, and almost disarms criticism. If homœopathy had, from its inception, been able to appeal to such narratives as its material basis, the course of its history would have been different, for one-half of the opposition it has had to encounter would never have been called forth. But it is rather late in the day for homœopathy to justify herself in the presence of her enemies; we must look rather to the practical gains to ourselves by such efforts. At present, without an index or repertory of any kind to the volume, which is indeed but a tentative one, the symptoms are inaccessible in a practical sense, but even now, in reading over the narrative, a vivid picture of drug effects is presented to the eye, such as cannot be otherwise obtained, corresponding to the historical course and termination of disease. A schema is necessarily defective in this consecutiveness and continuity.

It is not possible to criticise all the medicines here, our readers must get the work and see for themselves how luminously the drug effects show up, especially in the case of *Carbolic Acid*, *Aconite*, *Aconitinum*, and *Agaricus*. Most of the acids are given with tolerable fulness, but muriatic and sulphuric acids occupy each less than a page, and for a reason that is given. No history of poisoning is related, because in reference to *acidum muriaticum* it is said, "In the few cases that have been observed the symptoms were those of pure corrosion," and in reference to *acidum sulphuricum*, "the local effects of the acid on the alimentary canal are chemical." Yet eight cases of poisoning by *acidum oxalicum* are given, along with several experiments on animals. We naturally ask whether oxalic acid is not equally a chemical and a corrosive agent. If such a reason is to exclude muriatic and sulphuric acids it would also exclude corrosive sublimate. The poisonous effects of hydrocyanic acid are given with some completeness, but it may be asked by what property does this acid exercise its hurtful influence. It is a chemical agent of a high order of intensity, entering into chemical combination with considerable energy. The pathogenetic power of a drug must be due to some physical property, and if that property have the power to derange and destroy the living tissues, it is also available for curative purposes. We may go further and again ask whether all medicines do not act by virtue of their chemical properties. If it be urged that no mere chemical action on dead tissue is of any use to us clinically, it may be replied that the chemical action must first destroy the bioplasm before it can act upon it *merely* chemically, and such destructive action comes within the scope of our pathogenesis. It would seem that this idea of chemical action requires further consideration before we can safely dispense with poisoning cases in regard to sulphuric and muriatic acids. The point must be

looked at from another aspect, for even if the local effects are to be rejected as unsuitable for our purposes, we find in these cases remote effects set up in the other organs, as witness the pulmonary, cardiac and renal symptoms, under sulphuric acid in Allen. We cannot afford to throw away material like this. Such exclusion from the Cyclopædia has the result of presenting us with a barren page, for Hahnemann's provings are intentionally left out, not as being necessarily unsuitable, but as being beyond the scope of the work.

With so many debatable points left open it is obvious that criticism must have free play, and indeed the editors invite it, so that the movement they have initiated be not in a backward, or even in a sectional direction, but in one that shall commend itself to the soundest judgment of the majority. There is no need for haste, as we have splendid material for present use gathered together in Allen, whose catholicity of plan and distinctness of reference have earned the general, if not the universal, approval of our school. But it is evident that the work of revision must go on *pari passu* with the other movements now in progress, both here and in America, having for their objects the development and the purification of the *Materia Medica*. It cannot, however, be too often repeated that any revised version that excludes symptoms which form part of the living structure of homœopathy, must come to nought. All pathogenesis must submit finally to the verdict of clinical experience, a court from which there is no appeal.

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## NOTABILIA.

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### THE LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

By the death of Earl Cairns this institution is deprived of its President—a loss which all connected with it will, we are sure, greatly deplore. Lord Cairns ever took a deep and active interest in its welfare, and was at all times ready, in various ways, to promote its interest.

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We are glad to learn that the number of medical students and practitioners who avail themselves of the wards and out-patient rooms of the hospital for studying the practice of homœopathy has considerably increased of late. We trust that, during the summer, regularly organised courses of lectures may be delivered. A very little encouragement given to those who, by visiting the wards, have shown their desire to learn, is alone needed to secure a class; while we are equally certain that the systematic

teaching of the lecture-room is more fruitful in results than the mere desultory instruction which is alone possible at the bedside.

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During the past winter the number of patients in the hospital has varied from 59 to 65; the daily average being 60. This considerable improvement has been rendered possible by increased funds and additional accommodation, and shows plainly enough that the good which the hospital is capable of doing depends solely upon the degree of pecuniary support that it receives. We urge this fact upon the attention of those who have it in their power to influence wealthy and liberal people in the disposal of their charity.

The increase in the number of patients has been going on steadily throughout the year ending the 31st March; the total admissions—656—being greater than during any previous year.

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Dr. Lang has, we understand, resigned his post as physician in charge of out-patients. This vacancy will, we hope, be speedily filled up. The out-patient attendance increases every year, and the field for the study of disease it presents is both large and interesting.

\* \* \* \*

The Nursing Institute is in a highly prosperous state. The average number of nurses absent on each day during the past month in attendance on private patients in London and the country has been twenty-one—a considerable advance on the number engaged during any similar period in the past. The appreciation of the hospital nurses by the profession and the public, which this fact displays, amply justifies the action of the Board in adding the new wing and increasing the staff of nurses; while it is also a very gratifying testimony to the value of the instruction and training supplied to the nurses.

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If any kind-hearted person is desirous of doing a great deal of good at a comparatively small cost, he or she may accomplish their benevolent object by presenting the hospital with a small hand-carriage, in which the children may be taken out for an airing. Last year a lady sent an elegant baby-carriage for this purpose, and it has been a source of great advantage and much enjoyment to many a little one. Recently, a carriage adapted for spinal cases has been presented by a lady, whose gifts to the hospital have been numerous and munificent. The need of another is, however, felt, and a carriage specially adapted to meet the requirements of a child suffering from disease of the spine would, we believe, be regarded as a boon to cases of the kind.



**THE HOMŒOPATHIC TREATMENT OF INSANITY.**

*General statement of the operations of the New York State Homœopathic Asylum for the Insane from May, 1874, to September 30, 1884.*

YEAR.	Number admitted.	Number discharged.	Recovered.	Improved.	Unimproved.	Dead.	Eloped.	Not insane.
1874 ... ..	69	14	7	3	...	4	...	...
1875 ... ..	99	72	30	15	15	11	...	1
1876 ... ..	118	110	46	11	37	14	2	...
1877 ... ..	143	100	46	21	18	14	...	1
1878 ... ..	156	138	61	16	43	15	2	1
1879 ... ..	137	119	48	20	35	15	1	...
1880 ... ..	147	131	61	24	33	13	...	...
1881 ... ..	160	124	61	18	30	15	...	...
1882 ... ..	175	151	69	13	48	20	...	1
1883 ... ..	170	150	69	28	34	18	1	...
1884 ... ..	163	141	68	14	37	21	1	...

**CROYDON HOMŒOPATHIC DISPENSARY.**

**REPORT FOR 1884.**

At this institution there have been 427 patients under treatment during the year, the number of attendances being 1,719. Most of the patients have been suffering from chronic ailments.

841 are reported cured or relieved.

17 received no distinct benefit.

57 have not reported themselves.

27 still remain under treatment.

The medical officer is Dr. T. E. Purdom.

**SCARBOROUGH HOMŒOPATHIC DISPENSARY.**

The report of this dispensary for the year 1884 informs us that there has been a large increase in the work done. The attendances at the dispensary rooms have been 10,276 (an increase of 3,188 on those in the previous year); and the visits made to

patients at their own homes have been 5,147 (an increase of 1,488).

The esteem in which the dispensary is held by the poor is still more markedly shown by the receipts from those who pay small fees—half-a-crown—to purchase tickets; notwithstanding that there has been, and is, much depression in the town, these small payments have amounted to £158 6s., an increase of £44 10s. on the previous year's receipts.

The medical officers are Dr. Flint and Dr. Middleton.

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### THE LATE EARL CAIRNS.

THE sudden death of the much-lamented Earl Cairns from, apparently, acute disease, following, as it did, the equally sudden deaths, from a similar cause, of the late Postmaster-General and several other eminent men, has led some persons to regard such catastrophes as indications of the imperfections of the medical art. One such critic lately delivered his soul in the leading columns of the *Morning Post*, and the lesson he would have medical men draw from these cases is that the abandonment of blood-letting in treating them is altogether a mistake! Writing of Earl Cairns, this critic says: "Only a week since he was to all appearances a strong, healthy man, with many years of useful life before him. When taking exercise on horseback, eight days ago, he was exposed to a heavy shower. A day or two later he had what is termed 'a chill,' congestion of the lungs ensued, and three or four days later he died." In commenting upon these assumed facts, the writer proceeds after the following fashion:—"Now, we have no hesitation in saying that, notwithstanding the boasted progress of late years in medical science, it is simply an *opprobrium medicinae*, when a man full of health and vigour is sent to the grave through the operation of a disease which every physician would admit is curable, if taken in time and properly treated." This is all very true, but what has it to do with such a case as that of Earl Cairns? Any argument as to the efficiency of medicine, or as to the propriety of the treatment, turns upon the question—Was the patient "in full health and vigour" at the time when the "chill" foreshadowed the ultimate congestion? Does it follow that, because a man is, to those who know practically nothing of his physical condition, "to all appearances a strong, healthy man, with many years of useful life before him," a really healthy man? Certainly not; and no better illustration of the deceptive nature of "appearances" could be given than the case of Earl Cairns. And yet, again, the very fact that these "appearances" were so deceptive to the general observer is

strong testimony to the power of medicine, and to the fact that his condition had been "properly treated." For what are the real facts of the case? Lord Cairns was a man of delicate physique, in defiance of which he had, as everyone knows, done an enormous amount of most exacting and responsible work, both of a professional and a political character. So far back as the winters of 1869-70 and 1870-71 his health had compelled him to winter in the Riviera, and for ten years past he had, for the same reason, been obliged to reside at Bournemouth during the winter months. Throughout the whole of this period he had had repeated attacks of catarrhal bronchitis, and on several occasions congestion of the base of the right lung. So lately as last December he was severely ill with acute bronchitis, followed by congestion of the bases of both lungs, rendering confinement to the house for six weeks necessary. His recovery appeared to be complete, and he was again able to ride and drive freely, and to be in town for ten days during the middle of March, returning home as well as when he left. The day after he got wet through; rigors, followed by congestion of the left lung, the sounder of the two, set in, and during the next four days he appeared to progress favourably, when suddenly the temperature rose, the declining congestion spread rapidly, and in thirty-six hours he had passed away. Who, in his senses, would describe such a man as "full of health and vigour?" Repeated attacks of bronchitis and pulmonary congestion had rendered the lung tissues less and less capable of resisting the force of the inflammatory process. The heart, from the constant strain imposed upon it by increasing feebleness of the lungs, had become weaker and weaker, and finally unable to continue the struggle. And this is the man in whose case the *Morning Post* critic apparently regrets that blood-letting was not practised! Earl Cairns was not "in the full vigour of life." On the contrary, he was practically worn out. At any time during the last fifteen years an ordinary venesection would have killed him. Had he been in "the full vigour of life" an attack of pulmonary congestion would not have been fatal, and a "venesection" would only have delayed his recovery. That he should have survived so long as he did, under the circumstances, speaks volumes for the care which had been bestowed upon his health during the last sixteen or seventeen years. The writer of the article in the *Morning Post* might advantageously take to heart the saying of Tom Jones—"A man is the better of knowing something about the subject on which he writes." This critic clearly knew nothing about the health of Earl Cairns, but based his homily on the sandy foundation of "appearances!"

## AN AMERICAN HEALTH RESORT.

To those who are beginning to take into consideration the often difficult question, "Where shall we go for our holiday next autumn," we commend the following account of Cheyenne, in the territory of Wyoming—a city of which the first house was erected in 1867; to-day it has a population of several thousands, and is the centre of the vast cattle trade of the North-Western States and territories. Hence it is styled "The Magic City." The description we append is from one of the newspapers of the city, published early in April, and has been forwarded to us by Mr. A. H. Pope:—

"Not a citizen of Cheyenne can step out of doors during this magnificent weather without feeling that the most glorious climate on the American Continent is to be found in Wyoming, which has been properly called 'God's country.' And it is not alone the sunshine which makes the heart glad and the spirits bound. There is an exhilaration in the atmosphere—an intoxication—that comes from the superabundance of electrical forces. Nature is not rank in her vegetable growths, although generous. There are no miasmatic swamps or damp and dark-some glades. Luxuriance is not the law of things, but, instead, there is bright, and light, and joyous vigour in earth and air which infuses all life with its exuberance.

"Situated on the approach to the heights of the Rockies, with a soil that receives but does not hold moisture in stagnation, with the rising mountains to the west and north, and the gently rolling plains to the east and south, Cheyenne is one of the most delightful spots in the world for location and scenery.

"It is easy to see that it may be called the Mecca for invalids. Especially in the summer may the weak and diseased-stricken seek strength and vigour and a balm for ailments, here, in the Magic City of the plains. Nowhere else does the air so easily permeate every minute vessel of the lungs, and allay with its purity and cooling dryness the irritation which in lower altitudes only increases and grows. Nowhere else comes such an appetite to the dyspeptic stomach or the delicate palate. A healthy glow comes upon the cheek of the pallid invalid, a springing step takes the place of the lagging saunter, and while lungs expand and heart beats strong, life and hope and animation succeed lassitude, gloomy anxiety, and inertness. Every ray of sunshine is an electric tingle, every breath of air a blood purifying draught.

"With these splendid gifts of nature Cheyenne is not without the best facilities of man's device for rebuilding shattered constitutions and restoring wasted lungs. In the almost palatial pharmacies are to be found all of the medicinal remedies, and

physicians of ample judgment and ripe experience are ever available. The hospital of Laramie county is a handsome structure, with commodious and airy rooms and pleasant apartments, and furnished in the best of taste and with unsurpassed facilities for comfort. Baths, steam heaters, and assiduous attendance combine to complete the facilities of the handsome home for invalids. Pleasant and quiet homes all through the city may be found by those who prefer the more domestic manner of living, while the hotels are unsurpassed for their conveniences and tempting tables.

“For those who are seeking a spot where they would obtain, not so much health, with which they are already blessed, as pleasure and restful recreation, Cheyenne again offers rare and unsurpassed attractions. On the edge of the foothills, which, a few miles further on, rise into the gigantic mountains, it is within a few hours’ drive, or an hour’s ride by rail, of a paradise for the hunter and the angler. Sparkling streams come tumbling down out of the snow-banked cañons, and in their liquid depths trout sport in tempting numbers. Up on the grassy heights and in the wooden gulches the antelope and black-tail deer flee from the mountain lion, while but seventy miles away by rail the hunter may alight from the cars and hear the crack of the rifle that means the death of the stately elk.

“In the city markets can be found the fruits of the Pacific slope, the fresh vegetables of surrounding ranches, with juicy beef and toothsome game. Fleet horses can be hired to bear or draw the visitor out over the flower-decked prairies, or along the boulevards which skirt three charming little lakes. All of the conveniences of the metropolitan city, embracing society, amusements and luxuries, are to be had with the sport of the drive, the gun and the rod. Invalids seeking health can find it by coming to the Magic City; tourists seeking scenery and pleasure can find them at their very door in Cheyenne.”

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### CLIMATE OF COLORADO.

In the *British Medical Journal* of the 21st February, Dr. Coupland Taylor, of Todmorden, gives the following interesting account of the climate of Colorado from observations made during a visit there a few years ago:—

“Colorado Springs or Maniton may be taken as the central or typical resorts of this district. The former is situated on an open plain, at a height of 6,000 feet above the sea, and directly faces the immense and grand range of the Rocky Mountains, the base of which is only about six miles distant. The air is exceed-

ingly dry and invigorating, with a mean annual temperature of 9.44° C. (49° F.). Thus, though this place is at a greater altitude than Davos, it has a more temperate climate. The population is growing rapidly, as the medical practitioners of the Eastern States are sending large numbers of their phthisical patients to this elevated table-land with the very best results. The accommodation is now very good, both here and at Maniton.

“Dr. Denison has proved a great amelioration to take place in consumptives who have stayed in these places sufficiently long to give them a fair trial. He attributes this to the diathermancy of the air, that is, the difference between sun and shade temperatures, which is one degree greater for every rise of 235 feet. This is due to (1) the rarefaction of the air, and (2) the diminution of moisture held in suspense.

“Maniton is situated at the very base of Pike’s Peak, one of the highest points of the range (14,886 feet); it is about six miles from Colorado Springs, and is a more interesting place in itself. The mineral springs here, which are very highly charged with carbonic acid, are said to resemble those of Ems; and there is no doubt, with their aid, that this place will become a national watering-place and health resort, so good and healthy is its position, so beautiful are its surroundings, and so many are the natural attractions of the place, and the excursions that may be taken therefrom. Unlike the mountains in Switzerland, these are quite accessible, little snow remaining even on the highest peaks during the summer. Indeed, this chain of mountains forms such a natural barrier to storms, etc., that but little rain or snow falls in the plain to the east of them, on which Colorado Springs, Denver, etc., are situated.

“Denver, the capital of the State, is scarcely as healthy, I should say, nor as interesting, as the places I have already mentioned. It is situated at a considerably greater distance from the base of the mountains, on an open bare plain, and is, therefore, very hot and dusty in summer, and not so protected in winter.

“The following are some statistics Dr. Denison gathered as to the results he has obtained in his practice.

	Improved.	Percentage.	Stationary.	Worse.
First stage.....	75	74	99	0
Second stage... ..	42	28	67	6
Third stage ... ..	85	87	44	17
				86

“Before closing this imperfect account of this beautiful and health-giving State of Colorado, I cannot omit a saying among the Americans which demonstrates their conviction of the healthiness of the climate; for they say that, in one sense, those who go there dying of consumption are nearly always disappointed, for they go expecting to die, and they ‘can’t do it.’”

COCAINE.

In the *Hahhemannian Monthly* for March, Dr. Winslow, of Pittsburg, gives the following notes of his experience in the use of this new anæsthetic :—

“ When a solution, say, 4 grs. of *cocaine hydrochlorate* to 1 oz. of distilled water, is injected beneath the skin, it produces anæsthesia two or three inches around the place of puncture. When it is applied to tissues exposed in a wound, it obtrudes the sensibility considerably. When soaked into the eye by two or three drop doses upon the cornea, the eye becomes insensitive to contact, and may be handled and operated upon without causing pain.

“ I have been using a 4-gr. solution of this powerful agent for three months. In common earache from congestion of the tympanum, the remedy has had no appreciable effect in lessening pain. Several cases of furuncle of the external auditory canal were treated to soakings and then incised, and the sensitiveness and suffering were not apparently different from those treated without *cocaine*. Several aural polypi were soaked in the remedy, and removed by snare, forceps and cauterants, but beyond a little very superficial anæsthesia, there was no mitigation of suffering. I cut the tensor tympani muscle through the membrana tympani in a case of distressing and obstinate tinnitus, after the membrane had been wet for some time with the solution, and believe the pain of the operation was lessened, though the tissues were sclerosed, and almost bloodless. Where the drumhead was perforated, and the tympanic mucous membrane was highly congested and irritable, an instillation of the *cocaine*-solution caused anæmia and anæsthesia, so that every particle of pus and *débris* was removed without the patient's complaining, as before the applications. The use of *cocaine* in ear-practice has, therefore, a positive though limited value.

“ Upon the eye and its appendages the agent is more potent. The annoying symptoms of accommodative asthenopia have been temporarily relieved by one or two drops within the conjunctival sac. Removal of foreign bodies from the cornea and conjunctiva has been facilitated, and rendered painless by two or three drops upon the eye, and the distressing feelings after removal have been vanished promptly by using them in the after-treatment. Bowman's operation of slitting up the canaliculus for stillicidium lachrymarum, dacryo-cystitis, etc., was rendered almost painless during the passage of the knife, but the introduction of the probe evoked lively objections.

“ I attempted a strabotomy in a lad of twelve years, and, though I could pass my finger over the cornea, taking hold of

the conjunctiva with the fixation forceps could not be endured, and I was obliged to resort to general anæsthetization. Many oculists have reported cases of this operation under *cocaine*, and averred that little or no pain was felt. I have often operated without using any benumbing agent, and had little complaint.

"A delicate child, of 9 years, bore the double operation, and did not utter a sound until I was just finishing the second eye. I am inclined to think the personal magnetism of the operator may influence a patient sometimes, so that his natural sensibilities are in a measure obtunded. Perhaps this may account for the reports of some of our brilliant metropolitan operators.

"Lastly, I used *cocaine* in an operation for traumatic cataract. An old man received a heavy blow upon his left eye from a piece of coal; there was rupture of the lens capsule, extrusion of the lens matter in the pupil and anterior chamber, and considerable blood behind the iris. I instilled a 4-gr. solution of the *cocaine* three times in five minutes, then introduced a speculum, made a peripheral incision with a Graafe's knife, pressed out the lens-matter, and removed some stray pieces with a Levis' loop, and closed the wound and eye without accident. The patient felt a little pain during the latter part of the operation from the pressure of the speculum upon the conjunctiva of the lids, but this did not interfere with the proceedings, and was of slight importance, as no pain was experienced during the work upon the eyeball. The man said he felt pressure and pulling of the eye during the cutting and manipulation. I am satisfied there was no pain in the globe.

"Many cases of cataract have already been operated upon by Eastern and Western oculists under the anæsthesia of *cocaine*. Pain has generally been complained of during the iridectomy, simply because the solution applied to the cornea does not reach the iris in sufficient quantity to numb its nerves. When the *cocaine* has been dropped into the anterior chamber through the wound, after the escape of the aqueous humor, iridectomies have been made without causing pain.

"Enucleations have been made tediously and laboriously by using *cocaine* locally instead of ether generally. It was necessary to drop, cut, wipe, drop, cut, wipe, and so on continuously; the bleeding and progress into new tissue making it necessary to use much of the expensive alkaloid salt to keep down pain. I do not approve of it for such cases, and feel sure it will seldom be used.

"The *cocaine*-solution has been poured over bones, soaked into muscles, swabbed upon the uterus, and squirted up the rectum, for many kinds of operations with very little benefit. The enthusiasts must try it in every crook, cranny and alcove



of the body before they will be satisfied to restrict its local use to mucous membranes of high sensibility, such as those of the eye, ear, nose and larynx, where the sensitive nerves lie very near the surface, and the solution of *cocaine* can reach them by osmosis, and where it will have its most powerful and most beneficial influence."

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#### BACILLI AND BACTERIA TWO HUNDRED YEARS AGO

THE Amsterdam *Allgemein Handelsblad* recently published a communication from Professor E. Cohn, of the University of Breslau, who recapitulates the substance of a correspondence of the celebrated naturalist Leeuwenhoek with Francis Aston, of London, a member of the Royal Society. Leeuwenhoek, writing from Delft, in 1683, reports that among the *débris* of food remaining between his teeth he had discovered, with the aid of a microscope, living organisms moving with great activity. He distinguished various kinds among them, which he describes so precisely that they would be easily recognisable. One, which occurs least frequently, resembles a rod, the bacillus; others, twisting in curves, are bacteria; a third kind, creeping in snake fashion, is the vibrio *ugula*; another kind, of extreme minuteness, resembles a swarm of flies rolled 'up in a ball, and is evidently the micrococcus: its movements cannot be traced with certainty. He says that this species seems to be made up of parallel threads, varying in length, and remaining immovable, while other specks move in and out through the web. Leeuwenhoek marvels that these things could live in his mouth, notwithstanding his systematic habit of cleansing it. He instituted observations, which showed that they were also to be found in the mouths of other persons. Some years later he could not discover any traces of those minute organisms, and he was led to attribute their disappearance to the use of hot coffee. But shortly afterwards he re-discovered them as lively as ever. In September, 1692, he sent some sketches of them to the Royal Society. Professor Cohn observes that it would seem from this correspondence that the knowledge concerning those minute entities made no advance for nearly two centuries, and he remarks on the wonderful skill with which Leeuwenhoek used the imperfect instrument of his time.—*The Hospital Gazette*.

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#### THE "HOMCEOPATHIC WORLD."

We learn from the April number of this periodical that Dr. Burnett, who has conducted it for the last five or six years, has retired from its management, and that Dr. J. H. Clarke,

who has for a year or two been on the editorial staff of the *British Journal of Homœopathy*, has undertaken to edit it.

We trust that in his hands it may become increasingly useful and popular.

#### DRYSDALE, DUDGEON AND HUGHES TESTIMONIAL.

THE following contribution has been received during the last month :—

Dr. Murray Moore, Auckland, New Zealand... .. £1 1 0

ERRATA.—Page 255, line 9 from the bottom, for *British Homœopathic Medical Benevolent Society*, read *British Medical Benevolent Society*. Page 255, line 2 from the bottom, for *Rochester* read *Rockstone*.

### NOTICES TO CORRESPONDENTS.

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

Communications, &c., have been received from Dr. G. BLACKLEY, Mr. G. A. CROSS, THE KREOCHYLE COMPANY (London); Dr. NANKIVELL (Bournemouth); Dr. PROCTOR (Birkenhead); Mr. HURNDALL (Liverpool); Dr. REED (Southampton), &c.

### BOOKS RECEIVED.

- A System of Medicine Based upon the Law of Homœopathy.* Edited by H. R. Arndt, M.D. Vol. I. New York: Boericke & Tafel.
- Diseases of the Ear and their Homœopathic Treatment.* By C. F. Sterling, M.D. New York: Chatterton & Co. 1885.
- Diseases of the Nares, Larynx and Trachea in Childhood.* By T. Nichol, M.D. New York: Chatterton & Co. 1885.
- American Medical Plants.* By C. F. Millsbaugh, M.D. New York: Boericke & Tafel. 1885.
- Repertory to Eczema.* By C. F. Millsbaugh, M.D. New York: Chatterton & Co. 1885.
- The Homœopathic World.* London.
- The Annals of the British Homœopathic Society.* No. LX.
- The Hospital Gazette.*
- The Chemist and Druggist.*
- The New York Medical Times.*
- The American Homœopath.* New York.
- The New England Medical Gazette.* Boston.
- The Hahnemannian Monthly.* Philadelphia.
- Therapeutic Gazette.* Detroit.
- The United States Medical Investigator.* Chicago.
- The Medical Era.* Chicago.
- The St. Louis Periscope.* St. Louis.
- The Fourteenth Annual Report of the New York State Homœopathic Asylum for the Insane.* Middletown.
- Boericke & Tafel's Quarterly Bulletin.*
- Bulletin de la Soc. Méd. Hom. de France.* Paris.
- Bibliothèque Homœopathique.* Paris.
- Revue Homœopathique.* Brussels.
- Allgemeine Hom. Zeitung.* Leipsic.
- Populäre Zeitschrift für Homöopathie.* Leipsic.
- Rivista Omiopatica.* Rome.
- Revista Argentina de Ciencias Médicas.* Buenos Aires.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. FORA, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *CANTHARIS*.\*

By ALFRED C. POPE, M.D.

THE *cantharides* is an insect of the order *coleoptera*, obtained chiefly from Russia, Sicily and Hungary; from the dried beetle a tincture is prepared by percolation. Previously to the time of Hahnemann it was rarely used in medicine, save as a vesicatory, for which purpose it was, and still is, largely employed.

Some idea of its really curative sphere was possessed by Dr. Grœnvelt, nearly two hundred years ago. He prescribed it in cystitis and strangury; but, as such a use of it was deemed unorthodox in those days, he was committed to Newgate gaol by warrant of the President of the College of Physicians; a "warrant" which happily runs no longer. Dr. Groenvelt was not silenced, however, by the arbitrary conduct of the President of his College, for seven years later he published a second edition of his offending little book, entitled *De Tuto Cantharidum in Usu Interno*.† Writing some thirty years afterwards,

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

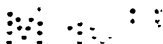
† In the 10th volume of the *British Journal of Homœopathy*, Dr. Sharp gives a translation of the more interesting parts of this essay.

Dr. Quincy, in his *Complete Dispensatory*, when referring to this action of the President, says: "The issue ruined the unhappy doctor, and taught his envious prosecutors the safety and value of his practice." History has in regard to homœopathy partly repeated this performance. If "envious prosecutors" have not "ruined" those who have practised homœopathy, they have assuredly done their best to do so; and now they have, to no small extent, learned from their victims the "safety and value" of their practice!

For some time after this *cantharides* was employed "where," to quote Dr. Quincy, "sloughy and cold humours have clogged the reins and genital parts." Still it was felt to be dangerous—as indeed it was—to give such a substance in such a case, in the gross quantities in which at that time it was supposed necessary to prescribe medicines of every kind, and consequently our author adds "but notwithstanding these commendations of this medicine, which indeed cannot be greater than it deserves, yet none but the truly skilful must dare to meddle with it, for by an injudicious administration, it may occasion strangueries, erosions, excoriations, and even convulsions." It required a Hahnemann to point out that a right medicine might be given in a wrong way, and further to show the right way of prescribing the right medicine.

In its action upon the body *cantharis* is essentially a tissue irritant. The kidney, the bladder, the mucous membrane of the gastro-intestinal tract, and the skin are the parts where the irritation it occasions is chiefly manifested. It is on the kidney and bladder that its influence is most striking, and it is in the inflammatory diseases of these organs that its value as a remedy has been most conspicuous.

The action of this drug on the kidneys is seen, first of all, in the severe pain felt in the lumbar region. In the majority of cases of poisoning, we read of pain more or less severe, and generally increased on pressure being felt across the loins, and this is associated with pain in micturition, a scanty flow of dark urine, and high fever. Thus in one case, where the condition induced arose from a blister applied to the knee-joint, pain occupied the loins, and extended over the whole abdomen, and urine was passed in drops with moaning and screaming. The following case, extracted by Dr. Allen from a German medical journal, and published by him in the *Encyclopædia of Materia Medica*, is very characteristic of the action of *cantharis*. The



patient had taken two flies in some brandy, with the result of producing violent paroxysms of pain, of a cutting and burning character in both kidneys; the lumbar region was very sensitive to the slightest pressure, the pain here alternating with such as was severe and burning in the tip of the penis, urging him to urinate, the evacuation of drops of bloody urine with the passage of occasional clots of blood being extremely painful.

In two cases (Allen's *Encyclopædia*), in one of which the poisoning arose from the inhalation of the powdered dust, and the other from a twenty grain dose of the powder, the pain in the bladder was severely acute; in another, where a gramme of the powder had been taken, there were violent pains in the bladder, with frequent urging to urinate and intolerable tenesmus. Again, in another, violent cutting and burning pains were felt at the neck of the bladder, extending to the navicular fossa of the urethra, especially severe before and after urinating.

In the urethra the pain is cutting and burning during micturition, and hot and sore afterwards. The desire to urinate is constant, urgent and painful, attended with much straining; and relief, if obtained at all, is so only in drops. In some cases retention of urine has only been relieved by the catheter. In other cases there is complete suppression for several hours. The urine, after the administration of *cantharis*, is, according to Heller—who made some special investigations into the matter, which are reported in Schmidt's *Jahrb.*, Bd. 57, p. 8, and *Brit. Journ. Hom.*, vol. xvii., p. 548—of a dark orange colour, but clear; it has a sediment of free uric acid, to which are added after a longer use of the drug, mucous fungi and blood corpuscles; the sp. gr. rises to 1025; it also contains albumen and blood. The uric acid and uroxanthine are always increased in quantity, as are generally also the chlorides, sulphates and phosphates.

Priapism is a marked effect of *cantharis*. Erections are frequent, strong, persistent, and painful, and attended by a good deal of pruritus of the glans. Satyriasis, when it occurs, is generally associated with the delirium, which is observed in some cases of poisoning. In women the bladder and urinary symptoms are similar to those which occur in man. Miscarriages and abortions are well known results of *cantharis*, and menstruation is said by some

observers to be hastened by it, both results of taking it showing it to have a direct action on the uterus.

*Post mortem* appearances in cases of poisoning have shown the kidneys to be intensely congested, the uterus, bladder, and organs of generation inflamed. But we may, I think, go deeper than this for the symptoms exhibited during life, especially the tenderness externally, which, starting in the region of the kidneys, is so widely diffused over the abdomen, together with the casts noticed in the urine and the very high fever which is present, show that not only are the malpighian bodies more or less congested but that there is actual inflammation of the tubuli uriniferæ. It is, in short, desquamative nephritis with high fever that *cantharis* primarily sets up, while *terebinth*, on the other hand, gives rise to less fever, and though causing desquamation does so less uniformly, more commonly producing simple engorgement of the malpighian bodies. Dr. Dickinson says, "that there can be no doubt that the renal disorder produced by *cantharis* is of the nature of tubular nephritis."

It is, as you will suppose, in the treatment of acute nephritis, whether arising from an exposure to cold or as a *sequela* of scarlatina, that *cantharis* has been proved to be so especially valuable a remedy. Dr. Wolston, of Edinburgh, relates a case of post-scarlatinal nephritis of a severe type in which it was markedly useful.\* The patient was a girl six years of age, who had a slight attack of scarlatina, from which she convalesced rapidly. On the fourteenth day from the appearance of the eruption, she was sent out by her parents in a biting east wind. Five days afterwards, she having during that time been repeatedly exposed to cold draughts, Dr. Wolston was sent for, and found her very ill, having a puffy face and scanty urine. She was ordered linseed poultices to the renal region, and *arsenic* 3x, which was continued for three days. The urine was now very scanty, half albuminous, and the face much swollen. During the next four days *terebinth* and *apocynum* were given without any good result. On the eighth day of the kidney attack, the following was her condition: She had passed a sleepless night sitting upright in bed. The pulse was countless from rapidity; breathing like that of a dog in summer heat; eyes

\* *Annals of the British Homœopathic Society*, vol. viii., p. 550.

rolling from side to side rapidly. Twitching of the muscles had become general. She had passed no water for 28 hours. Dr. Wolston sat by her bedside expecting a general convulsion every moment, to be followed by death, which it seemed now impossible to avert. He then dropped six drops of the B. P. tincture of *cantharis* into half a tumbler of water and ordered a dessert spoonful to be given every hour. This was at 2 p.m. Three hours later, she passed half a tumbler of water, frothy and dark as porter. The next morning she looked much better; had passed a quiet night, and the breathing was getting more natural. She had slept for an hour quietly, woke refreshed, and passed much more water, which, though dark in colour, contained much less albumen. The day following—that is, within 48 hours of the first dose of *cantharis*—she is described as being amazingly better; had had a splendid night, passed water copiously, which on being boiled and treated with nitric acid was found to be absolutely free from albumen. In a few days she was perfectly well.

In acute desquamative nephritis with severe pain, strangury, and bloody or albuminous urine, *cantharis* has no rival as a remedy. Again, in many cases of cystitis it will be called for, as is evidenced by the severe pain felt in the hypogastrium, the difficulty, pain and heat in micturition. In chordee it is often a thoroughly reliable medicine, as it is also in some forms of mania when the development of the sexual instinct amounts to satyriasis.

Dr. Kidd says that he uses *cantharis* in spermatorrhœa with excellent effect; and it is undoubtedly a medicine thoroughly homœopathic to such forms of it as are direct, i.e., dependent upon irritation in the ejaculatory ducts of the spermatic passages, rather than, as is frequently the case, when it arises from reflex irritation in the rectum, or is the result of emotional causes.

Passing now from the genito-urinary system let us examine the action of *cantharides* on that of the gastrointestinal tract.

The gums and mucous surface of the cheeks are swollen and tender. The tongue is red at the edges with a yellowish fur in the centre, often blistered and sometimes swollen. The mucous membrane of the mouth becomes swollen and covered with blisters. The back of the mouth is also swollen and red as if from erysipelas. The lining of the mouth is covered with white blisters from the size of

a pin's head to that of a bean. The mouth becomes dry and shining and the thirst is violent. Burning heat in the mouth is intense, and extends down the throat and œsophagus to the stomach. Salivation also soon becomes profuse. Taste is nauseous and bitter.

The throat was, in one case, where the powder was taken in rum, both inflamed and covered with plastic lymph in the course of three days, its development was preceded by a burning heat in the throat and followed by a burning sensation at the entrance of the œsophagus extending to the stomach and attended with dysphagia. In another, an erysipelatosus blush ran across the fauces, which became blistered. An aphthous ulcer occurred at the back part of the fauces of the size of a sixpence, covered with a whitish adherent crust, and there was a similar one on the right tonsil; at the same time, there was a burning sensation along the œsophagus, which became intolerable when drinking.

In the case of persons experimenting with small doses of *cantharis* we find that the appetite is at first increased, but subsequently becomes diminished, while in cases of poisoning it is gone from the commencement. Thirst is severely felt, albeit difficult of gratification from dysphagia.

Nausea and vomiting are more or less constant symptoms. Water is vomited, and often returns mixed with blood. Tenacious frothy mucus mingled with blood, and membranous flakes taking the form of the gullet, are also among the ejecta. At the same time the pain in the stomach is extreme. In a case of poisoning recorded by Dr. Ives in the *American Journal of Medical Science*, 1833, where a boy of 17 swallowed an ounce of the tincture, there was acute pain in the region of the stomach and bladder, with such exquisite sensibility that the slightest pressure produced convulsions. In several other cases similar severe suffering was associated with pain in the renal region. The character of the epigastric pain is first of all cutting, sharp, and lancinating, and shortly afterwards burning.

The abdomen becomes disturbed, tympanitic and painful. The pain is cutting and burning in character, and increased by pressure. While such is the condition of the whole abdomen the pain is ever felt most severely in the hypogastric region, where it is intensely cutting and burning, and aggravated during micturition. Where,



then, so much inflammatory action exists in the intestinal canal, diarrhoea is almost necessarily present. The stools are frequent, copious and thin in provers with small doses, and followed by burning in the rectum and anus. In cases of poisoning the same symptoms are present, but greatly aggravated. The stools consist of blood and mucus; of red and slimy fœces; in one case, where several stools were passed during the night, they contained tough flakes of mucus, like scrapings from the intestines with streaks of blood. In another, pure blood was passed from both bladder and intestine.

The diseases to which the foregoing symptoms are similar will be at once apparent to you.

The condition of the throat resembles that produced in diphtheria. The late Dr. Black\* thought the similarity sufficient to justify the trial of *cantharis* in diphtheria. I doubt, however, very much the reality of the similarity. It is, I think, rather apparent than actual. It may appear to correspond to diphtheria in the membranous casts that are thrown off, but it does so no further, save in the albuminuria which often accompanies and follows an attack of it. Doubtless *cantharis* produces a uræmic state, but this again differs considerably from the toxæmia which determines the exudation on the throat in diphtheria. The casts thrown off by the action of *cantharis* are rather the peeling of mucous membrane, as it were a blistering of it, and offer no resemblance to the false or quasi-membranous exudations such as we have in diphtheria. The prostration and coldness which mark the action of *cantharis* in its advanced stages are, however, indications for the use of it in the adynamia following a severe attack of diphtheria, which have been utilised by Dr. Ludlam and the late Dr. Lawrence Newton with advantage. So, too, when the irritation in the kidneys is more than usually great it will be a serviceable medicine. But as a mainstay in the primary stage of diphtheria, I do not myself see any reason to expect advantage from using it, and I believe that when so used it has, as Dr. Hughes says, disappointed expectations.

In cases of active idiopathic inflammation of the buccal and pharyngeal surfaces it will be clearly indicated very frequently.

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\* *British Journal of Homœopathy*, xvii., 622.

In gastritis also, when the pain is intense and burning and vomiting incessant, painful, bloody and exhausting, it will be called for; and the indications for its use here, as well as elsewhere, will be all the stronger if the kidneys are inflamed.

Again, in peritonitis and enteritis it has been used with success, when the pain is burning and the surface extremely sensitive to pressure. Here also, when it has been used successfully, the kidneys have generally been more or less involved in the existing inflammation.

In dysentery it is a very useful medicine, when the inflammation is extreme and the discharges are especially bloody, with shreds of mucus in the stools. It is a dysentery of a yet more violent type than that characterising the action of *corrosive sublimate*. The pain is severe, burning and cutting, and inflammation in the bladder has almost always been present at the same time in cases where it has been successfully used.

The action of *cantharis* on the skin is that which is most familiar to all. As a vesicant it has been universally applied. The action of a blister is roughly homœopathic. Dr. Inman has shown that "blisters applied to the thorax and abdomen of dogs and rabbits will produce redness and absolute inflammation of the pleura and peritoneum, in patches distinctly corresponding to the vesicated surface of the skin."\* So, too, in the joints, the inflammation which has been excited on the skin is perceptible on the synovial membrane, and hence when a blister is applied in synovitis or rheumatism the distension is increased for a day or two. It is in pleurisy when the pleura is already inflamed, and in synovitis, when the synovial membrane is inflamed, that blisters are most commonly used. In short an artificial inflammation is induced of the very part in which it is desired to reduce an already existing inflammation. This, I say, is a rough application of the principle of *similars*. But it is more, it is an undesirable application of it. The serum of the blister is rich in albumen, it contains some fibrine: these constituents are there at the expense of the blood, they represent so much waste where repair is urgently needed; further, they are needless; they are so because a study of the *Materia Medica* will bring to your knowledge measures more strictly homœopathic, more directly curative

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\* Inman, *New Theory Practice of Medicine*, page 322.

and, what is equally important, measures which are absolutely non-spoliative. Ignorance of the pathogenetic properties of drugs is the only valid excuse for a physician who knows that the law of similars is a true indication of a remedy prescribing a blister.

When applied to the skin, heat, tingling and smarting are soon followed by redness, inflammation of the papillæ, and the formation of vesicles, which, determined by the length of application, form by coalescence, large bullæ. We have here a condition similar in all respects to that of a burn where, as yet, disorganisation has not proceeded to sloughing. Hence in burns where you find simple redness, or where the characteristic bleb has been produced, a lotion of *cantharis* is one of the most useful applications you can prescribe. A layer of cotton wool soaked in a lotion containing ten drops of the pure tincture of *cantharis* to an ounce of water should be placed over the burn and then covered with another thick layer of cotton wool.

Beyond some degree of burning and itching in the skin, *cantharis*, when taken experimentally or in poisonous doses, does not seem to have exercised much influence upon it.

When taken in large quantity, it creates a profound impression upon the nervous system. Delirium, violent and furious, marked by piercing screams, groaning and unconsciousness, and often convulsions of a tetanic character, have been observed in severe cases. In milder, there is much irritability, anxiety, restlessness, and discontentedness, with headache, marked by confusion and vertigo.

These and many similar symptoms are the direct result of the state of uræmia, consequent on the nephritis which is so marked a feature of *cantharis* poisoning, and are associated with a state of prostration which is generally described as being excessive, and is attended with great restlessness, fainting, and icy coldness of the body.

Dr. Talcott (*New York Homœopathic Times*, April, 1874,) describes *cantharis* as affording prompt and happy relief in acute mania, of which the characteristic feature is extreme excitement of the sexual organs. The patient in whose case this medicine is useful is one who "is strictly and solely the victim of lechery for its own sake; a result of the intense erethism of the sexual organs impelling him to seek immediate physical gratification.

Such patients," he adds, "are inordinate masturbators of an acute type."

The late Dr. Bayes found *cantharis* to be of great service in hysteria when, in addition to the ordinary symptoms, there was a sense of soreness in the throat on waking, with relief after expectoration of a little reddish mucus; previously to the attack the suppression or partial suppression of urine for many hours, followed by excretion of large quantities of urine deficient in urates. "This condition," Dr. Bayes adds, "is often accompanied by irritation, more or less troublesome, of the mucous surface and skin of the genitals."

In most instances *cantharis* is commonly given in drop doses of the first decimal or centesimal dilution.

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### LONDON HOMŒOPATHIC HOSPITAL. — CASES OF TYPHOID FEVER.

Under the care of Dr. J. GALLEY BLACKLEY.

(Continued from p. 219.)

#### Case V.

*Adynamic typhoid treated with Arsen., Bryonia, Nitro-muriatic Acid, and Rhus; chest complications, treated with Phosph. and Ant. Tart.; recovery.*

Louise H—, æt. 17, rosette-maker, admitted October 8th, 1888. Says she has been feeling weak and ill and unable to work for about a month past, during which time she has had some pain in the chest, but no cough. Four days ago she was obliged to go to bed, where she has remained until now. During this time the bowels have been rather loose.

*On admission.*—Temp. 104·6°; tongue dry and brown in the centre, skin hot and dry, no pain or swelling in the joints. Has passed no stool for the last twenty-four hours; before that several loose motions passed. Urine high-coloured and scanty. R̄ *Ars.* ʒx, gtt. j, 2dis horis. Tepid pack to the abdomen. Milk ad lib. Evening temp. 104·6°.

October 9th.—Temp. 104·2°, pulse 120; tongue dry, white at the sides, brown in the centre. Abdomen tympanitic, pain on pressure over right iliac fossa; four faint rose spots on the abdomen. Slept well, but talked during sleep. Evening temp. 104·8°, pulse 128.

10th.—Morning temp.  $103\cdot6^{\circ}$ , pulse 120; passed three small loose dark stools (the first passed, with urine, involuntarily). Several fresh spots out on the chest. Takes milk freely, but is sick occasionally after it. Koumiss to be given in place of milk. Evening temp.  $104\cdot6^{\circ}$ .

11th.—Temp.  $103\cdot4^{\circ}$ , pulse 120; one loose stool. Slept very little, and managed to get out of bed twice. Had a wet pack, after which she got some sleep.  $\mathcal{R}$  *Bry.* 1x, gtt. j, 2dis horis during the day, and *Bella.* 1x. gtt. j, 2dis horis during the night, beginning at 6 p.m. Evening temp.  $104\cdot4^{\circ}$ .

12th.—Morning temp.  $103\cdot6^{\circ}$ , pulse 124; tongue thickly coated, teeth covered with sordes. One small and very dark stool passed. Was delirious all night. Has now a very dull stupid look, left cheek flushed. Evening temp.  $103\cdot4^{\circ}$ .

13th.—Morning temp.  $103^{\circ}$ . Five small involuntary stools. Slept eight hours, with slight delirium. Evening temp. (taken at 8 o'clock)  $104\cdot2^{\circ}$ . Was packed for an hour, after which the temperature fell to  $101\cdot8^{\circ}$ . Slept well, but was delirious and tried to get out of bed.

14th.—Morning temp.  $102\cdot4^{\circ}$ , pulse 120; tongue not quite so much coated. Two small, loose light-coloured stools. Slight cough. Evening temp.  $104^{\circ}$ . Was again packed for an hour, the temperature falling to  $102\cdot6^{\circ}$ . After the pack slept well; was less delirious and quieter.

15th.—Morning temp.  $103^{\circ}$ , pulse 122, small and weak; tongue baked in the centre, clean at the sides; abdomen tympanitic, a few spots still visible. Patient is very deaf. One small dark stool.  $\mathcal{R}$  *Acid. Nitro-mur.* 1x, gtt. j, alt. with *Bry.* To have *Kreochyle*, a dessert-spoonful every two hours and 4 oz. of brandy per diem. Evening temp.  $104\cdot2^{\circ}$ .

16th.—Was packed again last night, after which the temperature fell only one degree (to  $103\cdot2^{\circ}$ ). Slept well all night and was less delirious. Morning temp.  $103^{\circ}$ , pulse 112; one formed stool, partly light and partly clay-coloured. Has no cough. Evening temp.  $104\cdot2^{\circ}$ . Had no pack after. Temp. at midnight was  $103\cdot6$ . Slept quietly all night.

17th.—Morning temp.  $103\cdot4^{\circ}$ , pulse 128, resp. 36; no action of bowels. Tongue thickly coated and teeth covered with sordes. Is very heavy and deaf this morning. Cheeks flushed. Short cough. Loud moist and squeaky râles heard all over chest. Some dulness on percussion at the



22nd.—Temp. 100·8° pulse 128, resp. 32; slept four hours in the night, but awoke very noisy and restless. Sleeps a good deal during the day and mutters constantly during sleep. No cough. Bowels have not acted for two days. R̄ *Rhus* 1x, gtt. j, 2dis horis. Evening temp. 102·4°.

26th.—Temp. last night 100°, this morning 99·6°, pulse 116, poor, resp. 48; cough troublesome during night; marked dulness on percussion of chest posteriorly. R̄ *Phos.* 3x, gtt. j, dis horis. To have half a pint of champagne daily in place of the brandy. Evening temp. 102·6°.

28th.—Morning temp. 100·6, pulse 110; tongue creamy; one large formed stool passed yesterday. Cough less troublesome. Sleeps better. R̄ *Ant. t.* 3x, gr. j, 2dis horis. Evening temp. 102·2°.

29th.—Morning temp. 99·8° pulse 112, fuller; no stool; tongue same. Is quieter, but very irritable. Evening temp. 101·9°.

30th.—Morning temp. 99·6°, pulse 110, resp. 40. Dulness on percussion over both bases posteriorly; moist râles heard back and front. Retches very much after the champagne. Evening temp. 102·6°.

November 2nd.—Morning temp. 100·4°, pulse 100, resp. 40; tongue cleaning; bowels moved once after enema. Chest same. Sleeps well. As the patient still dislikes the champagne, port wine in the shape of negus was substituted. R̄ *Phos.* 3x, gtt. j, 2dis horis. Evening temp. 100·8°. Cough less. Very noisy during part of night.

10th.—Temp. normal night and morning. Improving in all respects. The *Phos.* to be given only three times a day. Benger's Self-Digestive Food with milk as diet.

From this date the patient continued to improve steadily. She was up on the 20th, and was discharged cured on the 30th.

*Remarks.*—The remedies which were of most service in this case were undoubtedly the *Bryonia* and *Phosph. Kreochyle* (Barff's) answered exceedingly well as nourishment.

#### Case VI.

*Relapsing typhoid; two distinct relapses; primary attack treated by Baptisia and Arsen; first relapse by Arsen. and Phosphoric Acid, and second relapse by Arsenicum.*

Emily C—, aged 36, single, sister to Case IV., and like her, under the care of Mr. Black Noble for the last five

weeks. Mr. Noble's notes of the case previous to her admission are as follows :

"Under treatment from Sept. 21st till Oct. 26th (five weeks). For the first twelve or fourteen days temperature varied from 101° to 102°, there being no tenderness in the right iliac region, and the bowels being constipated. After that, patient became worse, temp. averaging 103·5°, with distinct tenderness in the right iliac region, and frequent motions presenting the usual "pea-soup" appearance. She progressed fairly well till the 15th October, when she *relapsed* without any apparent cause, and on the 25th she was removed with her sister to the hospital. She was kept all the time upon slop-diet. The medicines used were *Baptisia* 1x, for the first fortnight, and *Ars.* 3x, for the most part, during the last three weeks."

October 26th.—Patient *admitted* at 4 p.m. in a condition similar to that of the foregoing case, only that the weakness and emaciation were, if possible, more marked. Temp. an hour after admission was 104°, pulse 144, weak and compressible. *Lungs* normal, with the exception that respiratory sounds were exaggerated. *Heart*.—Some impurity of first sound in pulmonary and mitral areas. *Abdomen* much retracted; no pain or tenderness; no spots. Hepatic and splenic dulness slightly increased. Tongue put out hesitatingly, and covered with dense, foul, wrinkled white fur. Was ordered *Bell.* 1x, gtt. j, p. r. n., for the night, and Benger's food with milk. Evening temp. 103·4°.

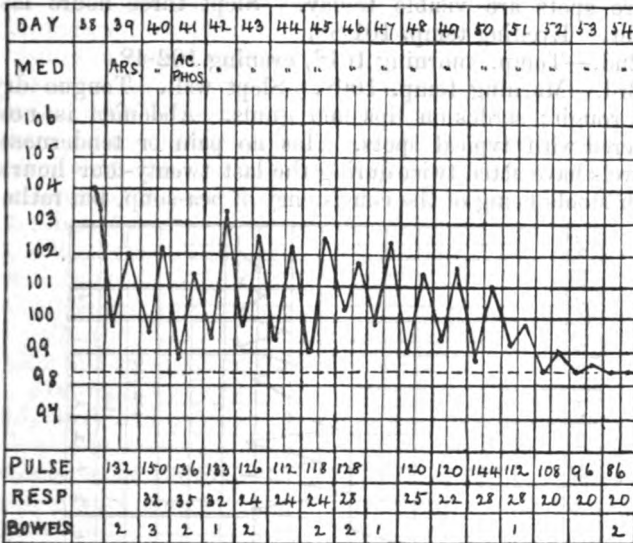
27th.—Temp. 99·8°, pulse 132, poor. Has slept well without talking in her sleep; had two loose stools in the night. R̄ *Arsen.* 3x, gtt. j, 2dis horis, milk ad lib., and four ounces of brandy per diem. Evening temp. 102°.

28th.—Temp. 99·6°. pulse 150, resp. 32; three large loose stools passed during last twenty-four hours. Sleeps well, but has drenching perspiration during sleep. To have *Acid. Phos.* 1x, gtt. j, alternately with *Arsen.* every two hours. Evening temp. 102·2°.

29th.—Morning temp. 98·8°, pulse 136; passed two large stools. A few dry râles heard at back of both lungs; percussion note clear. Still perspiring profusely. To have *phosphoric acid* alone every two hours. From this date to the 12th of November improvement was steady. Emaciation being now the chief symptom, cod liver oil was given after dinner each day, and four ounces of port substituted for the brandy.



On November 17th the first formed stool was passed, and on the 23rd, temperature being normal night and



morning and bowels constipated, she was allowed to have a little chicken, having had pounded game or chicken for several days previously, and on the 24th she ate a small chop with relish.

26th.—Temperature went up during the evening to 101°. Bowels acted also during the evening, the stool being large, constipated, and dark.

27th.—Morning tem. 100.6°, evening temp. 103°. All solid food was stopped, and milk and beef tea substituted.

28th.—Morning temp. 102.0, pulse 118. No action of bowels since the 26th; tongue, from being fairly clean for a week past, is again coated with dirty white fur, and is tremulous. R. *Acon.* 1x, gtt, j, 2dis horis. Evening temp. 102.4°.

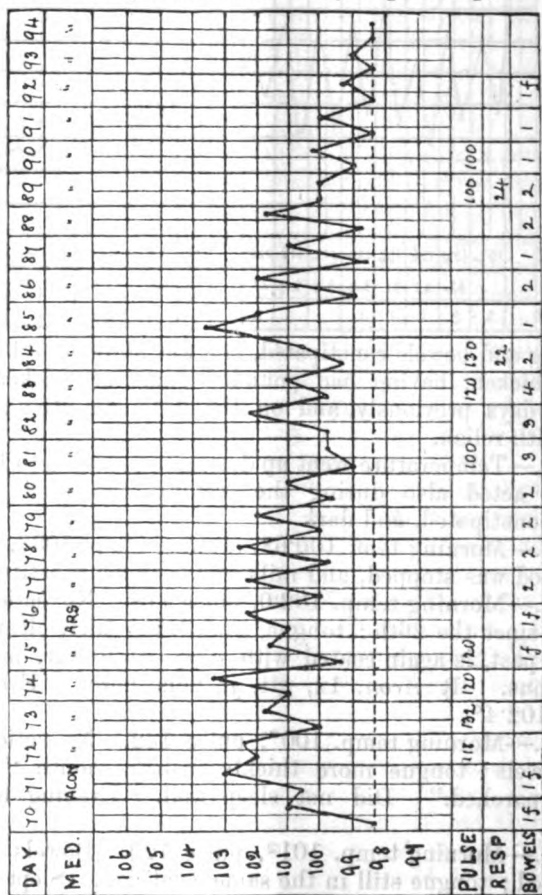
29th.—Morning temp. 100°, pulse 132. No action of the bowels; tongue more thickly coated; mouth “feels rather parched.” Did not sleep well. Evening temp. 101.8°.

30th.—Morning temp. 101°, pulse 120. Bowels have not acted; tongue still in the same condition. Slept very little. Has *three rose spots* on the abdomen. Evening temp. 103.4°.

December 1st.—Morning temp. 99·4°, pulse 120. Bowels acted once, the stool being dark and partly formed. More spots are visible to-day. Slept three hours last night. Evening temp. 101·8°.

2nd.—Temp., morning 101°, evening 102·4°.

3rd.—Morning temp. 100°. Slept well. Tongue dry and rough; sordes on lips and gums. Abdomen is now covered with typical spots. Has no pain or tenderness. Bowels have acted twice during the last twenty-four hours, both stools being of the consistency of pea-soup, but rather



darker in colour. To have a tepid water compress on the abdomen. R. *Arsen.* 3x, gtt. j, 2dis horis. To have

cocoa and the yolk of an egg daily in addition to milk and beef tea. Evening temp.  $102.4^{\circ}$ .

11th.—During the past week the patient has gone through all the phases of a primary attack of typhoid in respect of temperature (see chart), tongue, stools, &c. The spots are still visible, but are now fading. *Arsen.* was replaced by *China* two days ago, but was resumed yesterday. Morning tem.  $99^{\circ}$  pulse 136, weak and irregular; respiration 32. Had a rigor during the forenoon, after which the temperature rose to  $103.8^{\circ}$ , falling later in the evening to  $102^{\circ}$ . Slept well.

12th.—Morning temp.  $99^{\circ}$ . Bowels acted twice, stools still same in character; tongue moist and tremulous. Complained during the day of a sharp colicky pain in umbilical region striking up towards right hypochondrium. This was promptly relieved by a few doses of *Coloc.* 1x.

31st.—Temperature normal morning and evening; pulse 95, small and compressible. Tongue clean and tremulous. Bowels have acted once a day for several days past, the stools being clayey. Perspires freely. R. *Ac. Phos.* 1x, gtt. j, 2dis horis. To have rice (very thoroughly boiled) with milk.

31st.—Temperature below normal. Feels quite well. Appetite ravenous; was allowed chicken and bread. On the following day the patient sat up to her meals, and on January 5th she was discharged cured.

*Remarks.*—This case is interesting as being an example of the occurrence of a second relapse. When admitted to the hospital she was apparently in the early stage of the first relapse, whilst no doubt can be entertained of the nature of the second relapse, as all the symptoms were throughout of a typical character. *Phosphoric Acid* answered admirably in the former, and *Arsenicum* was just as satisfactory in the latter.

#### Case VII.

*Typhoid with persistently high morning temperature, hæmorrhage, perforation and death. Sectio cadaveris.*

James M.—, æt. 38, butler, admitted October 17th, 1883.

*History.*—Had an attack of rheumatic fever fourteen years ago, since which he has had slight dyspnœa on going upstairs. Has been living in a house in which two children

have been laid up with typhoid. Is a total abstainer, but drinks large quantities of milk.

Present attack commenced five days ago, whilst staying at the———Hotel, with shivering on getting into bed. Diarrhœa came on during the night, and continued at short intervals for forty-eight hours. For the last three days there has been no action of the bowels. He has also had, in succession, severe frontal headache extending behind the orbits, nausea, complete anorexia, pain in the small of the back, extending gradually through chest to shoulders.

On admission temp. was 99°, tongue foul, breath offensive; great tenderness on pressure in the lumbar region, slight ditto in right iliac fossa; urine, sp. gr. 1018, high coloured, otherwise normal. Heart sounds appear distant; lungs normal, except that expiration is slightly prolonged. Has no cough.  $\mathcal{R}$  *Bryon.* 1x, gtt. j, 2dis horis; milk ad lib. Evening temp. 99°.

20th.—Temp. normal night and morning. Bowels not open since admission. Tongue cleaner; otherwise his condition remains much the same.  $\mathcal{R}$  *Arsen. Iod.* 3x, gr. j, and *Nux. Vom.* 3x, gtt. j, tert. hor. alt.; was allowed tea and bread and butter.

25th.—The patient's condition remained much the same until yesterday (the thirteenth day after the initiatory rigor), when the evening temperature suddenly rose to 102·0°. Had very little sleep during the night. Morning temp. 102·8°, pulse 80; tongue thickly furred; pain in the abdomen generally, with tenderness on pressure in the right iliac fossa. No spots. Complains of headache and pains in the legs.  $\mathcal{R}$  *Bryon.* 1x, gtt. j, 2dis horis, and *Bell.* 1x, gtt. j, pro re rata, at night. All solid food was stopped, and milk only permitted. Evening temp. 103°.

26th.—Morning temp. 102°, pulse 88, full; tongue same. Has had five loose stools since midday yesterday; has no pain, and sleeps better.

29th.—Temp. last night 103°, this morning 102·6°; pulse 96; five stools (pea-soupy); tongue densely coated down the centre; mouth sore. Abdomen covered with numerous rose spots. Complains of pains all over the body. Evening temp. 103°.

30th.—Morning temp. 102·4°, pulse 112, resp. 28; four stools, loose. Tongue has a dry brown streak down the centre; abdomen very tender. Evening temp. 103°.

31st.—Morning temp.  $101^{\circ}$ , pulse 118, resp. 32; five stools, loose. Tongue dry and brown except at tip and edges. Was very restless during the early part of the night, after which he slept for seven hours. Perspired during sleep. Numerous fresh spots out to-day. Evening temp.  $102.6^{\circ}$ .

November 2nd.—Morning temp.  $102^{\circ}$ , pulse 120, resp. 38; four stools, loose; the last was tinged throughout with blood, and contained some pure blood. Complains of "a little pain in the stomach at times." Abdomen distended, with a rather dull percussion note and great tenderness over the cæcum. During the afternoon passed three stools containing a quantity of blood.  $\mathcal{R}$  *Ipec.*  $\text{℥}x$ ,  $\text{gtt. } j$ , every half hour in place of *Arsen.*, an ice-bag to be applied to the abdomen and ice given by the mouth. Evening temp.  $102^{\circ}$ . Brandy  $\mathfrak{z}iij$ .

3rd.—Morning temp.  $101^{\circ}$ , pulse 125, resp. 33; two stools without blood. Tongue brown and glazed. Abdomen not more distended; spots still visible. Slept heavily and muttered during sleep. On awaking felt very faint and at times during the day. Resume *Arsen.* Evening temp.  $103^{\circ}$ .

8th.—Temp. last night  $102^{\circ}$ , this morning  $101^{\circ}$ ; pulse 100, resp. 26; three stools, loose and light, and free from blood. Tongue more moist and less caked; abdomen less tumid, rash disappearing. Slept well without muttering. Looks better, and is generally brighter and more observant and less hesitating in his movements.

From the 8th to the 15th (twenty-third day of the pyrexial period) the patient's general condition gradually improved, stools being few and partly formed; tongue cleaning and sleep natural. In spite of this, however, the evening temp. still reached  $100^{\circ}$ , morning temp. being  $99^{\circ}$ .

16th.—Morning temp.  $99^{\circ}$ , pulse 90, fairly good; tongue clean; bowels have not moved for the last sixty hours. Evening temp.  $102^{\circ}$ .

19th.—Morning temp.  $102^{\circ}$ , pulse 120; tongue dry, skin harsh and dry. Abdomen somewhat tympanitic, with distinct gurgle in right iliac fossa. Two stools light. No spots visible. Harsh breathing heard in places over the chest, with occasional rhonchi; no marked dulness. To have champagne in place of brandy. Evening temp.  $101.6^{\circ}$

23rd.—Temp. last night  $101.6^{\circ}$ , this morning  $100.6^{\circ}$ , pulse 130, rather small and variable; tongue thickly caked, dry; three pappy stools; mutters a great deal during sleep. To have a bottle of koumiss per day in addition to two pints of milk. Evening temp.  $101^{\circ}$ .

24th.—Morning temp.  $101^{\circ}$ , pulse 138, poor, resp. 40; five stools, very loose. Perspired heavily during night, but did not ramble. Complains of pain in chest and abdomen. Dulness on percussion at bases of lungs. R; *Bryonia* 1x, alternately with *Arsen.* every hour. Is taking nourishment and brandy freely. Evening temp.  $101^{\circ}$ .

25th.—Morning temp.  $100.2^{\circ}$ , pulse 160, very poor, resp. 48; one loose stool. Perspired heavily and twitched constantly during sleep. Complains of pain in abdomen. Dulness at bases of lungs has increased. Respiratory sounds harsh and laboured. R; *Phos.* 3x, gtt. j, 2dis horis alt. with *Arsen.*

26th.—Died quietly at 2 a.m.

*Sectio cadaveris*, thirty-four hours after death.—Cadaveric rigidity absent. Abdomen and hollow viscera much distended.

*Thorax.*—Lungs comparatively healthy and resilient. Recent pleural adhesions and about six to eight ounces of dark serum found in left thoracic cavity. Lung posteriorly rather friable and hyperæmic. A few old adhesions found on the right side with sixteen or eighteen ounces of dark serum. Heart-sac contains one ounce of dark serum. Heart small, flabby, pale and fatty.

*Abdomen.*—Greyish-purulent fluid present in considerable quantity in peritoneal cavity; pus thicker towards pelvis and around caput cæci, where there are adhesions in which the vermiform appendix is embedded. Ileum is perforated about two inches from the ileo-cæcal valve, and presents numerous typical ulcers for a distance of twelve or fourteen inches from the valve, but thickest near the valve. Ulcers very deep, with overhanging edges; many lie in a transverse direction. Solitary glands very red and swollen in places. Contents of intestine bright yellow. Kidneys small and rather pale, otherwise healthy.

*Remarks.*—This case affords an instructive example of the extent to which serious ulceration in the bowel may

proceed without leaving its impress upon the patient's general condition. In spite of the low average of the evening temperature, which at no time exceeded  $103^{\circ}$ , the slight amount of the morning defervescence, and the absence of any considerable fall in the morning temperature as the end of the third week passed, had prepared us for the recrudescence of the symptoms which occurred on the 24th day, and which led up to the fatal termination ten days later. (To be continued).

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CARLSBAD: ITS SPRINGS, THEIR PHYSIOLOGICAL ACTION AND INDICATIONS.

By Dr. THEODOR KAFKA,

Consulting Physician at Carlsbad.

(Continued from page 288.)

*Indications of the Carlsbad Waters.*

HAVING established the physiological analysis, we shall treat now of the principal indications for the springs of Carlsbad.

The waters of Carlsbad generally promote very much the function of nutrition, because they contain alkaline elements. They act upon and disorganise the whole mass of the humours and the organic textures.

For the following conditions of disease Carlsbad is most efficacious:—

*Chronic Catarrh of the Stomach.*

This disease is very often only the consequence of a stasis of the blood in the vena portæ. As this essay can be but very short, we shall omit the details of this disease, remarking only that Carlsbad is a sovereign remedy against chronic catarrh of the stomach.

*Chronic Ulcer of the Stomach* and all the gastric troubles which are connected with it, cardialgia, pains in the stomach, chronic vomiting and constipation, the bloody erosion of the mucous membrane, and the *ulcus perforans* of this organ equally form indications for Carlsbad.

*Flatulency of the Stomach and of the Intestinal Canal.*

This affection very often accompanies catarrh of the stomach; sometimes, however, it is of a nervous nature, or depends on uterine disease, the consequence of a chronic inflammation and swelling of the womb.

*Worms in the Intestinal Canal.*

Carlsbad is not a vermifuge *per se*; however, we have often seen lumbricus ascarides, and even considerable fragments of tœnia in the evacuation.

*Chronic and habitual Constipation.*

It is very often present in persons who lead a sedentary life, but it is common also in farmers and foresters, who though they take much exercise, are so engaged in their business that they keep back their stools. Carlsbad acts in a favourable manner even if the cause is a narrowing of the intestines.

*Chronic Diarrhœa.*

It is a fact that Carlsbad, and especially the Sprudel, acts more favourably in this affection than against chronic constipation. In the year 1881, I had under treatment here a German baron, who was reduced by a diarrhœa of very long standing almost to a skeleton, but who recovered very soon by taking very small quantities (two quarters of a cup=105 grammes of Sprudel).

*General and partial Hypertrophy of the Liver.*

1. Greasy degeneration of the liver.
2. Amyloid degeneration of the liver.

In the sequelæ of intermittent fevers, typhus, scarlatina, or any other acute exanthem, of scrofula and of rhachitis. Carlsbad is less well indicated in the amyloid liver produced by syphilis, although it may be entirely suitable as an introduction to a specific mode of treatment.

3. *The Granulated Liver or Cirrhosis of the Liver* in its earliest stage, i.e., when there is hypertrophy or enlargement of the capsula Glisson.

*Venous Hyperæmia of the Liver.*

This condition, commonly called the nutmeg liver, almost always arises in consequence of organic disease of the heart, especially stenosis of the orifice of the left auricle; in it the waters of Carlsbad, while not effecting a radical cure, yet, taken prudently, they produce a great improvement.

*Arterial Hyperæmia of the Liver.*

Congestion of blood towards the vena portæ and the arteries of the liver, caused by —(1) Temporary mechani-



cal irritation; (2) intermittent fever; (3) high temperature; (4) immoderate use of alcoholic drinks; (5), according to Rokitsansky, the celebrated pathological anatomist, in consequence of an irritation transmitted to the liver and duodenum or to the epidermis in the course of scarlatina, typhus, or other fever.

*Icteric* liver, as well as—(1) the icteric liver properly so-called, caused by accumulation of thickened bile, the state described by Rokitsansky as a general enlargement of the hepatic vessels;—(2) the nutmeg liver; a form of hypertrophy so called, because on incision it presents a certain resemblance to this fruit. The vascular apparatus of the blood becomes more and more compressed, culminating in a diminution in size of the organ. This form is very frequent, and is mostly a consequence of mechanical hyperæmia of the liver, already referred to as having for its cause an organic disease of the heart.

Finally, hypertrophy of the liver and tumours, when they affect only the liver. Oppolzer relates the complete cure in an Austrian officer of cavalry of supposed carcinomatous tumour of the liver by the use of these waters.

Carlsbad does not offer favourable results in the treatment of cysts of the echinococcus, or in tubercle of the liver; still, its waters are not deleterious in these diseases.

*Increased Secretion of Bile, Polycholia, i.e.*, a state which consists in the formation of bilious matters and in the introduction of this matter into the blood, in consequence of the free and even augmented secretion of bile which is changed in quality is relieved by Carlsbad.

*Jaundice* (icterus) is properly speaking, only a symptom of other morbid conditions.

One of the first authors who wrote about the waters of Carlsbad, Dr. Bether, recommended them in the last century against the so-called calculous diathesis.

#### *Diabetes Mellitus.*

Carlsbad has a great renown in the treatment of this disease. It diminishes much the quantity of sugar in the urine, and also improves the general health. The sugar entirely disappears from the urine in many patients, as I have convinced myself in many cases. (*Vide* my brochure,

*Diabetes Mellitus and Carlsbad.* Leipsig: Baumgärtner, 1876.) The patients of this kind live a long time when they take the water of our springs.

Carlsbad is beneficial also in *diabetes insipidus*.

It is indicated in *albuminuria*, or morbus Brightii, where the stasis of blood in the kidneys depends on congestion of the spleen or liver.

In *pyelitis* and in *catarrh of the bladder*, Carlsbad enjoys with justice a great reputation, and I have convinced myself by numerous successes of the value of our springs, especially where hypertrophy of the prostate gland existed. (Vide my article, *Pyelitis and Carlsbad*, in *Hirschel's Zeitschrift*, 1877, and in the *American Homœopath*, May, 1884.) Carlsbad water is an excellent remedy against catarrhal jaundice, as well as against the jaundice depending on biliary calculus.

#### *Calculus in the liver.*

Carlsbad water not only facilitates the passage of the small stones already present, but it dissolves also biliary matter in process of transformation into calculi, and delays for a long time the formation of new calculi. The use of the Carlsbad waters disperses *tumours of the spleen* if they depend only on a stasis of the blood, and are soft to the touch.

#### *Fibroid Tumours,*

Often disappear entirely in consequence of repeated use of the Carlsbad waters.

Ascites only disappears if the fundamental disease, of which it is a symptom, is one curable by the Carlsbad waters.

Exaggerated development of the abdomen and obesity often diminish by employing the Carlsbad springs.

#### *Calculous affection of the Bladder.*

Carlsbad renders excellent services, where red gravel (crystallised uric acid) is present, if the calculi of the uric acid are still very small so that they can be evacuated by the urethra without surgical interference.

Morbid conditions of the uro-genital apparatus in women, such as swelling of the ovaries and of the womb, chronic descending of the womb, caused by organic disease if the inflammation has ceased, and some difficulties of the menstruation. If amenorrhœa arises from an excessive formation of fat, and when there is stasis of the blood of

the vena portæ, and in leucorrhœa caused by scrofula or by hyperæmia of the mucous membranes, as a consequence of a venous stasis, these conditions are frequently cured or at least made easier by employing the Carlsbad waters.

Chronic catarrh of the bronchi, chronic blennorrhœa of the bronchi, and asthma are often considerably improved and sometimes completely cured by the Carlsbad waters, when these affections coincide with stagnations of the general circulation.

The external and internal use of Carlsbad waters work very favourably against diseases of the skin, such as *erysipelas*, boils, acne, *nettle-rash*, pemphigus and tetter (ring-worms), freckles disappear often on the use of Carlsbad. Dr. von Wierer says, he has even cured one case of elephantiasis by the use of our springs.

Habitual and corrosive perspiration of the inferior extremities is often cured by Carlsbad.

The *gout* or *arthritis* finds a sovereign remedy in the waters of Carlsbad.

These waters are especially indicated in piles.

In scrofulous cases, if there is no inflammation, we employ the Carlsbad waters with great success, even if the children are still of tender age.

The Carlsbad waters are only efficacious against the *scurvy* if the forces of the sick are not yet too diminished.

In chronic poisonings by *lead*, *mercury* and *arsenic*, many men who are exposed to the vapours of these substances come to seek help at Carlsbad.

Our waters are a prominent remedy against *hypochondriasis*, from *plethora abdominalis*, *hypertrophy* or *atrophy* of the liver, occasioned by excessive intellectual work or by too free living.

In hysteria Carlsbad cannot fail to be of some use if it is the consequence of *plethora abdominalis*, of an irregularity of the menstruation or of a swelling of the ovaries. Pains as *cardialgia*, *intestinal colic*, *prosopalgia*; pain in the liver, the spleen, or the region of the heart, *ischialgia*, nervous irritation of the spinal marrow, migraine, nervous gout can only be cured by the waters of Carlsbad when these conditions are of a secondary character, the consequence of an abdominal plethora, of a swelling of the spleen, or of gout.

The waters of Carlsbad act favourably against reflex pains,

and against the cramps consequent on mechanical or chemical irritations.

Incomplete paralysis has often been cured by Carlsbad, when not of long standing.

The disposition to congestion of the brain and to apoplexy, in consequence of plethora abdominalis, rarely resists the use of the springs of Carlsbad. The giddiness, the sleeplessness, and on the other hand also the sleepiness in hæmorrhoidal subjects, or in women of irregular menstruation, in consequence of the plethora abdominalis and of the stoppage of the blood in the region of the vena portæ, if Carlsbad does not cure these symptoms entirely it always modifies them considerably.

*Hardness of hearing, humming in the ears, otorrhœa,* are often cured with the diseases which produce them when they depend on a blood stasis.

Affections of the eyes, for instance, disposition to acute ophthalmia, chronic inflammations, chronic dropping of tears, diseases of the cornea, glaucoma, amaurosis, cataract, hemiopia, the myctalopia, diplopia, etc., ulcers of the eyelids, dryness of the eyes, etc., can be cured by the Carlsbad waters, if they are occasioned by a plethora abdominalis or rheumatism, scrofula, or herpetism.

#### *Contra-indications.*

1. All the febrile phlogistic diseases and the acute exantheas.

2. An excessive irritability of the vascular system, if the menstruation and the hæmorrhoidal flux are too copious.

3. Tuberculosis and pulmonary phthisis, all considerable suppurations of external and internal organs; ulcerated carcinoma of all organs, syphilitic ulcers.

4. Weakness from old age and all morbid conditions, with feebleness of the vital power and anæmia.

5. The following organic lesions: aneurism, atheroma of the great vessels of the heart and anchylosis.

6. Pregnancy in very feeble women, who are very thin, anæmic, and with a disposition to miscarriage and to hæmorrhages.

The use of Carlsbad is useless, though not absolutely noxious:

1. In secondary syphilis.

2. In all important nervous diseases, in epilepsy, and in paralysis.

3. In organic faults and degenerations.
4. In cartilaginous indurations, the fibrosarcoma and abdominal tubercle.
5. Against the large calculi existing in the kidneys and the bladder.

I trust that this little essay will give a clear idea of the efficacy and value of the Carlsbad Waters. As to the manner of taking the waters, and the diet which it is necessary to adopt during their use, I shall write another time.

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### IS TUBERCULOSIS TRANSMISSIBLE THROUGH THE MEDIUM OF MILK DRAWN FROM A TUBERCULOUS COW ?

By J. SUTCLIFFE HURNDALL, M.R.C.V.S., Eng.

*(Continued from page 303.)*

WHEN subjects such as the one we have under consideration are introduced for discussion by savants even, it is rare that you can find perfect unanimity of opinion ; certainly this has been the case with regard to tuberculosis in the medical profession, and although in the veterinary profession a fuller and more perfect agreement has been arrived at, it cannot but be admitted that a certain number of influential men have held views contrary to those previously expressed in this paper. I consider it only right, therefore, to lay before you the opinions of those whom I have directly consulted, which, if not absolutely at variance with my own, are not in full harmony and agreement with me. The first of these is Professor Robertson, the Principal of the Royal Veterinary College, London. He says :—

“ I regret that I cannot afford you the kind of information you most desire with reference to tuberculosis in the proof through experiment of its contagiousness or inoculability. From what I have observed of bovine tuberculosis I am satisfied that a main factor in its production is heredity.

“ While if I may not be able to satisfy myself of its power of propagation from animal to animal, the facts which I have noted render it at least highly probable that under certain conditions, as long and close cohabitation with something of special receptivity in the animal acted upon, the disease may be passed on from the diseased to the healthy.”

The Professor then refers to a report drawn up by a committee of the Brussels Association, which was given to

our profession by Dr. Fleming; also to the experiments of Gerlach, Bollinger and Toussaint, some of which I have already submitted to your attention, and which Mr. Robertson refers to as "reliable." He then goes on to say:—

"The longer I live the more I am satisfied that great care is needful in attempting to draw conclusions connected with diseased processes in man, from any experiments carried out on other animals.

"It would appear that animal products are largely modified as to their power of producing tuberculosis by the conditions to which they may be subjected before ingested as food. We know much on this matter, but a great deal still remains to be done, particularly in the field of experimental enquiry."

Another communication was received from my friend, Mr. Wm. Alston Edgar, F.R.C.V.S., of Dartford, whose evidence is of a somewhat negative character, although he concludes his letter with an opinion that surely would satisfy the most ardent adherent of the transmissibility view. Among the microscopical sections I have the pleasure of bringing under your notice are some two or three that I prepared from a specimen of lung taken from a cow, whose history Mr. Edgar had watched for several years; he says:—

"She had suffered from tuberculosis for three years or more; eighteen months ago she had an acute attack of tubercular pneumonia, and her life was with much difficulty saved. I advised the owner not to use her milk (they had done so for many months), which he did not for over two months, he then foolishly had it analysed and, because they gave a good report, he thought it quite safe, and they went on drinking it for about six months, when she was sold to a cowkeeper.

"She has been under my further observation for a year having had mammitis, and a fortnight ago I advised her destruction and made a post-mortem to confirm my original diagnosis; it was a very marked case of diffused pulmonary tubercle. I sent a notice to the original owner of the result, as I told him at the time his analysis was valueless to prove the milk safe. This gentleman's young family is at present perfectly healthy, yet they consumed tuberculous milk for about two years.

"All my cases of tuberculosis (which are few) tend to prove that the milk may be consumed without injury. I think it will always be most difficult, if not impossible, to prove the direct injury, the progress of the disease is so very slow. At present I take my stand upon the fact that the milk is dangerous to the lower animals, and consequently it may be so to man—the rest (to quote a Scotchman) 'not proven.'"

In my concluding remarks I shall criticise the opinions quoted from Professor Robertson's and Mr. Edgar's letters. I now pass on to a communication from a gentleman who resides in the very centre of the short-horn breeding district, who has had ample opportunity of observing the disease, and the ravages it makes among valuable herds of prize-taking stock. Mr. Richard Roberts, M.R.C.V.S., of Kendal, wrote me as follows:—

“The subject of tuberculosis is a most important one, and knowing and seeing so much of it every day, I, for one, am astonished at the apathy and indifference shown by the authorities.

“There is great need for some one to move in the matter and try to arouse the authorities to the state of danger in the midst of which they slumber, for danger there is of a very real character.

“The system of inspection under the Milk Shop and Dairy Order is of the most inefficient and careless nature it is possible to imagine. A police officer, or some such person who knows nothing of the health of cattle, or their diseases either for that matter, or of sanitation in any shape or form, is usually the inspector appointed; scores of these functionaries never stir out of their offices, but register the dairies, and make their enquiries sitting on the office stool; this is very usually all the inspection that takes place. Keeping in view the public health, I think the order referred to one of the most important ever issued if rightly applied, but as it is, one cannot imagine a much more useless thing; in its present state it is quite a dead letter. Respecting tuberculosis, either pulmonary or affecting any other organ of the body, I hold the strongest opinions regarding its transmissibility. I have no doubt whatever that if you succeed in raising a fund for experimental purposes you will find it easily transmitted to animals, more especially young ones.”

With regard to the human subject—

“We can only be guided by analogy. I am confident the disease can be transmitted by milk to calves and young cattle, dogs, cats, and lastly pigs, whose digestive organs bear the strongest resemblance to our own. It can also be transmitted by raw tuberculous flesh in dogs, cats and pigs, and to a certainty by close cohabitation in all kinds of dairy cattle where shippens are badly ventilated. I have seen these things take place many, many times.

“If to pigs, dogs and cats, why not to children? I have in scores of instances had to warn clients of the danger they were running by keeping such animals. The disease is very prevalent here, quite a scourge amongst short-horn stock; it very frequently develops about the 4th or 5th calf, but usually about

the 3rd calf or so ; they are sold from here into large towns, where I should say a good many of them develop the disease. If an animal shows signs of it, which are so well known to every farmer, they frequently sell them to town dealers. Meat inspection is no less important than milk, for scores of screws or wasters are annually sold out of this into districts such as yours ; yours amongst the rest, I make no doubt, receives its quota."

Mr. George Gray, M.R. C.V.S., of Romford, formerly of Bakewell, in Derbyshire, where he had an extensive experience in bovine tuberculosis, says—

"I am satisfied in my own mind that the milk of an animal suffering from acute tuberculosis does contain the elements of the disease, and will produce it when brought in contact with a favourable nidus ; I am glad to learn you are grappling with such an important and weighty subject ; I do hope you may be able to prove that the milk does contain the germs of the disease in an embryonic form, which I truly believe it does, and I consider it unfit for human food." (See Dr. Blyth's Analysis of Milk.)

This, gentlemen, completes the accumulation of evidence I have collected, directly and indirectly, from authorities and sources whose veracity I am sure you will not question for a moment ; although it is quite possible that with some of the conclusions drawn you may differ. Should difference of opinion exist in your minds I shall not regret it, provided they act as an incentive to induce you all to join together to test this important subject for yourselves ; my object in bringing the matter under your notice will then, partly at least, be answered. Now ! what is the general opinion entertained by the majority of those whose views and opinions I have enumerated for your consideration. All, with the exception of Professor Walley, Professor Robertson and Mr. Edgar, unite in positively condemning the milk of tuberculous cows as unfit for food and dangerous by reason of the infective qualities it possesses. Professor Walley joins in this verdict most emphatically, with the reservation that to render milk infectious the mammary gland must have developed in its structure the tubercular lesion.

Professor Robertson, while not admitting all this, is sufficiently impressed with the seriousness of the conditions attendant upon a tubercular diathesis, that he would gladly welcome the publication of results, the outcome of careful and scientific experiment. Mr. Edgar, while



not admitting anything as the result of work and experiment up to the present, is still so impressed with the danger of using tuberculous milk, that he invariably cautions clients against consuming it. You will thus see that practically all my correspondents and authorities are at one upon the main issue. I had hoped to have received communications from Mr. Hopkin, F.R.C.V.S., of Manchester, and Mr. Schofield, M.R.C.V.S., of Pontefract, both of whom stand very high in their profession. Very many cases of tubercle have come under the immediate notice of each of these gentlemen, and I have reason to believe that both would in an emphatic manner confirm the opinions I myself hold as to the danger attending the use of tuberculous milk to the human subject. I have already occupied too much of your time, but this paper would hardly be complete if I omitted to remark upon the histological characteristics presented in the various microscopical sections I have brought for your inspection, some of which I have recently prepared from cases of tuberculosis that were only so late as last month brought under my notice here; others were prepared during my course of study at the Royal Veterinary College, under the supervision of my friend Professor Axe; and of still greater value and importance are the specimens which Professor Axe has sent specially for exhibition at this meeting. It may at first sight seem very much like a work of supererogation on my part to have brought so many specimens, but this feeling, if it exists, will be in some measure modified when I remind you that each section differs, more or less in degree, from another, and exemplifies varying stages of the tuberculous growth. You will observe in one, may be, the large multinucleated masses of the protoplasm, with their nuclei, and irregularity of outline; in another, conglomerations of epithelial elements, surrounded by a network of elongated cells, will be observable; again, yet one more will show little else than a very finely fibrillated reticulum covered with minute cells; and in another instance you will observe nothing more than a mass of granular debris. From some it will be apparent that disintegration has gone on rapidly, while in others the retrograde changes are less distinctly marked.

Compare, however, one with another, and these with what you observe in sections prepared from the lung of a phthisical person and I think you will be constrained to

admit that a strong resemblance is present, and that Dr. Green is not wide of the mark when he states, in his *Pathology and Morbid Anatomy, fifth edition*, p. 281, that—

“The results of post mortem observations of the natural disease thus appear to justify the same conclusions respecting the nature of the infective substances as those derived from the experimental investigation of the disease in the lower animals.”

The characteristics under the microscope appear identical, which observation, to my mind, very much favours the conclusion that the disease is the same, and due to one and the same specific virus in man and the lower animals—and that, therefore, any experiments made upon animals may be accepted as satisfactory evidence of the tissue changes that take place in the organs of the human subject if exposed to conditions similar to those applied experimentally to test animals, or to the invasion of the disease in its ordinary course of development. The specimens which Professor Axe has been kind enough to lend for this occasion I will give you the description of in his own words, he says—

“I have just sent off five specimens.—1st. Intestine of calf showing tubercular disease of Peyer’s patches. The animal from which this specimen was taken was suckled by a cow suffering from tuberculosis.

“2nd. Lungs of cat, injected, showing general tuberculisaton produced by feeding on tuberculous flesh.

“3rd. Lungs of rabbit bred from parents suffering from inoculated tuberculosis.

“4th. Head of rabbit showing tuberculous abscess in connection with lower jaw.

“5th. Bones of rabbit, scapula showing tubercular caries. The two last-named specimens are from the second generation of offspring descended from inoculated ancestors.”

The interest attaching to the respective specimens is apparent to all, and calls for no comment on my part. The specimens I have the pleasure to present are five in number, viz., one from my friend Mr. W. A. Edgar, of Dartford, being a portion of the lung of the cow to which he referred in his communication, sections of which for microscopical examination are also here. My own contribution consists of specimens from the lungs of two cows slaughtered in Liverpool on December 16th last; a very fine specimen of the lungs of a cow slaughtered in Birkenhead

29th January of this year; in another bottle, portions of the mesentery and peritoneum; and in another, parts of the following organs from the same cow, viz., the liver, kidney, ovary, mesenteric and mammary glands. Microscopic sections of these various parts I have had much pleasure in preparing specially for this meeting, the characteristics of which I have already referred to as being very similar, and in a number of instances identical with those observed in sections prepared from tuberculous organs in the human subject and in other animals. There is also a specimen of the milk drawn from the Birkenhead cow just before her slaughter, but inasmuch as a week has elapsed since it was obtained exception may reasonably be raised that its present condition can hardly be accepted as a fair illustration of what it was like when taken from the cow. In order, however, that the society may have the advantage of satisfactory evidence upon this point, I took specimens for examination to the houses of Dr. Hayward and Dr. Smith within four hours of obtaining the milk, and I venture to hope these gentlemen will give you their respective opinions upon the appearance it presented, and any observations they may have made upon its constitution.

I have already occupied far too much of your time, but the subject is one of great magnitude and overwhelming importance. I might, had it been within the compass of the objects of this paper, have treated fully of the relation between scrofula and tubercle; the histology of tubercle; of the various pathological changes taking place during the development of the disease; the predisposing causes; how tubercle is disseminated and propagated; the indications of the disease during life, and the *post mortem* characteristics; the conditions of the tissues of the body and the blood and the manner in which the tubercular lesions develop in the various organs of animals; all these, though points of intense interest, do not come exactly within the range of our present subject. I shall be very glad if I have to prepare a report, in conjunction with a special committee of this society, upon these matters, as the result of a series of carefully conducted and closely observed experiments. It is not necessary for me to remind you that to carry out this object, funds are necessary; I therefore throw out a challenge to the members of this society, as follows: if a sufficient sum is guaranteed to warrant the commencement.

of an experimental enquiry, I will, in conjunction with a committee, undertake the actual work of experimentation, and subscribe to the fund. As the subject of this proposed enquiry is one that affects the whole medical profession, I see no reason why the members of this society should not succeed in obtaining the active and pecuniary co-operation of non-homœopaths.

In conclusion, I hope that the evidence I have brought before your notice of the unsatisfactory manner in which inspection of dairies is now conducted will cause every one present to enquire for himself, and further use his influence to bring about a better state of things. To quote Professor Walley on inspection of live animals:—

“To qualify for the office of an inspector, an intimate knowledge of the general habits of animals, the characters not only of infectious but sporadic diseases, and of the alterations produced by exposure, neglect, starvation, travelling and parturition is absolutely necessary.”

Then in dealing with the inspection of meat, he says:—

“Is the inspection of meat, as a rule, in proper hands? In the majority of instances inspectors of meat are chosen from butchers, farmers, or those employed officially in some other capacity about slaughter houses, any doubt that may exist as to the sanitary or unsanitary condition of meat being usually referred to the medical officer for solution.

“Now while I am free to confess that many inspectors (who know nothing of disease) attain in the course of time to a vast amount of practical knowledge and sound tact, there are very many who are absolutely ignorant of the rules necessary to guide them in their work, or of the evil effects of unhealthy flesh. Medical men, too—some of whom, be it said to their honour, do not dabble in matters which they do not comprehend—are ill qualified to judge of the fitness or unfitness of animal flesh for human consumption, as they are, in the very great majority of instances, totally unacquainted with the character of animal diseases and the effects of any particular malady upon the tissues of the body. Veterinary surgeons, as they are trained, or should be trained, at the present day are, in my opinion, the proper consultees as to the condition of flesh from animals which have suffered from any pronounced form of disease.”

These remarks of Professor Walley, which appear in the appendix to his *Four Bovine Scourges*, are very pertinent, and deserve the serious consideration of all corporate bodies. They may as appropriately be applied to milk houses and dairies inspection as to meat. The importance

of carrying out a strict system of periodical inspection cannot be over-estimated. All dairies situate within the boundaries of a city or town should be subject to pay an annual licence, and under no circumstances ought a dairy to be registered until the shippens and premises have been carefully examined by a veterinary surgeon, and he has given a certificate that they are properly drained and ventilated, and quite up to the standard of hygienic requirements, which every local authority should have clearly defined as applicable under such circumstances. It is in your power, gentlemen, to do a great deal to bring about reform in this direction, and I trust you will allow no sentiment to interfere with your duly exercising that influence in those high quarters which your social position, and the private confidence you very properly enjoy of influential clients, places within your power as medical men. So long as your voices are silent the public will remain passive, and take no measures to have these crying evils rectified; let it, however, be seen that the medical and veterinary professions are united, and our joint condemnation will, I believe, soon arouse the people to the necessity of an early adoption of prophylactic and protective local legislation.

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REVIEWS.

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*Lectures on Cholera and its Homœopathic Treatment.* By  
L. SALZER, M.D. Calcutta: Berigny & Co.

WE owe many apologies to the author of these really valuable lectures for the long delay which has occurred in bringing them under the notice of our readers, a delay which we sincerely regret.

Dr. Salzer is a physician practising, and who has practised for many years, in Calcutta, the centre of the natural *habitat* of cholera. His experience in dealing with the disease has been great, his observation has evidently been very careful, and his critical study of it, both pathologically and therapeutically, acute and cautious. He is, therefore, an authority upon the subject whereof he writes, and consequently has a strong claim upon our attention.

Almost the first page of his book contains a warning to which, with the possibility of an epidemic of cholera ever looming before us, we should do well to take heed. In past epidemics the success of homœopathic treatment has been very striking in this country, and generally so in India. This is almost universally admitted by all competent judges; nevertheless, one of the

reasons inducing Dr. Salzer to deliver the course of lectures he has since published was the fact that, shortly before he undertook this duty, cholera had been unusually severe in India, and had baffled the practitioners of homœopathy no less than those of the old school of medicine. After admitting that the unusual virulence of the disease was one cause of the excessive mortality under treatment of every kind, he suggests that, as homœopathists, we may have run into a groove with regard to our treatment of cholera, and have held fast to our traditional mode of procedure, while the type of the disease has been gradually changing.

Mere routine will not give good results in the treatment of epidemics any more than it will in other forms of disease. Each epidemic must be studied in relation to the pathogenetic action of drugs if remedial measures are to be found.

To assist in determining the right remedies Dr. Salzer first examines the pathology of cholera. In doing so he discusses three varieties of it—the spasmodic and non-spasmodic forms, and *cholera paralytica*, while common to all, underlying each, is, he shows, a venous condition of the blood. The chapter devoted to this part of his subject—chapter iii.—is one of considerable interest.

The remaining lectures—six in number—are occupied with a minute analysis of the correspondence between the pathogenetic properties of *camphor*, *hydrocyanic acid*, *cuprum*, *secale cornutum*, *ricinus*, *mercurius corrosivus*, *jatropha curcas*, *veratrum album*, and *tartar emetic*, and the pathological states of the several varieties of cholera in their different stages.

In these lectures Dr. Salzer discusses in a fuller, more instructive, and more interesting manner than any previous writer on the disease has done, the precise indications for the selection of remedies in its treatment.

In the event of an invasion of cholera, we would strongly urge these lectures on the attention of our colleagues. They will assist us in meeting the foe more completely than any other essays at our command, and above all will preserve us from the pitfalls ever surrounding a mere routine therapeia.

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*Photographic Portrait of Alfred C. Pope, M.D.* By CHARLES F. WING, Tunbridge Wells.

WE have been requested to notice the appearance of this portrait (or rather portraits, for we have received two, one being a nearly full-face vignette, the other a side face, cabinet size), which forms a part of a collection of photographs of medical men in course of publication by Mr. Wing. In complying with this request we can only say that, in the opinion of competent judges, the likeness is regarded as excellent, while the softness and delicacy of the photograph are worthy of the highest praise.

## MEETINGS.

### THE LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

THE Thirty-Fifth Annual Meeting of the Governors and Subscribers of this Institution took place in the Board Room of the Hospital on the 80th of April, Lord EBURY occupying the chair. The Chaplain having opened the meeting with prayer, and the minutes of previous meetings having been read by the secretary, the report for the year ending March 31st was read. The board of management state that "at no period of its history has the institution been in a more efficient condition, nor the funds in so hopeful a state, while in no single year have so many patients been admitted to the wards, or treated among the out-patients, as during the year just closed. The medical, nursing, and domestic departments not only display increased activity, but are in a state of much efficiency."

The opening of the new wing to enable the board to extend its accommodation of nurses is regarded as "the most important incident in the year." The daily average of nurses engaged in out-nursing duty at one time has been fourteen. The Conversation and Nurses' Fancy Sale, which produced £485 15s. 6d. towards the building fund, as well as the additions and alterations which have arisen from the building of this wing, are fully described. A new ward is one of the results, and most appropriately has it been called the Vaughan-Morgan Ward; for few, if any, have devoted themselves more earnestly or successfully to the development of the Hospital than has Major Vaughan-Morgan, and we are sure that all who take an interest in the institution will be grateful to the board for having made this acknowledgment of his many and valuable services.

During the year the laws and bye-laws of the Hospital have been revised. The investments made of the funds of the institution have been to some extent changed, and they have been so as, while in no way impairing the security, to increase the income by £58 14s. per annum. To the several endowed beds already existing, one has been added *in memoriam* of the late Percy Mitford, Esq., whose widow has handed to the trustees £1,000 to be invested for the support of an adult bed for the reception of men suffering from nervous disease, to be called the "Percy Mitford Bed."

The report also records several handsome donations and a legacy of £1,000 from the late Thomas Jones Gibb, Esq. of Tunbridge Wells. As an acknowledgment of this one of the executors, Mr. Edward Duncanson, has been appointed a Life Governor of the Hospital. Another legacy of £1,000 has also

been received from the estate of the late Mr. Leath of the firm of Leath and Ross.

Mr. George Sturge has transferred to the trustees the sum of £435, Manchester, Sheffield and Lincolnshire 4½ per Cent. South Yorkshire Perpetual Rent Charge Stock, the income of which is to be applied to the obtaining of such relief and change of air as may be required by necessitous patients on leaving the Hospital, thus forming the nucleus of a Samaritan Fund, an invaluable addition to the resources of the Hospital which we trust may soon be largely augmented.

Dr. Lloyd Tuckey has resigned his secretaryship to the Medical School and Dr. Galley Blackley has been appointed in his place. The Hahnemann Oration of last year is noticed, and Dr. Dyce Brown will, it is stated, deliver that at the opening of the Winter Session in October,

The changes at the board consist of the retirement of the Earl of Dunmore and the death of Mr. Scott Anderson. The Hospital Sunday Fund yielded £120 last year, a much smaller sum than any hitherto granted, owing, the Board are informed, to the great increase in the number of institutions participating in the fund. The Hospital Saturday Fund on the other hand shows an increase, being £51 9s. 7d. against £46 6s. 1d. last year. The number of in-patients treated during the year has been 656 the largest ever received during one year and an increase of 118 over the previous year.

The financial statement is most gratifying. The following comparative statement of the principal items of income shows a marked increase under the various heads:—

	1884-5.	Previous year.	In-creases.
Subscriptions .....	£1,858	... £1,298	... £560
Donations.....	552	... 320	... 232
Nursing Fund.....	1,889	... 1,124	... 765

A comparison of the receipts and expenditure for the past year and the preceding one shows an increase in both receipts and expenditure:—

	1884-5.	Previous Year.
Ordinary Receipts .....	£4,565	... £3,706
Ordinary Expenditure...	4,282	... 3,627

The Annual Dramatic Performance by the Thalian Amateurs, under the direction of Captain and Mrs. Conyers D'Arcy, the Christmas Tree Entertainment, and the Concert given to the nurses and their friends by Dr. Carfrae and his friends, are warmly acknowledged in the report.

The thanks of the Board to the Medical Staff, the Lady Visitors, and the Kyrle Society, their legal advisers, Messrs.



Gedge, Kirby, and Millett, Mr. Pite, the architect, and Messrs. Gould & Son, the chemists—the services rendered being in each instance honorary—are suitably recorded.

In the final paragraph the death of Earl Cairns, the President of the Hospital, is deplored in appropriate terms.

The LORD EBURY, in moving the adoption of the report said :—  
It becomes my duty to ask this meeting to accept the most agreeable report I have heard since I have been connected with the Hospital. (Hear, hear.) You have heard that the income has increased in every item in which we could like it to increase (hear, hear), excepting only in the award of the Metropolitan Hospital Sunday Fund, which for a few years past has shown a progressive decrease. We have made it our duty to enquire as to the reason of this gradual diminution in an item of yearly income which we value very much, and we have been informed that so great has been the increase in the number of institutions participating in the fund collected that the Committee of Distribution are compelled to make, in each case, smaller awards. It is satisfactory to know that no intention exists on the part of that Committee to cast reflection on the management of the Hospital. (Cheers.) On the contrary the Hospital Saturday Fund awards, which may be held to equally represent impartial opinion show a gratifying and regular increase year by year. It is not quite so agreeable to notice that the general expenditure of the Hospital has increased also, though the additional increase is amply accounted for by the large increase of patients and the considerable additions to the building. On the part of the Board I may say that we allow no expense which is not actually necessary, we scrutinise everything, and if it can be shown that we can economise in any way shall be most desirous to do it. But on the whole the report is the most agreeable since my connection with the institution, and I hope our present progress may be maintained. Just as Liberty can only preserve itself by constantly extending its privileges, so an institution like this can only be kept up by constant exertion. In the matter of subscriptions, for example, we lose a certain number every year by the decease of old friends, and it is most essential that their places should be filled by new ones. Now, I have here a letter, received yesterday, of a most gratifying description, from a lady whose name I will not read because she does not desire it to be known, but I will read an extract from the letter itself. This lady says :—

“I have much pleasure in forwarding the enclosed cheque for the Endowment of an Adult Bed at the Homœopathic Hospital for one year, and I promise to do the same for the following year. As I have said, I should like it to be named ‘The Gordon Bed,’ in memory of one whose life was spent in doing good, and

whose very name will, I hope, prove a stimulus to others to do likewise. The ever-increasing success of the Homœopathic Hospital cannot be too ardently desired, especially by those who have for many years experienced the wonderful effects of homœopathic treatment. I can testify to this; it is exactly forty years since it was adopted in my own family, for which we cannot be too thankful.'

Now, a generation has gone by since we listened to the first report of this Hospital, and the Hospital has in that period seen many vicissitudes, and its friends have sometimes been reduced almost to a feeling of despair. There is our honoured friend, the treasurer—(cheers)—who, I believe, never despaired of anything in his life—(laughter)—who bestows much time and energy to the Hospital, and is largely accountable for its present success—(cheers)—is still asking for more funds. There is the Bayes' Ward, instituted in memory of that good and energetic friend of the Hospital, Dr. Bayes, which is still requiring to be furnished and filled with patients. Of one thing we may be certain, that homœopathy does not now stand in the estimation of the public where it stood a generation ago. There are signs of a loosening of the old feelings, a more liberal view of matters medical than formerly, and we cannot do better than maintain such an institution as this if we wish entirely to remove the unfortunate prejudices which have hitherto existed against homœopathy. One finds homœopathy everywhere in society now. I asked a friend recently "Are you a homœopath?" "Oh, yes!" was the reply; "You recommended a doctor to me three years ago, and I have consulted him since whenever I have been in need of medical treatment." I hope that the institution will prosper yet more in the future. I have no right to suppose that I shall live to see it, but I trust that in God's good providence many years of prosperity and usefulness are before it. I have pleasure in moving that the report just read be adopted, printed, and circulated under the direction of the board of management. (Cheers.)

**MAJOR VAUGHAN-MORGAN:** In seconding the adoption of this very full report of the board, said I need not, after the remarks of our noble chairman, say anything about the report itself; but I should like to emphasise a few points, and will commence with the Nursing Institute, which, in the past year, has been so much extended. We have now accommodation for fifty nurses, but have only thirty-five on the staff. We can train the fifty nurses, if only we can depend upon such a demand from medical men and their patients as shall support so large a staff. There is no reason why we should not have fifty nurses. The Nursing Institute is now very much developed, as compared with its state several years ago, but it is still capable of very great further

development. The nurses continue to receive unqualified praise, and those who send for the assistance of a nurse once, always, in case of need, send again. I would ask the medical profession generally to kindly bear this in mind for the good of their patients as well as that of the Hospital and homœopathy generally. Not only has the Nursing Institute progressed, but the Hospital also has been greatly developed. We have now ward accommodation for ninety-two patients against seventy in former years (cheers). This calculation includes the Bayes' ward, which, as you have heard, is unoccupied for want of funds. Nothing would please us more than to fully equip that ward, and bring it into the general hospital work. The revision of the laws, referred to briefly in the annual report, was a work which gave the board of management a great deal of trouble. So many considerations have to be taken into view when discussing each detail, that a work of that kind is by no means an easy task. The law as to the investments especially was the subject of frequent and long deliberation, and consultation with the legal advisers of the Hospital. Our objects were to obtain absolute security, together with a maximum annual income from our funds. We have attained both, our increased income from the altered investments being some £60 a year. Then a new law was passed providing for the annual re-election of the medical officers. That provision was suggested and carried at the general meeting which adopted the laws. It does not give satisfaction to two friends of the Hospital whose views are in every way entitled to the greatest consideration, but I think it satisfies everyone else, and particularly the medical staff, who are really the people affected by it. But I may say the board do not feel strongly on the subject, and, if there was any general expression of opinion on the point would not strenuously oppose the revision of that law. Turning to the endowed beds of the Hospital, a most interesting and hopeful feature—(cheers)—the number has been increased during the year by the Hon. Wm. Bedford Cot (cheers), which was endowed by a friend at the suggestion of our clerk, Mr. Attwood, and the Percy Mitford Bed (applause); the latter being endowed by the Hon. Mrs. Percy Mitford, acting on the suggestion of Dr. De Noë Walker. We have heard from our noble chairman of the "Gordon Bed," the first annual subscription of £35 for which has just come to hand. A worthier monument to the memory of General Gordon could hardly be devised (applause), and I hope that others may be induced to follow the example of the lady who has undertaken to endow for a specified period the "Gordon Bed." It is a simple act of justice to mention that Dr. Dudgeon was instrumental in securing this endowment. As to our Mutual Endowment Beds—about the name of which there appears some little vagueness—

allow me to explain that there are four beds maintained in the following way:—A girl's cot is maintained by the subscriptions of little girls; a boy's cot is maintained by the subscriptions of little boys; a bed for a female patient is maintained by ladies; and a bed for a male patient is maintained by the subscriptions of gentlemen. Well, we have all the subscriptions promised which will be necessary to maintain these beds (applause); but, of course, as we may lose a certain proportion of subscriptions every year, we shall still want the addition of others. One item affording us great encouragement appears in the balance sheet, the commencement of a Samaritan Fund by Mr. George Sturge. by a gift equivalent to £500. It is of the greatest value in hospital work to be able to send patients recovering from severe or prolonged illness away to the seaside or any other suitable locality, and provide them, for a time, with good nourishment. (Hear, hear.) Hitherto for such work as this we have been obliged to appeal to individual friends, members of the board, or the lady visitors. And it is hardly a fair demand upon those who already give freely of their time and means. But it is hoped that this will be the commencement of a Samaritan Fund which will enable us to meet the proper demands of our own Hospital of this kind, and later, we may even be successful in acquiring a house for a convalescent home of our own\*. Now, as to our increased expenditure, that is an item which does not please us, but which, we fear, we must be prepared for if we develop the work of the Hospital, and increase the number of patients. We have had a special committee to enquire into the expenditure minutely, but they have not been able to pick a hole in it, nor to decrease it materially without impairing the vigour and efficiency of the work. We have tested it—I won't say mathematically—but arithmetically—and we find that the outlay for provisions has been at precisely the same rate as in the previous year, taking into account the increased number of patients—(hear, hear)—but not taking into account the increased nursing staff. Therefore it may be said to be, *pro rata*, rather less. But if we turn to our reserve fund, it gives us a most encouraging return, for, while at our last yearly meeting I was able to refer to its marked increase at that date, it will be seen that it is at present, notwithstanding our outlay for the new wing, £1,000 more than it was then. (Cheers.) And as to our balance sheet as a whole, we began the year with a deficit of £292 on the whole account, and after paying our increased expenditure, we end with a balance in hand of £245, a difference of £537. Before I sit down, I may announce that two articles are especially wanted in

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\* The Lord Ebury has, with his usual generosity, sent a donation of £5 to this fund since the meeting.

the Hospital, because some kind friends may feel disposed to give them. One is an additional spinal carriage, the other is a sofa or couch. That munificent friend of this Hospital, Miss J. Durning Smith, has most kindly presented us with a specially made spinal carriage, but we have now so many children in our children's ward, and the advantage to them of fresh air, when the weather permits, is so important, that we are anxiously hoping to receive another. In conclusion, I beg to second the proposition that the report be adopted, printed, and circulated. (Cheers.)

The motion was then put to the meeting and carried *nem con.*

Mr. CAMERON followed with some observations as to the new law providing for the re-election of Medical Officers, to which Major Vaughan-Morgan replied.

Dr. G. BLACKLEY then proposed the re-election of the Members of the Board retiring by rotation, namely, the Earl of Denbigh, Mr. Cramporn, Mr. Pite, Mr. Rosher, Mr. Slater, Mr. Trapmann, Colonel Clifton Brown, and the re-appointment of the Auditors.

Dr. ANDERSON seconded the motion, which was carried.

Dr. CARFRAE then proposed a vote of thanks to the Board of Management, the House Committee, the Treasurer and Sub-treasurer for their services during the year.

Dr. CLARKE seconded the motion, which was carried.

LORD EBURY then proposed a vote of thanks to and the re-election of the Medical Staff.

Mr. SLATER seconded, and the motion was carried.

Major VAUGHAN-MORGAN then said one of the members of the Medical Staff whom they had just re-elected had tendered his resignation, and that member was the oldest on the staff—Dr. Mackechnie. It was not thought that so old a member of the staff should be allowed to retire after such long service without some special acknowledgment and thanks on the part of the governors, donors, and subscribers of the Hospital, and therefore it gave him pleasure to move the following resolution:—"In view of the proffered resignation by Dr. J. Hamilton Mackechnie of his post of Physician to the London Homoeopathic Hospital, the governors, donors and subscribers of the Hospital unite with the Board of Management and the Medical Staff in testifying their high appreciation of the services rendered by him to the institution and the cause of homoeopathy during his connection with the Hospital, extending over the whole of the period of thirty-five years which has elapsed since its foundation, and further desire to express their cordial thanks to him for those prolonged and disinterested services."

Dr. YELDHAM had much pleasure in seconding Major Morgan's motion. He had had the privilege of being officially associated with Dr. Mackechnie during the whole long period of his services to the Hospital, and could therefore testify to the value of those

services. Dr. Mackechnie was the first resident medical officer to the Hospital when it was founded by Dr. Quin and others thirty-five years ago. He then did duty in the out-patient department, and lastly as senior physician on the internal staff. He (Dr. Yeldham) need only add that a physician who had for so many years discharged the onerous and responsible duties of his office to the satisfaction of the governors and subscribers, had thoroughly earned the warmest thanks they could offer him.

Mr. CAMERON, having been associated with Dr. Mackechnie in the treatment of cholera during the epidemic of 1854, could testify to his devotion to the cause and his enthusiasm for homœopathy. In fact he had too much faith in homœopathy. It would have been better for the Hospital returns if he had not had so much, for he (Mr. Cameron) on one occasion met him taking to the Hospital a dead man who only swelled its death returns. He very cordially supported the resolution.

Dr. G. BLACKLEY begged to be allowed to say a few words as a member of the medical staff, in support of this resolution of acknowledgment and thanks to Dr. Mackechnie. He was sure all his brethren on the staff would join him in saying that it was well deserved. He referred to Dr. Mackechnie's kindness when he (Dr. Blackley) was house surgeon, and in fact all the house surgeons for the last twenty-five or thirty years—now practising in almost all parts of the world—would speak to the unvarying kindness of Dr. Mackechnie, and the readiness with which he imparted to them additional medical knowledge out of his own rich fund. (Cheers.)

The motion was then put, and carried amidst cheers.

Dr. MACKECHNIE thanked the meeting for the very cordial manner in which they had adopted the resolution which had been proposed, seconded, and supported in such kindly terms. He need hardly say that it was a great wrench for him to tear himself away from the Hospital, and that he would leave it with great regret.

Dr. CLARKE moved a vote of thanks to the Lady Visitors, the Honorary Solicitors, the Honorary Architect, and the Honorary Chemists.

Mr. BOODLE seconded the motion, which was carried unanimously.

The Rev. DACRE CRAVEN (the Chaplain), in responding, said that the vote was a gratifying one, and well-deserved. The honorary architect was most successful in producing good effects and improved convenience out of sometimes very meagre materials. The handsome addition to the building in Powis Place—(hear, hear)—was a sufficient evidence of his skill, while the excellent accommodation in the out-patient department, showed what could be done by thoughtful design. The wards of

the Hospital were also now very different from what they were when he (Mr. Craven) first made their acquaintance. There were very few Hospital wards so clean, so comfortable, so well ventilated, and he would add, in which the nursing was so well done, or the lady visitors so kind and generous. (Cheers.) As to the general work of the Hospital, the patients spoke always of the great kindness of every one; and proved their happiness by staying, as he had known in several instances, as long as the doctors would allow them. He was heartily glad to hear that a Samaritan Fund had been started; it was most essential in hospital work. He would take this opportunity to thank all connected with the Hospital for the great kindness shown to so many of his poor parishioners. In going about among them he heard many expressions of gratitude to the Hospital, and he knew the great good which had been done among the poor of the neighbourhood. When applied to by the sick poor, he frequently gave them a recommendation for the Homœopathic Hospital. They often do not know what "homœopathy" means—(laughter)—but they know that at the Homœopathic Hospital they are always treated with care, and kindness, and consideration. (Cheers.)

With a vote of thanks to Lord Ebury, proposed by Dr. DUDGEON, seconded by Dr. MACKENZIE, and supported by Mr. SLATER, the proceedings, after a brief reply from his Lordship, terminated.

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#### PRESENTATION OF A TESTIMONIAL TO DR. DRYSDALE, DR. DUDGEON AND DR. HUGHES.

As our readers are aware, Drs. Drysdale, Dudgeon and Hughes have recently brought their labours, as editors of the *British Journal of Homœopathy*, to a close. The efforts they have made during so many years to present the principles of homœopathy to the medical profession, to add to the resources of medicine, and to defend the therapeutic doctrine of Hahnemann from the attacks of opponents through the pages of the journal founded in 1848 by Dr. Drysdale, Dr. Rutherford Russell and Dr. Black, have been regarded by all members of the profession practising homœopathy in this country, as not only worthy of, but as demanding some tangible evidence of their appreciation of the services which have thus been rendered. Accordingly a committee was appointed some months ago, having Dr. Hamilton as its chairman and Dr. Lloyd Tuckey as treasurer and secretary, to obtain subscriptions and select suitable articles as a testimonial. The committee having fulfilled their duties, Dr. Drysdale, Dr. Dudgeon and Dr. Hughes were invited to a dinner at the Café Royal, Regent Street, on the 29th April, when the presentation was made by Dr. Hamilton. The testimonial took

the form of three singularly handsome silver bowls, supplied by Messrs. Dobson & Son, Piccadilly, chased with rich festoons, mounted on ebonised wood pedestals, bearing on the front of each an inscription stating that it was "presented in recognition of the services rendered to medical science in connection with the *British Journal of Homœopathy*."

At the dinner, the chair was occupied by Dr. HAMILTON, on whose right sat Dr. DRYSDALE, and on his left Dr. DUDGEON and Dr. HUGHES. There were present, Dr. Galley Blackley, Dr. E. Blake, Dr. Blair (Noble and Blair), Dr. Dyce Brown, Dr. Burnett, Mr. Cameron, Dr. Carfrae, Dr. Clarke, Dr. Cooper, Mr. Engall, Dr. Goldsborough, Dr. Gutteridge, Dr. Süss-Hahnemann, Dr. Harper, Mr. Harris, Dr. Mackechnie, Dr. Matheson, Dr. Byres Moir, Dr. Roth, Dr. C. L. Tuckey, Dr. Wyld, and Dr. Yeldham (London); Dr. Burwood (Ealing); Mr. Butcher (Windsor); Dr. Clifton (Northampton); Mr. Denham (Southsea); Dr. Guinness (Oxford); Dr. Hall (Surbiton); Dr. Hawkes (Liverpool); Dr. Murray (St. Albans); Dr. Pope (Tunbridge Wells), and Dr. Watson (Hammersmith).

On the cloth being removed after dinner, Dr. HAMILTON read letters expressing the regret of the writers at being unable to be present, and their sense of the valuable services the guests of the evening had rendered to homœopathy, from Dr. W. Epps, Mr. Noble and Dr. Powell (London); Dr. Moore and Dr. Hayward (Liverpool); Dr. Proctor (Birkenhead); Dr. Bryce (Edinburgh); Dr. Miller (Hampstead); Dr. Madden (Birmingham); Dr. Tuckey (Kew); Dr. Bell (Eastbourne); Dr. Croucher and Mr. Knox Shaw (St. Leonards); Dr. Drury (Bournemouth); Dr. Holland (Bath); Dr. Churchill (Folkestone); Dr. Harmar Smith (Ramsgate); Dr. Nield (Plymouth); Dr. Abbott (Wigan); and Mr. Mansell (Grantham).

"The health of her Majesty the Queen" was then proposed by the CHAIRMAN and drunk with much enthusiasm by the company.

The next toast was that of "The health of the Prince and Princess of Wales and the other members of the Royal Family," in proposing which Dr. HAMILTON referred also to H.R.H. the Duchess of Cambridge—the Patroness of the London Homœopathic Hospital, H.R.H. the Princess Mary of Cambridge, and the Grand Duchess of Strelitz. The toast having been duly honoured, Dr. Hamilton shortly afterwards proceeded to present Dr. Drysdale, Dr. Dudgeon, and Dr. Hughes with one of the three very choice and handsome silver bowls on the table before him. In doing so he said:—

GENTLEMEN:—I am sure you will all agree with me in expressing our regret that the *British Journal of Homœopathy*, the oldest medical quarterly journal in the United Kingdom, has ceased to appear. (Hear, hear.) Carried on, as it was, with such vigour and talent, it not only gained the admiration of its



many supporters, but also the respect of its opponents. Founded for the purpose of bringing before the medical profession not only the practical but the scientific merits of the doctrine enunciated by Hahnemann, it never swerved from that purpose—and well and nobly has it done its work for upwards of forty years. (Cheers.) The editors and conductors of the journal were able to force the attention of the medical profession to the grand principles of homœopathy by stripping it of all semblance of quackery, which it was declared to be by its opponents, and which they had some ground for asserting by the terrible amateurship which so impeded its early progress, and placing it on the firm basis of practical and scientific medicine; and so well and thoroughly was this done that in a very short time the *British Journal* became the mouthpiece of the reformation.

There are some here who, with myself, remember its early efforts, its pungent articles, its sharp-edged sword cutting down and destroying the false arguments and ridicule of the opponents to the reformed medicine, but at the same time working with the *suaviter in modo* and *fortiter in re* which has influenced it from its commencement to its end. No words of mine can sufficiently express our admiration for the journal during its career, and the regret which prevails now that it has ceased to exist. The loss would be irreparable, but fortunately for us we have a monthly journal (the *Monthly Homœopathic Review*), edited by some of the most eminent among us, and conducted on the same principles and with the same devotion to the cause. (Cheers.)

We have met here this evening for the purpose of presenting some slight testimonial of our gratitude to the editors and conductors of the *British Journal*, who are still with us, for the great services they have rendered not only to homœopathy, but to medical science in general, for the last 40 years. One whom we all knew and highly honoured, whose writings were always marked by close reasoning and great erudition, has lately been taken from among us. I allude to our most esteemed and valued friend and colleague the late Dr. Black, who, with Dr. Drysdale and the late Dr. Russell, founded the *British Journal*. Happily for us we have still one of its founders (Dr. Drysdale), and two of its most distinguished editors (Drs. Dudgeon and Hughes) here to night, in full life, and I hope for many years in full vigour of their intellects. (Cheers.) It would be superfluous for me to speak of the talents, the assiduity, and the singleness of purpose with which these gentlemen have advocated and upheld the cause of homœopathy. That is known to you all, and nothing that I could say would in any way enhance it. To you—our honoured guests—Drs. Drysdale, Dudgeon, and

Hughes, in the name of the subscribers, I present these testimonials, and in presenting them I cannot do better than quote the words placed on the tablets by the committee—they are, “Presented in recognition of the services rendered to medical science in connection with the *British Journal of Homœopathy*.” I also hope you will not measure our feelings by these alone; but in future years, and may those years be many, you will look upon these gifts as reminders of the constant friendship, esteem, and gratitude of the givers.” (Loud cheers.)

Dr. DRYSDALE, who on rising was received with much cheering, spoke as follows:—

This spontaneous and unlooked-for testimony of your appreciation of our work in the common cause makes this the proudest moment of my life. It is much to receive the applause of our fellow-men at the termination of an enterprise lasting many years, but it is much more to meet the approbation not only of our peers but fellow-soldiers still engaged in the life-long battle for the cause of truth. At the same time this is also a sad moment, for the end of a work of forty years, and the not far distant threescore years and ten, comes as a warning that I must not as a veteran lay superfluous on the stage. Let me hope that I may see some of the work I have still on hand completed, and see the work of journalism carried on by more capable hands, till some further instalments of the victory of our principles are attained, though I can hardly hope to witness their final triumph. A few words on the origin and aim of the *British Journal of Homœopathy* may be appropriate on this occasion. I remember when it was first projected. In 1848, on the occasion of a visit to Edinburgh, Drs. Russell and Black, and Samuel Brown and myself met together at the Granton Hotel, overlooking the sea, near Edinburgh, and after dinner, amidst much tobacco-smoke and much talk about Carlyle, who was then approaching the zenith of his power, we came to the resolution to found a journal in favour of homœopathy. Carlyle was then insisting, with very many words, that speech was silvery but silence was golden. However, we thought it better to follow his example than his precept, and determined that for the advancement of a truth, in science at least, an organ of speech was essential. (Hear, hear.) At that time there were not more than a dozen medical men in Britain who professed belief in the homœopathic theory, while there were very few books on homœopathic theory or practice accessible to readers of English only. So it seemed obvious that the form of this journal should be that which addressed itself exclusively to the scientific and practical aspect of the question, therefore quarterly, and consisting of elaborate reviews and articles discussing how the new principle could but take its place in medicine. On these lines it was conducted for many years,

till the increase of our number as a party opened the field for monthly, and even weekly journals which were better suited for party polemics.

The question whether the part of a quarterly journal of homœopathy is now played out in this country has been answered by my former colleagues, Drs. Dudgeon and Hughes, in the affirmative, as the occasion which calls us together now shows. I partly agree to this and partly not. Homœopathy has certainly not yet triumphed, and we are still a persecuted body, but to a certain extent the work originally projected, for our journal has been done, and all the arguments for and against our principles, and most of the difficulties of its application to clinical medicine, and the question of non-homœopathic auxiliaries have been exhaustively considered, so that any one really wishing to form an opinion on this matter, has all the data in the back numbers of our journal. This was conclusively shown by the last important argument upon the question, viz., Dr. Bristowe's address to the British Medical Association, about three years ago. This does not contain one single argument on the truth of our principles, nor one statement of the difficulties of its application which has not been already fully met; and we perceive that the subject has been thoroughly threshed out, *i.e.*, as far as words go, and this only serves to make it more glaringly evident that the only real test, viz., the experimental one, has been omitted. Nevertheless Dr. Bristowe deserves the highest credit, and I am sure he receives due appreciation from us now, as he will do from the profession at large when they come to their senses about homœopathy, in that he has treated the subject and us (though not in intellectual sympathy with us) as a physician and a gentleman would do. If his example were generally followed the question of homœopathic journalism would be at once solved. There would be no need for their existence. But alas! he forgot he was addressing the lowest and most vulgar *stratum* of the profession, upon whom, as we might expect, his exhortations to behave like gentlemen fell dead. Precept and argument can avail nothing with such men, but example would prevail at once. Let us hope, then, that the next generation of the so-called heads of the profession will be ashamed of the paltry and ridiculous conduct of their College of Physicians.

Since we are now on the question of homœopathic journalism in the abstract, and since our journal began with a dinner and now ends with a dinner, perhaps you will allow me to give my opinion and advice as to the future. (Cheers.) Although I agree with my friends Dr. Dudgeon and Hughes, that the work of our journal is to a certain extent done, yet I do not think that that was altogether the reason why it came to an end. Nor do I think

that the need for a quarterly journal is over. It seems to me that *The British Journal of Homœopathy* coming to an end is largely owing to the British Homœopathic Society having withdrawn the publication of their annals from it. (Laughter.) The truth is the affairs of the homœopathic body politic have been conducted with little wisdom. We have attempted too much, and neglected to cut our coat according to our cloth. We, a small body of over-worked practitioners, have attempted to keep up two quarterly and two monthly journals, and we have simply and naturally failed. Whereas, if all the elaborate papers our body could produce had been read in the society and then published in the *British Quarterly Journal*, the latter would have been well filled, while the Society would have had much better papers, owing to the stimulus of a wider circle of readers. Again, although quarterly reviews have gone out of fashion in general medicine, I cannot admit that this is an advantage, and that ere long the want of organs for profound and elaborate reviews of great subjects in medicine will be felt and should be met.

For our body, since the prejudices of the allopaths still compel a separate literature, I think a quarterly journal should still be kept up. (Hear, hear.) But it should be suited to the altered times. Our law is tacitly granted and secretly acted upon, and the great principle of experiment with drugs on the healthy is openly adopted and followed by men of science.

Let us, therefore, claim our right and put ourselves in the van of the movement of experimental pharmacology. What is homœopathy but the application of at least 5-6ths of experimental pharmacology, while allopathy can only use the smaller fraction of the results of its own experiments. The whole of experimental pharmacology belongs by right to Hahnemann, and we must therefore assert our rights and put them in the forefront of the battle we have still to wage in the cause of the reformation of medicine. Since so much has been surreptitiously taken from us by the allopaths, the attempt is now made to thrust it into a corner and define homœopathy as the mere covering of symptoms by the imperfect and trivial among the subjective provings of Hahnemann's original followers and ignoring all subsequent experiment. We are therefore bound to come forward and claim openly the whole results of experiments on the healthy, both among men and animals.

I therefore propose that there should now be founded a new quarterly journal, under the name of *Journal of Experimental and Applied Pharmacodynamics*. This would contain all the records of experiment from all sources, not only refined provings with small doses on men, but experiments on animals; also all elaborate papers read at the British Homœopathic Society, and all others which would have come into the *British Journal*.

Such a journal, conducted with zeal and hard work by men of true science without fads, would, I believe, now enable us to take our proper place in general medicine, while all the necessary party polemics and subjects of less enduring interest would be met by the monthly journals. In conclusion, gentlemen, allow me again to return you my most hearty thanks for this mark of your appreciation of our work, one which was quite unlooked for and unexpected. (Loud cheers.)

Dr. DUDGEON, in response to a general call from all parts of the room, said he had never felt so embarrassed in responding to a toast as on the present occasion. It was always difficult to talk of oneself without appearing either conceited or hypocritically self-depreciative. He would, therefore, get rid of his personality as soon as possible, by merely thanking all the kind friends who had shown their appreciation of his and his fellow-editors' labours on the *British Journal of Homœopathy* by presenting them with these magnificent testimonials, which he was sure they would all value highly, and he thanked them most sincerely. He might now be permitted to say a few words on the important subject of the periodical, his connection with which had given rise to this display of their kind appreciation. Forty years was no inconsiderable portion of a man's age, and forty years' existence of a quarterly medical periodical was, he thought, unheard of in the annals of journalism in this country. He had been looking to see how long the lives of the most famous allopathic quarterlies had been, and he found that the *British and Foreign Medical Review*, which under its able editor, Sir J. Forbes, had immense influence in the medical world, enjoyed only 12 years of existence. *The Medico-Chirurgical Review*, Dr. J. Johnston's periodical, lived for 23 years. The journal resulting from the union of these two, *The British and Foreign Medico-Chirurgical Review*, enjoyed nearly double the length of days that the two separately had done; it lived 29 years. The only other medical quarterly he remembered was published on the other side of St. George's Channel, the *Dublin Quarterly Medical Journal*, which existed for 12 years as a quarterly, and then lapsed into a monthly. So that judged by allopathic precedents the *British Journal of Homœopathy* attained a very venerable old age before it expired at the age of 42 years. At the time it was established by Drs. Drysdale, Russell and Black, the medical partisans of homœopathy did not number a dozen. The idea of starting a quarterly medical periodical with so few likely to prove either readers or contributors, was a bold, many would say, a rash venture. But its bold or rash projectors were not long in reaping the reward of their courage and sacrifices, for the number of the professed adherents of Hahnemann's system increased at a rate, during the first progress of

the life of the periodical, which had never since been equalled, or at all events surpassed. What was equally satisfactory, a great change began to come over the medical practice of that school. Gradually, one by one, they abandoned their violent methods; bleeding, blistering, setons, enemas, drastic cathartics and mercurial salivation became less and less practised, and the present milder treatment became the rule. Might not the conductors of the *British Journal of Homœopathy* take some credit to themselves for this happy change in the practice of their opponents? (Cheers.) Their periodical showed the profession that homœopathy was not the discreditable quackery they had been taught to believe it to be, but that it was a real, true, and scientific system of therapeutics; and the popular writings on homœopathy which began about this time to be published, showed the patient world that they had no need to submit to the painful and exhausting methods of old physic in order to be cured of their diseases, so they insisted on the abandonment of these methods by their doctors. The *British Journal* was well supported by the literary contributions of some of the acutest and most intelligent minds of the period. Without mentioning the names of living contributors, where could they find better representatives of pathology, literature, and poetry, original thought, and logical ratiocination than Henderson, Chapman, Samuel Brown and Augustus de Morgan, all of whom had enriched the pages of the *British Journal* with their writings? And what was the kind of opposition offered to the advocacy of these great intellects? Many of them would remember the hostile attacks of those days, which were much more miserable than those of more recent times. With the exception of such careful and thoughtful essays as those of Forbes, Bushnan, and more recently Bristow, the criticism applied by Lord Macaulay to an author of his day would, *mutato nomini*, suit very accurately most of the opponents of homœopathy in this country. He would take the liberty to read this to them:

“In the mind of —— reason has no place at all, as either leader or follower, as either sovereign or slave. He does not seem to know what an argument is; he never uses arguments himself; he never troubles himself to answer the arguments of his opponents. It has never occurred to him that a man ought to be able to give some better account of the way in which he has arrived at his opinions than merely that it is his will and pleasure to hold them. It has never occurred to him that there is a difference between assertion and demonstration; that a rumour does not always prove a fact: that a single fact, when proved, is hardly foundation enough for a theory; that two contradictory propositions cannot be undeniable truths; that to beg the question is not the way to

settle it ; or that when an objection is raised it ought to be met with something more convincing than 'scoundrel' and 'block-head.''' (Laughter and cheers.)

But it was not only with literary polemics the *British Journal* had to do in those early days. Their opponents availed themselves of their commanding position to persecute the followers of Hahnemann by procuring their dismissal from public appointments, by vexatious coroners' inquests when any of their patients died, and above all by rejecting candidates for degrees and diplomas at their examinations. There was one at that table who had suffered in that way. The *British Journal of Homœopathy* took up the stigma of their persecuted colleagues, and he believed contributed in no small degree to getting fair play for them, and to eliciting a powerful public opinion, whereby their persecutions ceased altogether or in great measure. The crowning triumph of the editors was the introduction into the Medical Act—with the assistance of Lord Ebury in the upper, and Mr. Cowper (now Lord Mount Temple) in the lower House—of that famous clause xxiii., which put a stop at once and for ever to the rejection of candidates for degrees and diplomas on account of their real or supposed homœopathic leanings. (Cheers.) The main force of the Mahdis of medicine having been broken there was no occasion to continue on with the heavy artillery of a quarterly. The lighter weapons and arms of precision, so well wielded by the editors of the monthlies, would suffice to repel the feeble and half-hearted attacks of the foe, who would no doubt continue to carry on a desultory guerilla warfare to the end of the chapter. This, and not the conduct of the British Homœopathic Society, as Dr. Drysdale supposed, was the real reason for the cessation of the journal. It was no longer needed. But the editors of and the contributors to it must not rest ; the labour they gave to the journal ought to be, and will be, transferred to other and more profitable channels for the cause of homœopathy, among which one of the most valuable in his opinion was the *Cyclopædia of Drug Pathogenesis*, to which his late co-editor, Dr. Hughes, was devoting all his energies, and which he had succeeded in persuading many of his colleagues to help him in making as perfect as possible. Again thanking them most cordially for their kind appreciation and for the patience with which they had listened to him, he would not trespass on that patience any longer. (Cheers.)

Dr. POPE, having been called on by the Chairman, rose and said :—

MR. CHAIRMAN AND GENTLEMEN—The toast which I have the honour to propose is one that demands a bumper ! I ask you to drink to "The health of our guests, Dr. Drysdale, Dr. Dudgeon, and Dr. Hughes." In doing so I do not intend to express any

regret that this toast has not been placed, as it easily might have been, in abler hands. And this for the simple reason that I feel no such regret. On the contrary, to have an opportunity of expressing the very strong sense I have of the invaluable services which have been rendered to medicine by Drs. Drysdale, Dudgeon and Hughes, through the pages of the *British Journal of Homœopathy*, is to me a source of the most genuine pleasure. (Cheers.) During the lifetime of the *British Journal of Homœopathy*—during a period, that is, of forty years—many, indeed I may say the majority of those members of our profession who have engaged in the practice of homœopathy, have exerted themselves, some in one direction and some in another, to extend a knowledge of it and increase its resources. By some hospitals have been founded, dispensaries opened, societies formed; by others pamphlets have been issued, expounding its principles and setting forth its value; others, again, have published books calculated to simplify its practice and illustrate its principles; some have engaged in public discussion of its merits, while others have brought their private influence to bear in obtaining support for our public institutions and aid in defending homœopathic practitioners when attempts have been made to invade their rights as members of the medical profession. All who have in these and other ways assisted in placing homœopathy upon the firm basis on which it stands in this country now are entitled to our thanks. But great, important, and indeed essential as has been much of the work I have ventured to refer to, and grateful as we all are to those who have done it, we, as the professional representatives of homœopathy, are under very special obligations to those gentlemen who came forward forty years ago and, in a journal addressed exclusively to the profession, explained, illustrated and defended the therapeutic principles of Hahnemann. For remember, they undertook the mission, the duties of which they have since so admirably performed, forty years ago, in the teeth of an opposition, the intensity, the bitterness, and the malignity of which no one not engaged in practice at the time when it was at its height, can have any conception of. So powerful, too, was this opposition, that the mere exhibition on one single occasion of a determination to give to the discussion of the character and work of Hahnemann a certain amount—and that no very great amount either—a certain amount of fairness, was in itself sufficient to drive from the editorial chair of the foremost medical review of the day one of the most learned and generally accomplished physicians of his time. Remember also, that at the time when Dr. Drysdale and Dr. Dudgeon were first connected with the *British Journal of Homœopathy*, the treatment of acute disease—a treatment in the necessity of which, recollect, those who prescribed it thoroughly believed—was as heroic in appearance



as it was disastrous in results. Remembering all this, I think, sir, that it must have required a strong well grounded faith in homœopathy, a faith which has since been abundantly justified in the experience of every one of us ; it must have required, also, a degree of confidence in the reality of the professed desire of the members of the medical profession to investigate any and every means by which disease might be more surely, more safely shorn of its terrors—which I will venture to say has received many a rude shock during these last forty years—to have sustained Dr. Drysdale and Dr. Dudgeon in coming to the front and offering as the alternative of venesection, calomel and salts, the administration of a very small dose of a single medicine prescribed in harmony with a therapeutic principle. But, sir, nothing abashed by the vehemence of the opposition they had to encounter—nothing hindered by the novelty and, at first sight, paradoxical nature of the doctrine they endeavoured to teach—nothing hindered by the *à priori*—not *à posteriori*—impotence of the measures they had to urge the adoption of—they came, and throughout 40 years, aided during portions of that time by some whose loss we all deplore, and during a quarter of a century or so by Dr. Hughes, who we are all so glad to see with us this evening (cheers), have devoted their scanty leisure and applied their learning, their experience, and their culture to the propagation, development, and defence of that great therapeutic doctrine which all here regard as of supreme importance in the practice of medicine — of that doctrine which is gradually, silently, but surely winning its way to that pre-eminent position in the art of medicine which all who have had any practical experience of its value know full well that it is so thoroughly entitled to hold. (Cheers.)

If, sir, as must indeed be admitted, our guests here this evening have not succeeded in overcoming the prejudices or of arousing the therapeutic apathy of the profession to an extent adequate to induce them to investigate homœopathy, we may well congratulate them that they are able to retire from their editorial duties with the assurance that, in the opinion of those who are best qualified to judge of such a matter, they have probably done more than any other three men in this country towards the achievement of that therapeutic victory which must and will be won in the future. (Cheers.)

While, sir, we admire the persistent energy, the conspicuous ability, and the zealous devotion Drs. Drysdale, Dudgeon, and Hughes have displayed during a long series of years in the great and invaluable work they have accomplished as therapeutic journalists, we must equally recognise our indebtedness to them for the courtesy, kindness, and attention they have ever shown to their colleagues. (Cheers.) Sir, an editorial chair is *not* cushioned with roses. Differences of opinion on questions with

which it is the province of an editor to deal exist, and are ever making themselves apparent. Further, such differences of opinion must exist. Without them discussion would be impossible, and without discussion all progress in science or in art would come to an end. At the same time such differences of opinion are sources of trouble and anxiety to an editor. They render it impossible for him to please or satisfy everyone; and unless an editor does please or satisfy everyone you may depend upon it he will be worried by somebody. Again, an editor is not an infallible being—*humanum est errare* is as true of him as of all other mortals. Hence, notwithstanding the greatest care and caution, an editor must make mistakes sometimes. Indeed, the only people, so far as I know, who *never* make mistakes are those who never have the chance of making any; and the opportunities for doing so within the range of an editor are fully as considerable as those at the disposal of most other people. Then, sir, it is the imperative, the manifest duty of an editor to carry out such a policy, to work in such a direction and such a manner as, after full and due consideration, *he*—not his critics—as he considers to be that best adapted to promote the advancement of the truths it is his object to set forth and expound, and to support the interests he has undertaken to safeguard. Bearing in mind, then, these elementary facts as to the position of an editor, I am quite sure that we shall, one and all, gratefully admit that our guests this evening have done their duty honestly and unswervingly to the cause they undertook to represent—courteously and considerately towards those whose interests have been associated with that cause. (Cheers.)

Well, sir, their editorial duties have ceased. Quarter-day has no longer any anxiety for them. (Laughter.) But I rejoice to know—we all rejoice to know—that, as Dr. Drysdale and Dr. Dudgeon have shown by the remarks they made just now, their desire to assist yet further in the development of homœopathy is as strong as ever it was. *The British Journal of Homœopathy* indeed is no more. The guide, philosopher and friend we have welcomed during so many years every January, April, July and October will visit us no longer. But Drysdale, Dudgeon, and Hughes, those who gave vitality to its pages, are amongst us still, as able, as active, as zealous as of yore! Long may they remain so! (Loud cheers.) Long may we be advantaged by their learning and experience, long may we be aided by their researches and investigations, encouraged by their example, and stimulated by their matured enthusiasm to persevere in cultivating and extending a knowledge of those grand therapeutic truths they have throughout the whole of their respective professional careers so ably, so assiduously and so successfully enforced upon the attention of the profession. (Loud cheers.)

The toast was then drunk with great enthusiasm.

Dr. HUGHES rose to return thanks on behalf of his colleagues and himself for the handsome way in which Dr. Pope had proposed the toast of their health, and for the cordiality with which it had been drunk. He would take the opportunity, moreover, of expressing his sincere obligation to his colleagues for the testimonial with which they had shown their appreciation of the poor services he had rendered in connection with the *British Journal*. He was the more grateful because, in comparison with his venerable colleagues in the editorship, he was but of yesterday; and yet he had been united with them in the compliment bestowed. He should value this bowl and hand it down to his children's children, teaching them to see in it less any merit of his than the goodwill of his professional brethren. His association with the *British Journal* for the last 22 years had, while it had entailed on him much work, been a source of great pleasure to him, especially in this way, that it had brought him into intimate contact with the distinguished men who, at one time or another, had edited it—with Drysdale and Dudgeon and Black, and one who had not been often mentioned that evening, but must have a kindly—even tender—place in the memories of many—Rutherford Russell. In his own work on the journal he had striven to tread in their footsteps, and if there was anything in which, on the retrospect, he could feel satisfaction it was that he had contributed towards making American and English homœopaths better acquainted with one another's writings and doings. The future of homœopathy rested mainly with our brethren across the water, and we could not do better than aid them to the utmost of our power by sympathy and encouragement on the one hand and on the other by judicious criticism. Both these the *British Journal* had sought to afford, and he had reason to know that it was valued in America by those whose appreciation was most worth having.

Dr. YELDHAM said:—Inferring from the pause in the Chairman's proceedings that his list of toasts is exhausted, I take upon myself the duty of proposing one which I am sure will receive your cordial approval. Our Chairman—the subject of my toast—is one of the oldest and most highly esteemed homœopathic practitioners in this country. His name appears as far back as 1845, and on other occasions since, as the contributor of papers to the *Journal*. On these grounds, as well as on account of the kind, genial and very efficient manner in which he has discharged the delicate duties of his office this evening, he deserves our warm thanks. (Cheers.) I am sure we all heartily agree that the present interesting occasion could not have been more fitly presided over than by the gentleman who now fills the chair. I will not detain you

longer from the pleasing duty of drinking long life, health, and happiness to the Chairman, Dr. Hamilton. (Cheers.)

Dr. HAMILTON, in responding, said:—Dr. Yeldham, I beg most sincerely to thank you for the kind manner in which you have proposed, and you, gentlemen, for the way you have received this toast. I feel, I assure you, very greatly honoured by being placed in the chair on this occasion, and having on each side of me my old and valued friends, the guests of the evening. I felt when the Committee asked me to preside at this dinner that there were many of my colleagues much more capable than myself to perform the duties, and I thought perhaps that age had something to do with it, for it is a curious circumstance that this very month, I believe this very day, fifty-one years ago I became a pupil of the late Dr. Quin. It is a long time ago and although I am not the oldest practitioner I do not think there are any of my colleagues who had taken up the study of homœopathy more than half a century ago. I recollect well in 1835 Liston taking me by the ear in one of the surgical wards of the North London Hospital crowded with students, and saying "Well, you young homœopath, what would you do in this case" (a severe attack of erysipelas). "Why," I said, "I would give him Belladonna." "And so I will," said Liston; and he did, and the result was a very rapid cure. We were very few then and now we are many; and we owe much to the labours of those gentlemen to whom we do honour to night. I have many friends now amongst the profession in general, and I have never heard any of them speak of those who differ from them but with respect. I trust this will long continue, for I can remember the time when unhappily this was not the case. Again I beg to thank you most sincerely for the honour you have done me.

Mr. CAMERON then proposed the health of the Treasurer and Secretary, Dr. C. Lloyd Tuckey, and alluded to the care and zeal with which all he had had to do in connection with the business of the Committee, and arranging the details of the dinner, had been performed. Expressing a hope that should any similar *réunion* occur in the future they might depend upon having the aid of his valuable services. (Cheers.)

Dr. TUCKEY, in responding, thanked all present for the kind way in which they had received him, and said that what he had had to do with the arrangements had been to him a labour of love, and that he was gratified at finding that so much pleasure and satisfaction had apparently been the result. He assured Mr. Cameron that it would always give him pleasure to render any similar service in the future. (Cheers.)

Dr. DUDGEON next proposed the health of the senior practitioner of Homœopathy in England—Mr. Cameron.

Mr. CAMERON having replied.

Dr. HAMILTON proposed the health of the editors of the *Monthly Homœopathic Review*, to which Dr. DYCE BROWN responded, concluding by proposing the health of Dr. CLARKE, the recently appointed editor of the *Homœopathic World*.

This brought to a conclusion an exceedingly agreeable evening. The dinner and all the arrangements were excellent, and great credit and many thanks are due to Dr. Tuckey that they were so.

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## NOTABILIA.

### *THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY.*

This excellent quarterly journal of medicine, which was first published in 1851, is, we are informed in the number just received, to continue its career in the future as a monthly periodical. For the last fifteen years it has been edited by the learned, genial and venerable Dr. S. Lilienthal. It has lately become the property of an association called "The Journal Publishing Club," of which Dr. T. F. Allen, the editor of *The Encyclopædia of Materia Medica*, is the president. Dr. George M. Dillow has been appointed editor in chief, and has as his editorial corps, Dr. C. E. Beebe, Dr. S. F. Willcox, Dr. C. F. Sterling, Dr. L. L. Danforth, Dr. M. Leal, Dr. E. H. Porter, and Dr. G. G. Shelton. The prospectus assures us that "the membership of the club being restricted exclusively to physicians avowing and practising the therapeutic law of Hahnemann, all the interests comprehended in the term homœopathy are thus secured against betrayal, and are guaranteed the same devoted service which has hitherto distinguished the journal."

Dr. Lilienthal being now, as he tells us, seventy years of age, and having been actively engaged as a student and practitioner for fifty years, feels that he is entitled to some rest, and to hand over work, which to him has been a labour of love, to younger hands. We believe that he is perfectly correct when he suggests, "perhaps in this telegraphic, telephonic age, the time for slow quarterlies has passed." The difficulty of filling the pages of a quarterly journal with the elaborate, lengthy, and well studied articles, which are alone suited to them, increases with the increasing number of monthly periodicals. Medical readers require and prefer shorter essays in their journals, and their more frequent appearance.

*The North American Journal* has done good service to medicine, and the work of doing so has fallen heavily upon the shoulders of its editor. "We have asked," he says, "for contributions, but somehow the labourers are so few and the

journals too many, that every editor is obliged to fill up his pages with his own mental and manual work." How true this is the number before us proves. With the exception of two articles, the remainder, occupying some 180 pages, have been written or translated by Dr. Lilienthal.

Fifteen years of such excellent work is well entitled to, and we are sure receives the cordial thanks of homœopathic physicians, not only in the United States but in Great Britain also.

Dr. Lilienthal proposes to commence his period of rest by a visit to Europe, and we believe that he expects to be present at the annual assembly of the British Homœopathic Society, where we are sure that he will receive a hearty welcome.

#### NORWICH HOMŒOPATHIC DISPENSARY.

THE number of attendances upon patients at the Dispensary during 1883-4 has been 2,598, and the number of visits to patients at their own homes 1,205, during the year.

1881—1882	...	...	2056—968
1882—1883	...	...	2678—1290
1883—1884	...	...	2598—1205

The medical officers are Dr. Roche, and Dr. E. B. Roche.

#### DIABETES MELLITUS.

IN the May number of *The Homœopathic World*—one on the interesting character of which we have much pleasure in congratulating its recently appointed editor—Dr. Dudgeon records a case of diabetes in which the 1st decimal dilution of a tincture of the seeds of the *Syzygium Jambolanum*, taken two or three times a day, had proved so far curative that boiling with potash showed scarcely a trace of sugar. The sp. gr. was reduced to 1017, and the daily and nightly quantity of urine passed had fallen considerably. This result occurred after some improvement had followed the use of *codein* in considerable doses, an improvement that was speedily lost when the *codein* was suspended, and the stringent diet that had been enforced was disregarded. While the improvement which followed the use of the *Syzygium* was going on considerable liberties were allowed to be taken in matters dietetic.

#### BUSINESS TACT.

A STORY reaches me from a town in the North of England which is worthy of being placed on record, as indicating how necessary it is for doctors to have their wits about them if they wish to get on in the world. Not long ago, an accident happened to a public vehicle in the town in question, and a large number

of passengers were severely injured. Two surgeons were quickly on the scene of the accident, one of whom immediately set to work dressing the wounds of the two or three worst cases; which done, he sent them off to the hospital for further treatment. The other surgeon simply looked after the more trivial cases, took their names and addresses in his pocket-book, and sent them to their respective homes, telling them that he would call upon them immediately. The result is, that he has got some fifteen or twenty cases under his care, all of whom are going in for damages against the company; whilst the surgeon who devoted his attention to dressing the worst cases finds that he is left without a single patient. How true is it that virtue is its own reward!—*Hospital Gazette.*

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## CORRESPONDENCE.

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### THE CYCLOPÆDIA OF DRUG PATHOGENESY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The remarks made in your *Review* of Part I. of the *Cyclopædia* on the treatment of the mineral acids are just of the kind which the editors have invited. If they should awaken sufficient echo to lead us to believe that the profession generally think with you we shall be ready to supply—in an appendix to our first volume—cases of poisoning by these acids. To contribute, however, towards the discussion of the subject, allow me to state the reasons which have led us to exclude them hitherto.

They are contained in the passage from Christison, which we have cited (*Acid. Oxalicum*, iii. 2), "When dissolved in twenty parts of water, oxalic acid, like the mineral acids in the same circumstances, ceases to corrode; but, unlike them, it continues a deadly poison, for it causes death by acting on the brain, spine, and heart." This answers your objection that we are inconsistent in admitting cases of poisoning by oxalic acid. It is not because the mineral acids are corrosives, but because their toxic effects are entirely of this nature, that we have passed over this branch of their action. The statement, indeed, applies in its fulness to muriatic acid only, for under nitric acid four cases of poisoning will be found. In three of these it was so diluted by water or air as to produce no corrosion; and in the other, the symptoms of the large intestines and of the kidneys seemed the result of absorption of the acid into the circulation. Again, under sulphuric acid, we have noted occasional effects of like nature; but in the present state of our knowledge thought it advisable to indicate these in summary only. We should be quite prepared, if it were desired, to give the cases referred to in full.

I cannot, however, assent to your reasoning which would obliterate all distinction between the chemical and the dynamic effects of drugs. The essential difference is that the former can be produced on dead tissue; they are purely physical: while the latter are vital, and these only, therefore, are available for the student of drug-action for therapeutic purposes. The result of chemical combination in corrosion, and of dynamic irritation in inflammatory re-action, is a difference recognised by all toxicologists, and must not be obscured by generalisations as to whether ultimately chemical and vital processes may be identical.

As regards "remote" effects, I take it that the question of their usefulness depends upon whether they are sympathetic through the nerves only, as the depressing influence of corrosion within the stomach or intestines upon the heart, or are secondary to absorption. In the latter case, they are available; in the former, not so.

Hoping that this discussion may be further carried on,

I am, Gentlemen,

Faithfully yours,

RICHARD HUGHES.

Brighton, May 2nd, 1885.

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### LACHRYMAL FISTULA.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I read with great interest Dr. Dudgeon's article on "Lachrymal Fistula" in last month's number of the *Review*, hoping to get some suggestion that I might turn to use, but I find that his success with internal remedies now is much the same as mine was many years ago. My experience is that some cases of lachrymal fistula will heal of themselves, if left to themselves, whether internal medicaments are administered or not. Dr. Dudgeon seems to think that his remedies hastened the healing process in the one case he treated. I have failed so frequently to see any change in the fistulous openings, in spite of all the medicines I could think of, that many years ago I determined to give them up as useless, and trust entirely to operative means to effect a cure.

Since coming to this decision I may say that I have operated for lachrymal fistula, inflamed lachrymal sac, and stoppage of lachrymal canal without inflammatory complications several hundred times, and the knowledge I have so acquired of the nature of these affections has convinced me that it is unreasonable to expect internal remedies to be of any use.

Nearly all cases of lachrymal fistula are caused by an obstruction, more or less complete, between the lachrymal sac and the



nostril. Of two cases I operated on last week, in the first the stricture was so severe that it required steady strong pressure for some considerable time before it was overcome. In the second one there were no less than four strictures, all of which were easily broken through. One might just as well expect to cure stricture of the urethra with internal remedies as such cases as these.

I have met with cases where from exposure to cold or injury acute inflammation of the sac has come on, suppurated and burst, leaving a fistulous opening, which has healed after a while as though such a thing had never been; but in most cases where fistulæ have healed the stoppage of duct has remained, causing the tears to flow over the cheek and ready at any moment for a fresh inflammatory attack to be followed by reopening of the fistula.

Such being my experience, you will scarcely be surprised that I have altogether discarded drug treatment in favour of operative measures. The operation I now invariably perform is that of Bowman's, with this difference—instead of daily passing a probe, which is always painful, and sometimes excessively so, I insert a style of soft metal wire, and allow it to remain for say twelve months. After the first few days there is little or no pain from it, and the patient is scarcely aware of its presence. I may add, for those who are not familiar with Bowman's operation, that the old fashioned operation was to insert the style through the fistulous opening, which of course could not heal until it was removed, if then. Bowman improved upon this by entering through the lower punctum lachrymalis, slitting the canaliculus and so gaining entrance to the sac. You can pass a strong curved probe along the canal, and with it break down all obstructions. On withdrawing this probe immediately insert a style and leave it there. There may be some inflammatory action set up, and the lids and cheek may even become much swollen and cedematous, but with cooling applications this will pass away in a few days, and the result will be so satisfactory that I strongly recommend others to try it.

I am, Gentlemen, most truly,

HENRY R. IRWIN.

Darlington, May, 1885.

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### NERVE PRESSURE.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In the course of my article on "Writer's Cramp" which appears in the current number of your *Review*, I have in a foot note (p. 289), referred to a communication from Dr. Stapfel regarding the claims of a non-professional gentleman to the

invention of nerve pressure, a mode of treatment described by me twenty-five years ago in my *Handbook of the Movement Cure*.

I have since heard from Dr. Stapfel that the method of nerve pressure claimed as his invention by the gentleman in question is quite different from that which forms a part of Ling's system.

I desire therefore, through your pages to retract the observation I have made on the subject.

I am yours truly,

48, Wimpole Street, W.

M. ROTH.

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ERRATA.—Page 276 read Schlassbrunn for Schlossbrunn. Page 278 read 64-384 as the total of Solid Constituents for 54-384 of Solid Constituents of *Theresa's Spring*.

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### NOTICES TO CORRESPONDENTS.

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

Mr. R. DRIVER.—Your letter did not arrive until we were going to press.

Reviews of several books, together with a report of the proceedings of the British Homœopathic Pharmaceutical Society are prevented appearing this month owing to the pressure upon our space.

Communications, &c., have been received from Dr. HAMILTON; Dr. DUDGEON; Dr. YELDHAM; Dr. BOTH; Dr. C. L. TUCKEY; Dr. CLARKE; B. NOBLE, Esq.; GERARD SMITH, Esq.; Dr. HEBBING; Messrs. DOBSON & SON; Mr. CROSS (London); Dr. HUGHES (Brighton); Mr. IRWIN (Darlington); Mr. POTTAGE (Edinburgh); Dr. KAFKA (Carlsbad); Dr. B. JAMES (Philadelphia), &c.

### BOOKS RECEIVED.

- The Homœopathic World.*
- The Hospital Gazette.*
- The Chemist and Druggist.*
- The Monthly Journal of Pharmacy.*
- Report of the Sussex County Homœopathic Dispensary, 1884.*
- The Calcutta Journal of Medicine.*
- The New York Medical Times.*
- The American Homœopathist.*
- The Therapeutic Gazette.*
- The Hahnemannian Monthly.*
- The Medical Advance.*
- The United States Medical Investigator.*
- The Medical Era.*
- The St. Louis Periscope.*
- Massachusetts Homœopathic Medical Society. Report on Registration and Statistics.*
- Fifteenth Annual Report of the Massachusetts Homœopathic Hospital, 1885.*
- Bulletin de la Soc. Méd. Hom. de France.*
- Bibliothèque Homœopathique.*
- Revue Homœopathique.*
- Allgemeine Hom. Zeitung.*
- Populäre Zeitschrift für Homœopathic.*
- Rivista Omiopatica.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POSE, 13, Church Road, Tanbridge Wells, or to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 58, Moorgate Street, E.C.

## THE MONTHLY HOMŒOPATHIC REVIEW.

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### ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF *CANNABIS INDICA* AND *SATIVA*.\*

BY ALFRED C. POPE, M.D.

THE *Cannabis Indica*, or Indian Hemp, belonging to the natural order of the Urticacæ, is the plant an extract of which furnishes the powerful and seductive haschisch of the Arab, the gunjah and churrus of the Hindoo.

This herbaceous plant furnishes striking illustrations of the influence of climate and vegetation. Botanically, the *cannabis indica* and the *cannabis sativa* are one and the same herb. The former, growing in India, differs only from the latter, growing in Europe, in having a resinous varnish on its leaves. Physiologically, however, the differences are enormous. The Indian variety producing a series of well-known cerebral phenomena, the European having comparatively little influence on the nervous system. Dr. Horatio Wood has made some interesting experiments on this point. As Christison found the variety of hemp grown in his neighbourhood practically inert, so did Prof. Proctor find that grown in Philadelphia. As, however, the summers of the hemp regions of Kentucky approach in heat

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\* Revised from a Lecture delivered at the London School of Homœopathy, Session 1882-83.

those of the more temperate parts of India, in which haschisch is produced, Dr. Wood examined the Kentucky plant and found that it yielded a considerable amount of an extract which was active in doses of from half-a-grain to a grain.

At present our attention will be restricted to the *cannabis indica*, from the tops and tender parts of which, gathered during inflorescence, the haschisch is prepared by simply drying. Bhang, of the East Indies, is prepared by drying the large leaves and capsules. Gunjah, is the whole herb dried after flowering, and made up into bundles two feet long and three inches in diameter; while churrus is a resinoid substance, said to be obtained from the growing plant, either by removing the resinous varnish from the leaves with the hands, or, more frequently, by making men clothed in leather brush briskly through the hemp fields, and then scraping the resin off their dress.

Of these several preparations, haschisch is that with which we are now most familiar in this country.

The effect of haschisch on the mental faculties is extraordinary. The exaltation of ideation it produces is very remarkable, while on the other hand the power of estimating aright ordinary circumstances, such as time and space, is diminished by it. The hallucination and illusions produced by it are as numerous and varied as are those noted in some forms of insanity.

The influence of haschisch at one time appears to elevate everything, however commonplace, to a degree of grandeur which simply beggars description, and then again to invest the real or imaginary surroundings of its votary with horrors too terrible to depict.

However varied the phenomena in other directions, the impression that minutes are hours, and yards are miles, seems to be very constant; so also is that of a dual existence.

"In the midst of my complicated hallucination," says one writer, "I could perceive that I had a dual existence. One portion of me was whirled unresistingly along the track of this tremendous experience, the other sat looking down from a height upon its double, observing, reasoning, and serenely weighing all the phenomena."

To give you any idea of the effect this drug has on the body by a mere outline of the symptoms it has produced is impossible. But, that you may gather some notion of what

sort they are, I will read to you a few extracts from a work entitled *The Haschisch Eater* (quoted by Dr. Wells in an article in the *American Homœopathic Review*, vol. iii., p. 175), the writer of which records therein the results of his indulgence in this extraordinary drug. He took it in variable quantities, 15 to 30 grains apparently at a time.

On one occasion he suddenly awoke after midnight and found himself "in a realm of the most perfect clarity of view, yet terrible with an infinitude of demoniac shadows. Beside the bed, in the centre of the room, stood a bier, from whose corners drooped the folds of a heavy pall, and on it lay a fearful corpse, whose livid face was distorted with the pangs of assassination. Every muscle was tense, the finger nails pierced the dead man's palms by the force of his dying clinch. Two tapers at the head and two at the feet made the ghastliness of the bier more luminously unearthly, and a smothered laugh of derision from some invisible watcher mocked the corpse as if triumphant demons were exulting over their prey.

"Then the walls of the room began slowly to glide together, the ceiling coming down, the floor ascending—like the captive's cell which was doomed to be his tomb. Nearer and nearer I was borne towards the corpse. I shrank back, I tried to cry out, but speech was paralyzed. The walls came closer and closer. Presently my hand lay on the dead man's forehead; I was stifled in the breathless niche, which was all the space left to me. The stony eyes glared up into mine, and again the maddening peal of fiendish laughter rang close beside my ear. Now I was touched on all sides by the walls of the terrible press; then came a heavy crash, and I felt all sense blotted out in darkness.

"I awoke, the corpse was gone and I had taken its place on the bier. The room had now grown into a gigantic hall, whose roof was framed with iron arches. Pavement, walls, cornice, were all iron, and a thrill from them seemed to say, 'this iron is a tearless fiend.' I suffered from the vision of that iron as from the presence of a giant assassin.

"Then there emerged from the sulphurous twilight the most horrible form—a fiend also of iron, white hot and dazzling with the glory of the nether *penetralia*. A face, that was the incarnation of all malice and irony, looked on me with a glare, withering from its intense heat, but more from the wickedness it symbolised. Beside him, another demon rocked a cradle framed of bars of iron and incandescent with a heat fierce as the fiend.

"And now a chant of blasphemy, more fearful than any human thought has ever conceived of came from the demons, till I grew

intensely wicked by hearing it. The music accorded with the thought, and with its clangour mixed the maddening creak of the for ever oscillating cradle, until I felt driven to a ferocious despair. Suddenly the nearest fiend thrust a pitchfork of white iron into my side and hurled me into the fiery cradle. I lay unconsumed, tossing from side to side by rocking of the fiery engine, and still the chant of blasphemy and the eyes of demoniac sarcasm smiled at me in mockery, 'Let us sing him,' said one of the fiends, 'the lullaby of hell.'

"Withered like a leaf in the breath of an oven after millions of years, I felt myself tossed on the iron floor. Presently I was in a colossal square and surrounded by houses a hundred stories high. With bitter thirst I ran to a fountain, carved in iron, every jet of which was sculptured in mockery of water, and yet as dry as the ashes of a furnace. I called for water, when every sash in all the hundred stories of that square flew up and a maniac stood at every window. They gnashed at me, glared, gibbered, howled, laughed, horribly hissed and cursed. Then I became insane at the sight, and leaping up and down mimicked them all."

These horrible visions were the result of one experiment. Such an experience as this is ordinarily preceded by a period of brilliant excitement, filled with gorgeous imagery, followed by an intense sense of the ridiculous, and then, after some confusion, such terrible appearances as those described by the haschisch eater occur and are succeeded by unutterable agony and despair.

Bayard Taylor, in his *Lands of the Saracens*, gives a very vivid description of the effects of haschisch, from which copious extracts appear in *Allen's Encyclopædia*. In his first experiment, the sensations it produced were physically those of exquisite lightness and airiness; mentally, of a wonderfully keen perception of the ludicrous in the most simple and familiar objects. On another occasion his mind was crowded with a succession of visions all ending in the ludicrous. Again, he was conscious at the same moment of two distinct conditions of being, neither of which conflicted with the other. His enjoyment of the visions was complete and absolute, undisturbed by the faintest doubts of their reality; while in some other chamber of the brain reason sat coolly watching them and heaping her liveliest ridicule on their fantastic features. After a period of intense excitement, the characteristic of which was intense heat in the abdomen, thorax and head, five hours after taking the haschisch he sank into a profound stupor from

which he did not thoroughly awake for thirty hours, and then he did so with a system utterly prostrate and unstrung, and a brain clouded with the lingering images of his visions, while, for two or three days he was subject to involuntary fits of absence of mind.

In the Transactions of The St. Andrew's Graduate Association are recorded some experiments by Professor Polli, of Milan, in which the symptoms of haschisch poisoning were more varied. The following extracts from them are made from the account of them in *Allen's Encyclopædia*.

" Their first sensations were those of intense astonishment at the circumstance that they felt themselves no longer masters of their own acts, while they still remained lucid witnesses of all acts however foolish. Here the difference between alcoholic inebriation and that from haschisch is strongly marked. They saw themselves committing absurdities of the most grotesque kind: leaping, beating time to nothing, moving their arms as if receiving electrical shocks, writing ridiculous words, and so forth, without any power on their part to prevent such exhibitions; but yet standing, as it were, independently of them, as though they were merely subjects of observation exhibited from other persons than themselves. At first they had the sensation and appearance of feigning a state of exaltation which they did not feel, and which was even feigned with so much uncertainty and awkwardness, that any one not aiding in it would, for a long time, believe in its unreality. It is, nevertheless, an irresistible propensity.

" At one moment the intellect is obscure and loses itself in forgetfulness of the past; then it returns clear, and is able to form a judgment for a moment and disapprove of any acts it may have before sanctioned, but only to be again involved in that state of automatic folly which is so peculiar a phenomenon during haschisch intoxication. During the intervals of confusion or darkness the lucid moments possess a power and comprehension truly marvellous, so that in a few seconds the most distinct and accurate picture of a range of life, including as much as forty years, may be re-cast and surveyed. The alternation from obscurity to lucidity is like the effect of a sea-wave: A lucid wave is followed by a dark overhanging wave, on which the mind is shipwrecked and carried with the sensation of a melancholy floating towards forgetfulness and oblivion, to be roused instantly by the passage over it once more of the wave of life and light. The dark waves chase each other so long as they continue, and to the mind unable to continue its thoughts and acts, but bending under a successive series of impressions, the shortest space of time seems to have the duration of an eternity.

"A seeming extraordinary slowness of time which struck the observers in so singular a manner, and made them so impatient of delay that they were continually recurring to their watches and observing with a kind of awe how many minutes were transformed into epochs. With this apparently interminable length of time there seemed to occur a kind of forgetfulness by which an act of the mind taking place an interval before, or an impression received some time before, were in a manner forgotten; but in a few brief moments they returned or presented themselves, as it were, for the first time, and in such a manner almost unaccountably repeated themselves, and reproduced frequently, as now, the impressions they re-inspired.

"There was noticed in the observers, so different themselves ordinarily in general character and temperament, a common docility and absence of susceptibility which was most remarkable. Thus, one of them gave to another, with whom he was but slightly acquainted, a series of hard blows on the back, saying that he himself felt nothing of the haschisch, and asking whether the blows inflicted were felt. On his part, he who received the blows took them all in good humour, uttering no complaint and seeming, indeed, unsusceptible of complaint. Again, one of them who sat writing submitted to receive the infliction of two sharp blows, boxes on the ears, and to have his pen snatched out of his hand without any expression of pain, or even of annoyance. Reproaches between them for having taken the drug never passed; but each laughing all the time, tried often in lucid intervals to produce sickness. Such was the good humour that prevailed that each one mutually yielded up his own will and obeyed the other; the whole trio joyfully concurring in all that suggested itself to them, as withdrawing them from the idea of danger, and fully agreeing in particulars as to the sensations they experienced.

"He was seized with melancholy, from which he could rouse himself only by imitating the movements and follies of the others. Then he had a great inclination to laugh, but kept himself free from the obvious action of the drug by going behind his companions. Suddenly he perceived a change in his intellectual faculties which appeared less obedient to his will, and feeling that he should be worse, he began to register his thoughts of what happened to him. Scarcely had he begun, than it seemed important to him to record the follies uttered by one of his companions. He soon felt himself, however, unable to continue, and his hands with difficulty traced unformed characters. Then becoming occupied with a scheme which scribblers might think the act of a madman, he after great difficulty wrote a short justification of his conduct in Italian. He next began to feel a pleasing stupor; his head seemed to dilate, but without strain, gently! gently! He possessed the



use of his senses and mind, but every occupation wearied him. He passively assisted in what was occurring around him, and unable to give any account of it or reason, was able to laugh at all or everything.

“After about a quarter of an hour a weakness of his whole body came on, his legs would not support him, his arms became heavy, and he was seized with a kind of faltering similar to that which at times follows loss of blood. He was obliged to throw himself on the sofa, his limbs became rigid, he entirely lost his sensations, becoming cataleptic, and remained for a long time in this state. By degrees his senses partially returned, so that he was enabled to understand and retain some directions given to him, but he became insensible again, and when put to bed a very hot box placed at his feet, which were very cold, produced no impression. By degrees the insensibility or anæsthesia, which had pervaded his whole body, relaxed in the left half of his body, but remained perfect in the right. His consciousness which had never entirely left him but for a few brief moments, by degrees returned to its natural state, so that he could recall what had occurred to him and reflect upon his condition. Again, anæsthesia extended all over his body, and now was added an automaton-like and rapid movement of the hands, one hand being pressed upon the breast and rubbed actively on the back with the palm of the other hand; his head also ached, and he had a sensation of weakness. The anæsthesia gradually decreased, but the sensibility did not return universally nor steadily, there being frequent relapses. By turns the right arm or the leg or the right half of the face, and then all these parts together, would seem petrified, so that he could not move them, and would relax them. As time went on, these phenomena were more frequently repeated in the head and face, the change being quick enough to give great pain; when suddenly the mass of his brain, all except a small portion, seemed changed to marble, and appeared to him to possess all the properties of such a substitution; his right eye for a long time retained the sensation of marbly hardness. These symptoms, now going, now returning, lasted more than thirty-six hours. The mind, meantime, had not remained idle, but, during moments of returned consciousness, assisted as a spectre; ideas succeeded each other with such rapidity that they made a short space of time seem very long. These ideas, though more often scattered, had at times an intimate and long connection; thus every person who had ever assisted him he seemed to see for years and years performing all those long and varied series of acts, which might in reality have been performed during such a period, so that he felt convinced that all those years had really passed. He also had an hallucination in which he seemed to be transported to a place whimsically made of brass; this, he

thought, was the vestibule of Mohammed's paradise, and that he was denied entrance to it. On going out, he found himself launched into space, and compelled to describe, very rapidly, a vast orbit in a gloomy, painfully breathing, oppressive circle. This painful sensation lasted a long time, and was among the most disagreeable of the experiment.

"He was a prey to extreme loquacity and mobility of ideas; was continually pre-occupied with solicitous impressions as to the fate of his companions, for whom he feared the dose of haschisch had been excessive and might prove fatal. After he had taken the dose about six hours he was seized with a sort of gesticulating convulsions in the arms and legs, and by degrees his symptoms assumed the appearance of those which characterise hydrophobia; he was possessed with outbreaks of fear at the sight of bright objects, at the sensation of every sharp little breath of air, or the approach of any one; but these exhibitions were momentary only, and he then paid no attention to what had been previously exciting influences. He asked for water, and seized the cup with a trembling and convulsive grasp, but carried it to his lips only to thrust it away without drinking, being unable even with the greatest effort to swallow a single draught. Upon this there succeeded a feeling of uneasiness as though from dryness of the throat, or rather a sensation that the tongue and throat were covered with a soft, dry body. An urgent desire to be held, to be guided, to be taken care of altogether, under the involuntary feeling that if such protection were not bestowed, he should get out of bed (in which he was by this time laid) to commit some foolish act. Sensation of pressure at the back of the head, before the occurrence of convulsive movements, which changed into an unpleasant feeling of heat, then of cold, in consequence of which his hands were carried automatically to that spot and held there, as though there were a difficulty in detaching them. There was also a sensation of cramp in the calves of the legs; which rendered the movement of the legs impossible, or caused them to be distended, or to take a sudden jump."

Numerous and varied as are the phenomena recorded in these and similar experiments, they will be found to have certain features in common. These it may be well to review, as, while far from being all that should be taken into consideration in the selection of *cannabis* as a remedy, they are such as will most generally indicate it, and will serve, moreover, as centres, around which other of the nervous symptoms of the drug will cluster in the memory.

We note then first of all, that the visions which mark the delirium of the haschisch ester are of exceeding grandeur, all that surrounds him is brilliant and gorgeous in the extreme.

Gradually these fade away from him, and the sights which now press upon his disordered brain are horrible beyond compare. Full of fear he is powerless to resist them—spell-bound, he yields to everything. The condition here resembles very much that of a most hideous nightmare. During both of these states minutes appear to be days—hours years. This together with the illusion of a dual existence, of being two persons, one still, the other actively engaged in something or other, is one of the most constant phenomena of haschisch poisoning. In some instances there is in all that passes a distrust, indeed, an overpowering sense of the ludicrous, real as everything appears, grand or horrible as all may seem, there is nevertheless, a strong sense of the absurdity of what seems to be passing. Nevertheless, there is a deep consciousness of the impossibility of escape. Acts are performed which the performer feels are ridiculous, but he has no will-power whatever to resist them. In some instances not only is the cerebrum under the influence of the drug, but also the spinal cord; and convulsions of a peculiar character arise followed by prostration, and this by a stupor, which closely resembles catalepsy.

It is delirium as it occurs in fevers, in delirium tremens, and other conditions, rather than insanity which the action of *cannabis* resembles in these phenomena. There is, nevertheless, much in these experiments that would lead us to suppose that in those forms of mental disease, where an imaginary grandeur is so prominent, that this medicine would be a remedy; but if you carefully examine the recorded experiments, you will see that it is not individual exaltation that is so marked, but brilliancy of surroundings. In progressive paralysis of the insane it is the individual who is king or emperor, or some other important personage; it is not that his residence is a palace or some magnificent castle his property.

Dr. Talcott, the Medical Superintendent of the New York State Homœopathic Asylum, with whom I corresponded a few years ago on the value of *cannabis* in mental disease, tells me that he has seen no good effects from it in general paralysis of the brain. He has, however, found it exert a beneficial, though not always a curative, effect upon cases of insanity in the course of which the symptom "time passes slowly" was present, particularly when the nights seem eternally long and when the patient despairs of ever seeing the light again. Together with this despair

is a feeling of being engaged in a conflict with imaginary foes, or divided against oneself as it were into two parties fighting each other; but this state, he very correctly adds, is one of delirium rather than of mania—it is transient, and changes to a rational, though depressed, condition in the morning.

Accompanying this slow march of time, as a mental symptom, there is apt to exist, among other physical indications, severe pain in the region of the kidneys, and with that comes frequent micturition and burning along the course of the urethra. The water voided under such circumstances is small in quantity and of a very dark colour. A case combining all these symptoms was mentioned to me by Dr. Talcott, as having been effectually relieved by the 1st dec. dilution of *cannabis ind.*, drop doses being given every hour for two or three days. Under this treatment "the patient," he said, "slept soundly on the first night after the exhibition of the drug, although he had suffered from sleeplessness for two weeks previously, in spite of the use of ordinary sleep-inducing medicines. The relief here was prompt, and convalescence rapid."

To some cases of delirium tremens *cannabis indica* presents a well marked analogy in its effects. Dr. Wells, of Brooklyn (*Am. Hom. Review*, vol. iii., p. 181), records the case of a man, 80 years of age, an habitual drunkard, who had had repeated attacks of delirium tremens. In May, 1862, he had been drinking freely for about a week, when he became sleepless, and had trembling to such a degree that he could not carry a glass more than two-thirds full of water to his mouth without spilling it. He complained of headache; his eyes looked wild; he had a great sense of terror, especially if left alone; constant fear of some great evil, with rising up in bed and looking about the room for the object of his terror; he talked in hurried whispers, his eyes were injected. He got five grains of haschisch, one half at half-past seven p.m., the other four hours later. The next morning at 10 he was rational, sitting up and dressed. Trembling and all other symptoms had disappeared, and what was not a little singular, he had lost the great thirst for alcoholic liquors which had been so incessantly urgent throughout the attack. Dr. Wells records another and similar case in which the action of the drug was equally rapid and satisfactory.

Considering how prominent a symptom "fear" is in haschisch poisoning, the horrible nature of the visions it induces, and the sense of impossibility of escape from the terrible surroundings in the midst of which the patient fancies that he is, you will find *cannabis indica* very frequently called for in the treatment of delirium tremens.

That singular form of nervous disorder termed catalepsy is sometimes a direct effect of haschisch. In his essay on Indian Hemp, published in Calcutta in 1839, Dr. O'Shaughnessy relates the following cases as having come under his observation :—

At two p.m. a grain of the resin of hemp was given to a rheumatic patient. At four p.m. he was very talkative, sang, called loudly for an extra supply of food, and declared himself to be in perfect health. At six p.m. he was asleep. At eight p.m. he was found insensible, but breathing with perfect regularity, his pulse and skin natural and the pupils freely contractile on the approach of light. Happening by chance to lift up the patient's arm, "the professional reader will judge of my astonishment," observes Dr. O'Shaughnessy, "when I found that it remained in the position in which I placed it. It required but a brief examination of the limbs to find that the patient had, by the influence of this narcotic, been thrown into that strange and most extraordinary of all nervous conditions—into that state which so few have seen, and the existence of which so many still discredit—the genuine catalepsy of the nosologist. We raised him to a sitting posture, and placed his arms and limbs in every imaginable attitude. A waxen figure could not be more pliant or more stationary in each position, no matter how contrary to the natural influence of gravity on the part. To all impressions he was meanwhile almost insensible." In this state he remained for five hours, when consciousness and voluntary motion quickly returned. Another patient, who had taken the same dose, fell asleep, but being aroused by the noise in the ward awoke, and seeing the extraordinary positions which his neighbour was made to assume suddenly "uttered a loud peal of laughter, and exclaimed that four spirits were springing with his bed into the air. In vain we attempted," writes Dr. O'Shaughnessy, "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 legs and arms could be bent and would remain in any desired position. He was moved to a separate room, where he soon became tranquil; his limbs in less than an hour gained their natural condition, and in two hours he expressed himself as being perfectly well and excessively hungry."

Dr. Richard Hughes states that he has seen one case of catalepsy, probably he suggests of the hysterical order, in which *cannabis* was rapidly curative. It is indeed more distinctly homoeopathic to this peculiar form of nerve disturbance than any other drug with which I am acquainted.

In some disorders of the nervous centres, less grave than those I have referred to, *cannabis* is also useful. In headaches, for example, which are characterised by a confused heavy feeling in the forehead, dizziness either alone or associated with a stunning pain in the occiput, a sense of swimming in the head, aggravated by motion and relieved on lying down, it is clearly indicated. So is it also in a headache of the more purely neuralgic order, when jerking in the right side of the forehead, aching pain in both temples, but most severe in the right, are complained of; a dull sticking pain in the right temple, darting throbbing pain in the right temple, and from the back of the head to the forehead, pain in the whole right side of the head also, call for this medicine.

In the *Medical Record* (1874), in an abstract of the Report of the Sussex County Asylum, Dr. Williams, the medical superintendent, is stated to have met with six cases of migraine, in all of which *cannabis ind.* was of the greatest service. None of the symptoms characterising the attacks in these cases are given, and hence the observation is of comparatively small value. Dr. Sidney Ringer, too, says: "no single drug have I found so useful in migraine." No special indications for its use are given here either. All cases of migraine are not relieved, much less cured by *cannabis*. The diagnosis of the disease is to be made by the symptoms it exhibits, the diagnosis of the remedy by the symptoms it produces in healthy people. Hence, when you see a case you regard as one of migraine, do not give *cannabis* off-hand, but go to your *Materia Medica* and see if the symptoms of the patient correspond with those produced by the drug. If they do, prescribe it with confidence; if they do not, examine the pathogenesis of some other physiologically allied medicine.

In addition it produces an occipital headache—a feeling as if something were surging up from the posterior part of the head towards the forehead; a feeling for a few seconds as if something were surging like waves up the neck into the head.

In patients suffering from headaches of a congestive or

a neuralgic character, so characterised, the former manifesting itself in the forehead and occiput, and the latter on the right half of the head, you will find *cannabis* remedial.

Such, then, are the prominent features of the action of this powerful drug on the nervous system. Over and above this, it exerts an influence on some of the tissues of the eyeball, upon the lungs and heart, the kidney, the bladder and sexual organs, to which I will now draw your attention.

The vessels of the conjunctiva are injected in a triangular patch extending from the internal canthus to the cornea, which becomes obscured. There is also considerable lachrymation. The eyeballs feel hot; when reading, the letters run together. The eyes are sensitive to light, twinkle and tremble, and there is a glimmering before them. These and similar symptoms were experienced by the members of the American Provers' Union, the records of whose experiments were published at Philadelphia in 1839.

They have suggested the use of *cannabis* in some cases of parenchymatous keratitis, one of which is given as an illustration of its action by Dr. Norton (*Ophthalmic Therapeutics*, 2nd ed., p. 58). The patient was a boy seven years of age, who was taken to see Dr. Norton on account of an interstitial inflammation of the right cornea of two weeks duration. A history of hereditary syphilis being fairly clear, *aurum muriaticum* was given, and within a month the eye was nearly well, when the left eye became inflamed and continued to grow worse in spite of treatment during the ensuing five weeks. At this date Dr. Norton says:—

“The cornea was densely opaque and vascular, so that the iris could not be seen through. The epithelial layer was a little rough, but there was no superficial ulceration. There was *profuse lachrymation and intense photophobia*; the child not being able to open his eyes in any light. He complained of some pain. *Cannabis sativa* 8 had been given for four days with no relief; the tincture, ten drops in two-thirds of a glass of water, one tea-spoonful every hour was now prescribed. Immediate improvement followed its use, and two days later the child could open its eye well, had no pain, and the vascular infiltration had diminished. The cornea continued to clear for a month or more, when only a very moderate amount of haziness remaining other remedies were given to meet other symptoms.”

It is true that the *sativa* was the variety of *cannabis* given in this case, but the action of both *c. sativa* and *c. indica* are one and the same, save that the latter is much more active, producing its effects much more rapidly and

more severely than the former. Hence a much smaller dose of the *c. indica* would in all probability have proved as effectual as that given of the *c. sativa*.

The rough, hard, dry cough with difficult respiration, a sense of suffocation, oppression of the chest with deep and laboured breathing, will suggest the advantage of *cannabis* in some cases of pulmonary congestion, more especially in such as are complicated with symptoms of cerebral disorder.

So, too, in the precordial region, we find a considerable sense of oppression produced, with pressing sticking pains accompanied by dyspnœa. Among persons experimenting with small quantities, the heart's action is somewhat excited, giving rise to a certain amount of palpitation, more or less painful. Where overwhelming doses have been taken, such as are capable of oppressing the nervous system, the heart's impulse is feeble, it being at times scarcely perceptible. Correspondingly the pulse is somewhat quickened in the instances of provers and almost extinguished when doses approaching such as are lethal have been taken.

In *The Homœopathic World* (May, 1884) Dr. Winterburn, of New York, reported a very interesting case of cardiac asthma of eight years' standing occurring in the person of a married German woman, 27 years of age, completely and rapidly cured by eighteen two grain powders of the 30th trituration of *cannabis sativa*. The symptoms corresponded very closely to those I have just quoted as the effects of the Indian variety. After sleeping two or three hours she would be awakened by an agonising sense of suffocation, which would compel her to rise, and lasted from five to twenty minutes. This was accompanied by a tumultuous beating of the heart. Occasionally, she passed a night without an attack, but more generally she had two or three in the course of one. During the day similar attacks would come on from running hurriedly upstairs. During a paroxysm, breathing was very laboured; wheezing loud enough to be heard in the next room, accompanied by a hacking cough without expectoration. The pulse was feeble, easily extinguished by pressure on the artery, and her expression of countenance was anxious and almost terrified. Within a week of commencing to take the *cannabis* she had no more night attacks, and Dr. Winterburn, who had opportunities for seeing her frequently afterwards, states that so far as he knew she never had any return of the cardiac or asthmatic symptoms.



In the region of the kidney, *cannabis* excites an aching, burning and stitch-like pain, while the urine is pale and in considerable quantity, albeit, in consequence of irritation in the urethra, which occurs at the same time, it is passed with difficulty.

Behind the neck of the bladder the influence of *cannabis* is not particularly marked, but at the neck and throughout the urethra an inflammatory condition of the parts is clearly shadowed forth by the symptoms. The urethra is the seat of intense burning, stinging, and scalding pains alike before, during, and after micturition; while, at the same time, there is a constant urging to urinate. Urine is passed frequently in small quantities and with difficulty, dribbling out after the stream has ceased. All this is due, not to a deficiency in the secretion, but to the inflamed and turgid state of the urethra, for when once this has subsided the urine flows copiously and is light in colour.

Increased sexual excitement, amounting indeed to satyriasis, violent erections and chordee, are also prominent consequences of taking *cannabis indica*. These symptoms present a clear analogy to those constituting an attack of gonorrhœa, in which the *cannabis sativa* has long been used with success.

In women under the influence of this drug menstruation has been observed to be excessive. In the fourth volume of the *British Journal of Homœopathy*, Dr. Quin reports a very striking case of neuralgic headache, apparently depending upon menorrhagia, which was cured by the *cannabis sativa*.

Experience shows that the dose of this drug should, especially in nervous derangement, be a comparatively large one. It is evidently a rapidly acting substance, the effects of which pass off soon, in these respects resembling camphor. Two or three drops of the pure tincture may be given with advantage repeated frequently. Dr. Wells, you will remember, gave a grain and a quarter of the pure substance at a dose, and not only was it in no way inconvenient, but promptly relieved the patient.

#### CANNABIS SATIVA.

The *cannabis sativa* is, as I have told you, the same plant as the *cannabis indica*, but with its physiological properties undeveloped to their full extent.

The provings of it show its action to be, as it were, a miniature of that of *cannabis indica*. Its influence upon the nervous system and the urinary and genital organs

resembles that we have been studying in the Indian variety, but much more slightly marked.

For example, we find it to have produced a depressed, anxious and irritable mental condition, with a good deal of confusion of thought, forgetfulness and absent-mindedness; dizziness when walking, with a tendency to fall sideways. There is a sense of pressure in the forehead, throbbing and pressure in the temple, a sense of tightness, first in the occiput, then in the forehead, and lastly in the temples. But we hear of no delirium, no gorgeous visions, no horrible spectres arising from overdosing with it. The minor symptoms, those which, if capable of full development, would lead to such a state, are alone present.

*Cannabis indica* produces, in connection with the cerebral disturbance it excites, a morbidly acute condition of the sense of hearing. *Cannabis sativa* gives rise to a roaring and ringing in the ears, and, in the wife of a physician who instituted a series of experiments with the pure tincture, the following group of symptoms was noted: "Striking in the ears and pain in the throat three hours after taking the medicine; then cold and heat alternating with dull headache, increased by motion or stooping, and as if everything in the head were shaken; she was obliged to hold herself perfectly straight when walking, or to sit still and lean back; supporting herself on the right side was easier; besides she often had stitches in the head on the left side; behind the right ear, the stitches were so violent that she involuntarily started; this lasted several nights, during sleep, so that she constantly moaned and groaned, and complained that she was frequently awakened."

These symptoms are doubtless connected with those which indicate neuralgic headache as a consequence both of *cannabis indica* and *sativa*.

The excitement produced by the *c. sativa* in the urethra is precisely similar to that which arises from the *c. indica*. The former, having been proved by Hahnemann, has been more generally used by homœopathic physicians; now, however, that we have a good proving of the *c. indica*, and have reason to believe that it is the more reliable and more active plant, it would seem desirable to prefer it in prescribing; certainly it is so where, with the urethral excitement of gonorrhœa, there is considerable sexual excitement.

Dr. Yeldham, whose experience in the treatment of gonorrhœa has been very considerable, says (*Homœopathy*

in *Venereal Disease*, 3rd ed., p. 13), that *cannabis* comes in with excellent effect after the more acute symptoms have been mitigated by *aconite*, or *mercurius*, or *cantharis*, according as these medicines may have been required; there may still exist considerable irritation in micturition, considerable swelling and redness of the orifice of the urethra, and copious white or yellow discharge. In this stage of the disease its action is most satisfactory. It is given in gonorrhœa in 5 or 10 drops of the pure tincture several times a day.

LONDON HOMŒOPATHIC HOSPITAL. — CASES OF TYPHOID FEVER.

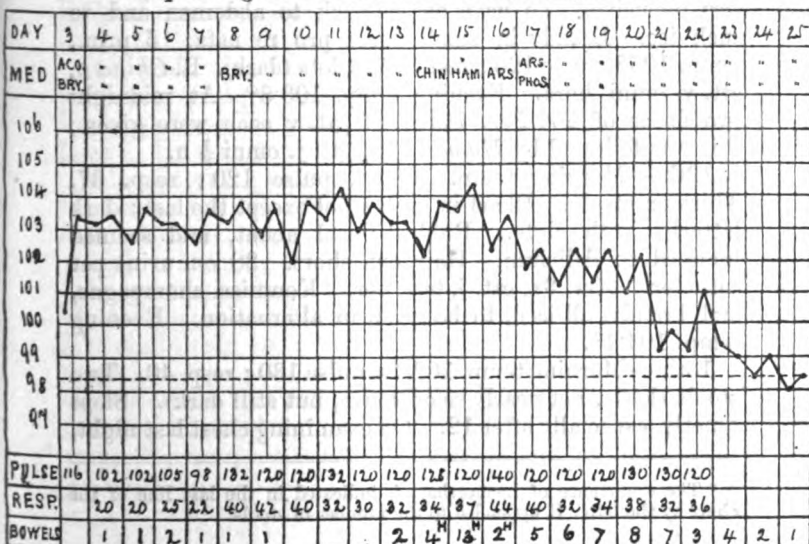
Under the care of Dr. J. GALLEY BLACKLEY.

(Concluded from p. 341.)

Case VIII.

*Relapsing typhoid; primary attack complicated with hæmorrhage from the bowel and pneumonia; relapse after seventeen days of apyretic period; pneumonia after relapse; recovery.*

Christian D—, aged 21, nurse in attendance upon Cases 4, 5, and 6 in Quin Ward, was sent to bed on October 31st, 1883, after complaining for two days with all the symptoms of an impending attack of acute rheumatism, for which she



received *Acon.* 1x, *Bry.* 1x, with a diet of milk, koumiss, and beef tea. (Unfortunately the notes of the first week are missing, but the progress of the case may be easily followed by reference to the chart.) The stools were few and constipated. Spots appeared on the seventh day after she was sent to bed (presumably the ninth of the attack.)

November 8th.—(11th day of disease.) Morning temp.  $103.4^{\circ}$ ; pulse 132; resp. 32. Bowels open. Short cough occasionally. Three spots visible. Abdomen distended. Urine 30 oz. per catheter. Tongue caked in centre, white at edges. Continue *Bry.* 1x, gtt. j, 2dis horis. Evening temp.  $104.2^{\circ}$

9th.—Morning temp.  $103^{\circ}$ , pulse 120 (full, strong); resp. 30. Bowels not moved. Tongue caked down middle, white at sides; no cough this morning. Slept a good deal, but tossed about; without delirium. Evening temp.  $103.8^{\circ}$ .

10th.—Morning temp.  $103.2^{\circ}$ ; pulse 120; resp. 32. Two stools (in bed, semisolid, yellowish). Tongue much drier. Some wheezing in the breath; has cough. Slept pretty well, but tossed about. Evening temp.  $103.2^{\circ}$ .

11th.—Morning temp.  $103.2^{\circ}$ , pulse 128; resp. 34. Four stools (with increasing proportion of blood; last stool almost entirely of blood, with large clot).<sup>\*</sup> Rather restless in night, but no delirium. Tongue caked, but rather moist. Stool at 12 consisted of slime and bright blood, with clots, and very offensive. To have an ice-pack to abdomen and to suck ice. Brandy in small doses pro re nata. 5 p.m., temp.  $105^{\circ}$ , pulse 126, resp. 45. Clots (dark). R. *China*  $\emptyset$ , gtt. v, omni horâ. Evening temp.  $103.8^{\circ}$  At midnight two doses of *Tr. Fer. Perch.* of gtt. v each were given; this was followed by *Hamam.* 1x, gtt. j. omni  $\frac{1}{2}$  h.

12th.—Morning temp.  $103.6^{\circ}$ , pulse 120; resp. 37. Thirteen stools. Blood in each stool except the last; dark latterly, with clots. Rubbed head about, and seemed inclined to delirium. Hair cut short. 38 oz. urine per catheter. *Ars.* 3x, gtt. j, tert. hor. Koumiss, champagne, and brandy, all iced, to be given in alternation. Evening temp.  $104.4^{\circ}$ .

13th.—Morning temp.  $102.4^{\circ}$ , pulse 130; resp. 40. Two stools (loose, not nearly so offensive, but still dark). Slept quietly, especially after 12. On examining chest last night,

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\* The occurrence of hæmorrhage is indicated in the last line of the chart by the letter H appended to the number of stools.

much dulness found at back, especially on right side about the middle, with much exaggerated sounds and occasional râles—râles more numerous on left side all over. Much better this morning. Tongue still very large and caked, but a little more moist towards edges. Abdomen not quite so tympanitic, but still very much distended; perspired a good deal. *Phos. 8x*, to be given in alternation with *Ars.* every hour. 7 p.m., temp. 103·4°, resp. 36, pulse, 146. One stool (with some dark clotted blood). Temp. at 1 a.m. 103·4°.

14th.—Morning temp. 101·8°, pulse 120; resp. 40. Six stools (slight hæmorrhage in one of these, early in the evening). Slept very well, till about 3 a.m.; was quiet again after 1 oz. brandy. 1 pint milk, 1 bottle koumiss. Evening temp. 102·2°.

15th.—Morning temp. 101·2°, pulse 120; resp. 32. Six stools, small, typhoid, very offensive, severe attack after milk once. 1 pint milk, 1 bottle koumiss. Had brandy twice in night. Had wheezing respiration in early part of night. Evening temp. 102·4°.

16th.—Morning temp. 101·6°, pulse 120; resp. 34. Five stools (yellow and with flocculent mucus). Perspires very much. Tongue is a little better. Slept well (except from 11 till 1). Evening temp. 102·4°.

December 7th.—Morning temp. 99°. One stool. Rather restless after first sleep; pulse 130. Evening temp. 101·8°.

8th.—Morning temp. 98·8°. One stool (formed, pasty, with dark streaks). Scarcely any cough. No pain anywhere. Feels quite well; pulse 120. *R. Acon. 1x*, gtt. j, 2dis horis. Evening temp. 101·8°.

9th.—Morning temp. 100·8°. Bowels open. Nausea all the time, especially after milk. Some sickness this morning. Abdomen normal; pulse 120.

10th.—Morning temp. 101·8°. One stool (formed, with flaky mucous coating. (Was sick yesterday and had almost constant nausea, unpleasant taste in mouth (partly bitter). Has slight pain about two inches above umbilicus. Three suspicious spots in neighbourhood of umbilicus. Some distension of abdomen. Tongue flabby, rather dry in centre. Slight short cough, not quite dry. Pulse 140; resp. 28; temp. 101·6°. *R. Ars. 8x*, gtt. j, 3dis horis. To return to koumiss.

11th.—Morning temp. 101·6°. Two stools (rather pea-

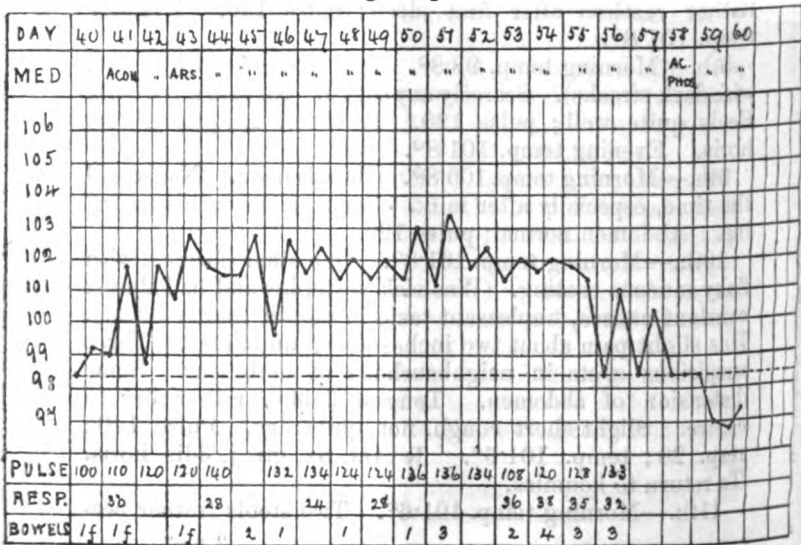
soup like, but greenish). Sleeps quietly as a rule. Pulse 118; evening temp. 102·8°.

12th.—Morning temp. 99·6°. One stool (slimy, greenish). Vomited a little greenish fluid. Two bottles koumiss in twenty-four hours. Harsh respiration at apices in front. Respiratory sounds feeble at back, with greatly increased local resonance, and dull percussion note towards apex. Coughs a little, not frequently. Is rather slow in her answers this morning. Tongue has thickish white coating. Evening temp. 102·6°.

The patient continued to improve steadily. On November 21st temperature was normal night and morning, and on the 30th she was allowed farinaceous food. Temperature remained normal both morning and evening until December 7th (a period of seventeen days), when the evening temp. rose to 99·2°, and the pulse to 130. The bowels during the interval had been constipated and usually moved only after enemata.

December 13th.—Morning temp. 101·6°, pulse 134, resp. 24. Bowels open. Tongue has patches of white coating; mouth less sore. Moaned in early part of night. Evening temp. 102·4°.

14th.—Morning temp. 101·4°. One watery, dark green stool; tongue coated in centre. Pulse 124. Five spots on abdomen, faint. Evening temp. 102°.



24th.—Temp. last night 100·4°, this morning normal. Over the upper lobe of the right lung cooing rhonchi are heard; over this spot there is diminished resiliency on percussion. Liver dulness increased. Abdomen not tumid. Perspires very much, especially during sleep. Stools two or three daily, yellow and flocculent.  $\mathcal{R}$  *Ac. Phos.* 1x, gtt. j, 2dis horis during the day, and *Arsen.* 8x, gtt. j, night and morning. To have port wine negus, milk, and chicken jelly.

26th.—Bowels not open for two days. Omit *Arsen.*

30th.—Morning temp. 97°. Bowels open. Resp. 36. Complains of pain in splenic region; thinks she gave it a twist. There is dulness at the left base, with wheezing sounds on deep inspiration. Expiration prolonged. Pain worse in evening. To have a poultice to the painful spot, and *Bry.* 1x, gtt. j, 2dis horis. Evening temp. 102·6°.

31st.—Morning temp. 100·6°, pulse 135, resp. 40. Bowels open. Slept well till 1 a.m., when severe pain in left side under mammæ came on. Coughed at times. Small amount of blood in sputa.  $\mathcal{R}$  *Phos.* 3x, alt., with *Bry.* every two hours. Evening temp. 102·8°.

January 2nd.—Morning temp. 98°, pulse 20, resp. 40. Bowels open. Coughed more. Sputa tinged with bright blood still. Less pain now, always in left side, at varying points. Slight flushing of face on both sides. First sound feeble at base, second much accentuated in pulmonary area. No vomit. Dulness at bases, especially on left. Evening temp. 100°.

3rd.—Morning temp. 99·6°, pulse 120, resp. 40. One stool (formed, natural). Cough troublesome in night. Evening temp. 99°.

4th.—Morning temp. 98·6°, pulse 108, resp. 25. One stool (natural). Has begun to perspire rather freely.  $\mathcal{R}$  *Ac. Phos.* 3x, and *China* 3x, gtt. j, 2dis horis alt.

5th.—Morning temp. 98°, pulse 120, resp. 30. Bowels open. Slept well. More blood in sputa. Slight pain at left apex last evening, none to-day. Expiration prolonged.

6th.—Morning temp. 98°, pulse 120, resp. 36. One stool (not formed). Rusty sputa. Tubular breathing at back of left coat; dulness on percussion, and also on right base. Not so much cough.  $\mathcal{R}$  *Phos.* 3x, gtt. j. 2dis horis.

7th.—Morning temp. 97°, pulse 112, resp. 32. One stool. (On left side tubular breathing. Vocal resonance much increased.)

8th.—Morning temp.  $97\cdot0^{\circ}$ , pulse 100, resp. 30. Bowels open. Slept well. Dulness does not extend quite so high on left side, but is absolute at base.

From this date improvement continued steadily. Solid food was first allowed on the 9th January, and on the 15th she was sent to the seaside.

*Remarks.*—Apart from the interest attaching to the hæmorrhage and the relapse, the further progress of the case was watched with considerable anxiety as the patient came of a decidedly phthisical family. On her return to London, after a residence of six months at the seaside and in the country, no trace of dulness could be detected in either lung, and the patient looked the picture of exuberant health.

#### Case IX.

*Ambulatory typhoid ; perforation on third day after admission ; death. Sectio cadaveris.*

Samuel T—, æt. 33, builder, of sanguine temperament and spare habit of body. First seen at home on June 29th, 1884, when he was up and walking about, having been attending to his business all the week. The patient stated that he had been out of sorts for some weeks, but had been much worse since one day about a fortnight ago, when he had to superintend the pulling down and rebuilding of a very foul old water-closet. In spite of feeling very unwell he had kept about his work, and had not been indoors until to-day. When seen his pulse was 110, small and jerky, and temp.  $102\cdot8^{\circ}$ . Tongue moist and unnaturally red. Aspect anxious, face pale and somewhat ashy. Complains of no special pain and has had no diarrhœa. His abdomen is rather retracted and hard, but not tender. Is slow in his movements and looks somewhat dazed. Was ordered to bed immediately. *R. Arsen. 3x, Bryon. 1x, gtt. j, 2dis horis alt.* Milk diet. Perspired freely after the medicine.

June 30th.—Temp. (at noon)  $103\cdot4^{\circ}$ , pulse 120; was ordered into the hospital.

*On admission* (at 4 p.m.) temp. was  $101\cdot4^{\circ}$ . Tongue slightly furred and dry in the centre, fiery red at the sides and tip. Abdomen slightly tympanitic, with tenderness and gurgling over the right iliac fossa. No spots visible. Splenic and hepatic dulness somewhat larger than normal. Urine high coloured and scanty. Has slight loose cough. Percussion note fairly good, except over left apex, where



it is slightly duller. Expiration prolonged on both sides. Some squeaky râles heard over the right apex. Heart normal. To have a tepid compress over the abdomen. R̄ *Arsen.* 3x, gtt. j, 2dis horis. Evening temp. 101·6°. Has had no action of the bowels for several days.

July 1st.—Morning temp. 100·4°. Tongue somewhat drier. Abdomen very tender all over, but not more tympanic. Cough troublesome. Chest symptoms remain the same. Evening temp. 104°. *Acon.* 1x, was given every hour all night. During the night he perspired a great deal, and the temperature gradually fell. Slept only in short snatches.

2nd.—Morning temp. 98·8°. Tongue dry in the centre. Still perspiring a clammy sweat, has severe hiccough, and has had several attacks of vomiting. Complains very much of pain and flatulence. Some dulness on percussion at the bases of both lungs posteriorly. R̄ *Phos.* 3x, and *Bryon.* 1x, gtt. j, omni horâ alt. Milk and soda with ice to be given in teaspoonfuls at short intervals; with brandy occasionally. The tympanites and hiccough increased during the day, and the patient's strength gradually lessened until his death at 10 p.m.

*Sectio cadaveris*, thirty six hours after death.—On opening the abdominal cavity both small and large intestines were found matted together with recent creamy lymph, especially near the ileo-cæcal valve; the intestines in places were of a dusky red, and the small vessels under the peritoneal coat were distinctly visible. On laying open the bowel a very small perforation, barely admitting an ordinary probe, was found close to the ileo-cæcal valve. The valve itself was much infiltrated, and the small intestine for several feet was thickly studded with ulcerated Peyer's patches. The spleen was friable and rather larger than normal. In deference to the wishes of the friends the chest was not examined.

*Remarks.*—Although cases of ambulatory typhoid are frequently met with, especially amongst the labouring classes, such cases as the above are fortunately not common. Had it depended upon the patient himself, I feel sure he would have remained up until perforation actually occurred; and in any case, judging from the results of the *sectio cadaveris*, extensive peritonitis must have existed for some days before his admission to the hospital.

## CASE X.

*Benign typhoid treated with Arsen. ; chest complications treated with Acon. and Phos.*

William G—, æt. 21, picture dealer's assistant, admitted December 31st, 1884, complaining of pains in the back and occiput, which commenced eleven days ago and have lasted all the time until now. Has also had a succession of slight rigors followed by heat and perspiration. Has been taking "opening medicines."

On admission temp. was  $103.4^{\circ}$ , resp. 28; tongue moist, slightly furred in the centre, at tip and edges, and tremulous and put out in a jerky manner. Bowels constipated before opening medicine was taken. There is complete loss of appetite and slight thirst; no sickness or nausea. No pain or tenderness in the abdomen and no spots. Hepatic dulness slightly enlarged, splenic dulness normal; some tenderness on pressure in the lumbar region. Heart sounds feeble, no bruit, second sound accentuated in the mitral area. Has slight dry cough. Chest normal except that the percussion note is slightly flatter below the left clavicle, with prolonged expiration and increased vocal resonance; posteriorly over the spine of the left scapula the percussion note is also a little flatter, and respiratory sounds harsh and vocal resonance increased. Evening temp.  $103.4^{\circ}$ .

January 1st, 1885.—Morning temp,  $101.6^{\circ}$ ; dorsum of the tongue covered with slight brown fur, mouth dry; slight cough; percussion note slightly impaired on the right side below the scapula; vocal resonance increased back and front. Urine normal. The patient still complains of pain in the back. R; *Phos.* 3x, gtt. j, 2dis horis. Diet, milk and beef tea. Evening temp,  $102.6^{\circ}$ .

5th.—Temp. last night  $99^{\circ}$ ; this morning  $98.4^{\circ}$ . Tongue less furred; bowels constipated; cough less, no expectoration; perspires freely whilst asleep. Was allowed a little fish at midday.

7th.—Temp. last night  $101^{\circ}$ , Bowels acted slightly yesterday, the stool being hard and lumpy. Temp. this morning  $99^{\circ}$ . R; *Acon.* 1x, gtt. j, to be given in alternation with *Phos.* every two hours. All solid food was stopped and the patient allowed only milk. Evening temp.  $103.8^{\circ}$ .

8th.—Morning temp.  $102.6^{\circ}$ . Cough very slight; sleeps badly, still perspiring a good deal about the head. A large offensive stool, partly loose and partly formed, was



passed last night after an enema. A doubtful gurgle is felt in the right iliac fossa. Evening temp.  $104\cdot2^{\circ}$ .

9th.—Morning temp.  $100\cdot4^{\circ}$ , pulse 92; tongue covered with thin moist whitish fur. Chest symptoms less marked. Gurgling in the iliac fossa more distinct. Bowels have not acted since the enema. Still perspires very much during the night and early morning.  $\mathcal{R}$  *Arsen.* 3x, gtt. j, 2dis horis, in place of the other medicines. Evening temp.  $101\cdot4^{\circ}$ .

10th.—Morning temp.  $99^{\circ}$ , pulse 96. Several doubtful spots seen on the abdomen. Evening temp.  $101\cdot6^{\circ}$ .

14th.—Temp. last night  $102\cdot4^{\circ}$ ; this morning  $101\cdot4^{\circ}$ , pulse 116; complains of headache. Bowels still confined. Evening temp.  $104\cdot6^{\circ}$ , pulse 124.

15th.—Morning temp.  $103\cdot4^{\circ}$ , pulse 120; tongue covered with yellowish-white fur. Evening temp.  $103\cdot8^{\circ}$ , pulse 140.

16th.—Morning temp.  $104\cdot6^{\circ}$ ; tongue whitish; skin very dry; a large stool after enema; several rose spots on the abdomen; distinct gurgling in the right iliac fossa. Had one loose pea-soupy foul-smelling stool last night. Cough more troublesome, and followed by retching. Respirations quick and shallow. No dulness on percussion on either side, but cooing râles heard over the right side of the thorax.  $\mathcal{R}$  *Acon.* 1x, gtt. j, omni horâ. Evening temp.  $105^{\circ}$ .

17th.—Morning temp.  $104^{\circ}$ ; pulse 120, very compressible; tongue white, but more thickly coated; skin became moist towards 4 a.m., and breathing less hurried. Slept very little. Bowels moved four times, all the stools being small and loose. Still dry cough; on percussing the chest anteriorly the note is duller than normal on the left side near the apex. With the stethoscope some dry râles are heard over the right side, and fine crepitation with dry râles and prolonged expiration on the left.  $\mathcal{R}$  *Ars.* 3x, and *Phos.* 3x, a drop every two hours alternately. Evening temp.  $104\cdot6^{\circ}$ . Had a lamp-bath for forty-five minutes; perspired freely and slept soundly for nearly two hours, but the temperature did not fall appreciably. Vomited once after the bath.

18th.—Morning temp.  $103\cdot4^{\circ}$ , pulse 124. Four stools (in twenty-four hours). Evening temp.  $104\cdot8^{\circ}$

19th.—Morning temp.  $103\cdot8^{\circ}$ . Tongue dry in the centre. Spots on the thorax as well as on the abdomen.

22nd.—Morning temp.  $101\cdot6^{\circ}$ ; tongue dry and tremulous; coughs very little, sleeps a great deal, and talks in his sleep; breathing when asleep is of a peculiar blowing

character (like the blowing of a grampus). Is taking six pints of milk per diem. Omit *Phos.* and continue *Ars.* Evening temp.  $104^{\circ}$ .

On January 22nd, 23rd, and 24th, some blood was passed with the stools, but as the patient's general condition remained unaltered no change was made in the medicine. A formed stool was first passed on the 29th, but in other ways the condition remained the same, the evening temp. until Feb. 3rd varying between  $102^{\circ}$  and  $103^{\circ}$ , and the morning temp. being about  $99^{\circ}$ .

February 4th.—Morning temp. is now below normal; stools formed but still light in colour. Still perspires, but not quite so freely. A few spots are still visible on the abdomen. Benger's Self-Digestive Food with milk substituted for plain milk. On Feb. 12th the medicine was discontinued and arrowroot and soup given. On the 16th showed manifest signs of an axillary abscess, which caused the temperature to rise to  $101.4^{\circ}$ ; with the help of *Hepar* and poultices this soon matured, and convalescence was continued steadily. He was out of bed on March 3rd and was discharged cured on March 12th.

#### CASE XI.

*Adynamic typhoid of the cerebral type, treated with Phosphoric acid. Extreme daily range of temperature.*

James P—, aged 16, blacksmith's assistant, admitted January 30th, 1885, in a delirious condition. His mother states that he was taken ill five weeks ago with shivering, pains in the head and abdomen and great languor; at the end of a week he became delirious and has remained so; diarrhoea began about the same time and has continued; he has been seen by a medical man (allopath). Nine days ago had an attack of epistaxis, spots appearing on the abdomen about the same time. The patient's mother also states that the house in which they live is very damp, and that there is always an unpleasant smell in the basement on going down of a morning; further, that the patient's sister came home from service two months ago after being laid up for four days, and remained at home a month suffering from diarrhoea, dryness, and "clogging" of the mouth, "inward fever," and inflammation of the lungs. During this time she was nursed principally by her brother.

*Present condition.*—Temp.  $103.6^{\circ}$ , pulse, 112; tongue tremulous, coated with a thick brown fur and teeth covered

with sordes. The patient is only partially sensible and lies moaning or crying continually. He is very deaf, but will put out his tongue when spoken to very loudly. His speech is incomprehensible from its indistinctness. His pupils are widely dilated and his aspect wild. Several spots are still visible on the abdomen, and there are pain and tenderness over the right iliac fossa, but no gurgling or distension. Spleen slightly enlarged. R. *Ac. Phos.* 1, gtt. v, 4tis horis, and milk ad lib. To have an enema. *Bell.* 1x, gtt. j, to be given occasionally at night.

January 31st.—Morning temp.  $101.8^{\circ}$ ; pulse 100, weak and compressible; tongue dry and brown, teeth covered with sordes. A partially formed stool was passed last night after the enema. Passes urine involuntarily. Evening temp.  $103.2^{\circ}$ .

February 1st.—Morning temp.  $101.6^{\circ}$ ; tongue brown and dry at the top and along the dorsum; the bowels moved unconsciously, stools being small and liquid. Had very little sleep in the night. Evening temp.  $105^{\circ}$ . After tepid sponging it fell to  $104.4$ .

2nd.—Morning temp.  $100^{\circ}$ , pulse 84, regular; tongue same; four small semi-solid clay-coloured stools passed. Was very restless in the night and slept very little. To have *Stram.* 1x, gtt. j, in place of *Bellad.* at night. To continue *Ac. Phos.* Evening temp.  $104.4^{\circ}$ .

3rd.—Morning temp.  $97.2^{\circ}$ , pulse 88; tongue cleaning; bowels acted twice, motions being the same in character. Slept for four hours continuously. Perspires constantly very freely. Chest and abdomen normal. Evening temp.  $103.8^{\circ}$ .

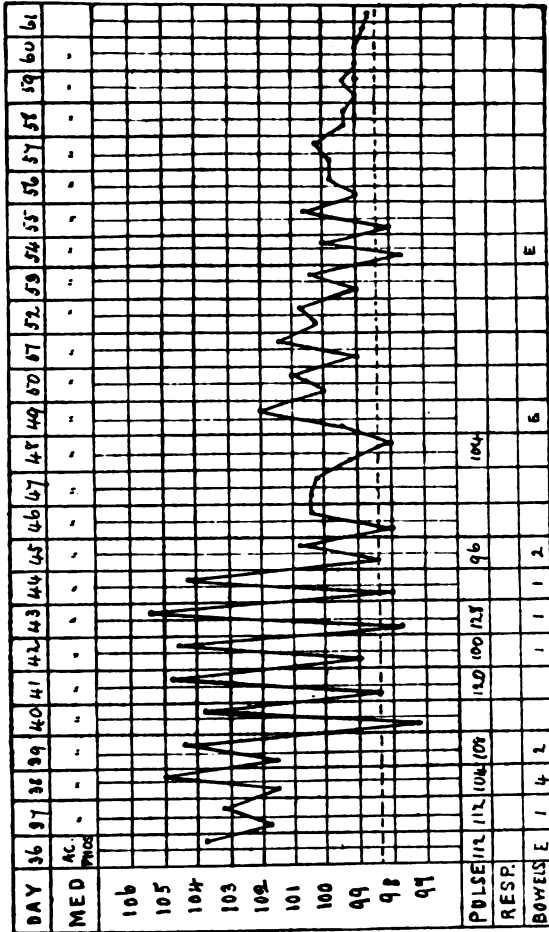
6th.—Morning temp.  $97.8^{\circ}$ . Evening temp.  $105.4^{\circ}$ . Is making fair progress.

11th.—Morning temp.  $98.4^{\circ}$ . Evening temp.  $99.4^{\circ}$ , pulse 82; tongue cleaner and moister; sleeps well; mental faculties less obtuse, hearing better; pupils still much dilated.

12th.—Perfectly sensible. Tongue "flaky." To have Benger's food with the milk. Continues to perspire heavily.

23rd.—Temp. last night  $100^{\circ}$ , this morning  $99^{\circ}$ ; slept well; slight loose cough in the early morning. Gums inclined to bleed a little. Pulse 60, fairly good. All medicine discontinued. To have some stale bread and

milk. On the 26th he was allowed yolk of egg with milk and rice, and on the following day some pounded chicken.



He sat up in bed the same day and was up walking about the ward on the 5th of March.

*Remarks.*—The chief interest in this case consists in its treatment throughout with one medicine, *Phosphoric acid*, which answered admirably. A reference to the chart will show the extraordinary amount of the daily range of temperature at the commencement of the period of defervescence, amounting on several occasions to upwards of 7°.

NOTES ON THE FIFTH INTERNATIONAL HYGIENIC CONGRESS, HELD AT THE HAGUE IN AUGUST, 1884.

BY DR. ROTH.

(Concluded from page 160.)

*Prevention of Blindness.*

[The following notes are translated from an abstract published by Professor Layet, in the *Sanitary Review* of Bordeaux.]

I.

Prize for an International Competition on "Blindness and its Causes."

This is one of the most praiseworthy efforts of the English Society for the Prevention of Blindness, which is endeavouring to diminish the social influences of a curse that, in the form of blindness, involves in its ravages an important section of the community.

This society offered a prize of 2,000 francs (£80) for the best memoir on the above subject; the jury at the Hague unanimously voted it to the author of the essay *Viribus Unitis*, written by Dr. Fuchs, Professor of ophthalmology at the University of Liege.

In addition, the International Society for the Improvement of the Condition of the Blind offered a second prize of 1,000 francs (£40), and another of a medal with diploma for the manuscripts selected by the International jury as the second and third in order of merit. The former was given to Dr. Wilbrand, of Hamburg, and the latter to Dr. Mules, of Manchester.

II.

According to the suggestions made at the Congress of Geneva, the meeting at the Hague selected as one of its subjects for discussion the study of the prevention of blindness, the means for the physical education of the blind, and the influence of prejudice in the production of blindness.

These various questions were treated with considerable ability by members of the third section. The following presents a short abstract of the proceedings:—

*Ignorance and Negligence are the Principal Causes of Blindness.*

Dr. ROTH, of London, gave details of his long continued efforts, and those of the English Society for the prevention



of blindness. He brought to the notice of the section the excellent little pamphlets distributed in large numbers amongst the public in order to caution them against the dangers of eye-inflammation, against traumatic influences, as well as excesses and abuses in the use of the eyes. He exhibited the (enlarged) graphic table on the causes of blindness published by Professor Magnus, of Breslau, which was differently coloured by Dr. Roth according to the various groups; he pointed out the possibility of removing by necessary care almost entirely, or at all events of reducing to a *minimum* the most frequent cause of blindness, namely, inflammation of the eyes in the new-born. According to Magnus's table, this disease forms 10.87 per cent. of all the cases, while trachoma causes 9.49 per cent. There is not the slightest doubt that with proper care and attention it will be easy to very considerably diminish blindness produced by these two complaints. It will also be admitted that blindness produced by small-pox, which causes 2.21 per cent., might be absolutely prevented by vaccination and re-vaccination; this has been proved in France, where blindness, since the introduction of vaccination, has decreased from 32 to 7 per cent. Ignorance and negligence play a great *role* in the production of blindness; this ignorance can be classed under four great categories.

(a). Ignorance regarding hygiene in general, and especially regarding ocular hygiene on the part of mothers, nurses, nursery governesses, in fact on the part of all those to whom the care of young children is entrusted.

(b). Ignorance of teachers of both sexes in matters concerning health, physical education, and ocular hygiene.

(c). Ignorance of the working classes with regard to the injurious influence affecting their general health, and producing eye diseases.

(d). Ignorance of many professional men in the knowledge and treatment of many eye diseases.

At present there are about three hundred and twenty thousand blind persons in Europe, an average of 1 in a 1,000 persons; taking 1 franc a day for their support, they cost 116,000,000 francs (£4,640,000). The loss of work of one-third of the blind viz., 106,000 at 2 francs a day, and assuming 300 working days a year, there is an additional loss of 63,600,000 francs (£2,568,000).

Since the hygienist and philanthropist neglect the measures necessary for preventing two-thirds of the present

prevailing blindness, Dr. Roth asks that the political economists who pay so much attention to our pockets should take the subject in hand and support it by their efforts.

### III.

#### *On the Influence of Prejudice in the Production of Blindness.*

Dr. VAN DOOREMAAL, of the Hague, treating this question with much skill, pointed out the desirability of all medical men knowing more of eye diseases and their treatment. He showed that the sympathetic inflammation, mostly produced by traumatism, might be entirely abolished; it causes at present 4.5 per cent. of blindness.

Dr. FIENZAL, of Paris, referred to his communication at the congress of Geneva, regarding the Prevention and Treatment of Blindness at the National Clinic of the Quinze-Vingts in Paris. He mentioned the excellent results obtained where carbolic acid and corrosive sublimate, dissolved in very small quantities, prevented the development of ophthalmia neonatorum; these drugs are as successful as the nitrate of silver, first employed in solution by Professor Credé, in Germany.

### IV.

#### *Physical Education of the Blind.*

Dr. ROTH read a translation of his paper on this subject, first communicated in 1883, at the conference in York. He entered into details of the methods best fitted for the physical education and development of the blind. Dr. Fienzal gave an account of what was being done in this direction in the lately established home for the blind, at Maisons Alfort, near Paris, and the progress resulting in the course of a very short time. He stated that, in the Clinic National during the years 1881, '82, and '83, 23,739 patients were seen. Amongst these 1,884 were presented as incurably blind; of this latter number 80 per cent. were so far improved in recovering their eyesight, partially or wholly, that they withdrew from the list of candidates asking for a pension.

### V.

#### *On the Obligatory Study of Eye Diseases and their Treatment at all Universities.*

Dr. HALTENHOFF, of Geneva, as a conclusion to the discussion, proposed that the section should vote for the obli-

gatory study of ophthalmology in all medical schools—that every candidate for a medical degree should be examined in its theory and practice, as is already the case in several countries. He further suggested, as one of the best means for preventing blindness, the establishment of societies similar to the English one which has already done such good service.

The PRESIDENT thanked the members for their share in the discussion, and put to the vote Dr. Haltenhoff's suggestions; they were adopted unanimously.

*A Proposal for establishing an International Defence Society against great epidemics, as Cholera, Yellow Fever, Plague, etc.*

By Dr. RAYMONDAND.

The Society which Dr. Raymondand proposes is a great federation of all nations of the world against a common enemy, its essential task would be to pursue and to find out where these epidemics are produced, and to destroy their source. An accessory aim would be to furnish ambulances for assistance in all those places where help is necessary and demanded.

The funds would be procured by voluntary subscription temporary or constant, as well as by donations from individuals and societies interested in the cause.

Individual effort would thus be infinitely multiplied by associations which would assist the efforts of the various authorities represented by International Sanitary Councils. The well known adage, "If thou wilt be helped, help thyself" would be put into practice, and the strategic principle of attacking the enemy at once would be the principle mode of defence.

The conclusion of this communication was adopted by the section.

*The Transport of Infected Rags must be Considered an International Danger.*

This was the subject of a paper by Mr. Ruysch, of Maesstricht,

*On Diphtheria of Man and of Pigeons, and their cause in the dwellings.*

This was an interesting communication by Dr. Emmerich of Munich.

Amongst the various subjects brought forward in the public meetings I will only mention a few of the papers that created great interest.

*On the various modes adopted in England for training children who have been left to the care of the Community.*

Dr. Bovell-Sturge gave an account of the various methods, with details of the so-called family system, where a limited number of children are placed in a home under the direction of a male and female superintendent, the "father" and "mother" under whose care the children enjoy all the advantages of a home.

*What are the Hygienic Measures that should be combined with the Medical Treatment, in the first case of a Contagious Epidemic Disease occurring in a large centre of Population.*

Dr. F. VAN TIENHOVEN, of The Hague, was charged by the Committee to report on this subject. He proposed that the patient should be isolated even when the case is doubtful, and that he be kept in a wooden hut removed from other dwellings. All utensils required for the patient should be of a material easily destroyed when they cease to be wanted; the clothes to be cleaned by a current of water vapour, and the excretions to be disinfected by a temperature of at least 140°. The patient is to be attended only and exclusively by a professional man, who, acting as nurse, will remain with the patient, either till he is cured or is dead—in the latter case the corpse to be reduced to ashes.

Dr. VAN TIENHOVEN declared himself ready, in the general interests of the Committee, to undergo similar severe sequestration whenever the first of such cases should occur in The Hague. He described in addition, with illustrations, an apparatus constructed at the expense of the Municipality, at the Lazaret of the town, for the purpose of disinfecting the clothes of the patients, and burning their excretions. The members of the Congress were invited to view this apparatus.

Several of the speakers objected to these stringent measures and the difficulty of one medical man giving to one patient the whole of his attention and care.

Dr. LUNIER mentioned another difficulty, viz., a professional man being obliged to make immediately known the first case he suspects of being contagious or epidemic, and

whether he should be obliged to make such a declaration. In France there is no such obligation, because it is opposed to the professional secrecy imposed on medical men. Here the discussion terminated.

*On the Powers necessary for Locomotion.*

By Professor MAREY, of Paris.

This was a most interesting address, in which the eminent professor mentioned the very ingenious apparatus, with the help of which he had been enabled to take photographs of the various movements of men and the flight of birds so precisely that he could measure the thousandth part of a second.

[I had opportunities of seeing many of these apparatuses at the Physiological Institute, at Paris, which I visited at Professor Marey's invitation. However, I will only mention an instrument, similar to a gun, in the interior of which was placed a camera obscura revolving a number of times in a second; there were several openings by which light entered. Instantaneous photographs of the flight of a bird, etc., have been produced in any quantity desired by the operator.]

Dr. CORFIELD read a paper on *Science as the Enemy of Sickness*, and gave an interesting historical sketch of the subject.

Professor DONDERS, of Utrecht, and Dr. CROCCQ, also gave interesting addresses, but I regret not having any notes of them; they will be published in the Transactions of the Congress, the perusal of which I recommend to all my colleagues interested in the various branches of hygiene.

I conclude, herewith, my notes of the very instructive Hygienic Congress, at the Hague, and regret not having been able to bring them forward in a more interesting manner.

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STOMACH PAINS, ESPECIALLY CALLED CRAMP  
IN THE STOMACH, GASTRODYNIA, AND  
CARDIALGIA.

By Dr. BERNHARD HIRSCHHEL.

Translated by THOMAS HAYLE, M.D., M.R.C.S., Edin.

(Continued from p. 171.)

*Gratiola.*

WE find here cramp in the stomach, ache in the stomach up to the chest, with nausea, discomfort, fulness after each

meal, weight and feeling of tension; fine shooting and pinching; flatulence and digging, or constriction in the gastric region, with gastric distension, belching, regurgitation of mucus, stirrings about, digging, rolling, rumbling, cutting as if diarrhœa was going to set in; burning; heat, then feeling of cold, and ache with discharge of pappy stools; tenderness on pressure.

Belching, especially bitter; nausea; disgust; retching, vomiting yellow or bitter sour yellow water; costiveness.

Schulz gave it in a case of cardialgia with amenorrhœa (spasmodic constriction of the stomach, worse after the mid-day meal, retching of mucus and water, &c.) after *bellad.*, *nux.*, and before *euphorbium*.

Jahr (Klin. Anw.) speaks of aching pain in the stomach at the same time after eating, with retching; costiveness; hypochondria.

\* Hofrichter also has used it in stomach-ache 1 to 2 hours after eating, which drew up to the chest and shoulders with pyrosis, and constipation for several days, then hard stool; small appetite; chilliness, and then strong pressure on the stomach.

After *nux vom.* had done nothing, *grat.* was of service in the course of a month. Hofrichter appears to have been guided to this medicine by the costiveness, which also soon gave way. From pathological indications, and probably only toxic actions, Noack and Trinks support its applicability in chronic gastritis, which we take leave to doubt. In general it must be difficult to determine according to the present proving and clinical results. Many of the gastric symptoms belong to gastric catarrh, primary abdominal affections, congestion of the liver; colic; obstruction; flatulence; consequently its applicability in primary gastrodynia is more than doubtful.

### *Guaiacum*

Shows constriction in the stomach, with anxiety and hard or impeded breathing; oppressive pressure in the epigastrium, preventing breathing; heat in the stomach; nausea; empty belching; vomiting of watery slime.

I have myself, as a student at Leipzig, under Jörg, proved *guaiacum* without having perceived gastric symptoms. Those here indicated are at any rate only of a subordinate

\* Allg. H. Z., Bd. 45, S. 205, N. 47.

sympathetic kind. The old school also only recommend it (Most) "in mucous state of the digestive apparatus." Among the homœopaths Attomyr only employed it in a gastric affection, aggravated to hematemesis in a woman of forty years of age, which returned every summer for many years. Therefore we cannot look with confidence on this medicine.

*Gummi Guttae.*

Has very violent gastric symptoms which point to inflammation, as also the pathological anatomy teaches. Gnawing, constriction, contraction, feeling of soreness, with tenderness to the touch; pain as of a sore; continued inward pain as of soreness; pointed shoots to make one cry out; pulsation; ache, impeding breathing in fits; frightful retching and purging; nausea, &c.

Probably these are only toxic symptoms, the clinical realisations can hardly be advised.

*Helleborus Niger.*

The marked symptoms are: smarting, gastric pain, with morbid hunger; scratching, rough feeling in the stomach; bruised pain near and under the epigastrium in the region of the pylorus; choking and vomiting; weight; distension of the stomach; extension, drawing in of the epigastrium; burning; pinching; pain as of a sore; tenderness like soreness, marked on walking, and cough; cramp of the stomach; are partly toxic, partly incidental symptoms, have as yet found no clinical application in gastrodynia, perhaps never will.

*Hepar Sulphuris*

Has few pains. Ache, gnawing as from acid, painfulness in the stomach—as if it hung loose, in walking; stomach as if distended with flatulence, with icy cold hands; internal pressure, as if lead hung in the stomach; restlessness, weight and feeling of acridity in the epigastrium during digestion; hard pressure in end under the epigastrium, with hardness as of a stone in the abdomen, eased by the passage of flatus (flatulence); swelling of the gastric region with pressure; tension over the epigastrium, with much eructation, nausea, symptoms of the taste, choking, vomiting of mucus, bile; vomiting after drinking, the very smallest.

Is best suited for chronic catarrh, probably also in commencing organic affections of the stomach, especially in torpid, scrofulous constitutions.

A. Müller's summary mention,\* contains a narrower indication, that among these cardialgias and gastric catarrhs there were "conceivably not a few inveterate and malignant cases dependant on structural changes." It does not agree with the character of this medicine to recommend it in neurosis.

Kreussler recommends it in cramp of the stomach, in scrofulous constitutions, not saying enough.

#### *Hydrocyanic Acid.*

In allopathy very highly praised by Elliotson (compare the very industrious compilation Hartlaub† and Trinks gave in our provings.)

Violent gastric burning, as if hot iron lay in the stomach; hollowness, emptiness; violent pains enduring many months in a hysterical woman; ache, pressure, also feeling of cold, with shooting; spasmodic contraction; gastric pain with vomiting; heartburn; feeling of warmth in the epigastrium amounting to burning; spread over the abdomen and whole body; anxiety about the præcordia, alternating with throbbing pain, and increased on pressure, has, however, not yet obtained any clinical application in stomach pains. With justice Hartlaub and Trinks say that this medicine is suitable only in a few cases, and generally acute. Pure pains lie as little in its character as in that of opium, are principally reactions. Consequently a use may be made of it principally in pains of venous hyperæmia, and even in these only as an intercurrent. When anything is to be gleaned from pathological anatomy the appearances to be found (compare Noack and Trinks, S. 840) are to be treated as confirmations of this view.

#### *Hyoscyamus Niger.*

In high repute by the old school, though, perhaps, only by abstraction from its anti-spasmodic power, has *hyosc.* found employment also with us. Besides nausea; vomiting of mucus and bile, or ineffectual spasmodic choking, violent hiccough, giddiness, we have gnawing, aching, burning, fulness, frequent attacks of ache in the epigastrium, with tightness of breathing, tenderness and painfulness of the epigastrium to touch. How the indication,

\* H. Viertelj. Schr., bd. iv., s. 281. Bd. vii., s. 207.

† A. M. L. 1828, Bd. 1, S. 127.



"weakness of stomach," is founded we cannot tell. Traces of inflammation and gangrene are presented by pathological anatomy, upon which alone not much is to be founded. In a new proving in Hartlaub's\* *Ægide*, we have warmth ascending out of the pit of the stomach, region of stomach tender to touch, only once observed; epigastrium, sweating in the open air, in a moderately warm room; nausea in the stomach as from emptiness; rumbling and noise in the abdomen; stool slow. We find in homœopathic literature only a single recommendation of *hyoscyamus* in gastralgia, and by Hartmann, who gives the same indications as for *belladonna*, gnawing ache, spasmodic tension in the epigastrium and gastric region, compelling bending back and holding the breath; with loss of consciousness, fainting, or when it returns each time after dinner. He adds:—"It is worthy of remark in so constituted troubles *hyoscyam.* and *viola odorata*, especially in cardialgia hysterica." Some pages further on, he says: "Spasms of the stomach which come on every day, not dependent on eating and drinking, only consisting in a painful ache without further specification in the gastric region, increased by pressure on the very tender epigastrium, frequently come on in the night, connected by violent sweat, and showed themselves every time the hands got chilled by immersion in cold water, I have often removed by the repetition several times of *hyoscyam.* In spite of these indications this counsel has to the present time found no followers. The relation to the epigastrium, to the gastric nerves appears to us very questionable.

† Gaspary cured a case of hæmatemesis which came on after a chill and heat, and after preceding gastric pains, with congestive states to the brain; spasmodic pain and tenderness of the epigastrium; dull pain in the region of the liver, and convulsions. *Hyosc.* 1 gave speedy relief.

#### IGNATIA AMARA.

##### *Physiological results.*

In the stomach: ache in the cardiac orifice in the region of the solar plexus, in the region of the fundus; drawing as if the wells of the stomach were expanded; burning, ache; drawing from the stomach proceeding to the liver, spleen

\* Viertelj. Schr. ix., Hft. 8.

† *Annal.* 1, 151.

and vertebræ; pain like gastric cramps, with alternations, now as if too full, now as if empty, with morbid hunger, insipid taste in the mouth, weakness in the limbs; aches, now as if from fulness, now as from emptiness, afterwards shoots backwards and upwards, gloominess of the head, cutting about the navel, pressure downwards; feeling as if the food collected from the cardiac orifice of the stomach upwards; dirtiness in the mouth, feeling as if the stomach and intestines hang down flabbily; coldness; increased warmth in stomach; distension at the epigastrium, with extreme anxiety, giddiness, faintness, cold sweats; weakness and feeling of hollowness; ache, shootings, pain of soreness merely by pressing upon it.

Abundant secretion of saliva; taste watery, insipid, bitter, putrid, acid; entire loss of relish for tobacco, food and drinks, desire for acids, fruit; good appetite, however feels satisfied at the look of food; gnawing morbid hunger, with flabbiness and retching; unusual and violent thirst.

Belching, suppressed, abortive; with the taste of food, bitter, sour, dull, or empty; regurgitation of a bitter fluid, or of food. Hiccough after eating, drinking, smoking; nausea, with flow of saliva; emptiness, abortive retching, going away after eating.

Hofrichter\* gives a very deficient picture of disease. A girl of 16 years suffered with shoots in the gastric region; on a remission pain in the sacrum. *Bry.*, *acon.* did no good. *Ignat.* improved, then again pain in the stomach, even to the sacrum. Squeezing, pressure, warmth in eating, burning in the gastric region; diarrhœa; red urine. *Arn.* Diarrhœa in four days disappeared, but in the night pain returned. *Ignatia* did good. Why it was employed here is not clearly visible. On the contrary,† there is a better indication in the preceding morbid state in cases 46 and 83. A girl, 20 years old, stomach ache after eating, more severe at night, on movement cutting pain, trembling in the stomach, much thirst, several times watery diarrhœa, especially directly after eating. *Verat.* removed the diarrhœa, *ignat.* the gastric pain.

In the second case after a death, constriction of the heart, anxiety, weeping, stomach ache, palpitation, chilliness, sleepiness, weakness of the eyes. *Ignatia* did good in a few days.

\* *Aug. H. Z.*, bd. 45, n. 208.

† *Aug. H. Z.*, bd. 45, s. 205, 267.

\* In Schlosser's case *n. vom.* and *puls.* were of no effect. On the contrary, *ignat.* speedily acted. It was a pure neuralgia of a hæmorrhoidal patient, appearing as nausea with anxiety and restlessness, ache, retching with oppression and spasmodic constriction of the chest; pressure on the stomach increases the pain immensely; several times vomiting of food with restlessness and anxiety; pain in the anus. Wurmb once saw in cramp of the stomach an excellent † action from *ignat.*

‡ Blöde removed by *ignat.* 3, one dose in two weeks, gnawing in the stomach eased by eating, swelling in the gastric region, flow of saliva, by a girl in her twentieth year. When in chlorosis which § has been excited by emotions, dissatisfaction in sexual relations, it is a curative agent. It will be applicable especially in such anæmic cardialgias.

According to || Hartmann and Kreussler, ¶ *ignat.* suits when *puls.* is not sufficient, or inversely after abuse of *chamomilla*, with hard stool and a little vomiting, with shooting; or also ache above in the cardiac orifice or quite low in the throat after eating. In such, who are compelled to be hungry or have not eaten enough to be satisfied, combined with sorrow, care about food, grief, Ruckert does not cite individual cases.

Goullon in his representation of homœopathy, 1859, says of *ignatia* that it is useful in strong smokers.

In Huber's\*\* case the feeling of hunger is an indication.

### *Indigo.*

The fragment of a proving by Professor Martin†† and his students at Jena gave ache; cutting; creeping in the epigastrium; much distress from flatulency; nausea; belching, retching.

### *Iodium.*

Here the same stands good as was said about *bromium*. The very pronounced and distressing gastric pains—among which intolerance of pain; gnawing; corroding in the upper part of the stomach; tearing; ache, after eating; coldness or warmth; burning are the most important—are

\* *Aug. H. Z.*, bd. 49, s. 62.

† *Aug. H. Z.*, bd. 51, s. 42.

‡ *Ztschr. f. h. Kl.*, bd. vi., s. 37.

§ Ch. Müller, *Viertelj. Sehr.* viii. 430.

|| *Ther.* 2, 424.

¶ 229.

\*\* *Oster Ztschr.* l. l. 544.

†† *Viertelj. Sehr.* x. 81.

in any case partly toxic and point decidedly to chronic inflammatory, and advanced organic troubles, hypertrophy, induration, schirrhous. Of course the sympathetic gastric pains from pressure of an indurated or enlarged liver, spleen, &c., will be removed by *iod.*, but only in an indirect way. Hahnemann recommends *iod.* in morbid hunger and heartburn after heavy food.

Upon the statements of Gairdner and Perrot that *iod.* causes violent gastralgia we must not too much rely, in consequence of the vague meaning of this last. The very pregnant appearances on the examination of post mortems after poisoning by *iodine* speak decidedly for the organic action.

#### *Ipecacuanha.*

Only unjustly has *ipecacuanha* acquired the honour of being reckoned among the anti-cardialgic remedies. Kreussler and Hartmann cite it. The first ranks it with *puls.* and *antimon.*, the second with *puls.*, but remarks that nausea, vomiting, with dull shoots in the epigastrium, and a great ache in the stomach must be present. This is in fact the case. *Ipec.* has not the proper sensitive but more the motor side of gastric ache, especially the nausea, vomiting. The other feelings which are not specially indicated, emptiness, flabbiness, horrible pains, belong to gastric catarrh, or are consequences of antiperistaltic movement. We must, consequently, abstain entirely from the employment of *ipecac.* in gastralgia, or we must apply it chiefly in gastralgia symptomatically against the vomiting. In hæmatemesis *ipecacuanha* has been employed with success, when the symptoms have been mild, as Ruckert teaches us. The patients suffered with choking cough and cough with mucus and hæmoptysis. The hæmatemesis came, as it were, metastatically. About the epigastrium great oppression, digging and ache in the stomach were present, which seemed to be swollen. The cases are too few (2) to build anything on, and also the deeper lying elements are insufficiently developed. *Ipecac.* is also superfluous in comparison with other medicines better known as more helpful.

#### *Kali Bichromicum.*

With many predominant dyspeptic troubles: Belching, nausea like sea-sickness, vomiting, acid, mucus, food, water, bile, blood. *Kali bichromicum* has: feeling of fulness, weight, uneasiness after each meal, coldness, distension,

twisting, constriction, burning, squeezing, ache, burning, gnawing. The troubles are aggravated in the morning, during movement; are lessened after eating. A very brilliant cure is adduced by Drysdale\*: "A woman of middle age suffered for four years of choking after each meal, then hiccough, blows and shaking as if the stomach would twist round, then gnawing feeling in the abdomen, regurgitation of food; without sour taste; with backache; *kali bichromicum*, 6.2 6.2 6.2 every second evening. A powder gave perfect relief after twice being used."

The long duration of this complaint appears to speak for an organic cause, which the medicine is calculated to meet, but the decision and the presentation of more close indications difficult. At any rate the cure is a very noteworthy one.

#### *Kali Bromatum.*

Like *brom.*: Aching, sometimes with violent griping; weakness of the stomach of some duration; vomiting. Pathol. anatomy: Gastric inflammation; erosion; hypertrophied mucous follicles; mucous membrane contracted.

#### KALI CARBONICUM.

##### *Pathogenetic.*

In stomach: Fulness, ache; sudden blow, eased by belching; shooting, extending further up to the axilla and down to the sacrum; constriction and screwing even to the chest and intestines, with tight breathing, water brash; constriction even to the throat; intermittent pains, eased by walking, as aching and cutting, digging and grasping in the stomach, as bored through, as if all in it would turn round; burning, drawing and cutting diagonally through the stomach in the morning; with sensitiveness to pressure, eating, speaking; throbbing, with pain on touch; rumbling, noises, borborygmi; constant feeling in the stomach as if full of water; feeling of swelling about the whole stomach; inflammation of the stomach.

##### *Pathological Anatomy.*

Injection; inflammation; perforation near the pylorus.

In spite of the apparent neuralgic symptoms there are with the predominant dyspeptic appearances to be considered as

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\* *Brit. J. of Hom.*, 1857, part iv.

consequences; flatulence, acid, heartburn, very characteristic, &c., which are eased by vomiting, belching, discharge of flatus, more of an organic kind or hyperæmic, as in drunkards, hæmorrhoidal patients, or inflammatory. It is suitable consequently, for chronic gastritis, and gastric catarrh, especially of a venous character.

An obstinate gastric affection, diagnosed by Hofrichter, as a perforating gastric ulcer (the proof is wanting), improved temporarily after *kali carb.* 24 attenuation every 48 hours one dose, afterwards daily. By what? The treatment was interfered with by other medicines and not continued.\*

#### *Kali Chloricum.*

Too little proved. Warmth, cutting, ache, the only symptoms. Whether for chronic gastritis?

#### *Kali Hydriodicum.*

The same is true of this as of *iod.* Are indicated by— Burning and aching, with emptiness and feeling of coldness; feeling of dryness; painful beating; burning at the heart, with indigestion; flatulence; constant groaning and shrieking; gastritis; horrible burning in the epigastrium, externally as if inflamed.

Pathological anatomy shows clots of blood, extravasations, crackling, swellings, gurgitations in the stomach. Employment in organic and chronic inflammatory states, as with *iod.* and *brom.*; especially also in dyspepsia, induration arising after syphilis or the abuse of *mercury.*

### KREOSOTE.

#### *Physiological Actions.*

Gnawing in the stomach, with consequent choking, going away after eating; working and throbbing in all the vessels at the region of the stomach, worse on movement; painful places in the regio cardiaca, appearing hard on examination (on the left near the stomach); tightness; enduring nothing tight upon the stomach; pain in the stomach as if a thread was drawn through or a muscular fibril was torn out, which goes through all the limbs; tastelessness; taste acid, bitter, insipid; entire loss of appetite; with full feel, belching; with mucous expectoration of saliva afterwards; acid; nausea with spitting of

\* Hofrichter, *Allg. H. Z.*, bd. 45, n. 380.

saliva; chilliness; nausea with retching; choking with water and mucus; vomiting of sweetish water.

The sphere of action of this medicine is so intensive, going so deeply into the vegetation, that only the deeply seated organic destructive processes are touched by it, which bears the character of dyscrasia, corruption of juices, of disorganisation. It is suitable for indurations, scirrhus, softening of the stomach, probably also according to the analogy of intestinal ulcers, for ulcers of the stomach with hæmatemesis. The physical signs give no specific support for it. When it is recommended in pregnant vomiting we have still to wait for the confirmation in the actual result, which in this case will not be easily demonstrated mathematically. In Elliotson's recommendation against cramp in the stomach, as well as Bodington's against obstinate vomiting, cited by Wahle\*, the cases, when looked into, are manifestly organic affections. What Wahle† insists on having cured twice by a few doses of *kreos.* 30, are indurations which felt painful on being touched, a diagnosis confessedly, and a description of disease which is as deceptive as the cure is wonderful. Kurz‡ cured a gastric ulcer, Henock§ improved a vomiting in organic affections of the stomach by *kreosot.*

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ANACARDIUM ORIENTALE.—A PROVING.

By Dr. HERRING.

April 27th, 1885. G. Herring, 84, Sussex Road, Holloway, London, æt 53, height 5 ft. 5½ in., weight 130 lbs., temperament mixed, perhaps nervous predominating, brown eyes, brown and grey hair. Takes of stimulants 1 oz. of rum daily, in milk. Tobacco two pipes daily. Hereditary tendency to debility, also remotely to bronchitis and phthisis. Pulse 70, respiration 12. *Anacard.* 1x trit. Took 1 grain at 10 p.m., April 27th, 1885.

28th. One grain at 10 a.m., one grain at three 3 p.m., and one at 7 p.m.

29th. No pathogenetic symptoms to-day. On the contrary fancied I felt less fatigue from reading than I usually do. An old lumbago pain has also gone. Took to-day two grains at 10 a.m., two grains at three p.m., and two at 7 p.m.

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\* Archiv. bd. xvi. s. 182.

† The same, s. 197.

‡ Zeitschr. f. h. Klin. bd. v., s. 87.

§ Virtelj. Sch. bd. iv., s. 182.

30th. No pathogenetic symptoms to-day. Perhaps the brain was a little more active last night, but dreams were neither of a cheerful nor depressing character. Took three doses to-day of three grains each, at the same hours as yesterday.

May 1st. Brain somewhat disturbed last night judging from dreams, and there is some frontal headache this morning. Slight tendency to constipation. Took three doses to-day of 4 grains each, at the same hours as before.

2nd. Must have slept well last night, as I have no recollection of dreams, pleasant or otherwise. Feel disinclined to read this morning, listless griping pains for a few minutes, no constipation. The most noticeable sensation was that of neuralgia in the flexor muscles of right thumb, of an intermitting character. Taken no medicine to day.

3rd. Brain not quite comfortable last night. Neuralgia in ball of thumb continues, but not so decided. No other symptoms. Took no medicine to-day, except one dose of *acon.* to cut short a cold, indicated by sneezing.

4th. Cold better. Took three doses of *anacard.* to-day of 5 grains each, at the same hours as before. At 4 p.m., was told I looked pale, no subjective symptoms.

5th. Experienced some of the same symptoms as before, viz., activity of brain during sleep, slight headache, and indisposition for mental exertion. There is also some uneasiness of heart. Pulse 72. Took three doses to-day of 6 grains each. At 4 p.m., felt a soreness as of either scalp or duramater. Neuralgia in thumb continues, especially when pressed.

6th. Had troubled dreams last night, and some heaviness in the morning; not inclined to rise. More neuralgic twitches in thumb and once in little finger; some discomfort about the heart; lumbago pain returned. 11.30 a.m. Neuralgia in right temple. 6 p.m. Pulse 64; cardiac oppression continues; neuralgia gone. 7 p.m. Some neuralgic twinges in calf of left leg. 9 p.m. Heart feels weak, as if working too slowly; pulse also indicates this; still 64; some irritability of the bladder. Have taken three doses to-day of 7 grains each, at the usual hours.

7th. 8 a.m. The worst night I have had from disturbing dreams, which were of a gloomy, desponding nature. I should not call it a nightmare, for there was no sense of personal danger; but there was an oppressive



notion that everything one did would end in vanity and vexation, and that nothing could extricate me from impending poverty. Felt a sense of relief upon waking and finding that the gloom had been caused by taking *anacardium*. Pulse 72, small. 11.30 a.m. The oppression of spirit is almost gone, but still a feeling of irresolution, awkwardness, and querulousness. Pulse is stronger; lumbago better. 12.30 p.m. Pulse has fallen to 60. 7 p.m. pulse 64. 8 p.m. Very drowsy; cannot read. No medicine to-day.\*

8th. 8 a.m. Dreams were not so depressing last night. The other symptoms are abating. Pulse 66. 11 a.m. Now and then neuralgic pains in thumb and right calf; painless rumblings in the bowels. 3 p.m. Sundry nervous twinges about right calf and ankle. Pulse 64.

[One night I had toothache and earache; think it was three nights ago; but the cause is uncertain, as the wind had been cold the day before.]

8 p.m. Neuralgia in the region of outer metatarsal bone of left foot; also in fingers and knees. Pulse 60.

9th. 8 a.m. Depressing dreams again last night. Sundry neuralgic pains over right scapula. Pulse 64. 11 a.m. Cardiac oppression, and neuralgia in thumb, as before. 8 p.m. All symptoms becoming weaker. Pulse 60.

10th. 8 a.m. Last night brain was less active, and dreams less disagreable. Pulse 64. Scarcely any neuralgia, a slight twinge now and then in the same places as before mentioned.

11th. 10 a.m. Slight neuralgic twinges now and then about the ankles. Pulse 68. Some soreness still remains over frontal region. No dreams last night.

12th. Only faint symptoms remain. Pulse 68.

*Remarks.*—This medicine may prove useful in some cases of hypochondriasis.

It may be most useful to those whose symptoms are worst at night during sleep.

A slow pulse will be an additional indication for it.

The neuralgic symptoms are secondary. If a patient should complain of neuralgia in the hand or leg, and especially in the ball of the right thumb, it might be tried.

It might also be worth trying in lumbago when not curable by *nux. vom.*

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\* Proving discontinued.

Then there is the sedative effect upon the heart to be utilised. But the most prominent and guiding symptom will be, I think, some form of hypochondriasis, and only when the heart symptoms are secondary to those of the brain will *anacardium* be useful.

An increase in the number of provers would no doubt bring an increase in the number of symptoms. But if I may draw a conclusion from my own experience alone, I should say, whatever the number, and whatever the importance of such additional symptoms might be, unless the sensorium be the first and most prominent part affected, it would not be a case in which to display the peculiar virtues of this medicine.

On referring to my notes I feel justified in holding this opinion, because I see that the disturbance in the brain preceded the other symptoms by two days. Perhaps I should say by *three days*, for on the day before the morbid symptoms there was a bracing or tonic effect on the brain.

As symptoms similar to those produced by *anacardium* would, I think, be more likely to occur in women than in men, so this remedy will be oftener used for the former than the latter, although I do not think it will often be wanted for either.

#### *Another Proving.*

Louisa R., on May 5, 1885, took *anacard.* 1x gr. ix in two doses—at 3 and 7 p.m.

6th.—No symptoms this morning. Took to-day three doses of 6 grains each.

7th.—Asked how she slept, she said "Very well." Asked if her dreams were agreeable, she said, "No, I don't think they were." The objective symptoms were, unusual activity and impatience.

27th.—Took to-day three doses of tincture, 1x, ten minims for each dose.

28th.—No symptoms. Three doses of  $\eta$ xx each to-day. At 9 p.m. complained of incessant irritation of the skin.

29th.—8.30 a.m. Reports that she had "furious irritation of the skin" for some time before going to sleep. The irritation extended even to the toes. Does not remember having had any dreams. No neuralgia. Looks and feels much the same as usual this morning. Thinking of the irritation the drug had caused, she said, "I think this medicine ought to cure eczema."

At 9.30 a.m. I saw the bedfellow of the above lady, who said to me, "Poor Louie had nettle-rash very bad last night; I told her to sponge over with rose water." 1.30 p.m. Has now and then slight irritation. No other symptom. No more medicine.

80th.—There was a return of the irritation last night, of which the skin bore traces this morning, The effects of *anacard.* are not so evanescent as I supposed.

81.—The cuticular irritation returned again last night, but not so severely, nor was it so long continued. Had a "feeling of something like rheumatism" in the right arm.

June 1.—Again disturbed by the irritation last night.

2nd.—Slight return of irritation last night. No other symptom.

This proving inclines me to modify some one of the remarks I made after my own proving. I said that the primary action of *anacardium* was upon the sensorium, and so it was with myself; but here is a prover with a different experience. *She* would say that the primary action is upon the *skin*. Thus it is only by repeated provings that we can ascertain the exact value of a remedy and become qualified to judge of its merit.

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## REVIEWS.

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*A System of Medicine, based upon the Law of Homœopathy.* Edited by H. R. ARNDT, M.D. In Three Volumes. Vol. i. Philadelphia: Hahnemann Publishing House, 1885.

Luke Reynold's System of Medicine and Ziemssen's Encyclopædia, the work before us consists of a series of elaborate treatises on all the different varieties of disease which come under the notice of the physician. The authors are physicians who have for many years directed especial attention to the subjects entrusted to them. The United States abounds in "specialists," and hence it was not difficult to select among the several thousands of physicians practising homœopathically gentlemen who could be relied upon to set forth the fullest and most recent knowledge of the diseases to which the several organs of the body are liable, as well as the ripest experience in therapeutics of each.

This volume opens with an interesting essay by the editor, on general pathology and therapeutics. This is followed by a very complete account by Dr. Clapp, of Boston, of the various means of physical diagnosis. Then come essays on the ætiology, pathology, diagnosis, prognosis, and therapeutics, in-

cluding preventive and hygienic, as well as medical treatment of diseases of the nose, larynx, trachea, lungs, pleura, heart and pericardium, bloodvessels, mouth, œsophagus, stomach, intestines, peritoneum and pancreas.

This work has been well and carefully done throughout. Its degree of excellence no doubt varies, but, considered as a whole, it is one that does great credit to the professional representatives of homœopathy in the United States of America, and shows that they are as familiar with the pathology of disease as they are with its therapeutics.

In this volume a partial step has, we are glad to see, been taken towards ceasing, when pointing out the special indications for the various medicines which may be useful in individual cases of the same form of disease, the hitherto almost invariable plan of enumerating them alphabetically. We say partial, for each writer has been allowed full latitude in this respect, and some have adhered to the old mechanical plan, while others, and among them the editor Dr. Arndt, have adopted the more natural method of mentioning the medicines in the order of the completeness of their homœopathy to the greater proportion of the cases of the disease under discussion met with in practice.

In the article on pneumonia by Dr. Crawford we have first *aconite* and its indications, then *veratrum viride*, then *bryonia*, *phosphorus*, *tartar emetic*, *sulphur*, *mercurius*, *hepar sulphuris*, *iodine*, and others all more or less likely to be called for in individual cases. How, by the way, does it happen that *veratrum viride* is reckoned as homœopathic to pneumonia? We are told that "this remedy supplements *aconite*, and like *aconite* has the credit of being able to abort pneumonia when it is given early, and in the tincture or a low dilution. Its symptoms are: High temperature; very rapid, hard and strong, or intermittent pulse; flushed face; laboured respiration; dry and hacking cough, with abundant and bloody expectoration; red streak through the centre of the tongue; and sinking faint feeling in the pit of the stomach. It lowers the pulse and the temperature with extraordinary rapidity, and although the respiration may not be so markedly affected, the dyspnœa is never distressing to the patient, even in bilateral pneumonia."

The more important symptoms detailed here as indicating *veratrum viride*, have never been produced by it, as a reference to Allen's *Materia Medica* will show. The pulse, so far from being "rapid, hard, and strong," was in many recorded experiments depressed almost immediately, and was thereafter weak and powerless. Out of seven experiments in which the appearance of the face is noted, in only one instance is it stated to have been "flushed," in the remaining six it was "pale," or "sunken," or "bluish," or "hippocratic." There is no

record of any "cough" or "expectoration" having resulted from taking this drug. It is, in short, not homœopathic, but antipathic to sthenic pneumonia; it is to pulmonary congestion of an adynamic type that it is homœopathic. Hence the necessity for giving it in the former condition "in the tincture"—the dose to depress the heart's action must be a full physiological one—or no result will follow; while that to increase its power when this is depressed will be a small or infinitesimal one. The hint to give *veratrum viride* in active, acute pneumonia, has been derived from so-called "eclectic physicians," and not from a study of its physiological action.

To return to the point we were referring to, this plan of setting forth the indications for a given medicine in a certain form of disease is, we maintain, more natural, more instructive, and therefore more interesting and more likely to be useful than taking into consideration first of all one perhaps less likely than any other to be called for in the whole list simply because its name begins with A. Other specimens of the plan followed by Dr. Crawford are seen in Dr. E. M. Hale's article on *Endocarditis* and Dr. Arndt's on *Diseases of the Stomach*. The reader has only to compare them with the mechanical, alphabetical arrangement in Dr. Conant's essay on *Diseases of the Tongue*, to see at once how much less suggestive, and so far less useful it is.

The volume is, as we have already intimated, one of great utility, and will be found invaluable as a work both of study and reference by all practitioners who have made themselves thoroughly familiar with the physiological action of drugs.

It is not, no such work can be, a substitute for the thorough study of *Materia Medica*; it is an aid to its practical application, which is both fuller and better than a repertory, and, in addition, enters completely into the discussion of all the phenomena of disease.

We trust that it will meet with that cordial reception and careful study from all our colleagues which it deserves. It is a book the want of which we have frequently heard expressed, and this want it very adequately supplies.

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*Diseases of the Nares, Larynx and Trachea in Childhood.* By  
T. NICHOL, M.D., LL.D., S.C.L., &c. New York: Chatterton  
Publishing Company, 1885.

THE book before us is precisely the kind of treatise that is so especially valuable to the physician actively and anxiously engaged in practice. It is no mere compilation, though from the numerous quotations made by the author from standard works on the same subjects, a superficial glance at its pages is calculated to give the impression that it is so. It is, however, nothing of

the sort. In its pages are brought together the results of a number of years of extensive observation of the diseases of children, and of careful study of the recorded experience and research of European and American observers in the same department of practical medicine, and this is done in a perfectly natural and very instructive manner. Dr. Nichol has studiously compared his own observations with those of others, and has criticised the latter in a fair and eminently useful manner. While accepting no conclusion without examination, he has rejected none without testing its validity and giving his reasons for doing so.

The result is, that within the compass of three hundred well and clearly printed pages, we have a large mass of valuable information laid before us on diseases of such importance as spasm of the glottis, acute catarrhal laryngitis, acute œdematous laryngitis, spasmodic croup, pseudo-membranous croup, and diphtheritic croup.

The pathology, diagnosis, and treatment of each of these conditions are given fully and clearly. The therapeutics embrace preventive measures, nursing and diet as well as the selection of medicines and other resources which are commonly embraced under the term *adjuvantia*.

The views expressed and the principles laid down in each chapter are at its conclusion summarised in the form of aphorisms. This is a very useful "aid to memory," but it is one which would be more profitably performed by the reader of a treatise than its author—though as few readers probably are in the habit of testing the results of their reading in this way, they may well feel obliged to an author who does it for them. It is a somewhat unusual plan to follow in a book, and we will therefore give our readers an illustration of it. We will take acute œdematous laryngitis as our example. The observations of the preceding twenty pages are summed up in the following

"APHORISMS.

"1. Acute œdematous laryngitis is not common in children, simply because, in children, the larynx is scantily supplied with sub-mucous areolar tissue.

"2. The older writers held that this disease was non-inflammatory, but later observers have conclusively shown that inflammatory œdema of the larynx is much more frequent than non-inflammatory infiltration.

"3. Acute œdematous laryngitis is very like croup, but, in the first-named disease, dyspnoea is greatest on inspiration, while expiration is comparatively free, but in all the croups inspiration is as difficult as expiration.

"4. Formerly, it was believed that the effusion of subglottic œdematous laryngitis was invariably fibrinous, but it is now quite certain that it is often serous.

"5. Acute œdematous laryngitis is a very fatal disease, Sestier reporting 158 deaths in 213 cases, though tracheotomy was performed in 80 of the fatal cases.

"6. Acute œdematous laryngitis, originating in the larynx itself, is almost invariably fatal.

"7. The leading homœopathic remedies are *apis mellifica sanguinaria*, *aconite*, *iodium*, *arsenicum*, *lachesis*, and *spongia*. Minor remedies are *phosphorus*, *china* and *rhus toxicodendron*.

"8. As a last resort, scarification is of great value in the supra-glottic variety, and tracheotomy in both supra-glottic and sub-glottic forms of the disease.

"9. Durham urges that tracheotomy should be persisted in, even though the difficulties attending the operation are great, and the chances of a successful issue appear small.

"10. Mackenzie, Holcombe, and Von Niemeyer all strongly advise the swallowing of small pills of ice."

The indications for the selection of medicines are well and fully given, not in the mechanical and uninteresting manner too commonly met with amongst authors who practise homœopathically, but in a style both natural and practically useful, while clinical illustrations of many are added.

Dr. Nichol's contribution to practical medicine is, therefore, one we have much pleasure in recommending to our colleagues; one that, we believe, will help them much in many anxious cases and increase their confidence in the measures they adopt to meet them.

One fault we have to find with it, and it is no slight one. Well as the book is got up by the publishers, the proof-reading has been most carelessly done. Errors consequent upon this neglect abound, especially in its earlier portion, and materially detract from its appearance. The first edition of a work so practically useful will, however, soon be absorbed; and we trust that when the second appears this blot upon its fair fame will no longer exist.

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*The Diseases of the Ear and their Homœopathic Treatment, with a brief outline of the Anatomy, Physiology, and Pathology.*

Designed as a Manual for the Student and General Practitioner by C. F. STERLING, M.D., &c., Assistant Surgeon New York Ophthalmic Hospital; Assistant Lecturer on Clinical Otolaryngology New York Homœopathic Medical College, &c. New York: Chatterton Publishing Company, 1885, Pp. 167.

This little book is, as its title page informs us, designed for "students and general practitioners;" that is to say, for those who want to know enough of the ordinary diseases to which the ear is liable to satisfy an examiner who is not unduly exacting, and for men actively engaged in practice, who have not time to

study elaborate text books, and who above all things desire to know what will cure. These ends it fulfils fairly well. It is written concisely and simply, if not at all times elegantly or with a punctilious regard to grammatical construction.

It opens with a clear and brief description of the anatomy of the ear and a statement of the instruments needed in examining it and the methods of using them. Then follow chapters on circumscribed and diffuse inflammation of the external ear; acute and chronic and suppurative catarrhal inflammation of the middle ear; and it concludes with a short chapter on *otitis interna*.

The results of researches on the action of drugs upon the structures of the ear are, it must be confessed, comparatively slight. Nevertheless in acute disease especially, the aural symptoms produced by a few, are sufficiently suggestive to enable us to control them specifically with most gratifying promptitude; while in chronic disease, by paying due regard to the symptoms of constitutional disturbance evoked by the condition of the ear, or to which such a condition is secondary, homœopathy enables us to effect an immense amount of good in otherwise hopeless cases.

Dr. Sterling's suggestions for the selection of homœopathically acting medicines are generally excellent. He shows, however, a considerable *penchant* for local applications of the palliative order, many of which are doubtless useful, and in the absence of clear indications for specific remedies are equally necessary.

In acute catarrhal inflammation of the middle ear—so often the cause of severely painful ear-ache—*aconite* has long been the mainstay of our therapeutics.

Dr. Sterling tells us that, in the practice of the surgeons of the New York Ophthalmic Hospital, the *phosphate of iron* has largely taken the place of *aconite*; "but," he adds, "there are cases now and then in which *aconite* is the remedy beyond all question, if given at a sufficiently early stage." The indications for the former are given as follows:—"Fever more marked at evening or earlier part of night; general heat; apathetic; depression, anxiety; head dull, heavy, full, with flushes of heat; dull beating headache; pulse felt in the brain; beating in the ears with a dull roar, a humming sound; face flushed, feels swollen; respiration laboured; heart's action increased, later diminished, and volume of pulse increased.

"Redness of meatus and hyperæmia of drum-head; marked congestion of membrane; pain steady and aching; rushing sounds, as if he could hear the blood coursing through the vessels." To this list of symptoms, indicating *ferri phos.*, he adds the following commentary:—"Pages and pages would fail to relate all the wonderful things which this drug has accomplished in acute inflammatory ear-ache in my experience and that of my



colleagues. If used in time, before much secretion has caused the membrane to bulge, it will rarely disappoint. I generally use it in the 6x trituration."

The only proving of this salt with which we are acquainted is that by Dr. J. C. Morgan, of Philadelphia. He noticed "sticking pains in the right ear, as if a large pointed stick were lodged therein, extending as a dull headache over that side." This symptom would hardly suggest acute otitis as its analogue in disease. The provings of *aconite* by Dr. Gerstel and Dr. Watzke show that drug to excite a condition much more closely resembling acute earache than do Dr. Morgan's experiments with *phosphate of iron*. We can scarcely, therefore, regard it as homœopathic to this condition, or at any rate as having been proved to be so, so far. If, however, *aconite* fails us, it is well to have a remedy which has such an excellent clinical reputation to fall back upon.

Is it not, however, in *otalgia* rather than in *otitis* in which *ferris phos.* is useful? Assuredly *aconite* corresponds in its physiological action more closely to a phlogosis, while, on the other hand, the *phosphate of iron* may be presumed to excite a condition resembling a neurosis.

We have no doubt that many a general practitioner will find Dr. Sterling's little book a useful addition to his library, and that from it he will derive hints which will prove serviceable to him in practice.

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*American Medicinal Plants.* By CHARLES F. MILLSPAUGH, M.D.  
New York. Fascicle II., containing Nos. 6 to 10: Boericke  
and Tafel, 1885.

In our October issue last year, we brought under the notice of our readers, the first fascicle of this exceedingly interesting work; the second is now before us containing coloured drawings of thirty plants, with sketches of dissections of their more important parts accompanied by descriptions thereof, as well as of their natural history, the pharmaceutical preparation derived from them, their chemical constituents, physiological action, and therapeutic uses.

The plants figured and described in this number are the *Abies canadensis* and *Nigra*, *Actæa spicata*, *Apocynum cannabinum*, *Arum triphyllum*, *Caltha*, *Carya alba*, *Caulophyllum*, *Cephalanthus*, *Cypripedium pubescens*, *Dirca palustris*, *Equisetum*, *Fagopyrum*, *Gelsemium*, *Geranium maculatum*, *Geum rivale*, *Hepatica*, *Inglans cinerea*, *Mitchella*, *Oenothera*, *Podophyllum*, *Pulsatilla nuttalliana*, *Ranunculus acris*, *Scrophularia*, *Senecio*, *Taraxacum*, *Thuja*, *Trillium pendulum*, *Viola tricolor*, and *Zizia*.

The drawings in this are, as they were in the previous part, artistically done, and the letterpress, though necessarily slight in the physiological and therapeutic sections, is in the natural history parts both exact and sufficiently complete.

It is a valuable and interesting work.

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*Table Adapted to the Use of Teachers and Parents, showing a few Injurious Positions to be avoided during the Time of Education and Growth.* By M. ROTH, M.D. London: Baillière, Tindal & Cox, King William Street, Strand, W.C.

TEACHING by pictures and diagrams is oftentimes more effective than that which is attempted through books. While where both sources of learning are available the engraving frequently helps to explain the text and assists materially in impressing it upon the memory. Especially is this true of the chart of engravings before us. It represents the body in a variety of attitudes incompatible with its proper development, attitudes commonly assumed in writing, standing, sewing, playing on an instrument, reading and so forth, and by the side of each representation of a wrong position is one of that which should be assumed under the same circumstances.

Suspended in every school room such a chart would be a constant lesson to both teachers and taught; while, when studied in connection with Dr. Roth's well-known and most instructive essays on physical education, it becomes invaluable.

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## MEETINGS.

### HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

THE usual quarterly meeting of this association was held on Thursday, April 30th, in the Board Room of the Homœopathic Hospital, Great Ormond Street, London. The President, Mr. J. C. Pottage, occupied the chair. There was the usual attendance of members, and much interest was manifested in the business that came before the meeting. The minutes of the last meeting having been confirmed, and applicants for membership admitted, the secretary submitted the report of the council, and expressed his satisfaction that the prospects of the association were now so hopeful, and its promise of usefulness more assured than at any previous period of its existence.

The usual donation was voted to the London Homœopathic Hospital, and in regard to the claims of the Liverpool Hospital and other homœopathic institutions of a similar character, it was agreed to give more mature consideration to the subject at the

next quarterly meeting. The next matter brought under consideration was the need of measures being taken to protect the public against the dispensing of homœopathic medicines by unauthorised persons who could not be trusted to supply a pure article. It was stated that homœopathic practitioners and others would only be too glad to take their medicines, by preference, from the accredited members of the Homœopathic Pharmaceutic Association, and the president was requested to superintend the issue of a suitable handbill cautioning the public in regard to this danger.

The President then introduced the subject of the Pharmacopœia, and after full discussion, suggested that members might, with advantage, communicate their views in writing to the Pharmacopœia Committee. This was agreed to.

The next matter was the new Poisons' Bill recently introduced into the House of Lords. The President proposed that the Association should co-operate with the Pharmaceutical Society in petitioning against the objectionable clauses of the Bill, and obtaining a legislative measure more satisfactory for the public, and for the profession.

It was resolved that the next quarterly meeting should be held at Scarborough.

After a vote of thanks to the chairman the proceedings terminated.

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## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

THE vacancy caused by the resignation of Dr. Mackechnie, whose retirement was the subject of so much regret at the recent meeting of the governors of the hospital, has been filled up by the appointment of Dr. Byres Moir. Dr. Moir and Dr. Anderson have been elected members of the medical council of the hospital.

We have heard that within the last few days the hospital has become entitled to a legacy of £1,000 by the decease of one who has long been a generous donor to its funds. By a further division of the bequest of Lord Henry Seymour to the hospices of London and Paris the board of management will shortly receive the sum of £55 in aid of their funds.

The number of patients received into the wards continues to show a gratifying increase. During April and May last 160 patients were admitted, being 16 more than during the corresponding months of last year, and that a year during which a larger number of admissions took place than in any previous one.

The medical inspection of the wards has just been made by Dr. Harper and Mr. Cameron and they have tendered the gratifying report that they found everything in perfect order.

## PROGRESS IN MEDICAL ETHICS.

THE Constitution of the New York County Homœopathic Medical Society states that membership can only be obtained by those who practise upon the principle of "*similia similibus curantur*," while the constitution and by-laws of the New York County Medical Society leave the question of practice entirely open, recognising as regular all colleges so recognised by the State, opening its doors to the admission of graduates of homœopathic medical colleges just as freely as those of the old school, asking no questions of one or the other as to individual belief or mode of practice. In fact, the members of both schools act upon the principle of "go as you please," and at present no attempt is made to interfere with the individual opinions or mode of practice of the members. We presume there are not to-day two members of the New York County Homœopathic Medical Society who believe in the principle of *similia* as an exclusive law in therapeutics, and we are equally confident there are not two members of the New York County Medical Society who do not utilise to a greater or less extent the great homœopathic principle of therapeutics in their daily work. The little tablets and parvules in which drugs are thoroughly triturated with sugar of milk and given in minute doses, naturally lead to a more intelligent knowledge of the dual action of drugs and bridge over with a solid and enduring roadway the terrible chasm which has so long separated the two great schools as with an impassable gulf. The extent to which this innovation on the practice of the old school in giving medicine has been carried, is seen in the fact that one drug house finds it impossible to supply the growing demand for tablets, notwithstanding they are manufactured by the tens of thousands every day and are purchased and dispensed in large quantities by the most virulent of the old codists.

When we take into consideration the fact that this is simply the experience of one house, and that there are more than a dozen others in the trade turning out the tablets and parvules by the million, we can form some idea of the tremendous change which is taking place in old school practice.—*New York Med. Times*, May.

## THEN AND NOW.

FORTY-THREE years ago the orthodox medical practice of the day consisted of bleeding, leeching, blistering, and indiscriminate mercurialisation. This was the "rational medicine" of the day. To prescribe *aconite* in simple fever, *ipecacuanha* in vomiting, *sulphide of calcium* in suppuration was then outrageous quackery. To-day we find another state of things. To prescribe *aconite* in fever, *ipecacuanha* in vomiting, and *hepar sulphuris* in suppuration—provided the dose be not too small—is orthodox practice;

and he who should dare to bleed his patients every spring and autumn, or mercurialise them for every congestion, would now bear the name of quack.—*Homœopathic World.*

### THE AMMONIAPHONE.

THE ammoniaphone is an instrument invented by Dr. Carter Moffat for the purpose of strengthening and improving the quality of the voice and increasing its range by the inhalation through it of the peroxyde of hydrogen and ammonia. How far it fulfils the intention of its inventor we have had no opportunity of testing. We have, however, received from the proprietors of the instrument (the Medical Battery Company, Limited, 52, Oxford Street), a printed report of a concert held at St. James's Hall on the evening of the 12th ult., under the direction of Colonel Henry Mapleson, the performers at which, we are told, were artists who "were ammoniaphonical votaries who testified their appreciation of the benefits they have derived from Dr. Carter Moffat's invention by volunteering their services." They were Madame Marie Roze, Madame Lablache, Miss Kate Flinn, Mdlle. Desvignes, Signor Novara, Mr. Herbert Reeves, Signor Marini, Mr. Arthur Oswald and Signor Carpi. In addition Mr. John Thomas performed on the harp, and Signor Papini and M. Albert on the violin and violoncello.

Dr. Moffat is, we may therefore assume, supported in the claim he makes to having provided a means of improving and strengthening the voice by some, at any rate, of those who are, from practical experience, especially well qualified to testify to its value. During an interval Dr. Moffat gave a brief account of his invention, and the use to which it may be applied. In the course of it he said:—

"For the benefit of those now present, who may not have heard about or seen the instrument, permit me to say that the specimen I now hold in my hand is the usual kind, consisting as it does of a barrel, or tube, composed of a particular kind of alloy, of a non-corrosive character, having attached spring valves in the handles. The valves are to admit the external air, and in the barrel there is contained a wick saturated with a concentrated and volatile chemical compound, consisting of those gases (artificially made) which I found to be present in the air of Southern Italy. When a current of air is drawn in through the apparatus by applying the mouth to the tube in the middle of the instrument, and pressing the valves at either end the air becomes saturated with the chemical gases, and, passing through the vocal chords, fills the lungs.

"The vocal chords are rendered more tense and elastic—they are braced up as it were. The lungs become distended and resonant when tapped. The windpipe is apparently extended

all directions, and the diaphragm is made elastic. When sound is produced it is noticed to be fuller and more musical, with greater ease in production. The continued employment of the instrument effects a marked change on the voice in a short time, and it is well to know that its use never does any harm, but a large amount of good."

We may add that Dr. Moffat and Mr. Harness, the manager of the Company, offer to explain to any visitors at their establishment, 52, Oxford Street, the "several important uses" of the ammoniaphone.

#### A STEP IN THE RIGHT DIRECTION.

A LONG step in the right direction has recently been taken by the Boylston Medical Society, which is made up of the advanced students of the Harvard Medical College, in a polite and courteous invitation to a distinguished member of the new school, Dr. C. Wesselhœft, of Boston, to answer some questions concerning homœopathy. Fourteen questions were prepared by the Society, which were intended to bring out the distinctive belief of the homœopath, and in what he differed from the doctrine and practice of the old school. Dr. Wesselhœft's statements were, as they must of necessity have been in a single lecture, concise, but clear, courteous, and to the point.

Some of the old school journals could not, in our estimation, be doing a greater service to their readers than by publishing Dr. Wesselhœft's lecture. We commend this way of obtaining information to all schools. The old school and the new will find it much to their advantage to obtain a knowledge of principles from those who have made an honest and thorough study of them rather than from those who, set in their own opinions, only look at different views to ridicule and misrepresent them. The minute study in every department of hygiene, pathology and therapeutics, with the aids which science is every day furnishing in chemical tests and delicate instruments, is doing more to harmonise the profession than any amount of legal enactments or laboured arguments.—*New York Medical Times*.

#### NORTH WILTS HOMŒOPATHIC DISPENSARY.

Owing to the removal of Dr. Bodman from Devizes to Bristol, and the lapse of some time before his post at the dispensary was filled by Mr. Cyrus A. Clifton, the report this year is somewhat curtailed. The following is the medical statement:—

Patients under treatment January, 1884	...	93
Admitted during 1884	... ..	161
		254

Mr. C. A. Clifton is the medical officer.

OBITUARY.

MRS. MARY DUNN.

Mrs. DUNN, the widow of the late Daniel Dunn, whose name is well known in connection with the preparation of a soluble cocoa, was one of the earliest and most zealous propagators of homœopathy in this country.

She appears to have possessed a natural *penchant* for the study of medicine, and ultimately developed a singular aptitude for its practice. Quite early in life she devoted herself to efforts to relieve the sufferings of her poorer neighbours in sickness; and when, about the year 1840, her attention was drawn to homœopathy, she resolved to apply herself to the study of it. This she did under the direction of the late Dr. Curie, whose dispensary she attended every day for three years. It was at her suggestion that Dr. Chepmell opened the dispensary in Islington—the first homœopathic dispensary in the north of London. Residing in Barnsbury, Mrs. Dunn was unceasing in her efforts to make homœopathy known, and equally untiring in endeavouring to give to the poor around her the advantage of the knowledge of the actions and uses of medicines which she had acquired. Without any fee or any other reward than that which springs from constantly striving to be useful, she often prescribed for forty poor people during a single morning. At one time she had 800 cases on her books. Her success was considerable, so much so, indeed, that the editor of a well-known medical journal on one occasion thought it worth his while to attack her in his leading columns, and to deal what he—poor, simple-minded man—doubtless thought would prove a blow, crushing alike to her and the system of medicine she so strenuously supported and so efficiently practised.

Wherever she visited she strove to make homœopathy known. As one among many results of her missionary enterprise it was, we understand, through her influence that some of her friends in Birmingham induced the late Dr. Fearon to settle in that town.

For many years she worked hard among the poor of the north of London, so much so, indeed, that her health entirely broke down under the strain she had imposed upon herself, and some years ago she became an invalid. She died at her residence, Thornhill Crescent, Barnsbury, on the 27th of May last, in the 76th year of her age, leaving behind her a bright example of what excellent and useful work, an earnest and energetic woman is capable of performing.

## CORRESPONDENCE.

## AN APPEAL.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The sum of £54 8s. having been received in answer to the appeal for £200, referred to on page 255 of your April issue, I request the favour of your allowing me to acknowledge the fact in your forthcoming issue.

The contributors are the following:—The Rev. Canon Wilberforce, Rolles Driver, J.P., Dr. Joseph Kidd, Rev. R. Vint (deceased), Dr. Dyce Brown, Dr. Drury, Dr. Herbert Nankivell, Colonel Swinton, Dr. Drysdale, Dr. Ker, Andrew Barlow & Co., Major-General H. Lewis, the Bishop of Winchester, Edwin Jones, Esq., J.P., James Bishop, Esq. (Mayor of Southampton), Henry Scarse, Esq., J.P., John Potts, Esq., M.R.C.S. and J.P., Protheroe Smith, Esq., M.D., W. Bryce, Esq., M.D., and Dr. S. F. Smith.

Further contributions are solicited and will be thankfully acknowledged.

9, Rockstone Place,  
Southampton, May 21st, 1885.

ROLLES DRIVER.  
Receiver.

## SUGGESTIVE CASES.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Having during the last five years passed through the two preliminary stages of my conviction of the truth of the law of similars—those stages being, first, disgust at the uselessness of ordinary therapeutics, and then a period of blank, hopeless "expectancy"—I am so bold as to report to your journal the first three cases in which I carried out the law of similars. I have attempted to do this in many other cases, but failed in my determination to give the single medicine and the small dose. Those I now send are doubtless such as are met with daily by the accomplished homœopathist, and are not reported to you as presenting anything new, in any sense, but as the kind of case which may appeal to any allopath who is really anxious to find truth, if he will only thoroughly test the new school of treatment, and also as being cases which must carry conviction to the enquirer's mind. I have mentioned symptoms only, leaving the reader to devise his own theory as to the nature of the disease.

Thomas B—, aged two years, following measles, had a convulsive attack. I found him recovering his senses, but during my examination he screamed suddenly and shrilly, and "sprung" into opisthotonos, with extreme spasm of the extensor muscles. The opisthotonos was very complete; there was also trismus. As a palliative, I administered chloroform, and then boldly pro-



ceeded to apply a similar. The child went into the same condition when the chloroform was discontinued; spasms were getting worse at night. I gave him  $\frac{1}{4}$  of a drop of *liq. strychnia* every hour until he had taken in all two drops, when the opisthotonos had completely ceased and the contracted muscles gradually relaxed. This was on the evening of the second day. At night he became restless, throwing the bed-clothes off, slight twitching and tremor of the muscles of the arms and legs, optical hallucinations, eyes bloodshot, squinting, pupils slightly dilated, oscillation of eyeballs for a few seconds now and then. Temp. 100°. Tongue dry and brown in centre; pulse rapid, but soft; muttering delirium, starting at the slightest sound, catching with his hands at imaginary objects in the air. I gave him *belladonna* for some hours, but during the following day and night, he being no better, I gave him  $\frac{1}{4}$  drop of *tinc. hyoscyami* every hour. The result was at the end of six hours calm sleep, relaxed muscles, smiling face, and a rapid convalescence.

Case 2.—Gerard D—, aged ten years, after diphtheria, had first a numbness and loss of sensation in the soles of his feet, followed during ten days by a spreading of the same sensation upwards, as far as the waist; he then began to lose power of co-ordinating his muscles in walking, and then became completely paralysed in both legs. He was cold to the touch up to the waist, sensibly warmer above that line. His speech was hesitating and stammering, his intellect clear; he was angry with his own stammering, knowing quite well what he wished to say. Was frightened easily; said his sight was “cloudy;” other functions normal. I gave him *succus conii* in doses of  $\frac{1}{4}$  drop every four hours, ceasing at night. The symptoms receded in the inverse order of their onset; the cerebral symptoms, sight, &c., getting well in four days. He walked out at the end of ten days—a very rapid recovery for post-diphtheritic paralysis.

Case 3.—A boy, aged six years. The medical man in attendance lived at a distance, and having given no hope of the child's surviving the night, I was asked to pay a visit to give “satisfaction,” as it is called, to the friends. The child had passed no motion from the bowels for sixteen days. The abdomen was enormously distended with flatus; colic extreme, and vomiting of semi-fœculent matter; pulse thready and 180, temperature 106°; suffering intense agony, and, to all appearance, rapidly sinking. On enquiring I found that enemata, castor oil, and all sorts of other laxatives (fortunately no cathartics) had been given for ten days; that the pain had been stayed by “carminatives” for a few hours sometimes; *opium* had not been given for the last 24 hours “to avoid its constipating action,” and give a last chance for the oil to act undisturbed. I prescribed  $\frac{1}{4}$  of a drop of *tinct. opii* every hour, and after seven hours an enormous

accumulation was passed, the abdomen subsided; the child was so collapsed that free stimulation with brandy and ammonia was used. The colic was still severe, and very minute doses of lead acetate were given, after which all pain soon ceased.

I left an account of the treatment I had used for the perusal of the family medical man, and restored his patient to his hands saved, as I think, from imminent death; and that, too, by pure homœopathy. This child completely recovered, and I hear that the doctor looks upon it as a case of "spontaneous resolution."

Such cases as these—all serious and intense in their nature—all in children, with whom imagination can hardly be pleaded as the means of recovery, and all making so rapid a recovery, are enough to give me, a recent enquirer, a new light, and to restore hope for the future, for I was fast losing hope and trust in medicine; and surely others who *think*, and who wish to cure their patients, in the allopathic ranks, must also be losing hope and faith in the traditional therapeutics.

London, May, 1885.

G. S., M.R.C.S., Eng.

### NOTICES TO CORRESPONDENTS.

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

Dr. F. W. GILES is residing at 15, Trinity Road, Folkestone.

Communications, &c., received from Dr. COOPER; Dr. HERRING; Mr. HOLMES; Mr. CROSS; Mr. HARNES; Mr. GOATBY; Messrs. TRUBNER & Co. (London); Dr. HUGHES (Brighton); Mr. WILLIAMS (Liverpool); Dr. GILES (Folkestone); Mr. DRIVER, J.P. (Southampton); Mr. C. A. CLIFTON (Devizes).

### BOOKS RECEIVED.

*Scarlet Fever, and Certain Suggestions for its Treatment.* By T. G. COMSTOCK, M.D. St. Louis, 1885.

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE PHYSIOLOGICAL AND THERAPEUTIC  
ACTIONS OF *GELSEMIUM*.\*

By ALFRED C. POPE, M.D.

THE *Gelsemium sempervirens*, or yellow or false jessamine, belonging to the natural order of the *Loganiaceæ*—the true jessamines belong to the *Aleaceæ*—is a twisting, high-climbing plant, with yellow funnel-shaped flowers. “It grows in damp, rich, clayey soil by the side of streams, near the coast, from Virginia to Florida and Alabama. It flowers from the first of March to the last of May. The rhizoma is about an inch in diameter, is externally a brown-yellow with purplish longitudinal lines, and breaks with a tough fibrous fracture, showing silky bast fibres in the inner bark, a porous yellow wood traversed by whitish medullary rays and a darker coloured central pith. The roots are somewhat thinner, similar in colour, externally beset with numerous thin fibres and marked by irregular longitudinal wrinkles. The drug has a peculiar heavy aromatic odour, and the medicinal properties are believed to exist more particularly in the external part or back of the root.” (*Gelsemium Sempervirens: A Monograph* by the Hughes Medical Club of Massachusetts. Boston: Otis Clapp & Son. P. 14.)

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\* Revised from a lecture delivered at the London School of Homœopathy, Session 1882-83.

The active principle—*gelsemin*—exists in the root to the extent of one half per cent. Drs. Ringer and Murrell are of opinion that the plant contains *two* active principles. Pharmaceutically this has not been demonstrated. It is an inference from the observation that, whereas the liquid extract paralyzes before inducing tetanic convulsions, the alkaloid excites the latter at once without giving rise to any or but few symptoms of paralysis.

In the Southern States of the American Union *gelsemium* had, for many years prior to its introduction into the practice of medicine, a popular reputation as a remedy in the malarial fevers of that region. In them it was largely used by a class of medical men originally known as Thompsonians—the followers of one Dr. Thompson—who regarded all mineral substances as unsuitable for medicinal purposes, and looked for remedies exclusively to herbs. These gentlemen are now designated “Eclectics.” The first attempt so to ascertain its properties as to render it available for use in scientific medicine was, I believe, made by Dr. Douglass, of Milwaukee, in 1858, and the record of his experiments was published in the first volume of the *United States Journal of Homœopathy*, whence it was transferred to the pages of the *British Journal of Homœopathy*, vol. xviii., p. 284. Several other provings were made by Dr. E. M. Hale, of Chicago, and his friends, and an elaborate account of all the researches into its effects upon health that had been made was published by him in 1862. A *résumé* of this essay appeared in the *British Journal of Homœopathy*, vol. xxi., p. 287. The communication, which appeared in the *British Journal of Homœopathy* in 1860, was the first made regarding it in this country, though I believe that Dr. Wickham Legg, who wrote about it as a remedy in neuralgia some ten or twelve years later, gets the credit of having introduced it to the medical profession here from those who find it to their interest to ignore, and at the same time appropriate, all therapeutic enquiries conducted by homœopathic practitioners.

Our stock of knowledge regarding the pathogenetic properties of *gelsemium* is collected together in Allen's *Encyclopædia of Pure Materia Medica*, the appendix to which contains some of the more recent researches, notably those of Drs. Ringer and Murrell, to which I shall have frequent occasion to refer as among the most instructive

we have had, and others by Dr. Conrad Wesselhoeft, of Boston. The latest contribution to our study of this drug has been furnished by "The Hughes Medical Club of Massachusetts," in their very excellent monograph published in 1883, from which I have already quoted.

In its general action *gelsemium* is a cerebro-spinal irritant. To the production of irritation in the brain or spinal cord, well nigh all the symptoms to which it has given rise, both in cases of accidental poisoning by it and in experiments on healthy persons, as well as the disordered conditions produced by it on the lower animals in the experiments of Bartholow, Ringer and Murrell, may be traced.

The following summary of the physiological effects of the drug, from Dr. Bartholow's *Treatise on Materia Medica and Therapeutics*, may advantageously precede a more detailed examination of its properties. Dr. Bartholow says that—

"In moderate doses, but sufficient to produce decided physiological effects, *gelsemium* causes a feeling of languor and mental calm, slowing of the action of the heart, drooping of the eyelids, dilatation of the pupils and some feebleness of muscular movements. In larger doses the physiological effects are as follows:—Vertigo, double vision, amblyopia, paralysis of the levator palpebræ, so that the upper eyelid cannot be raised, dilated pupil, laboured respiration, in consequence of a parietic state of the respiratory muscles, slow and feeble action of the heart, great muscular weakness, and sensibility to pain and touch much reduced. These effects are produced in about half an hour after the stomach administration, and last two or three hours, when they subside. When lethal doses are taken the above-described symptoms occur in a more intense degree. The gait is at first staggering, but the power of muscular movement soon ceases, and a sense of numbness diffuses over the body. The eyelids close (paralysis of the levator), the pupils dilate widely, vision is lost, and the pupils cease to respond to the stimulus of light. The lower jaw drops, and the power of speech is lost in consequence of paralysis of the muscles of the tongue. The respirations are laboured, shallow and irregular; the action of the heart is weak, feeble and intermittent. Generally, the skin is covered with a profuse perspiration, but no other evacuation takes place. Death occurs from asphyxia, and the action of the heart ceases after the respiratory movements. Consciousness is preserved until nearly the close, and until carbonic poisoning ensues."

Dr. Bartholow adds that convulsions never occur. Certainly fully developed convulsions have not been observed in man. At the same time, jerkings of different muscles, pains described as spasmodic, with great and well marked muscular restlessness have been repeatedly noticed; while in the experiments of Ringer and Murrell upon frogs, cats, rabbits and dogs with the alkaloid, tetanic spasms were pretty constant phenomena. In all experiments upon man, and in all cases of poisoning, either the liquid extract or tincture has been used; whereas in the investigations upon the lower animals the alkaloid was employed. It may be that the separation of this from the other constituents of the drug is necessary in order to produce the convulsive or tetanic phenomena fully and completely.

In studying in detail the effects produced by *gelsemium*, and the conditions in which the effects indicate it as a remedy, it will be convenient to consider first of all the kind of febrile action it excites.

Upon the circulation, the influence of *gelsemium* is almost uniformly depressing. The pulse becomes slower, and while full is soft and compressible. When overwhelming doses have been taken it is small, rapid and weak. At the same time rigors have been well marked, in some instances so much so as to have suggested ague as their cause. The sense of chill is soon followed by transient heat, with pricking in the skin, and this again by profuse perspiration, lasting for some hours and terminating in great exhaustion. Dr. Douglass, of Milwaukee, who was, as I have said, one of its earliest provers, says that "the pathogenesis of no drug represents so completely and uniformly all the stages of the ordinary fevers of this country." These fevers, I need hardly remind you, are ordinarily of the remittent type. It has been found of special service when the stages of heat and sweat are unusually long and exhausting.

When compared with the pyrexia of *aconite* and *bella-donna*, that induced by *gelsemium* will be noticed as differing widely from either. The patient is dull and heavy; the pulse soft rather than hard, and while full is much less rapid. The tongue is white, or yellowish-white, furred and moist. Pains are felt at the same time in the back and limbs; the face is flushed, not brightly so, but of

a dull, dusky red, while the patient feels depressed and weak.

The following case, reported by Dr. Douglass (*British Journal of Homœopathy*, vol. xviii., p. 288), illustrates not the kind of intermittent in which our drug is indicated, but a febrile attack, probably originating in malarious poisoning:—

“The Rev. Dr. P., of a bilious temperament, has been sick two days. Present symptoms: constant chilliness, with internal febrile heat; pain in the back and limbs; severe headache, with such a sensation in the head and such a sense of profound prostration that he is sensible that his attack is of an unusually grave character; pulse laboured, and only 60 per minute; tongue coated.  $\mathcal{R}$  *Tinct. gelsem.*  $\phi$  gttj. every hour.

“The day following the report is that the chills ceased in ten minutes after the first dose; perspiration soon followed and continues; the pains are relieved; the pulse 80, full and soft; the tongue is cleaner, but the prostration as great, as though he had had a long and severe illness. The medicine was continued at longer intervals, and on the next day he felt free from illness, while two days later he was able to occupy his pulpit as usual.”

Dr. Hughes expresses himself strongly as to the value of *gelsemium* in what used to be called infantile remittent fever—a form of febrile disturbance often set up in children by various causes. He says: “wherever such a type of fever manifests itself, having marked exacerbation towards night, and decline of the heat towards morning *without perspiration*, the medicine may be given with sure benefit. This is a clinical, an *a posteriori* observation, rather than an illustration of the homœopathic action of the drug. On the contrary, the fever to which *gelsemium* corresponds is, as I have stated, one where with a slow, full, and soft pulse, some rigors and aching limbs, the heat following is transient, but the perspiration and prostration excessive. Such a type of fever you will occasionally meet with as ushering in measles and small-pox; while in the United States it forms, in some districts, the initiatory step of many cases of ague.

I now proceed to point out the cerebro-spinal symptoms of *gelsemium*. And first of all let me draw your attention to the kind of headache it produces.

We first notice a vertigo, with a tendency to stagger, aggravated by any movement, as being one of the most constant symptoms. It is often described as “swimming

in the head," and is associated with indistinctness of vision. A dull aching pervades the head, with throbbing and uneasiness at the occiput. Again, the head is described as feeling as though a tight band encircled it. The forehead and occiput are the parts where the most severe pain is felt, and also where it is most constant. In the frontal headache the pain is pressive, stitch-like, and shooting. The occipital headache—that in which *gelsemium* has the greatest reputation as a remedy—is characterised by a dull heavy pain, with a tendency to throbbing. It extends often to the forehead. In one of Dr. Ringer's provers pain was experienced over the occiput, with a sensation as though the crown of the head were being lifted off in two pieces. This aching pain is increased by movement and by stooping, and is much worse towards evening.

That the occiput is the part of the head for which *gelsemium* has an especial affinity is clear from several cases of poisoning. Thus, Mr. Parsons, of Bristol, in relating his own case—that of an accidental poisoning from a drachm of the fluid extract—says "the most marked symptom, and one which possibly would indicate the part of the nervous system acted on by the poison, was a persistent and distressing numbness in the occipital region, which lasted for some hours after consciousness returned."

The form of headache, then, which you will find most amenable to *gelsemium* is a dull, heavy, aching pain in the occiput, with heaviness about the eyelids, and giddiness.

Severe as the pain generally is, it is rarely that consciousness is entirely lost. Even in fatal cases of poisoning, consciousness has been preserved up to the last. Paralysis is a very general result of *gelsemium*, but it is not connected with loss of consciousness, as is the paralysis of *opium* for example.

The action of *gelsemium* on the eyeball and its appendages is as interesting from a physiological point of view as it is of therapeutic importance. The chief phenomena are supra-orbital neuralgic pains of a drawing character, chiefly over the right eye; ptosis, strabismus, contracted pupil followed, as the drug is pushed, by dilatation; great confusion of vision and diplopia.

The careful investigation of the particular tissues so irritated by the drug as to produce these effects forms one



of the most interesting portions of Drs. Ringer and Murrell's papers in the *Lancet*, to which I have already referred, and of one by Mr. Tweedy, of St. Thomas's hospital, published in the same journal on the 9th of June, 1877.

In Allen's *Encyclopædia* the condition of the pupil is given as one of dilatation, while Drs. Ringer and Murrell state that in every instance, save one, in their experiments, when the drug was given by the mouth in sufficient quantity to produce symptoms, contraction of the pupil was the result. In the former record, the state of the pupil is given as that which followed doses of a poisonous character only. The experiments by provers having been made with doses too small to influence the iris in any way. In the latter the experimental doses, while larger than those used by the American provers, were much smaller than such as are capable of exciting dilatation.

As I read these results, it appears that while a *very small* dose is incapable of affecting the iris in any way, one *somewhat larger* irritates the third nerve, and consequently gives rise to a contracted pupil; while one *yet larger* paralyzes the same nerve, and therefore renders the pupil dilated.

Paralysis of the third nerve is further evidenced by the occurrence of ptosis. As a very constant effect in severe cases we have "drooping eyelids;" "eyelids partially closed and motionless;" "eyelids half closed, with apparent inability to move them;" "eyes close in spite of his efforts to the contrary when looking steadily at anything." Dr. E. M. Hale mentions one instance in which a prover had a constant inclination to squint, although Drs. Ringer and Murrell did not, in their very carefully made observations, detect any obvious squinting. Still the occurrence of diplopia, which is very generally caused by a squint, albeit in many of the most troublesome cases so slight as to give rise to but little perceptible deviation of the faulty eye, proves that more or less paralysis of the ocular muscles does occur, while the involvement of the external rectus shows that the sixth as well as the third nerve becomes paralysed.

Drs. Ringer and Murrell have very carefully studied the *gelsemium* diplopia. They notice two forms of it, the one transient, the other persistent. The former they describe as a passing phenomenon—appearing, disappearing, and reappearing every few minutes. Sometimes, they say, the

patient was conscious that diplopia was coming on. Thus one woman remarked—"I know it is now coming on; I feel such a heavy weight under my upper eyelid." The double vision then came on, and, with the heaviness, ceased in a few seconds. This patient's description of the perversion of vision was noted, and was as follows: "One gas jet appears about six inches above the other, and there are six inches between them horizontally; the upper one is to the left; now the right is uppermost; into the left slightly again; going over to right now again; exactly over one another now, and quite close together; now again separated, left the highest; now over one another." With other cases the two images seemed to be on a level. The transient form sometimes occurred alone, and sometimes preceded the more constant. In the latter the phenomena followed a definite order. They occurred first with objects held at the extreme right or left of the visual field, and as the patient passed more under the influence of the drug, then with objects held nearer and nearer the middle line; and at last, usually for a short time, only objects in the median vertical plane seemed double. As the effect of the drug wore off the double vision disappeared in the inverse order. "With well developed diplopia," the observer noticed "impaired movement of the eyeball, chiefly affecting, as far as we could ascertain, the external and internal recti muscles—especially the external, for the outward and inward movement of the eyeball was less free than before the action of the medicine. The ball appears to be moved by a greater effort, so that when carried as far as the weakened muscles are capable, the ball oscillates, as though the patient with a great effort moved it as far as he could, and then the tired muscles gave way a little; but being roused to an effort, they carried the eye back again; the frequent repetition of this effort giving rise to an oscillation."

The experiments made by Drs. Ringer and Murrell in order to ascertain the source of the disturbance resulting in these phenomena clearly show that it is of central origin. Clinically, Dr. Hale had long since come to the same conclusion. In his monograph on this drug, published in 1862, he wrote that it was in ptosis and diplopia depending upon cerebral congestion that *gelsemium* would prove curative; and such has proved to be the case. At the same time, Dr. Norton, of the New York Ophthalmic

Hospital, has deduced from these and other symptoms indications for its use in serous iritis and choroiditis, in paresis or paralysis of any of the ocular muscles, and in asthenopia dependent upon weakness of the external recti muscles. "The condition," says Dr. Norton, "which indicates *gelsemium* is usually one of stolid indifference to external irritants, in which respect it stands in marked contrast to *coniium*, whose paralytic symptoms are characterised by great reflex irritability, photophobia, &c."

The intimate dependence of the symptoms of disordered health, noticed in the respiratory sphere with such as are cerebral, both in poisoning by and in experiments with *gelsemium*, renders it desirable to consider them before passing to a study of its action on the spinal cord.

The most constant and characteristic phenomenon in the action of *gelsemium* upon respiration is the peculiar slowness of the process which it sets up. The breathing is described as slow, heavy, gasping and sobbing; as being slow and irregular, and attended with great prostration. At the same time there is a slight cough, as if a drop of fluid has entered the windpipe, with frequent clearing of the throat; soreness in and some degree of tightness of the chest.

These symptoms all point to paralysis of the function of respiration, rather than to congestion or inflammation of the bronchial tubes or air cells interfering with its due development.

When studying the action of this drug on frogs, the attention of Drs. Ringer and Murrell was arrested by the character of the respiration it induced; and their investigations, and those of Professor Burdon-Sanderson on this point (*Lancet*, April 1, 1876), are very interesting. Twenty-five minutes after the injection of the drug under the skin of the frogs the former inquirers found that the "respiration was very irregular, not only in frequency but in depth. At times it nearly ceased, becoming so shallow that it would appear that little if any air entered the chest, a condition usually succeeded by a number of deep, vigorous and almost convulsive inspirations" (*Lancet*, March 18, 1876).

They add, "this alternation was very suggestive of brain breathing, that is, of that peculiar character of respiration which is so frequently met with in cases of

tubercular meningitis and some of the other forms of cerebral disease."

This paralysis of the respiratory process Professor Burdon-Sanderson has shown to depend upon the impression made by the poison upon the automatic respiratory centre situated in the floor of the fourth ventricle. It is automatic, not reflex, dependent upon central, not on peripheral, disturbance.

These observations of Professor Sanderson add to the therapeutic importance of the analogy suggested by Drs. Ringer and Murrell between the respiratory condition produced by *gelsemium* and that which is present in tubercular meningitis, and some other forms of cerebral disease.

It is in cases of this kind that you may often prescribe *gelsemium* with much advantage. A child suffering from intense headache, more or less unconsciousness, with strabismus, some convulsions, slow irregular breathing, a pulse slow, soft, and full in the onset, and becoming quicker, weaker and smaller as the disease advances, is precisely the kind of case in which *gelsemium* will be found useful.

Leaving, then, the cerebral and cerebellar sphere, we will examine the indications afforded by provers, and, in cases of poisoning, of the morbid conditions produced by *gelsemium* in the spinal cord.

In one prover, who used somewhat considerable doses, a sensation was present in the forearms, hands, and feet as if a galvanic current were passing through them. In another, tremulousness accompanied by profuse urination, a symptom often associated with nerve exhaustion both cerebral and spinal. Where still larger doses have been taken, the person staggers. "He tried to walk, but staggered as if drunk," is the description of a child who had taken one teaspoonful of the tincture; and of another who had taken two spoonfuls of the fluid extract, it is said—"he staggered, reeling from one room to another, as if intoxicated," while the thoroughness of the paralysis induced is seen in another case, where "complete relaxation of the whole muscular system with entire motor paralysis" was induced. In another instance, when an infusion of the root had been taken in mistake, there was complete loss of muscular power, he was unable

to raise his eyelids or to move his limbs, although he was perfectly cognizant of all that was going on around him."

The experiments of Drs. Ringer and Murrell help us very materially in defining aright the cause of these paralytic symptoms. The question they set themselves to solve was whether *gelsemium* paralysed by its effect on the brain, the cord, the motor or sensory nerves, or the muscles. By a very exhaustive argument, based upon the results of their experiments, they show that both reflex and voluntary movements are destroyed by the influence of the drug upon the spinal cord.

It is, therefore, in cases of motor spinal paralysis, where sensation is comparatively little affected, that you will find *gelsemium* useful.

Again, symptoms of cramp and loss of power are distinctly marked in the muscles of the forearm, and these, as was originally suggested by Dr. Galley Blackley (*Homœopathic Review*, vol. xx., p. 80), render it likely to prove a reliable remedy in writer's cramp.\*

Further, *gelsemium* has given rise to symptoms resembling those which characterise some cases of neuralgia, such, *e.g.*, as sciatica.

Dr. Douglass says that in his own provings—and he took tolerably stiff doses—he frequently experienced "a succession of acute, sudden darting pains, evidently running along single nerve branches, in almost every part of the body and limbs, sometimes so sudden and acute as to make him start; at one time a succession of these acute and sudden pains coursed down the outside and front of the tibia for over half-an-hour, leaving a considerable line of tenderness marking their track." In this description you have indications of the probable value of *gelsemium* in some forms of neuralgia—such as I have heard patients describe as "neuralgia everywhere." It is most commonly met with in cases where intermittent fever has been prolonged and severe—as for example in patients returning from India.

I am not aware of any case of poisoning by *gelsemium*, of which tetanic convulsions has been a feature; but Drs. Ringer and Murrell, in their experiments upon frogs,

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\* This point is illustrated by Dr. Blackley in two interesting cases reported by him in this number of the *Review*.

produced very marked tetanic spasm, and therefore I must briefly refer to it.

It seems that the tetanic like spasm of *gelsemium* is its ultimate effect. Drs. Ringer and Murrell say that "the tetanic is always preceded by considerable loss of voluntary and reflex power, a loss in some cases nearly complete. Respiration had almost, and in some cases quite ceased, before the onset of the paroxysms." Thus it would seem that the irritation provoking the tetanic spasm is the irritation of exhaustion. Both the liquid extract and the alkaloid produced paralysis and tetanus—but after the former paralysis is chiefly marked, while after the latter tetanus is most developed. From this Drs. Ringer and Murrell conclude that *gelsemium* contains two active principles, one, so far undiscovered, having paralyzing properties, while the *gelsemium* is the tetanising agent. I do not see any necessity for this hypothesis, for the tetanus appears to be the ultimate effect of the drug, an effect which is reached more rapidly—more unhesitatingly I might perhaps say—when the alkaloid is given at once, than when in union with the natural component parts of the juice of the plant.

Though tetanus from *gelsemium* poisoning has never, so far as I am aware, been observed in man, it is perfectly possible that such a condition might be induced by it; but then it must be by overwhelming doses of the alkaloid—doses such as no person would take, or would be justified in taking. And as this drug has not yet become fashionable among would-be suicides, we have had no opportunity of seeing what it will effect when given on so large a scale.

We must, therefore, make the most of Drs. Ringer and Murrell's frogs. The conclusions they draw from their observations are interesting, and may prove useful. They are as follows:—

"*Strychnia tetanus* differs strikingly from *gelsemium tetanus* in the following particulars:—

"1. *Strychnia tetanus* supervenes without previous loss of voluntary or reflex power.

"2. Respiration continues unimpaired during the paroxysms.

"3. Every part of the body is affected, the anterior extremities as strongly as the posterior.

"4. The cord is much less rapidly exhausted; thus a fresh paroxysm could be excited directly the previous one had declined,

and in this way it could be reproduced many times without any interval or apparent diminution of intensity.

"5. *Strychnia tetanus* persists for many hours, or even for several days.

"*Gelsemium tetanus* on the other hand:—

"1. Is always preceded by considerable loss of voluntary and reflex power.

"2. Respiration ceases before the onset of the convulsions.

"3. The posterior extremities are most affected.

"4. Irritation fails to excite another paroxysm till the lapse of some seconds, as if the exhausted cord required time to renew its energy.

"5. It lasts only a short time—sometimes only half an hour, rarely more than three hours."

These indications will suffice to show you the kind of tetanus in which *gelsemium* may be—I do not say is, for experiments made on frogs are not as reliable, therapeutically, as those on man—in which *gelsemium* may be indicated.

Another important point brought out by these experiments is the antagonism which exists between the poisons *strychnia* and *gelsemium*. These experiments, especially one of them, show distinctly that when tetanus has been fully established in the frog, it is suppressed in from twenty-five to ninety minutes after an injection of *gelsemium*.

Whether this is adequate to authorise the use of *gelsemium* in cases of *strychnia* poisoning is a question; one which might be advantageously investigated on the dog.

Passing now from the direct action of *gelsemium* upon the nerve centres, I come to the consideration of its influence upon several of the organs of the body, in which you will see some of the consequences of the kind of action we have been studying. On the uterus it has a much more decided influence than the scanty indications of its power over that organ, derived from experiments on healthy women, would at first sight seem to indicate. Almost the only experiment which points to its uterine action is thus described:—

"Severe pain in the forehead and vertex, with dimness of vision, roaring in the ears, a sensation of enlargement of the head and a wild feeling—a compression almost amounting to delirium. The pain in the head, which was of a pressing heavy nature, would at times disappear, the concomitant symptoms

being at the same time ameliorated, and severe, sharp, labour-like pains would set in in the uterine region, extending to the back and hips; these pains would in turn leave, and the pain in the head would recur immediately after."

This description of the kind of uterine suffering produced by *gelsemium* points to its neuralgic origin. It is, then, first of all, in purely neuralgic dysmenorrhœa that it is useful. I have already discussed with you the action of this drug on the spinal cord and on the nerves issuing therefrom, producing, as we have seen, both pain and spasm. Hence, with this general knowledge derived from various sources, and the special information afforded by Dr. Hale's prover, we are warranted in using *gelsemium* as a remedy in cases of neuralgic dysmenorrhœa characterised by extremely sharp and severe pain, radiating from the cervix as a centre to the back, hips and thighs. Give five drops of the 1st decimal dilution as soon as the pain is felt, and repeat it if necessary. Experience says that more than two or three doses will rarely be required.

There is less reason for supposing *gelsemium* likely to relieve congestive dysmenorrhœa, but it has been used here too, and Dr. Dyce Brown regards it as of equal value in both forms. In well-marked mechanical dysmenorrhœa Dr. Brown has also used it with excellent effect. In the *Monthly Homœopathic Review*, of August, 1880, he reported the following case:—

"A lady who had had no family had all her life been subject to intense dysmenorrhœa. The pain had been perfectly agonising during the whole period; it quite prostrated her, so that she dreaded her monthly suffering. She told me that she had had the cervix dilated by one of the first gynæcologists in Ireland, with only temporary benefit. She then had it incised by one of the leading gynæcologists in London, with decided relief for three or four years, but that latterly it had become as bad as ever. I could not get the point of the ordinary sound into the os externum, nor even the point of Barnes' flexible sound. With the use of *gels.* 1x the pain became so trifling that it was nothing to speak of, and passed off soon. I saw her a year after, and she told me that with the medicine she really had no pain to speak of. I relate this case, because its nature was indubitable, while the results of internal treatment were equally so, and this after the failure of both dilatation and incision. As she is now within a few years of the menopause, she has dismissed all idea of further operation, which she had contemplated."



Its power of exciting spasm has led to its use in rigidity of the os during parturition—a condition in relieving which it has obtained much commendation from obstetricians.

I have already drawn your attention to the action of *gelsemium* upon the lungs, and shown its connection with irritation of the brain. The power of this drug to excite spasm, and consequently to control it when it has occurred as a result of disease, is also seen in the respiratory sphere, and upon it I must say a few words. The experiments so far made with it give no indication of laryngeal spasm being produced by it. The voice becomes thick with dryness of the fauces, cough from tickling and burning in the larynx; while in cases of poisoning, paralysis of the epiglottis and partial paralysis of the glottis have been observed. These symptoms have led to its use, with much success, in the paralysis following diphtheria. Dr. Stokes (*Homoeopathic World*, vol. v.) relates a case of spasm of the glottis occurring three months after diphtheria, in which the effect of this medicine was marvellously prompt. The earlier symptoms were those of laryngeal catarrh, for which mercury was given to no purpose. Hastily called to the patient, a lady 21 years of age, at midnight, he found her raised in bed by pillows, her hands pressed upon the bed beside her, the face ashy pale, the lips livid, and the countenance wearing an anxious expression; respiration difficult, pulse thready and feeble; finger nails livid and hands stiff. The larynx was very tender, and became increasingly so. Deglutition was also difficult, and ultimately almost impossible. *Aconite* and *belladonna* were given without relief; then *bromine* by inhalation; but she became rapidly worse, the power of deglutition was almost gone, and her hands and feet were cold. Half a drop of the tincture of *gelsemium* was now given, and Dr. Stokes writes, “scarcely had the fluid passed over the tongue when we saw the respirations lengthen, and felt the hands relax from their rigidity. The countenance began at once to brighten, the hands soon regained a more natural appearance, and the whole bearing of the patient was easier and happier. In a quarter of an hour we gave the remains of the dose, and so rapid was the improvement that in another quarter of an hour we were able to go home to bed.” A complete recovery followed, though the larynx remained tender and deglutition difficult for a week. Dr. Stokes also reports another case in a girl of thirteen,

“where the face was purple, the eyes protruding, the larynx was spasmodically jerked up and down, and suffocation seemed imminent,” in which this medicine relieved symptoms of great distress and danger within half an hour of its administration.

I shall conclude what I have to say on the action and uses of this drug by a reference to the indications of disordered health noticed in the stomach, intestines and bladder occurring in persons under its influence.

The tongue is covered with a yellowish white fur; it feels thick and numb, rendering articulation difficult. In one case of poisoning with a  $\frac{3j}{\text{ss}}$  of the fluid extract, “after the return of consciousness, intelligible speech was at first only possible when the jaws were supported. The tongue was stiff and the voice thick and guttural.” As a part of the same kind of neurosis, we have also difficulty in deglutition and dryness of the fauces.

There is some irritability in the stomach—occasional colic-like pains in the abdomen, and bilious diarrhoea—but there is nothing especially characteristic in either condition.

Neither do the symptoms ascribed to the urinary and genital organs call for remark, save the following observation by E. M. Hale. He noticed in nearly every instance where *gelsemium* was experimented with on healthy persons that there was a profuse emission of watery urine, accompanied by transient chilliness, tremulousness and an evident alleviation of the sensations of heaviness of the head, dulness of mind and dimness of sight. Several, he adds, who made patient provings for me noticed the same symptoms with the alleviations.

These effects, however, are probably referable to the disturbance of the nervous system set up by it rather than to any direct action upon the kidneys.

As to the dose in which *gelsemium* is best given, I may say that, for ordinary purposes, a drop or two drop doses the 1st centes. dilution is adequate. I am not aware that a larger dose, or one more infinitesimal, has any advantage, albeit it has often been given successfully in drop doses of the pure tincture as well as in the 1st decimal, and in higher dilutions still.

A CASE OF NERVOUS DEAFNESS.

By ROBERT T. COOPER, M.D.

MARY PERCY, a spare, thin woman of nervo-sanguine temperament, aged 42, occupied in a drug store, came to the hospital May 16th, 1885, saying that she had been deaf for three or four weeks, and she gave the very interesting history that while bottling dry arsenic, two months ago, she shook a duster with which she had wiped up a quantity of the arsenic, and that she had not felt well since then. Her throat, chest, &c., seemed to feel the effects of it.

Bowels are slightly confined, appetite is not good, and complains of a sick feeling.

Can only hear a watch on contact on the right side, at 30 inches on the left. The membranes are anæmic.

On examining the condition of the cervical blood-vessels, I found no trace of bruits, and concluded, for reasons afterwards to be explained, that the case was one of nervous deafness. For this reason, and because the symptoms seemed to indicate, I gave her *gelseminum*, four drops of the  $\phi$  tincture to go over a fortnight; and to-day, 30th May, 1885, she returned, saying that she was now hearing quite well. She also volunteered the statement that she did not now think the arsenic could have had anything to do with her deafness, as she was not at all sensitive to any of the drugs which it was her every day duty to handle; and, moreover, she added the very important information that for the last eight months she had had much anxiety in regard to a matter upon which she was continually receiving letters, and that each time of receiving worrying intelligence a numbness would be felt in her ears with subsequent loss of hearing power; so that the deafness had been going on thus intermittingly for eight months.

Here then was the indication for *gelseminum*; for I have found it in many cases specific for this deafness when attended with a sense of *numbness and deadness* about the ears.\*

For a full explanation of this case I must refer the reader to some articles I am publishing in the *Dublin Journal of Medical Science* upon *Vascular Deafness*; it is sufficient at present to say that it would be utterly impossible, pre-

\* Vide *Lectures on Diseases of Ear*, by author, case xx, p. 183-4. Second ed., 1880. Homœopathic Publishing Company.

scribe what we will, to raise the hearing power of an ear, deaf to a watch tick, except on contact, to its normal standard in a fortnight, were the case one of pure vascular deafness, such as I am now describing for the first time in the journal just named.

Then as regards cervical blood-vessels ; it is undoubtedly the case that bruits are found to prevail in them very much oftener than is generally supposed. The bruits are seldom, if ever, absent in cases of true vascular deafness, and their presence, with or without deafness, shows that the patient has imbibed impure material of some sort, be it bacterial infection or chemical poison ; their existence, I take it, is due to an irritation in the vascular parietes, caused by the efforts of the system to eliminate poisonous material ; and the inference is therefore legitimate that the state of these blood-vessels is to a large extent an *index hygienicus* of a person's mode of living.

Such, briefly, are the important conclusions at which, in these papers, I have arrived, and, moreover, I have shown that by a careful examination of these blood-vessels we can fairly anticipate the onset of deafness, a matter that I need not say is of the greatest possible importance to the community at large.

This result, which is, as those of your readers know who have followed my inquiries into a condition of system termed by me, "Painless Irritability of Fibre," in my articles on *The Medical Diseases of the Bladder*, in the *British Journal of Homœopathy*, the outcome of long continued investigation, and one of which I think I may very naturally feel proud.

As to perosseous hearing in these cases, I can aver from actual experience, that it is often very feeble, and have little doubt it was so in the above instance, without its *necessarily* implying an incurable or even an intractable case. The import of a dulness of hearing for the tuning fork has been certainly over-rated. The more we analyse and reflect upon our cases, the more easily explicable will appear the instances of extraordinary cures that every now and then attend our efforts to relieve the physical infirmities of our patients ; and it is of paramount importance to be alive to, and in given cases, to recognise at an early period what are the possibilities we can accomplish by the aid of remedial agents. We cannot do this so long as we fail to discriminate and differentiate between various forms of

disease having a common feature, such for example as the symptom, deafness.

Moreover, by thus studying disease and its remedy side by side, we find the indications for remedial agents become more pointed, more reliable, and altogether fewer in number.

What, then, are the characters by which we can distinguish the early stages of a nervous deafness?

First, there is the history, a history pointing to mental anxiety and strain rather than to an inflammatory seizure.

Second, there is the mode of onset of the affection, the deafness coming on in irregular seizures, leaving suddenly and coming suddenly.

Then there is the character of the deafness. This is very marked in the seizures, very often affects but one ear, and is as often as not, unaccompanied by tinnitus; it is a real deafness, not, as in vascular deafness, a simple confusion of hearing, when first noticed.

These are the characters by which I would distinguish nervous deafness, but for fuller particulars must refer to my articles on *Basic Aural Dyscrasia and Vascular Deafness*.

21, Henrietta Street, Cavendish Square,  
June 1, 1885.

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## TWO CASES OF PROFESSIONAL NEUROSIS ("WRITER'S CRAMP") TREATED BY *GELSEMIUM*.

By J. GALLEY BLACKLEY, M.B.,

Senior Physician to the London Homœopathic Hospital.

IN an article upon *Gelsemium*, published by me in the pages of this journal for February, 1876,\* after citing a case of piano-player's cramp treated by *Gelsemium*, I ventured to suggest that when the *modus operandi* of the drug came to be more accurately known, it would, in all probability, turn out to be distinctly homœopathic to that troublesome and usually intractable class of nervous affections recently grouped together by a German writer under the collective title of "*professional neuroses*," and

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\* "On *Gelsemium*," *Monthly Homœopathic Review*, vol. xx., p. 80.

known in its various phases as "writer's cramp," "piano-player's cramp," &c. The above-mentioned case was one of Dr. Hertzka's,\* and is briefly as follows:—"The patient, a pianist, had suffered from lassitude, wandering pains, and weakness of both arms, more especially the right one, the symptoms being so severe as to prevent his following his occupation for the last two years. Cold water and galvanism to the spine had afforded him only very slight relief. The patient was put upon *Gelsemium*, eight drops three times a day, and the symptoms rapidly vanished, no unpleasant physiological effects from the drug being noticed." Since the appearance of my article there have been published, on the one hand, some solid contributions to our knowledge of the action of *Gelsemium*, whilst, on the other, something has been done to elucidate the pathology of a somewhat obscure disease; and before giving the notes of my two cases, both of which I may premise were treated with *Gelsemium*, I propose to lay before the reader, as briefly as possible, those considerations which lead me to think my prediction is likely to be fairly well borne out in practice.

Of symptoms pure and simple, the following taken from Allen,† although not, alas! given in a connected form and in the order of their sequence, appear to me extremely suggestive of the symptoms usually present in professional neuroses:

"I gradually lost the control of my limbs, so that I could not direct their movements with precision. A sensation as if a galvanic current were passing down the forearm and hands also the same in the feet." "After writing for a few minutes, crampy pain in the bend of the right elbow. Pain in the flexor muscles of the right forearm. The flexor muscles of the hands and arms were paralysed whilst the extensors were nearly so. Sensation in hands and arms blunted but not in proportion to loss of motion.

"Fatigue of the lower limbs after slight exercise, loss of voluntary motion in the lower extremities, a slight sharp crampy pain in the left gastrocnemius about the largest part of the muscle, excessive drawing and contracting pains in the gastrocnemius muscle of the left leg, pain

\* *Centralblatt*, 1875, p. 803.

† *Encyclopædia of Pure Materia Medica*, vol. iv., p. 397, Symptoms 22, et seq.

in the left ankle with spasmodic contractions of the toes, and drawing pains in them; excessive crampy pains in the whole of the right foot."

So much for the mere symptoms. If we come next to inquire into the theory of the action of the drug, I cannot do better than refer the reader firstly to my paper already mentioned, where he will find the results of Berger's experiments upon animals summed up as follows:

"*Gelsemium* causes, therefore, in warm-blooded animals, paralysis of the motor centre of the brain after previous stimulation of the same; paralysis of the respiratory centre of the medulla oblongata. (The difference between cases where the vagus is left intact and where it has been cut, speaks for a simultaneous participation in this action of the pulmonary twigs of the vagus.) Sensibility remains unimpaired, reflex irritability is at first excited, finally diminished. On the function of the heart the poison has only a collateral influence, the slight diminution of frequency of the latter appears to be caused by the sedative effect of the venous blood upon the medullary vagus centre. Large doses cause a moderate lowering of the blood-pressure, death is caused by paralysis of respiration."\*

Secondly, to the articles upon *Gelsemium*, contributed to the pages of the *Lancet*† by Messrs. Ringer and Murrell.

The second of these,‡ devoted to a consideration of the action of the drug upon the cord, possesses a special interest for us as homœopaths, in the fact it contains distinct evidence that both the preparations employed (extract and alkaloid) possess a dual action. Whether this fact, however, warrants the authors in their supposition that the plant contains two active ingredients, one a paralysing and the other a tetanising one, is, I think, at least open to question.

Lastly, to the admirable monograph on *Gelsemium*, published by the Hughes Medical Club of Massachusetts, where he will find the following commentary upon the effects of the drug upon the motor nervous system in the human subject.§

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\* Loc. cit., p. 85.

† On *Gelsemium sempervirens*, by Sidney Ringer, M.D., and William Murrell, L.R.C.P., *Lancet*, 1875, i, and 1876, i and ii.

‡ Loc. cit., 1876, i, p. 83.

§ *Gelsemium sempervirens*. A Monograph by the Hughes Medical Club of Massachusetts. Boston, 1888. Pp. 43 and 44.

“On the motor sphere the activity of the drug varies from simple spasmodic movements through general weakness, feebleness, and slight paralysis, to total loss of muscular power; hence we conclude that its mode of action is at first very slightly irritant, as shown by slight spasms, afterwards depressant, as shown by complete paralysis.

“In conclusion, we sum up in brief the points at all substantiated by facts:

“1. The only point which seems at all settled is that the paralytic action is central and not peripheral, as is shown by the experiments of Ringer and Murrell.

“2. That the paralysis being almost entirely motor instead of sensory, it would seem that the effect of the drug is expended largely in the anterior columns of the cord.

“3. From the fact that amongst the earliest symptoms are the paralysis of the glottis, tongue, and face; later the general weakness, staggering gait, and loss of muscular power, it would seem plausible that the effect of the drug was progressive from above downwards.

“The physiological action under this head seem to be that of a sedative to the motor nervous system. At first mental action is unimpaired, but finally there is a feeling like commencing intoxication, or entire unconsciousness and apoplectic stupor. At other times there was only inability to concentrate the mind. Its action seems to be on the cerebrum and motor centres of the medulla oblongata.”

Those of you who have seen and studied cases of writer's cramp will be at once struck, not only with the similarity of certain individual symptoms in both drug and disease, but also with the very close resemblance between the presumed *modus operandi* of *Gelsemium* and modern views on the pathology of writer's cramp, which last might be summed up as follows:—

1. Overwork of certain groups of muscles usually acting quasi-automatically.

2. Hyperæmia with excitement of nerve-centres, exalted function, spasm, neuralgic pains, tremors.

3. Passive congestion of nerve-centres, impaired function, motor paralysis.

Two cases of this interesting ailment have occurred in my practice during the past few years, both, as I have



already stated, treated with one medicine only, and that medicine *Gelsemium*, and which I now proceed to relate.

### CASE I.

Dr. H—, organist and composer, æt 60, of bilio-sanguine temperament, slight build, and highly strung nervous organisation, consulted me in the spring of 1879 for a troublesome cramp of both hands and one foot—coming on when practising the organ or piano. The history furnished by the patient was as follows: The first attack commenced in 1878, at a time when the general health was very much below par, as a result, partly of serious mental anxiety, and partly of long continued overwork, both in practising and in composing. The result of these was a condition of chronic catarrhal dyspepsia (from which the patient still suffers at times), inability to sleep, and the above-mentioned cramp of both hands and the left foot, coming on four or five times a week when practising, and in the right hand also when writing. The patient's habits had always been abstemious, but he took at this time moderate quantities of brandy and water, under medical advice. This condition of matters continued with some fluctuations for more than two years, and gradually ceased as the general health improved, and he enjoyed perfect immunity for more than three years. At the time of his first visit to me the causes, predisposing and exciting, were apparently the same as in the first attack; a favourite daughter was seriously ill, he was suffering from a severe attack of dyspepsia, and had been at work far into the night, writing and composing, for many weeks; the exciting cause was of course the same, overwork with hands and feet in practising. The account of these cramps given by the patient is as follows: "Within ten or fifteen minutes after sitting down to the instrument, some feeling of pain and stiffness manifests itself in the flexor muscles of the forearms and gradually spreads to the fingers, and whilst evident at first only in florid passages, increases so much as to impair the execution of even the simplest compositions. The right hand suffers most, then the left hand, and frequently during pedalling, where the left foot should be crossed over the right, this movement becomes almost impracticable." These symptoms had been troublesome for some weeks, not absolutely every day, but, as in the first attack, about four or five times a week. One of these attacks came on during a public recital upon

a new organ whilst playing one of Bach's fugues, the cramp seizing the right hand in the very middle of the piece. Rather than break down the heroic patient resolutely set to work to finish with one hand and the feet, rubbing the right hand, meanwhile, vigorously upon his knee, and succeeded so well that he was warmly praised by the critics for his playing of this very piece.

After a week or ten days devoted to *Merc. sol.* for the relief of the gastric troubles, I placed the patient upon *Gelsem.* 1x, a drop three times a day, and with the exception of insisting upon regularity in meal-times, I made no alteration whatever in his habits or mode of life, the hard work going on as usual until the autumn holidays, some months later. The medicine was steadily taken for three months, the result being a gradual diminution in the frequency and duration of the cramps, and at the end of about ten weeks they ceased altogether. It is only right to add that the general health had meanwhile improved slightly, but not nearly in a degree commensurate with the improvement in the purely neurotic symptoms.

Since 1879 he has had one or two slight relapses, which he has generally nipped in the bud by a renewal of his old prescription.

#### CASE 2.

My second case of professional neurosis is of a similar character, but occurring in a professional flute-player.

Mr. X—, æt. 35, flautist, of small physique and bilious temperament, came to me on October 23rd, 1884, complaining of stiffness and cramp in the middle finger of both hands when fingering. This symptom had been noticeable for four years past, and had increased somewhat of late. The patient had a chancre in 1874, followed by well developed secondaries, but has not suffered in any way since. On requesting the patient to go through the action of fingering his instrument as in practising difficult passages, he complained of a swollen, stiff feeling in both middle fingers, more particularly the left, accompanied by deep-seated dull pain down the centre of each forearm over the median nerve. On inspecting the arms the muscular development was seen to be small, but no localised wasting could be detected. There was slight pain on pressure over both median nerves. With the exception of the middle fingers all the fingers were moved with perfect ease.

Cutaneous sensibility was unimpaired. All the superficial muscles of the forearm and hand were found to respond freely to electric stimuli, and reflex irritability was apparently unaltered. No tremors were apparent in any of the muscles even after continued effort. Patellar reflex and ankle-clonus were normal, and gait normal. With the exception of some slight tenderness on pressure over one small spot on the left temporal region, no symptom suggestive of lurking syphilitic trouble could be detected.

The cramps in this case differed from the foregoing in not increasing whilst he persevered in his practising. They were constantly present, with varying degrees of severity, but were always worse during the winter and after long practising of florid passages.\* *Gelsem.* 1x, a drop three times a day, was prescribed, with a liberal diet and rest enjoined. As the patient's habits were temperate he continued to take his accustomed beverage, claret.

October 30th.—Has refrained from practising as much as possible, merely doing what was absolutely necessary in fulfilling his usual evening engagement at one of the theatres. Thinks there is a slight improvement. Repeat medicine.

November 12th.—Improvement is now very marked in every respect. Is still giving himself all the rest he can preparatory to going on a provincial tour. Rep. med.

December 5th.—Came to see me before leaving town, declaring himself nearly well, although he has not yet resumed his usual amount of practising.

March 16th.—The patient came to see me after the conclusion of his provincial tour, lasting ten weeks, and reports that he remained perfectly free from his ailment during the whole time of his absence from London. He has had a very slight relapse during the last few days, and says he has been suffering from slight gastric disturbance. The medicine was repeated, and I did not hear again from the patient until a couple of days ago, when he reported himself as well, but as still taking the medicine at intervals, for he is sure it is *the* medicine for him.

*Remarks.*—From the above somewhat scanty notes it will be seen that no attempt was made, before commencing the treatment, to differentiate the individual muscle or

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\* The patient mentioned especially a florid passage for flutes in the scherzo movement of Mendelssohn's music to the *Midsummer Night's Dream*.

group of muscles involved, in the manner recommended by Dr. Roth. Until our knowledge of the pathology of the disease is very much precisionised, such a course does not appear to me a necessity, unless, indeed, it were decided to treat the case non-medicinally by means of appropriate manipulations as practised by Dr. Roth and Mr. Wolff. These cases were treated symptomatically with a medicine whose homœopathicity to the complaint had already been pointed out, and which even in allopathic hands had proved curative.

### ON THE TREATMENT OF THE INSANE.\*

BY STEPHEN H. TALCOTT, M.D.

Medical Superintendent of the State Homœopathic Asylum for the Insane, Middletown, New York.

THE methods employed at this asylum for the restoration of the insane may be stated as follows :—

1. Kindness and gentle discipline.
2. Rest as a means for physical and mental recuperation.
3. Enforced protection.
4. Exercise, amusement and occupation, as stimulants to the renewal of health.
5. Diet and artificial feeding.
6. Mental and moral hygiene.
7. Sanitary surroundings.
8. Medicine.
9. Furloughs.

1. Before Pinel engaged in his benevolent and world-famous work of liberating the chained and shackled insane at Saltpetriere, Samuel Hahnemann illustrated and enforced the law of kindness by his treatment of Klockenbring, the insane secretary of the Chancery of Hanover. Indeed, as far back as 1789, he established an asylum for patients afflicted with insanity, in Georgenthal, near Gotha. Pinel's noble work began about 1791. To show how thoroughly the founder of homœopathy appreciated the necessity for kindness towards the insane, we quote the following benign statements from his pen: "I never allow any insane person to be punished by blows or other corporeal

\* From the Fourteenth Annual Report of the State Homœopathic Asylum for the Insane, Middletown, N. Y. 1885.

infliction, since there can be no punishment where there is no sense of responsibility, and since such patients only deserve our pity, and cannot be improved, but must be rendered worse by such rough treatment. The physician of such unfortunate creatures ought to behave so as to inspire them with respect, and at the same time with confidence. He should never feel offended at what they do, for an irrational person can give no offence. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his philanthropy to relieve their sad condition."

No modern reformer has given expression to wiser or sublimer sentiments than those expressed by Hahnemann nearly one hundred years ago. At the Middletown asylum we seek to exemplify, both in the medical treatment and in kindness to our patients, the teachings of the illustrious "sage of Coethen." To be sure, the insane must sometimes be governed and controlled, but, while the administration of discipline is at times necessarily firm and unyielding, it should still, in every word and act, be tinged with the essence of the golden rule. The more irresponsible the patient, the gentler and more sympathetic should be the treatment. As patients resume their normal condition they may be subjected to the wholesome influence of laws necessary for their proper government.

As loss of self-control is a prominent indication of insanity, so the resumption of self-restraint is not only a pleasant omen but a necessity to those who are progressing toward recovery. Physicians, supervisors, attendants, and all who come in contact with the patients here are enjoined and urged, repeatedly, to control themselves and then to bestow upon the suffering, continually, the blessed balm of kindness. The violation of the law of kindness is punished more promptly and more severely than the violation of any other rule.

2. When a new patient is admitted to our wards the first question that arises is: "What shall be his treatment?" Several years ago, during our early experiences in these matters, we allowed most of our patients to be up and dressed during the day, and perhaps, violently exercising upon the wards, and, as we now believe, often to their detriment. Recently we have inclined to a change of tactics, and we have come to regard rest in bed as a very important primary measure for the cure of our patients. A

popular notion prevails that the insane, especially those who are unduly active on account of their insanity, should be made to labour, or at least to engage steadily in some light occupation. This notion should be qualified, if not altogether expelled from the minds of thoughtful people. The time may come, in the course of an insanity, when occupation and labour are proper; but at the outset it quite often happens that the insane man, like a runaway horse, needs, more than anything else, a check and a curb, and the interposition of means stronger than his own disturbed and erratic will, for the purpose of conserving his fast-waning physical powers. When a person feels the first insidious approaches of insanity, he often becomes sleepless and spends his time, both night and day, in restless wanderings, in undue attention to business affairs, or in fierce indulgence in the study and contemplation of abstruse subjects. Such is the dire influence of this unwholesome disease that the victim, even after a sleepless night and while needing rest more sorely than ever before, will plunge inordinately and recklessly into the whirlpool of daily affairs. Under the spur of disease he thinks faster, talks faster, works faster than is his customary wont. Occasionally, after a brief period of such undue exercise, the patient becomes depressed, apathetic, melancholy, inert. But in many cases this excessive exercise produces an erethism of the nervous system which, even in the last extremity of profound exhaustion, impels to further exertion of body and of mind. Thus we have, in a short time, the full development of an acute mania, or of an excited melancholia. The patient finds no rest either night or day. His ideas are evolved from a super-heated brain, with rising and increasing vehemence, as flames shoot up from burning oil. There is a constant and electric repetition of the same ideas. They appear with the rhythm and rapidity that characterise heat waves from a white-hot furnace. The destruction of life forces under such circumstances is appalling. The weight and tone, the vigour and life of the patient rapidly melt away before the onset of this fierce disease. Exercise under such circumstances is as oil upon flames; it merely increases the destruction, and enhances the danger. Occupation is simply a bellows which fans the fire. To save the patient's life and to restore him to health it is absolutely necessary, not only to avoid exercise and occupation, but to enforce profound rest and thus subdue the

environing danger. We have known patients to die from sheer exhaustion because those having them in charge did not sufficiently perceive their physical weakness, nor enforce measures for protecting such patients against themselves. Those who are now admitted to this asylum, while in danger of speedy death from the exhaustion of over-exertion, are obliged to accept enforced rest. They are at once compelled to yield an implicit and soldierly obedience to Macbeth's command to Seyton: "Get thee to bed."

Everybody recognises the necessity for enforced rest in cases of pneumonia or typhoid fever. Insanity, when stripped of the husks of superstition which environ it, is found to be just as much a physical disease as small-pox or scarlet fever. The existence of physical disease is sometimes not so apparent in insanity as in erysipelas, but it exists, nevertheless. For some time past we have practised enforced rest in cases of mania, melancholia, and paresis, where the conditions are excessive restlessness, loss of appetite, and rapid wasting of the vital forces. Our experiences have demonstrated the value of rest, to such an extent that we tend more and more toward this, the true hospital system of treating the insane. Our critical and exhausted cases are now put to bed and kept there until the mind is calm and the body sufficiently strengthened to admit of a gradual renewal of the ordinary exercises of life. When first placed in bed the patient may, for a short time, be unusually restless; but after a few days a marvellous quiet steals over the senses, and the patient submits, readily, to the exigencies and the demands of the occasion. If permitted to be at large, the excitability would increase to an almost unparalleled extent, and would continue for an indefinite period. But enforced rest brings the most prompt and satisfactory relief.

3. Enforced rest, or enforced protection, is most satisfactorily secured by the use of a waist similar to a dress waist. To this waist are attached long sleeves and padded mits in front, and bandage-like attachments on the side. These bandages are fastened to the bed in such a manner that the patient may lie on his back or on either side, but he cannot rise and walk about. The body and limbs are held in place by what we call a "protection sheet." This sheet covers the entire bed and is fastened at the sides and at the end. The upper part is cut in a semi-circular shape so that the head and neck of the

patient are free. The arms of the patient pass through suitable openings in the sheet and are left free and unrestrained. The beds which we use for these patients are made of ordinary pipe framework, between the ends of which is stretched a woven-wire mattress; over this is a felt or hair mattress. Aside from the protection sheet, all the bed clothing and appurtenances are of the usual variety.

When thus subjected to enforced rest, the patient can harm neither himself nor those about them. The circulation of the blood is rendered as free and easy as possible. Respiration is unimpeded, which is not always the case when a camisole or muff is used. The outlook is cheerful, for the patient's surroundings may be as pleasant as those in a bright parlor. In this situation the patient is enabled to take an abundant supply of restorative food, and the process of repair may thus go on with the least possible interference.

The indications of improvement are as follows: First, a subsidence of mental and physical excitement; secondly, an improvement in the appearance of the skin, which loses its dryness and roughness and becomes soft and natural; thirdly, a mellow lustre and clearness of the eye, in place of the former blood-shot and staring appearance; fourthly, a steady and substantial gain in bodily weight; fifthly, an increase from night to night or week to week, in the number of hours of sleep attained.

While these patients are kept in bed they require an extra amount of careful nursing. They are daily sponged with alcohol and water and their bodies thoroughly rubbed; and in some instances, the muscles, particularly of the extremities, are thoroughly manipulated every evening by the nurses.

The use of former and common restraints have been almost entirely dispensed with at this asylum. The muff is only occasionally, and the camisole but rarely employed; instead, we use what is best termed "enforced protection." The method has been already described. While this enforced protection retains the patient in bed, it has none of the repulsiveness of the heavy leathern muff, or of the strait-jacket. The treatment is simply that which is accorded by the mother to her restless child when the clothes are tucked about it so closely that it cannot kick them off. It is the same protection that is accorded to the



fever patient, with the exception that the canvas sheet keeps the clothing in place and the patient properly covered in lieu of the hands of watchful neighbours and friends. The protection sheet does the work of two attendants, so far as retaining the patient in bed is concerned. Without it some cases would require two attendants during the daytime and two during the night. Very few counties or individuals can afford the luxury of paying for four attendants to a single patient. Nor would the four attendants be any improvement over the methods we have adopted. After the patient has been bathed, and fed, and prepared for the day or night, the protection sheet does all that the hands of attendants could do in protecting the patient from harming himself or others.

Enforced rest is continued until the patient sleeps well at night; until he has gained several pounds of flesh; until the skin becomes soft and natural; and until mental irritability has, to a considerable extent, passed away. Then the protection sheet is removed, and self-control is encouraged. Soon the patient begins to sit up a short time each morning. As he gains in strength, the time for sitting up is gradually lengthened. After having made a fair start upon the road to recovery, he is at first amused and occupied by conversation with the physicians and attendants, by looking over pictorial papers, and by short readings in light literature. Lady patients, while being subjected to this treatment, often engage in crocheting or other light handiwork.

4. From amusement and occupation, which are not in any sense a toil, the patients pass gradually to the resumption of the functions of exercise. At first they are allowed to take short walks about the ward or in the day rooms; they are allowed to play on the piano; to play cards or dominoes with their fellow-patients, or to exercise at billiards. A little later they are permitted to take strolls upon the grounds. The exercise of walking is slowly increased until the patients are sufficiently hardened to engage in some useful occupation, such as working on the wards; in the laundry, folding clothes; in the greenhouse, cultivating flowers; or in the garden, working among the vegetables. By such a course of treatment we have had the pleasure of seeing many apparently hopeless cases, after long periods of rest and nourishment, rise from their

sick beds and progress to genuine and substantial recoveries. The process which we have outlined is sometimes completed in three months, and sometimes a year or more elapses before the desired result is attained.

Concerning the labour question, we presented in the eleventh annual report the following paragraph: "After rest, after sickness and enfeeblement, come naturally the recuperative and recreative influences of exercise through moderate toil. We find that, even to the feeble, employment may have its beneficial uses. Yet in the administration of labour, as a species of medicament, we must individualize each particular case, and prescribe only such homoeopathic doses as shall insure the most beneficial results. When taken in excess, toil inflicts the most disastrous effects and destructive penalties. Overwork, as well as overworry, sends many a shattered wreck of humanity to an insane asylum. When applied, then, as a means for restoration, labour should be given in very moderate doses, and its effects should be closely watched; and the drug of toil should be withheld upon the slightest symptoms of unfavourable aggravation.

"If a patient is strong physically he may, ordinarily, be placed at regular employment; yet there are exceptions to even this apparently general rule. Though possessed of great vital powers, the patient may be in that peculiar condition, where, if placed at work, his brain, instead of being soothed becomes super-heated, so to speak, and thus the very act of exercise aggravates the mental derangement, until it reaches mighty and uncontrollable proportions. Absolute quiet, and freedom from every form of exciting exercise, are sometimes the most important means with which to tone down, to a normal health level, a hyperæmic and over-stimulated brain. It is not safe, therefore, to say that because an insane man is strong he should, as a natural consequence, be made to work; since labour may be the most injurious affliction to which he can be subjected. Rare discretion, good judgment, and the wisdom of experience must be exercised in behalf of the strong as well as the weak who are insane.

"Among recent or acute cases we find but a very small proportion who can with any safety engage in any kind of labour. Those who are excited are generally incoherent in action as well as speech, and as a rule their attention cannot be fixed upon work long enough at a time to produce

the slightest benefit either to themselves or others. Moreover, such patients are utterly unreasonable, irresponsible, and dangerous to those around them; and we do not consider it wise to place tools, which may be used as murderous weapons, in such hands. Those who are mentally depressed are often inclined to self-injury, and hence should not be trusted with sharp tools, which might be used as means for committing suicide.

“After the primary outburst of insanity, whether the manifestations are of exaltation or depression, when the patients have either subsided to a moderate calm or risen from the depths of despondency to the plane of apathy or indifference, then the question of labour becomes practical and momentous. At this juncture, suitable employment may conduce to a gradual but steady return to a normal coherence of thought and action. And the patient, by anchorage to steady work, may be saved from the stormy bourne of chronic mania, or from being drifted out upon the trackless ocean of dementia.

“Now in dealing with the two principal classes under our charge—the ‘pauper or indigent’ on the one hand, and the ‘private patient’ on the other—we have still another complication to meet, in the harmonious adjustment of both to the question of labour. The poor are accustomed to toil, and naturally expect such an assignment. Still, when placed as patients in an asylum, they frequently feel in their hearts the old warrings of the opposing classes in society; and assume that now, if never before, they are the equals of their hitherto more fortunate and more prosperous neighbours. Hence they object to work unless their fellow patients of the paying class are compelled to toil, side by side, with them.

“Private patients, who know that their friends are providing for them, also feel that they have a right to assert what was in the outer world an undisputed superiority; and, knowing that they cannot be compelled to labour, they sometimes obstinately refuse to engage in such occupation as would most surely tend to promote their restoration to mental health.

“In harmonizing these classes, that they may work together for a common good, the skill and tact of the superintendent of an asylum must be constantly tested and judiciously exercised. The poor but proud, must be made to feel that they are employed, not for purposes of profit to

the institution, but for their own self-help. The rich must be taught the lesson that labour is honourable for all; that occupation for the capable is a prime necessity of nature; and that it is furnished, not to weary or degrade, but to act as a needful diversion—a means which may contribute most effectively to speedy and permanent recovery.

“That toil is not only a fulfilment of the primal curse; but likewise the normal condition of mankind, we have novel evidence in the fact that when the insane recover, they eagerly seek to renew acquaintance with that work for which they were previously fitted and trained. To encourage the convalescent insane to take up light and agreeable employment is therefore, to lead them back into the paths, the pleasures and the prosperities of their normal, mental and physical life.”

Our views upon this vital question, as expressed in 1881, have been confirmed by our experience since that time.

5. After many experiments we have arrived at the conclusion that the most satisfactory diet for the insane, while in a weak, debilitated condition, is the use of abundant quantities of milk (either hot or cold), of beef-tea, and of toasted bread. Very weak patients are treated to hot milk; those who are stronger, and have a preference, may drink theirs cold. This liquid diet is given at intervals of about three hours, beginning at six o'clock in the morning and ending at nine o'clock at night. If the patient is sleepless and very much excited, so that exhaustion is feared, this diet is continued every three hours throughout the twenty-four. The milk and beef-tea are given alternately, and toast is allowed once or twice a day. If patients refuse to accept proper nourishment, we resort to artificial feeding.

In 1878, we wrote for the eighth annual report, the following: “The difficulties often attendant upon feeding those who obstinately refuse to take food, happily suggested to Dr. N. Emmons Paine” (my assistant at that time) “the idea of using the soft rubber catheter of Nelaton as a nasal tube for the injection of proper nourishment. As the ordinary catheter was rather short for the new purpose to which it was diverted, longer ones were ordered from Tieman & Co., of New York, and these have been in frequent and successful use for several months without accident. This form of feeding has proved itself the easiest, safest and speediest of any to which we have resorted, and will doubtless become

popular both in asylums and in private practice. It can be rendered serviceable in cases of tetanus, fracture of the jaw, and paralysis of the throat, as well as cases of insanity. An ordinary Davidson's syringe, the small nozzle being inserted in the open end of the catheter, is all the force-pump that is required."

From 1878 to the present time we have fed, without serious difficulty, through this soft rubber nasal tube. Milk, beef-tea, gruel, Mellin's, Horlicks', and Nestle's food, fat soups, cod-liver and olive oils, and even melted butter or lard may be thus administered.

One of our patients was fed with a nasal tube three times a day for eighteen months; then she sat up in bed one morning and asked for solid food, which was given her. She ate so enormously from that time on, that she gained forty-seven pounds of solid flesh in a single month; she recovered and went home strong and happy.

As the patients who are receiving a course of treatment with liquid diet increase in weight, and as their natural cravings for solid food return, we begin in a gradual manner to administer eggs, beef-steak, lamb-chops, chicken, fish, vegetables, fruit and bread; yet all the while the liquid diet is continued. Among green vegetables there are none more acceptable or more valuable than the common lettuce, it is a vegetable whose value as an article of diet is not half understood or appreciated. With this vegetable may be pleasantly administered considerable quantities of salad oil; the latter is a valuable addition to the diet of a patient whom you wish to fatten. Lettuce is not only a good article of diet, but it possesses mild yet valuable medicinal properties; it exerts a tranquillising effect upon the nervous system. From May till November our tables have been daily graced with an abundance of fresh lettuce from the garden, in addition to from two to four varieties of other and perhaps more substantial vegetables from the same source.

To make an insane person fat, and at the same time to stimulate to renewed vigour the mental faculties (lest a possible dementia should supervene), is the most certain method for restoring the insane: consequently, every fat-producing food that can be taken without distress should be given. These fats may be administered to the best advantage in association with appropriate vegetables. Nearly every one of our patients consumes two ounces of butter per day.

Patients who have been addicted to the excessive use of intoxicating liquors should be fed upon milk, and soups containing beans, peas, lentils, or macaroni; after convalescence is fairly established, a farinaceous and nitrogenous diet should be continued. Oatmeal or cracked wheat and milk for breakfast, and baked beans or bean soup for dinner, should be the prevailing fare. New England witnessed an intense conflict, for more than one hundred years, between rum and baked beans, with a final and majestic triumph in favour of the latter.

Every insane person should have, at all times, free access to fresh water for drinking purposes. Those who are excitable will often drink considerable quantities, and not only without detriment, but with positive benefit.

Among the aged we find that fresh buttermilk, given *ad libitum*, produces favourable effects.

Tea and coffee are often craved after from force of habit. If allowed, as they frequently must be, the quantity and strength should be carefully regulated; if practicable, they should be dispensed with altogether.

6. Every one who desires to treat with success the insane should study the principles of mental and moral hygiene. Quite a large number of young people find their way to asylums for the insane. These patients are often the victims of imperfect mental cultivation and frequently are far below the normal standard of moral tone; for such, a system of education is inaugurated. They are encouraged to study books, to read histories, to learn poetry, and sometimes they make rapid progress in education while being recovered. The moral tone of such is elevated by good injunctions from their physicians and attendants, by non-sectarian and exalted teachings, and by oft repeated Gospel precepts of a general nature. Through these they gradually recognise their own short-comings, and their natural and proper relationships to their fellow beings in the community. It is often necessary to teach these victims of moral impairment a just and natural love for their parents, for their brothers and sisters, and for their friends and neighbours. The principles of the golden rule and the eleventh commandment are constantly taught to the young insane at this asylum; they are also instructed as to the forms and usages of society, in the weekly dances and the occasional parties which occur on the wards at intervals throughout the year. At these dances and parties

both sexes mingle freely, pleasantly and harmoniously, and the refining influences of such association are steadily noted.

Just here we may state that both suicidal and homicidal patients often need instruction and moral encouragement for purposes of self control, and for the purpose of avoiding the commission of the most serious crimes of which man is capable. The homicidal patient often needs seclusion for purposes of reflection, but while in seclusion his mind must be directed to a contemplation of his general relationships to those around him. Suicidal patients, on the contrary, must always be associated with others and never left alone. They are constantly watched by the attendants, and likewise kept with such patients as will be likely to exert a beneficial influence. We have long since come to the conclusion that the associated dormitory is the best and only true place for those inclined to self-destruction. The insane seldom attempt suicide in the presence of others, but if they do, they can usually, if watched closely, be prevented from accomplishing their desires. One great danger relative to suicidal cases is that of relaxation of vigilance when patients seem to have nearly recovered. Until such suicidal patients have passed into a condition of unusual hilarity, until they have risen above their own normal health standard, it is unsafe and unwise to trust them. This powerful reaction from their depression is quite noticeable in a considerable number of cases.

7. Sanitary matters require special attention in every asylum. Fresh air in all portions of the institution is of prime importance. Each room in each pavilion of this asylum is in direct communication with the open air, by means of a brick ventilator, open on the sides, yet roofed for protection from rain. This ventilator connects with a subway running the entire length of the structure; and from this subway special open shafts extend to each room in the house. Steam coils are placed in the basement, and over these coils the fresh air from the central ventilator and subway passes directly to the rooms. By this means a constant current of warm but pure air is supplied to every room and hall in the buildings. Ventilating shafts, for the carrying off of foul air, extend from every room to large ventilators in the roof. The wards are so thoroughly ventilated and supplied with fresh air that it is unnecessary

to send the patients out for a walk in very stormy weather. Each floor in the pavilions is supplied with four protected piazzas, where patients take mild exercise, or where those who wish may indulge in the luxury of smoking while they read their morning papers. Every room and ward in the asylum is open to the admission of sunlight. Sunlight is as needful to the insane as to plants and grasses of the field.

The buildings are cleansed constantly, by the abundant use of pure water. Disinfectants are used but moderately, for we believe, with Florence Nightingale, that it is not so much the foul odour as the thing that produces it which should be expelled. When disinfectants are needed we use, principally, thymol, Platt's chlorides, copperas, and to a very limited extent, carbolic acid. Benzoic and other acids are occasionally employed. A solution of cologne water and salicylic acid is sometimes used upon a patient who may chance to have an unusually disagreeable odour. But water and scrubbing are the chief reliances. The floors are kept in order by the use of raw linseed oil mixed with turpentine, four parts of the former to one of the latter. This preparation is lightly applied and the floors are then "holystoned" with heavy blocks of wood covered with old blankets. To these are attached long handles for convenience in using. In this way the floors are kept polished and clean.

The heating of the pavilions is principally by indirect radiation. The main building is heated by both direct and indirect radiation. Steam heating is best for preserving a proper temperature in public buildings.

Water for the institution is supplied from the Monhagen lake, an artificial reservoir of considerable extent, which likewise supplies the village of Middletown. Each building has in the attic a tank containing over ten thousand gallons of water. These tanks are constantly filled by the steam pump, located in the boiler house. Water for drinking and cooking purposes is supplied from excellent wells on the premises.

As the land slopes in every direction from the buildings drainage is an easy matter. Every water-closet, bath-tub, and lavatory is carefully trapped. The sewage empties into a large cesspool, built of brick without cement—in circular form, arched on top—which is thoroughly ventilated. The liquid portion of the sewage is filtered through charcoal and sand; the solids are retained and used for



enriching the farm. Sewer-gas passes away from the buildings through pipes running from the basement to ventilators on the roof. These pipes connect with all water-closets, wash-sinks, bath-tubs, and lavatories. The surplus heat in the attic produces a draft, and aids in the speedy removal of sewer-gas.

(To be concluded.)

## REPORTS OF CASES.

Translated from *Allgemeine Homöopathische Zeitung*, Vol. 105.

(Continued from page 174.)

In Nos. 11 and 12 Gerstel relates the following cases:—

1. A girl, æt. 6, delicate and pale, had frequently suffered from slight catarrhal attacks, which were usually cured by *acon.* She also complains of frequent itching in the rectum, and has passed several lumbrici; is subject to constipation; abdomen moderately distended, small appetite. For a year has had glandular swellings in neck. After a two months' course of *natr. carb.* 6 the neck became normal. In October, after a feast of grapes, she had prolapsus ani, with tumours. *Ign.* 3 and *nux. vom.* 3 were of no use. On the 13th November she got *ruta* 2 internally, and rags dipped in *ruta* externally. After four weeks of this treatment a mucous polypus came away from the rectum, and since then she is quite well. *Post hoc or propter hoc?*

2. A delicate girl, æt. 16, has suffered for three years from diarrhoea, which was continuously treated with *morphia*, *iron* and *tannin* without good effect. She had from 10 to 12 motions day and night. The stools were watery, generally brown and seldom consistent. No rumbling in bowels and no discharge of flatus. The digestion remained good, and she was kept up with meat diet. But she grew so weak that she could but rarely get fresh air even in summer. The belly below the navel was sunk in and painful when pressed strongly. The upper abdomen was rather distended, and dull on percussion; there was slight aching pain in it. Great thirst, and she drank much water. From the 15th to 22nd March she got *veratrum* 3 four times a day but without benefit. From 23rd March to 7th April she got *bry.* 3 four times a day. This diminished the frequency of the watery evacuations, and sometimes more consistent stools were passed, with rumbling in the bowels and occasional passage of flatus. From the

7th to 20th April she got *acid nit.* 5 twice a day. The evacuations became less frequent, from two to five *per diem*; she gained strength and could take a little exercise. From 1st May to 5th June she got *secale* 2 twice a day, and on the latter date the report was: Health improved, a week ago had a return of the uneasiness in the belly and had two or three diarrhœic motions. Since then she has been quite well, and has remained well.

8. A woman, aged 37, mother of five children, was confined on the 14th October. During her last pregnancy she frequently complained of pain in the left lumbar region. Her confinement took place regularly. Since then she always feels, but especially when turning in bed, the pain in her left lumbar region, and she can with difficulty raise her left thigh. She can walk well on the level, but going up stairs is difficult and painful, so that she has often to be carried up. Since six months after delivery there has been pain on deep pressure in the left lumbar region. Evidently she had proctitis caused by pressure during pregnancy. She was ordered compresses of *arnica* on the painful lumbar region, and *arnica* 3<sup>i</sup> three times a day. In a few weeks she was quite well. Since then she has had twins, and has ridden much on horseback.

4. An opera singer, 26 years old, has suffered for five months from pharyngeal catarrh. His voice is so affected that he can sing neither high nor low passages, though he is not hoarse. He was treated with inhalations of chlorine water, applications of *nitrate of silver* and gargles of *tannin*. All in vain, so that he had to give up his theatrical engagement. The pharynx was red, and covered with a layer of dark green, semi-transparent mucus; the cicatrices caused by the caustic were visible. He has a feeling of roughness in the pharynx. The voice is not hoarse, but dull.

On the 9th May he got *senega* 2 four times a day.

16th. The mucous layer thinner, and more transparent; the voice clearer and more sonorous; he can sing better.

3rd July. Pharynx normal colour, no pain, voice clear, can sing quite well. Repeat *senega* three times a day.

3rd Sept. Quite well, singing voice completely restored. He returned to his part in the opera.

In No. 20, Kunkel records some cases.

1. Called at night to see a woman suffering from neuralgia of the upper arm. The pains begin at the shoulder joint and spread thence down the body; paroxysms at

intervals of two to five minutes, but now quite free from pain; aggravation at night. Heat or cold have no influence, nor yet changes of weather. No redness or swelling of painful parts. Passive movements do not increase the pain, but the slightest active movement does. No tenderness on pressure. Has had the pain six weeks, and it has continually increased in severity. No etiological cause ascertainable. *Ferrum X*, a dose night and morning, was prescribed. After the first dose violent pain for four hours followed by profuse sweat and amelioration. In the morning she was quite free from pain and remained so.

2. A woman, aged 51, complained of violent itching and burning in the nostrils. The lower part of the nose red and painful. Almost every day she had pain in the forehead, going off when walking in the open air. Horripilations, anorexia, constant feeling of satiety, cannot eat any fat, furred tongue, tendency to constipation, with sheep-dung appearance of the motions, palpitation of the heart when sitting still, sleeps tolerably, but must always lie on the left side as she cannot lie on the right. After *sepia* there comes an eruption on the nose, scabby, with aggravation of all the sufferings. *Magn. mur. X*, one dose daily for three days. In six or seven days all her symptoms were gone.

3. A girl, aged 17, suffering from violent cardialgia. The pain is pressive, goes off after eating, but returns in an hour. Palpitation of the heart, especially when sitting, going off on getting up and walking about. Sleep satisfactory—must lie on the left side. Feels all right on waking and for an hour after breakfast, then the cardialgia returns and she has several attacks during the day. Stool hard, like sheep-dung. Leucorrhœa before catamenia and 14 days after. *Magn. mur. 200* (Lehrmann), with immediate benefit. She returned a month afterwards. Until six days ago was quite well, then the cardialgia returned, though not so violently. Constipation. Pain relieved by eating, cannot remain seated. Head heavy after sleep. Flushes of heat and tendency to vomit. Peculiar lame feeling in the limbs, relieved by walking; attacks of chilliness. A dose of *sepia* removed this ailment.

In No. 21 *Ide* gives a collection of cases:—

1. A gentleman greatly addicted to the pleasures of the table complained of chronic bronchial catarrh, with emphysema of the lungs. The cough was very troublesome

at night, and there was much phlegm by day. *Dulc.* 3x soon relieved him. He then confessed to another malady that had plagued him for a long time. When he made water he had at the same time an irresistible urging to stool, which frequently caused him to evacuate in his trousers. *Acid mur.* 6x took this away permanently in a few days.

2. A labouring man, aged 62, had long suffered from difficulty of swallowing, for which he had vainly taken purgatives and emetics. He can only swallow thin fluid food, nothing dry. The obstruction seems to be at the bottom part of the sternum. When he swallows there is a shooting pain, and thereafter dry cough. When he wants to force anything down he must clench his teeth together. He has also the pain slightly when not swallowing; the pain hinders his breathing when walking in the open air. *Bry.* 3 produced great amelioration.

3. A girl, æt 3, delicate and scrofulous, was seen on the 26th August. She had great pain and swelling of the right knee, especially above and about the patella. No redness or fluctuation. Fever, with predominant chilliness, sleeplessness, and great nervous excitement. *Acon.* and *bell.* alternately allayed the fever and brought perspiration, sleep, and calmness; but the swelling remained, and the pain was occasionally so severe that the child moaned loudly and constantly. Aug. 31.—*Bry.* 3x. First day the swelling and pain had much abated, and on the 3rd Sept. she was quite well.

4. The same patient next November got acute rheumatism. It was chiefly situated in the ankles and left thigh. There was redness, swelling, and violent pain, great nervous excitement, yellow furred tongue, constipation, sweat. *Acon.* and *bell.* allayed the symptoms, but on the third day severe epistaxis came on, with pain in both knees. *Bry.* 3x cured her in four days.

5. A boy, æt 12, seen on 22nd Dec. He had rheumatism first of the right knee and abdominal muscles, then of the left arm and left elbow, later of the right shoulder and right elbow and wrist. The pain was severe, the fever very high, with profuse sweat and delirium. *Acon.*, *bell.*, *merc.*, and *bry.* did little good. The pain was somewhat less, and was confined to the left upper arm, right ankle, and abdominal muscles. The sweats were less. Dec. 29th.—The left ankle, right hand, left abdominal muscles unaffected; the general excitement was

increased. He got *puls.* 8x, and on the 30th Dec. he was considerably better, and by the 4th Jan. he was quite well.

6. A man, æt 53, had been ill a fortnight when he came under treatment on the 27th Dec. He had pains in the left upper arm after a chill. He was first treated with liniment with some relief, but since yesterday he was worse. The pains are tearing, shooting, and so severe that he felt quite faint, and could not bear the slightest movement of the affected part. The pains were only mitigated by perfect rest and when he lay in bed at night. On the top of the right humerus anteriorly there is a slight doughy swelling, extremely painful to the touch. *Ferr.* was of no use. On the 29th Dec. he got *bry.* 3x. On the 31st he was much better, and on continuing the medicine two days longer he was quite cured.

In No. 22, Elb reports some cases of hemicrania which are interesting :—

1. A widow lady, blonde, 32 years old, had suffered for eight years from hemicrania. The attacks were irregular, about eight or ten per month. They vary in duration from three to four hours; generally come on suddenly, with throbbing over one eye and in the temple, are attended by great nausea and vomiting at first of food, then of mucus and bile. The menses are usually two days too early, scanty, dark, and attended by spasmodic pains in the abdomen and pain in the sacrum; they last only two days. *Lachesis* 6x, one drop three times a day for five days, then two drops for the same period, until five drops are taken at each dose, then the dose is gradually reduced to one drop, then again increased, and so on. This course was pursued for six months. A few days after commencing the treatment a very severe attack was experienced, after this they ceased, and she had only occasionally slight headache without sickness. Since then five years have elapsed without any recurrence of the malady.

2. An unmarried lady, 30 years old, had suffered since puberty from hemicrania. She had an attack regularly every eight or nine days. Over-exertion and chills will bring them on sooner. During the attack great nausea and vomiting of mucus and bile. *Lachesis* was prescribed as above, and she wrote six months afterwards, "I commenced the treatment at once; but two days after commencing the treatment had an uncommonly severe attack. I then left Dresden, and travelled through Denmark,

Sweden and Norway, witnessed the midnight sun from the hill Avasaxa, was exposed to rain, wind and cold. Twice in 60 hours I had only three hours sleep. Continued the medicine for six months and have had no more attacks, nor any signs of a return of the headaches, though I have been living in the moist climate of England, which used to be formerly so prejudicial to me. I feel quite a restoration in my health." She left off the *lachesis*, and five years have elapsed without any return of her ailment.

8. A housemaid, 27 years old, has suffered for several years from semi-lateral frontal headache, with shooting in the sacrum, which occur regularly two days before the menses. The headache is almost intolerable, and only alleviated by lying down. It is attended by retching and vomiting. Menses regularly on the twenty-ninth day for three days; pale. *Nux moschata* 6x, 2 drops three times a day for three weeks. Six months have elapsed since the commencement of the treatment and there has been no recurrence of the headache.

4. A lady, aged 39, had since puberty copious menses, with pains in the belly. When 19 she took a cold bath to allay the pain. This brought on an attack of tetanus, and from that time she suffered from migraine. When 24 she married an elderly gentleman, and the following year bore a healthy child. Since then she ceased coitus. After delivery the following symptoms appeared, which were persistent, with increasing intensity, for 14 years, in spite of the treatment of the most renowned gynecologists of Europe. Menses of normal quantity for three days, at first like pink water, on the second and third days very dark, often containing clots; sometimes delayed for a few days. Singularly, 12 days after the commencement of menstruation she has a violent bearing-down pain in the hypogastrium, obliging her to lie down, attended by acrid, excoriating viscid leucorrhœa. Two days after the cessation of the menses there is migraine, and on the last day of the bearing-down a second attack much more severe than the first. She has never missed this second attack for 14 years, and the first attack only once. In addition she suffers from extremely excited sexual desire, causing her to masturbate. All her symptoms are worse in spring. The headache is semi-lateral, alternating regularly between the right and left sides. The right side pains are usually the worst. The attacks last 48 hours. In the morning,

on waking, there is felt on the side in which the pain is to come a paralysed sensation, which gradually increases, and the eye on that side seems to be smaller. After 4 p.m. there occurs in a certain spot of the temple a burning pain, then a drawing in the head from behind forwards, pressure on both eyes, and violent indescribable pains above one. The pains gradually increase till morning, when she vomits three times in rapid succession, the last time bile; then she goes to sleep, and the pain becomes gradually less, until it ceases at the end of 48 hours. Examination showed chronic endometritis, hypertrophy and descent of the womb. On the 9th February she got *phosph.* 30x, 5 globules night and morning. The menses came on at the proper time on the 10th, but she had no attack after them, and on continuing the *phosphorus* in various dilutions she has had no return of the attacks. For the first time for 14 years the bearing-down did not occur. Now, end of May, the patient is altogether very much improved. The bearing-down is much less, also the leucorrhœa, which is no longer acrid. The sexual desire is greatly lessened, and though she still has occasional inclination for masturbation she has only once practised it.

Kunkel gives a case of impetiginous eruption of the face, with occasional pustules on the arms and legs, in a girl 2½ years old, cured by *ant. crud.*; and another, also on the face, in a boy of 17, cured by the same remedy 6th and 80th dil.

Mossa communicates a letter received from a military surgeon, relating how he was converted to homœopathy. He says: "I belonged to the class of those who were unjust and blind to the merits of homœopathy, which I condemned without having tested it. I was attacked by an ulceration of both temples, accompanied by ichorous discharge, and which rapidly spread, accompanied by such intolerable burning that I could not sleep. For five months I exercised all my allopathic skill, and consulted six other wise allopathic colleagues, who subjected me to purgatives—cold, warm, dry, moist—and astringent applications, but all in vain. On the contrary, the face swelled, and was painful to the slightest touch. The ichor escaping beneath the scabs of the ulcers produced pustules on the cheeks. In despair I applied to a homœopathic colleague, Dr. Sauer, of Breslau. He sent me a small phial of *rhus venen.*, and directed me to take 2 or 3 drops of it three

times a day. In ten hours the terrible burning disappeared; at the same time the scabs became adherent, and the discharge ceased the same day. In four weeks the whole disease was gone, and I felt as if regenerated. My colleagues pronounced this accidental! *O sanitas simplicitas!*

In No. 24, Kunkel relates a case of spasm of the stomach in a waiter, 26 years old. He had suffered from his childhood from stomach affections. He has constant feeling of pressure on the stomach, but after eating, especially a heavy meal, the pain becomes more violent. He says it is constrictive in character. It lasts from ten to twelve hours, and is so severe he rolls about on the ground. The pains are somewhat allayed by lying. Sometimes when dressing in the morning before breakfast he has the most "frightful" pains. During the attack the pit of the stomach is hard and prominent. He is freer from pain at night. The motions are of stony hardness, often scanty, in little lumps, and difficult of evacuation. Eructation relieves him; taste sometimes sweetish. He got *plumb. X*, a dose every seventh evening. After ten days, considerable amendment of the pain in the morning. For six weeks he has had very little pain, and then only for two days. No more violent attacks. The stools still hard. The medicine was continued, and after six more doses he was quite well.

(To be continued.)

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## REVIEWS.

*Index Medicus: A Monthly Classified Record of the Current Medical Literature of the World.* Compiled under the supervision of Dr. JOHN S. BILLINGS, U.S. Army, and Dr. ROBERT FLETCHER. Vol. vii., Nos. 1, 2, 8. London: Trübner & Co., Ludgate Hill, E.C.

THE work before us is one of importance and value. It brings together the titles of nearly every volume and every essay upon medical and surgical subjects published from month to month. In the words of a circular we have received with the number the title of which we have quoted—

“The *Index Medicus*, now in its seventh year, records the titles of all new publications in Medicine, Surgery, and the collateral branches, received during the preceding month. These



are classed under subject-headings, and are followed by the titles of valuable original articles upon the same subject, found, during the like period, in medical journals and transactions of medical societies. At the close of each yearly volume a double index of authors and subjects is added, forming a complete bibliography of medicine for the preceding year."

The number of books and pamphlets of medical interest and of contributions to the medical journals constantly appearing, renders it almost impossible, even for the most studious, to keep pace with the literature of the questions in which he is interested, while to the busy general practitioner it is quite so. In the *Medical Index*, however, a single glance will inform him of what has been written during recent times on every subject of professional interest. To all who determine to keep *au courant* with the progress of art and science in medicine, this periodical is indispensable. As a catalogue it deserves to be widely known, and its publishers are well worthy of the fullest encouragement. To produce it must entail immense labour on the part of its editors, and incur no little expense and risk to its publishers. Hitherto we understand it has not proved a commercial success, and but for the spirited resolution of Mr. G. S. Davis, of Detroit, in Michigan, to undertake it, it would have ceased to exist. Mr. Davis, as the publisher of *The Detroit Lancet*, *The Therapeutic Gazette*, and *The Medical Age*, must have had considerable experience in medical journalism, and is therefore well qualified for the task he has undertaken. We trust he may be successful.

Dr. Billings and Dr. Fletcher, however, look for no emolument from their work, great as it is. All they ask is the support and encouragement of their professional brethren when devoting so much of their time and energies to facilitating their medical and surgical studies. That they merit all they ask, the hundred and thirty closely printed quarto pages before us, will assure any one. The references in this number include works and papers in periodical literature on Bibliography, Biography, Biology, Medicine, Therapeutics and Materia Medica, Surgery, Gynæcology, Obstetrics, Diseases of Children, Dermatology, Ophthalmology, Otology and Diseases of the Nose and Throat, Diseases of the Teeth and Dentistry, and Veterinary Medicine. Each of these departments is largely subdivided, so that the simplicity and readiness with which the current literature of any disease, or any physiological or pathological enquiry may be ascertained could not well be surpassed.

The subscription to this valuable addition to a library is two guineas per annum.

## NOTABILIA.

## NEMESIS!

OUR readers have had frequent opportunities of becoming familiarised with the disputes which of late years have taken place among the allopaths of the State of New York with regard to meeting homœopaths in consultation. The Code of Ethics—that is to say, of “Medical Ethics,” not Christian Ethics, that is a different affair altogether—the Code of Medical Ethics, then, of the American Medical Association has for forty years forbidden any of its members to meet in consultation or hold any professional intercourse with physicians who were known to practise homœopathically.

The history of the existence of the Code is given by Dr. Pifford, of New York, in a series of articles published in *The New York Medical Journal*, 1888. After mentioning the measures adopted in the United States in the earlier part of the present century to put down “steam doctors and herb doctors, men of no medical acquirements and varying degrees of honesty,” he proceeds as follows:—

“During the fourth decade of this century, however, a new form of irregularity appeared. I refer to the introduction of Hahnemannism or Homœopathy—terms which in those days were synonymous. This new form of heresy developed, not among the irregulars, but in the bosom of the profession itself. The adherents and advocates of the new doctrines were members in good standing of the county societies, and their brethren were unable to invoke the aid of law to compel them to practise in accordance with the views and wishes of the majority. Another weapon, however, was brought into play, namely, social and professional ostracism. The public, as before, . . . became partisans of the weaker party. During this decade the number of professed homœopaths increased, and their adherents and supporters multiplied. The heretics were still members of the county societies, and there was no easy way of ridding the societies of them, that is, against their will. At that time the only way in which a member could be expelled from a society was through a direct application to the courts. The courts, however, were unable or unwilling to give the societies the desired relief. The societies, nevertheless, . . . could prevent any newcomer from practising in their respective districts if they saw fit to do so. About the year 1842, the Orange County Society, I believe, availed itself of this power, and forbade a physician of homœopathic tendencies from practising in that county. Fearing that he would in like manner be prevented from practising in the other counties of the State, he gathered his friends together, and without much difficulty procured the passage, in 1844, of a

law that deprived the county societies of their powers in this respect. Homœopathy now had free scope to extend its influence, and as the evils of sectarian medicine were most keenly felt in New York and Pennsylvania, these States were among the foremost to consider how they might be averted. The result of this consideration was the birth of the American Medical Association. It seemed probable to this association that the most effective blow would be given to the new-born heresy if the profession as a whole combined against it. It seemed necessary that the homœopaths as a body should be absolutely excommunicated from professional recognition and intercourse, and that the public at large should know it. In the code of ethics, and especially in the 'consultation clause,' this sentiment crystallised."

The American Medical Association then had its origin in a desire to put down homœopathy. The code of medical ethics was framed to further the accomplishment of this desire. A few of the fruits of the said code are thus strung together by *The Hahnemannian Monthly* (June 1885).

"Under this provision of the code the Massachusetts homœopaths were expelled from a State society for 'practising or professing to practise according to a certain exclusive theory or dogma,' that is, a 'doctrine'; an allopathic physician of New York city was expelled from his society for purchasing goods at a homœopathic pharmacy; a Washington allopathist (Dr. Bliss) was excommunicated for serving on a Board of Health with a physician of another school; Dr. Cox, of Washington, was expelled for consulting with the excommunicated Dr. Bliss; and Dr. Van Valzah was dismissed from his lectureship in Jefferson Medical College for trying to save his life with homœopathic medicine, after his allopathic physicians, including members of his own college faculty, had utterly failed to cure him, and had practically abandoned him to his fate."

Against a rule having such results as these—against a rule which prevented consultations being held between physicians holding different therapeutic views—the more enlightened members of the association residing in the State of New York revolted. They gave practical effect to their revolt by amending the code, or rather by issuing a new code, in which the holding of such consultations was held to be admissible. *En revanche* the American Medical Association refused to receive delegates from the New York State Medical Society because they had departed from—aye, more, had done away with—that very rule to enforce which the members had banded themselves together in an association! The exclusion of those members who had given in their adhesion to the new code deprived the association of many of the best known and most influential physicians in

the country. So long as the consequences of this tenacity were limited to the country in which the angry feeling first arose no material injury was done. The homœopathic physicians of the States are perfectly independent. There are among them surgeons, gynæcologists, oculists and aurists, who, so far as their therapeutics go, are homœopaths, who are as accomplished in their specialities as any among those who jeer at homœopathy. Hence it is unnecessary for the homœopathic physician in general practice to seek for a special opinion among either the "old codists" or the "new codists."

But this determination to exclude physicians practising homœopathy from all participation in medical *réunions* is likely to have a really serious result at last. The International Medical Congress held in London in 1881 adjourned to meet at Copenhagen in 1884, while the latter Congress accepted an invitation from the physicians of the United States to meet at Washington in 1887. At the Copenhagen Congress a small executive committee was chosen from among the members of the American Medical Association, power being given to them to add to their numbers. For their colleagues they chose twenty-eight of the most eminent of the physicians and surgeons practising around them. As may easily be understood, but few men of this stamp, at any rate in the United States, would be found amongst the supporters of the original code. Dr. Drysdale said many years ago that it is not the men we would wish to meet in consultation who refuse to meet us, but those whose opinion we do not value it is who insist on our being refused. And again, when lately referring to Dr. Bristowe's address to the British Medical Association in 1881, he said, "Alas! he (Dr. Bristowe) forgot that he was addressing the lowest and most vulgar *stratum* of the profession upon whom, as we might expect, his exhortations fell dead. Precept and argument can avail nothing with such men, but example would prevail at once."

A number of the most eminent physicians and surgeons of New York have set this example in abandoning the old code and substituting for it one more in accordance with the fundamental principle of all ethics—"Do unto others as ye would that they should do unto you." One, too, more in harmony with that modesty which becomes men whose leaders openly assert that therapeutics is that department of the science of medicine of which they know least.

Hence the twenty-eight men were "New Codists." The American Medical Association met this year at Washington, and Dr. Billings, the Chairman of the Committee, then and there made his report. The "Old Codists" at once got up an agitation which ended in the work the Committee had done being refused, and the names added to the Committee by the original seven

being struck off! Thirty-eight new names replaced them, and "the new Committee, accordingly," says *The Medical Times*, "with the exception of the original seven, contains scarcely a name that is familiar to English ears." Thirty of the most distinguished practitioners in Philadelphia have, in consequence of this proceeding, signed a resolution declining to hold any office whatsoever in connection with the said Congress as now proposed to be organised. Among them are Weir Mitchell, Horatio Wood, Roberts Bartholow, Da Costa, Duhring, Goodell, Minis Hays, Leidy, Pepper, W. Osler, Stille, Tyson and Yandell. "We hear," writes the *Medical Times*, "that a similar movement is on foot in Boston, and that it is quite likely that the most distinguished practitioners in that hub of the Universe will follow the lead of their Philadelphian *confères*. Some of the leading New York men, including Dr. Jacobi and Dr. Lefferts, who were to have presided over sections, have already been deposed from their places as adherents of the new code; while Dr. Bowditch, the most respected physician of Massachusetts, has been struck off the list of vice-presidents." Our contemporary presently expresses a "hope that the sound sense for which our American cousins are so distinguished will prevail, and that the decisive action of the Philadelphian practitioners will rouse the mass of the profession in America to step in and decide by overwhelming numbers, before it is too late, that old controversies shall be sunk, that old ill-feeling shall be buried, and that no one shall be allowed to turn partisan spirit into a ladder for his own elevation at the expense of the reputation and good fellowship of the profession to which he belongs."

At the moment, then, the action of those members of the profession in the United States whose association was originated with the sole object of extinguishing homœopathy, and is perpetuated chiefly with this end in view, is likely enough, in consequence of their anxiety to carry out their project, to be the cause of the failure of an International Medical Congress taking place in their country!

Events have proved how utterly hopeless it is to continue this method of endeavouring to stamp out, what those who have designed it ignorantly regard as error. When the American Medical Association was founded in 1845, the number of medical men who, in the United States, openly availed themselves of the resources of Homœopathy did not exceed three or four hundred; there are now between seven and eight thousand there who do so. At that time the American Institute of Homœopathy had barely a hundred members, to-day it has nine hundred names on its roll. Then there was only one State Homœopathic Medical Society, now there are twenty-nine; then only two or three local homœopathic medical societies had an existence, now there are

upwards of a hundred, in addition to twenty homœopathic medical clubs. Then there was not a single hospital in which homœopathy was practised, now there are fifty-four; then there was not a medical school in which homœopathy was taught, now there are fifteen such schools, including amongst them the University of Boston. Then there was only one medical journal in which the principles of homœopathy were advocated, now there are eighteen.

The American Medical Association has failed, as it thoroughly deserved to fail, in accomplishing the end to attain which it came into existence. And now, after forty years of failure, it presumes to come to the front and, in the name of the American medical profession, dictate the terms upon which it will consent to receive as guests the members of that profession throughout the world! This association, be it remembered, numbers only some three thousand out of the forty thousand practitioners of the States among its members, and of these forty thousand between seven and eight thousand are openly avowed homœopaths!

The only tactics that will ever extinguish homœopathy are those which will demonstrate it to be clinically defective. The only way to make such a demonstration is to study it and to test it clinically. Assertions, unsupported by evidence, have proved useless; denunciations, in the absence of facts to sustain them, are but childish impertinences; while the ostracism of nearly one-fourth of the members of a profession by the remaining three-fourths, because they entertain views and practise on principles which the latter never enquired into either, theoretically or practically, is an insult to the common sense of mankind.

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#### THE BRITISH MEDICAL ASSOCIATION AND HOMŒOPATHY.

From the *British Medical Journal* of the 25th ult., we learn that the report of the Association to be submitted at the annual meeting at Cardiff contains the following paragraph:—

“The Council have had under their consideration the subject of admission and retention of homœopaths as members of the Association during the past year. An enquiry has been made throughout the thirty-three branches, and the result has been that there is evidence to the effect that a large majority of the members are adverse to the admission of homœopaths as members, but an equally large proportion are opposed to the idea of the expulsion of those members who have already gained admission into the ranks of the Association.

“Your council, therefore, feel that this decided expression of opinion by the branches should guide the future of the Association.”

Unscientific and utterly stupid as is the resolve to exclude from membership medical men whose sole offence is that they differ from the existing majority in the principles which dictate the selection of a remedy, there is a wide difference between this resolution, and previous anathemas of the Association from 1851 onwards. The Association moves, but it moves slowly!

#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

At the recent annual meeting of the Institute, held at St. Louis, the report of the American Editor, Dr. J. P. Dake, as to the progress and prospects of the *Cyclopædia of Drug Pathogenesis*, was presented. It is as follows:—

“It is proper that, as your representative in the editorial corps of the *Cyclopædia of Drug Pathogenesis*, I should speak of the progress and prospects of the great work of *Materia Medica* revision, for which rules were formulated and adopted jointly by this body and the British Homœopathic Society.

“Immediately after the adjournment at Deer Park, Dr. Hughes left for home with the understanding that the books and manuscripts, necessary for reference, should be gathered, as far as possible, in his studio, and that the entire work of condensation should be performed by him and his associates. It was also agreed that the printing should be done under his immediate supervision.

“I should here remark, that with one of the most complete private libraries bearing upon *Materia Medica*, and within easy reach of the great public libraries of London, Oxford, and Cambridge, Dr. Hughes was most favourably situated for doing the work assigned. And not only were his circumstances favourable—his personal qualifications were fully in keeping with them. He had long devoted a thoroughly trained mind, second to none in this generation in its accumulated stores of medical knowledge, to the study and proper presentation of *Materia Medica*. He was familiar with the leading languages in which the literature of medicine had mostly been produced; and he was favoured with a most perfect and well-cultivated physical constitution, one equal to the severest mental effort.

“Thus qualified and situated Dr. Hughes began to gather, sift and condense the narrations of drug effects. Where the application of the rules laid down for our guidance seemed difficult and the way was not clear, the matter was referred to me, and at times also to our consultative committees in this country and in England.

“Some slight differences of opinion have been developed as the work has gone forward; but there has been no essential

disagreement as to the matter and manner of the first section or number, as presented to the members of this society.

“ Dr. Hughes had manuscript copy enough ready to make the second number ; but we considered it best, after delivery of the first, to await the pleasure of our national societies.

“ It is proposed to complete numbers two and three during the current year.

“ The editorial work being done without adding to the cost of the publication, the volume, consisting of four numbers, could be furnished at about two dollars and fifty cents., or half a pound each. So far as printed, the work is stereotyped.

“ The editors have regarded the publication as virtually the property of the American Institute and the British Homœopathic Society.

“ We now ask your pleasure. Shall we go on, as we have begun, as your willing servants in this matter ?

“ If we go on, how shall the cost of the publication be provided for ?

“ At this point I desire to say, in answer to some comments that may be made, that this work differs from all other medical publications in several respects, and is of such a peculiar character as to entitle it to society support and guardianship.

“ 1. Its plan and the rules for its production were formed and promulgated by this national organisation and the British Homœopathic Society.

“ 2. Its editors and consultative committees were appointed by the same bodies.

“ 3. Its editors and printers have no monied interest in it beyond the sums advanced for composition, paper, press-work and postage.

“ 4. It stands, in relation to other publications in medicine, very much as the Bible does among other Christian books, a common source of light to every medical writer, teacher and practitioner.

“ 5. Its purity, its reliability, and the safety as well as success of those who in any way depend upon its teachings, should not be in the keeping or ownership of any individual author or publisher.

“ 6. Its cost to the profession, issued as begun, would be about one-half what the price would be if issued by, or in the interest of any individual or publishing firm.

“ The bare mention of these several points of comparison must convince any candid mind that the claims of this work upon society recognition and control are very different from those of any other work.

“ As to what may be the fate of the *Cyclopadia*, in case society support is not continued, I am not prepared to say. If



the undertaking should be dropped, it is the loss of the profession, not of Dr. Hughes or myself, nor of our committees. We are no more dependent upon the purity of the *Materia Medica* than is each writer and teacher and practitioner of homœopathy.

“ If the work goes on as begun, and results in four or five volumes made up of facts in drug-pathogenesis—symptoms safely referable to the respective drugs brought forward—each member of the profession will be as much a gainer as Dr. Hughes or myself, save that many thanks would be due to the English editor.

The questions we would present for your consideration, to-day, are these :—

“ 1. Do you wish the work continued ?

“ 2. To what extent are you willing to assume its financial support ?

“ If the subscription for a copy of the next three numbers—necessary to make a volume—for each member of the Institute, be too heavy, a subscription may be made for four or five hundred copies, deliverable only to such members as pay the cost-price to the treasurer of the Institute. Such a guarantee on the part of the Institute, and a similar one from the British society, would enable Dr. Hughes to go right on with the work.

“ In conclusion, I would say that, so far as I am individually concerned, I ask nothing for the *Cyclopædia*. It is true, I have, for many years, talked and written upon the faulty methods of drug-proving, and endeavoured to point out the sad results—the dangers arising from the gathering and constant republication of spurious symptoms.

“ I have laboured for the revision and sifting of symptoms as well as the re-proving of drugs ; but never with the expectation of finding myself put forward as an editor or author. If this Institute shall decide to abandon its own great work, and Dr. Hughes concludes to drop it, or is willing to conduct it without an American associate, I shall feel relieved of a very grave responsibility as well as considerable gratuitous literary work.”

Dr. I. T. Talbot proposed a resolution to the effect that, whereas the work of revision had been faithfully and satisfactorily begun, as shown in the first number issued, therefore, be it resolved that the Institute, deeming it inexpedient to assume the proprietorship of the *Cyclopædia*, in connection with the British Homœopathic Society, will make a subscription for four hundred copies, allowing the members to have the same at actual cost. The resolution was adopted after some discussion.

At the same meeting Dr. Edward Blake, of London, was unanimously elected a corresponding member of the Institute.

## ON THE TREATMENT OF THE INSANE.

THE importance of this beneficent work cannot be over-estimated. Its success or failure may affect almost every family in the land. It is a sad and solemn fact that in nearly every relationship of civilised life traces of mental disturbance or mental failure may be found. Such being the case, it should be the aim of the people to discover and adopt those methods for the treatment of insanity which are most signally and positively successful. In making such discoveries comparisons must be instituted. Comparisons may be "odious," but they are nevertheless important and beneficial.

We shall here present the comparative results attained in the various asylums for the acute insane, in this State, for the years 1883 and 1884. We do this for the sole purpose of calling attention to the (thus far) most successful methods, and of promoting the universal adoption of the best means for treating the insane which have, to the present time, been discovered. During the year 1883, at the old school asylums, located at Utica, Poughkeepsie and Buffalo, the percentage of recoveries on admissions was 25.37; the percentage of deaths on the whole number treated was 6.49.

At the new school asylum at Middletown, the percentage of recoveries for that year was 40.58; while the death rate was 4.39. During the year 1884 the percentage of recoveries at the former asylums was 25.58; the percentage of deaths was 6.76. At the latter asylum the percentage of recoveries was 41.71; the percentage of deaths was 4.96.

The question naturally arises: "What are the reasons for these wide differences in the general results attained?"

The general laws governing the admission of patients to these various institutions are the same throughout the State. There can be but slight variations in climatic influences. The patients themselves must be similar in their tendencies, conditions and nationalities. The sanitary and hygienic surroundings cannot greatly vary. The quality of the food afforded must be much the same. So we must look beyond these things for the reasons of success at Middletown. May there not be something of importance in the absolute avoidance of all hypnotics and narcotics in the treatment of the insane at the Middletown asylum? And does not the success of this institution depend, to a marked extent, upon a careful application of curative remedies according to that "law of similars" which is as old as Hippocrates and as modern as Hahnemann?

Beyond the avoidance of narcotic drugs, and the use in their stead of mild medication, we may safely place the personality of those who have the insane in charge. Upon them depends the

efficacious application of that mental medication which is as marvellous as it is potent in the accomplishment of good.

To those who in self-forgetfulness devote their lives and best energies to the cure and relief of the insane, and who, by constant association with "minds diseased," expose themselves to dangers as great as those who minister to the victims of yellow fever, cholera or plague, we owe an increasing and undying debt of gratitude.

That asylum is, in our opinion, most successful in which every want or necessity of the insane (moral, medical and sanitary) is personally attended to by a faithful, energetic, and intelligent medical staff.—*New York Medical Times.*

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#### THE MICHIGAN STATE HOMŒOPATHIC INSANE ASYLUM.

It is now some years since the Insane Asylum at Middletown, N. Y., was placed under the direction of a homœopathic medical superintendent. Last year a bill passed the Massachusetts Legislature providing for the new State asylum, to be built at Westboro', being in charge of a homœopathic physician. This institution is rapidly approaching completion.

We now learn, from the *United States Medical Investigator*, that two years ago the friends of homœopathy in Michigan secured the passage of a law to place the new Northern Insane Asylum, when completed (in October next), in charge of a homœopathic medical superintendent.

It was hoped by the opponents of the bill that by some process of trickery the law could be rendered a dead letter. To this end eight partisans of the allopathic sect got elected members of the House of Representatives. It was now arranged to bring forward a measure to "revise and consolidate the law governing insane asylums." In this the homœopathic law of 1888 was not mentioned, and by being omitted from such a statute became repealed. The homœopaths watched, but kept silence, and the bill consequently passed the House of Representatives. It had, however, to run the gauntlet of the Senate—the House of Lords of the State of Michigan. The members of this branch of the Legislature had been put upon their guard, and accordingly an amendment to the proposed measure of revision and consolidation was brought forward, which provided that the law of 1888, placing the Northern Insane Asylum under homœopathic treatment, should remain in force. After a discussion occupying an entire day, the amended measure passed by 16 to 8.

The new asylum is situated at Traverse City, in the northern section of the State. It is an immense structure, and will be completed in the most perfect manner.

The same state is also building a criminal lunatic asylum at Ionia, which will be ready for occupation in a few weeks. To the office of Medical Superintendent here, Dr. O. R. Long, a well known homœopathic physician, has been appointed.

#### MRS. LUCILLA DUDLEY.

MRS. DUDLEY, the lady who some months ago came prominently before the public in an endeavour to rid society of that cowardly assassin known as O'Donovan Rossa, having been tried for the attempt she then made to destroy him, and acquitted on the ground of insanity, has been placed by Judge Gildersleeve—one of the most eminent of New York judges—in the State Homœopathic Asylum for the Insane, at Middletown. This Institution was chosen, the *Standard* correspondent states, on account of the judge's acquaintance with its management.

We trust that under the excellent care of Dr. Talcott, Mrs. Dudley may shortly regain her health, and that her energy may find adequate scope for its development in some gentler occupation than the destruction of vermin of the human species.

#### “MEDICAL CRANKS.”

“Now I am dead set against all kinds of cranks,” said the doctor, “but I intend to speak particularly of professional cranks—more particularly of cranks in the medical profession—more particularly still of cranks in the homœopathic medical profession.

“A crank is a man who divides all knowledge into two classes: Class 1. *My opinion*; Class 2. *All humbug*. They measure all natural phenomena by their own abbreviated yard-stick, which is but twenty-four inches in length. A crank pound weighs only eight ounces. They are men of one idea, to which they always cling tenaciously, but the idea is never worth the cling.

“A crank formulates general rules from single instances. He is incapable of reasoning from cause to effect—his mind halts half-way. His *post hoc* is always a *propter*.

“Crank are all fanatics—pestiferous lunatics. Now fanaticism is drawing too near a thing. Too close a view obscures the vision. If you stand up against a high board fence you cannot tell whether on the other side there is an old cellar or a mountain.

“The true artist at frequent intervals steps backward across his studio, turning his head from side to side to view in every light his slowly growing picture, while the lunatic keeps his eye so close to the canvas that he may always be known by a little daub of paint on the end of his nose. And that's the mark by which you can tell a crank.

"Now there is always one good crank in every medical convention. He always occupies a front seat, ready to spring to his feet and speak on every subject which comes up, whether he knows anything about it or not. Generally the less he knows the more he talks. While the crank keeps his seat and says nothing, a stranger, coming into the convention, would mistake him for a man; but he ruins his reputation the moment he speaks. Like a patient with cerebral anæmia, a crank does his best thinking while lying down."

"In our profession there is no more pestiferous crank," continued the doctor, "than the man who tries to load down homoeopathy with a lot of rubbish which belongs to it about as much as a barnacle belongs to a ship."

"Several years ago I saw a doctor who had a delicate little vial, nicely fitted with a waxed cork, and labelled *sol.* And what do you think was in it? Why a lot of pellets\* supposed to be medicated with *potentized sunshine!* Shades of Solomon! Did you ever hear of anything so ludicrous? It passes the confines of the absurd, and is lost beyond the horizon of the outer edge of the supremely ridiculous. Well, I had to laugh. The scheme was a dead failure, however. It didn't come up to the new-fashioned match-box. It wasn't even luminous in the dark—I tried it."

"If you can find anything in the realm of nature that this same crank can't 'potentize' and run up to the *c.m.* or *m.m.*, or *d.m.*, or something, I'll eat my hat. Yes, sir, he has split sunshine all to pieces, and 'potentized' his sugar pills with every colour of the rainbow. And, in proof of what I say, here is a journal which I have had for several years, containing a report of a clinical case in which the tail end of the rainbow was used. Read that," said the doctor, thrusting a journal—*U. S. Med. Investigator*, 1888—under my nose.

I opened my eyes and read:

"**ROCKING RUBRUM.**—Mrs. B., light complexion, intensely nervous. Found her rocking as rapidly as possible, and knitting as if her life depended on finishing the work. Said she could not keep still; 'seems as if she would fly out of her skin.' Time seemed so short was afraid she could not finish the work in time. Gave powder of *rubrum iridis* (the red ray of the spectrum) *c.m.*, drug on the tongue, in five minutes by the watch she was lying quietly on the lounge, and had no return of the nervousness.—S. Swan."

"There, what do you think of that?" asked the doctor. "Isn't it enough to make a skeleton grin from ear to ear? Such a gem could not, of course, pass unnoticed, and a few

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\* American for globule.—Eds.

weeks later I found in another journal a report of a similar case, which some doctor felt inspired to write. Here it is—listen :—

“ ‘**LOCKING LUBRUM.**—Mrs. Z., sallow complexion, highly organised. Found her talking as rapidly as possible, as though her life depended on her getting through. Said she couldn't stop. Seems as if she would talk her jaw off. Days seemed so short, was afraid she couldn't say it all in time or eternity. Gave powder of **LUBRUM ELBONIS** (odour of elbow grease) *d.m.*, dry on the tongue. In two seconds and a half by the town clock she had shut up, and had no return of the tomfoolery.—G. Goose.’

“ Now, that's what I call creamy. It would be a pity to go through life and miss such richness.

“ I presume that the fellow who pretended to bottle that sunshine thought he had done a big thing, and had excelled all competitors in the originality of his scheme ; but if he thinks so, he's badly left. He is not the first crank, by a long shot, who ever thought of bottling sunshine. Here is a book,” said the doctor, taking from his valise a blue cloth-bound volume, “ which tells the whole story. It is a history of the adventures of that celebrated traveller, Mr. Gulliver. On a visit which he made to the Island of Laputa, he met an aged philosopher, whom he thus describes :—

“ ‘ The first man I saw was of a meagre aspect, with sooty hands and face, his hair and beard long, ragged and singed in several places. His clothes, shirt and skin were all of the same colour. He had been engaged eight years upon a project for extracting sunbeams out of cucumbers, which were to be put in phials, hermetically sealed, and let out to warm the air in cold inclement summers.

“ ‘ He told me he did not doubt that in eight years he should be able to supply the governor's gardens with sunshine, but he complained that his stock was low, and entreated me to give him something as an encouragement to his ingenuity, especially since this had been a very dear season for cucumbers.’

“ There,” said the doctor, as he closed the book, “ that confirms a theory that I have long entertained, that there is nothing new under the sun.”

“ That Italian crank,” said the doctor, “ did a bad thing when he went into the bed-bug business. He little knew that he would start all the cranks in the world to trying to make medicine out of everything in the world. These fellows would rather fool around diphtheria any day with their preparation of puppy milk, than with some good bichromate of potash ; and old pus and scabs, and lice, and things seem to satisfy their longings as nothing else can do.

“One must get up very early in the morning to keep track of their brilliant discoveries. Not long ago I read in one of their journals of another new remedy, and what do you suppose it was? *Lager beer, c.m.*! Holy Moses! That's enough to burst a beer keg. And a crank reported several cases treated by it. I do not know what these *Hahnemaniacs* recommend it for, and I don't want to know but I do recollect that this one pretended to give it to cure beer-drinking. I don't wonder that it has that effect. I should think that a patient who had received one dose of the *c. m.* would be so disgusted that he would never want to look a respectable glass of beer in the face again.”—*The Medical Era* (Chicago).

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#### BRITISH HOMŒOPATHIC SOCIETY.

At the Annual Assembly of this Society, Dr. M'Kechnie was elected President, Dr. Roth and Dr. Hughes Vice-Presidents. Dr. Galley Blackley Secretary, and Dr. Dudgeon Treasurer.

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#### THE BRITISH HOMŒOPATHIC CONGRESS.

THE arrangements for the Congress to be held at Norwich on Friday, the 25th September, are now complete, and circulars announcing them have been issued. Dr. Nankivell, of Bourne-mouth, is the President-elect.

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#### A NEW CHEMICAL SUBSTANCE.

By the reaction of acetobenzalacetate on phenylhydrazine in the cold a substance is obtained whose noble qualities entitle it to the aristocratic name of *ethylisomethyldiphenylpyrazenecarboxylate*, which being interpreted, means ethyl-iso-methyl-diphenyl-pyrazene-carb-oxylate.

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#### CHESTER HOMŒOPATHIC DISPENSARY.

THE seventh annual report of this Institution states, that during the year ending the 31st March the attendances have been above the average of the last three years, the consultations having been 1,853.

At the meeting of the Committee, held June 12th, 1885, Mr. Shaw's resignation was accepted, and the Hon. Secretary was requested to convey to him the expression of their entire satisfaction with his services in past years, and their extreme regret that his removal from Chester deprives them of his

valuable aid on behalf of the institution, and beg to assure him of their best wishes for success in his new sphere of labour.

At the same meeting Dr. E. J. Thomas having applied for the position was unanimously chosen to succeed Mr. Shaw as Hon. Medical Officer to the Institution.

### KREOCHYLE AND BORO-GLYCERIDE.

THOUGH totally different substances, being manufactured by the same firm, we notice them together.

The Kreochyle, a liquid meat, is a preparation of the nutritious properties of beef, presented in a concentrated liquid form, one in which it is easily and rapidly diffusible. For many invalids such a mode of exhibiting nourishment is invaluable, while in some phases of acute disease of a severe type, where life depends upon not merely the administration of food, but its rapid assimilation, this form of presenting it is one of the best.

The Boro-Glyceride has rapidly come into favour with surgeons as an antiseptic application to wounds, ulcerated or sloughing surfaces. For such a purpose it is an admirable preparation.

Both of these preparations are, we believe, the invention of Professor Barff, a well-known lecturer in Chemistry, and are manufactured by the Kreochyle Company, Farringdon Road, E.C.

### OBITUARY.

#### EDWARD CHARLES CHEPMELL, M.D.

By the death at Florence, on the 24th June, of Dr. Chepmell, one of the senior homœopathic physicians has been removed from amongst us. Dr. Chepmell graduated at the University of Edinburgh in 1844, and after spending some time at the Paris hospitals his attention was drawn to homœopathy. He now became a pupil of the late Dr. Curie at the hospital in Hanover Square, which was chiefly supported, during its brief existence, by the late Mr. William Leaf. On leaving the hospital, Dr. Chepmell settled in Canonbury, and established the Islington Homœopathic Dispensary in 1847. Here he did much excellent work during a long series of years, not only in curing disease but in teaching others how to do so. It was here that the late Dr. Ramsbotham, and some ten or a dozen other medical men, who have since successfully practised homœopathy, studied the new therapeutic method.

Dr. Chepmell was one of the physicians of the Hahnemann Hospital during a portion of its troubled career. After some



years of successful practice he migrated westward, and until his health completely broke down, about ten years ago, resided in Cavendish Square.

He was the author of a very simple, clearly expressed and useful little work on *Domestic Homœopathy*, and in 1868 published a small volume entitled: *Hints for the Practical Study of the Homœopathic Method in the Absence of Oral Instruction, with Cases for Clinical Comment, illustrative of the Mechanism of Disease and of the Treatment*. It consists of a series of clinical lectures delivered at the Islington Dispensary, and is an excellent little book for students to read, but one which, we fear, has not had so wide a circulation as it well deserved to have.

Dr. Chepmell was a quiet, retiring, gentlemanly man, devoted to his work, and always in the enjoyment of a considerable practice.

An attack of paralysis, which occurred several years ago, necessitated his complete retirement from active work, and for a long while past he has resided on the continent. At the time of his death he was in the 66th year of his age.

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## CORRESPONDENCE.

### REPORT OF THE ANNUAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—In the above-named publication an erroneous report has appeared of some of the remarks which I made on the occasion of Dr. Mackechnie's resignation of the post of Senior Physician to the Hospital, which I shall be glad if you will allow me to correct.

I am reported to have said—"A great deal was due to Dr. Mackechnie, on whom, with himself (Mr. Cameron), fell the great burden of dealing with the cholera cases in the Hospital and district."

What I *did* say was—"On Dr. Mackechnie fell the great burden of the heavy work of the treatment, he being at the time House Surgeon of the Hospital, while my colleagues and I had only to direct it."

I am, GENTLEMEN,

Faithfully yours,

HUGH CAMERON.

55, Redcliffe Gardens, S.W.  
June 28th, 1885.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Communications, &c., received from Mr. CAMERON; Dr. G. BLACKLEY; Dr. COOPER; Mr. CROSS (London); Dr. HUGHES (Brighton); Mr. L. E. WILLIAMS (Liverpool); the Hon. Dr. CAMPBELL (Adelaide, S.A.); Dr. WINTERBURN, New York.

## BOOKS RECEIVED.

*The Causes and Prevention of Blindness.* By Dr. Ernst Fuchs. Translated by Dr. R. E. Dudgeon, with a few notes by Dr. Roth. London: Bailliere, Tindall & Cox. 1885.

*A Treatise on the Decline of Manhood.* By A. E. Small, M.D. Third edition. Chicago: Duncan Brothers. 1885.

*Malvern as a Health Resort.* By Walter Johnson, M.B. Malvern Advertiser Office. 1885.

*Bodily Position in Gynecology.* By S. J. Donaldson, M.D. New York: Wm. Wood & Co., Lafayette Place. 1885.

*Pelvic Cellulitis.* By Mrs. M. B. Pearman, M.D. St. Louis.

*The Abdominal Brain.* By Leila G. Bedell, M.D. Chicago: Gross & Delbridge. 1885.

*The Annals of the British Homœopathic Society.*

*The Homœopathic World.*

*The Hospital Gazette.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*The British and Colonial Druggist.*

*The Seventh Annual Report of the Chester Dispensary.*

*St. George's Hospital Medical School.*

*The Indian Homœopathic Review.* Calcutta.

*The American Homœopathist.* New York.

*The New York Medical Times.* New York.

*The N. E. Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The St. Louis Periscope.* St. Louis.

*The Medical Era.* Chicago.

*The U. S. Medical Investigator.* Chicago.

*The Am. Hom. Journ. of Gynecology and Obstetrics.* Ann Arbor.

*The Medical Advance.* Ann Arbor.

*Boericke & Tafel's Bulletin of Homœopathic News.* Philadelphia.

*Twenty-Seventh Annual Announcement of the Homœopathic Medical College, Missouri.* Session 1885-6. St. Louis.

*Bull. de la Soc. Med. Hom. de France.*

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgemeine Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homöopathie.* Leipsic.

*Rivista Omiopatica.* Rome.

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

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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PROFESSOR FRASER ON PHARMACOLOGY.

By ALFRED C. POPE, M.D.

THE Pharmacological Section of the British Medical Association, which was inaugurated last year by an address from Dr. Maclagan, commenced business this year with one from Dr. Fraser, the Professor of Materia Medica in the University of Edinburgh. It is marked by proposals for the attainment of increased and more exact pharmacological knowledge, and for its clinical application when acquired, somewhat more definite in their character than those suggested by Dr. Maclagan last year, and is, therefore, proportionately more interesting to the student of therapeutics.

In a few introductory remarks, Professor Fraser traced the vague and unsatisfactory condition of therapeutics during many years after anatomy, physiology and pathology had attained great and important developments, to its dependence for advancement upon mere observation in disease. "Crude observation, as distinguished from experiment, was in medicine the great means of extending information," and this, for the due development of therapeutics, is insufficient.

Professor Fraser then asserts that "early in this century Bichat and Magendie recognised the necessity for ascertaining the actions of remedies by experiments, and thus founded the science of pharmacology." Proceeding to define pharmacology, he says: "This science—the science of the action of remedial substances—deals with the changes produced in normal physiological conditions by the influence of substances used as remedies. It concerns itself with the elucidation of the changes, with determining what remedies do." He then adds: "The attaining of this knowledge by clinical observation in conditions of disease is, I believe, a task of insurmountable difficulty." He next shows, that therapeutics does not depend upon pharmacology alone, for the application of pharmacological knowledge to the cure of disease constitutes a problem which is altogether separate from that determining the action of remedies. Pathology, he states, bears a very similar relationship to therapeutics to that which pharmacology bears. At the same time, "even the most perfect knowledge of the physical conditions of diseased tissues is, however, only of secondary value to therapeutics. It is necessary that the exact changes from normal functions should be ascertained, and that pathology should determine and gauge the kind and degree of the changes which exhibit themselves as symptoms of disease. . . . To the therapist, and therefore to the medical practitioner, the progress of physiological pathology is of as great interest as that of pharmacology." Meanwhile almost everything remains, he tells us, to be done in the development both of pharmacology and of physiological pathology. "However gratifying may be the recent progress of both pharmacology and therapeutics, we cannot pretend," he says, "that they have reached the position of many other departments of medicine."

Professor Fraser now arrives at the most important part of his subject, the study of "the methods by which the investigation of pharmacological problems is best to be effected." He regards two as being open to us. The *first*, "the study of the effects produced by remedies when they are administered in disease. This constitutes the old method of simple observation." It is, he says, one which is "very limited in its value, and open to the objection that it is likely, unless carefully digested, to impede rather than advance the progress of therapeutics by conferring an

appearance of scientific accuracy which statistical compilations and forms tend to do upon observations that separately are of comparatively little value."

The *second* method, Professor Fraser describes as "that method of research which has founded the science." In so doing we presume that he refers to the experiments of Bichat and Magendie upon cats and dogs and rabbits. "It is only," he says, "by this method that we can ever hope to utilise thoroughly the means so abundantly placed at our disposal for placing therapeutics in a satisfactory position."

Imperfect as pharmacology and physiological pathology are admitted to be at present, Professor Fraser thinks that through their study physical suffering has been greatly reduced, and that death may be prevented. As an illustration of a striking therapeutical application, for the knowledge of which we are indebted to pharmacology, studied after the manner he has pointed out, he refers to the beneficial effect of a few doses of *digitalis* upon a patient suffering from the more severe effects of obstruction to the circulation, caused by a cardiac lesion.

The remaining portion of the address chiefly refers to the education of a student in therapeutics, and upon that I do not propose to dwell.

The first thing that strikes a homœopathist after reading Professor Fraser's account of therapeutics, and his suggestions for its development, is the marvellous genius and foresight of HAHNEMANN; the completeness and thoroughness of the grip he had of all the details needed for the study of therapeutics! Here, nearly a century after the publication of his first essay on the subject, we find a Professor of *Materia Medica*, distinguished by his scientific researches and the variety of his medical learning, but dimly perceiving even now the actual requirements of pharmacology, and urging, as *necessary* to the application of pharmacological knowledge, an accumulation of minute information, which must needs occupy many minds for many years, and when obtained will be too vast in amount, too varied in character, to be grasped by, and therefore to be of any practical value to, those who have to use it.

In 1796 Hahnemann published, in Hufeland's *Journal der Practischen Arzneykunde*, his essay entitled "On a New Principle for Ascertaining the Curative Powers of Drugs, with a Few Glances at Those Hitherto Employed."

In it he showed how imperfect chemistry had proved in ascertaining the actions of remedial agents for the purpose of applying them to the relief of human suffering—that for the same purpose the old methods of relying upon similarity in the genera or species of plants or their sensible properties gave but obscure hints; while the changes that take place in the blood from admixture of medicines taught nothing, and the injection of the latter into the blood-vessels of animals, and the effects on those to which medicines had been administered, formed a mode of proceeding much too rude to enable us to learn from it the finer actions of remedies.

“Nothing, then,” writes Hahnemann, “remains but to test the medicines we wish to investigate on the human body itself.” This was Hahnemann’s method of studying pharmacology, and it is to the pursuit of this method during the last eighty or ninety years, and not to experiments such as those of Bichat and Magendie, that the chief and most valuable part of existing pharmacological knowledge is due.

Having thus shown how this kind of knowledge is to be obtained, Hahnemann proceeded to enquire how it might be applied. He commenced by studying the question—What do observations of the action of each medicine in this or that simple or complex disease teach us? The investigation of this enquiry involved a large research into the therapeutic records of previous centuries, and it culminated in the deduction that we should employ in the disease we wish to cure, that medicine which is able to produce a very similar artificial disease. It was during this course of study, extending over several years, that Hahnemann first saw that the therapeutic principle *similia similibus curantur* had ever been apparent where the medicines given had proved remedies, and that it therefore formed the basis of the surest, safest, and best method of applying pharmacological knowledge. By this principle he bridged over, for all time, “that wide and deep gulf,” which, a writer in the *British Medical Journal* last year, told us, had “always been fixed between the pharmacologist labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist struggling to apply these results to the successful treatment of disease.”

Summing up, then, the means of acquiring pharmacolo-

gical knowledge, and the method of applying it when acquired, Hahnemann says:—"We only require to know, on the one hand, the diseases of the human frame accurately in their essential characteristics and their accidental complications; and, on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, &c., and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate diseases."

We have then now before us, on the one hand, the method of acquiring and clinically applying pharmacological knowledge proposed by Hahnemann in 1796, and subsequently carried out by him so thoroughly that nine years later he published, at Leipsic, a volume, containing the results of his experiments with twenty-seven drugs, together with their effects upon human beings recorded by previous observers, entitled *Fragmenta de Viribus Medicamentorum Positivis, sive in Sano Corpore Humano Observatis*; and on the other, that set forth by Professor Fraser, of Edinburgh, a few weeks ago before the British Medical Association.

Before proceeding to examine the details of these two schemes a protest must be entered against the claim set up by Professor Fraser on behalf of Bichat and Magendie, to having been the first to recognise "the necessity for ascertaining the actions of remedies by experiments," and, by having done so, to be entitled to be regarded as "the founders of the science of pharmacology."

Many years prior to either Bichat or Magendie's experiments, Stahl and Von Stoerck had recognised "the necessity for ascertaining the actions of remedies by experiments," and had published records of these experiments. They were, however, practically fruitless, because they did not solve the problem of how to apply pharmacological knowledge to the cure of disease. If, however, "the recognition of the necessity for ascertaining the actions of remedies by experiments" is to be regarded as the title to the claim of having founded the science of pharmacology, that of Stahl and Von Stoerck is indisputable. But Hahnemann not only recognised this necessity, and carried out an extensive series of experiments some years before Magendie made his first experi-

ments with *upas* (which, if we recollect aright, he did about the year 1808), but he solved the problem of how the knowledge obtained from them could be clinically applied. He is, therefore, entitled to be regarded as not merely the founder of the science of pharmacology, but of that of therapeutics.

In examining the methods of Hahnemann and Professor Fraser, I note first that both are agreed as to the necessity for experiments in studying the action of drugs. The latter, however, regards experiments such as were made by Magendie as "the true and only method," while the difference between those instituted by Hahnemann and those made by Magendie is both great and essential. The former were experiments which tested or proved the kind and sphere of action which drugs had upon human beings, the latter related to the influence of these substances upon dogs. The former studied the progressive action of a drug from its initiatory symptoms until its effects became fully marked. The latter regarded only final results and *post mortem* appearances as worthy of attention. That experiments of this kind have a value no one will deny, but for clinical purposes this value is far less considerable than is that of the careful study of the symptoms of what Hahnemann terms "artificial diseases"—the perturbations of function to which drugs give rise. It is upon human beings that these substances are to be used as remedies, and therefore it is their influence over and their effects upon human beings that the physician requires to know. Many drugs that act powerfully upon man produce no alteration in the health of the lower animals. Hence such experiments must at the best be imperfect, and are at all times liable to be misleading, unless checked by experimentation upon man.

Both Hahnemann and Professor Fraser are agreed that pharmacological knowledge alone is insufficient for therapeutic purposes. The former, however, bridges the gulf between pharmacological knowledge and disease by a *therapeutic* principle, the latter would have us wait for any bridge until the exact changes from normal functions have been ascertained, and until pathology has determined and gauged the kind and degree of the changes which exhibit themselves as symptoms of disease. It is very doubtful indeed that the youngest physician now in practice will live to see the day when such an amount of knowledge of



disease as Professor Fraser deems necessary for the application of pharmacology to its cure has been made available. Verily, *ars longa, vita brevis* is true here! But supposing we were in actual possession of all this knowledge, how could we apply it so as to utilise that afforded by pharmacology? To this question Professor Fraser does not even suggest a reply. Possibly, remembering that a hare must be caught before it is cooked, he thinks it will be time enough to take it into consideration when the exact changes from normal function in all forms of disease have been clearly made out, and when pathology has determined and gauged the kind and degree of the changes which exhibit themselves as symptoms of disease.

While, however, Professor Fraser omits all reference to the bridge which is to unite pharmacology and pathological physiology, he gives us an illustration—"a striking illustration" he terms it—of one of the valuable acquisitions which pharmacology with pathological physiology, all imperfect in development as he says they are, have made for us. "Let us," he says, "recall for a moment the condition, familiar to all of us, of a patient suffering from the more severe effects of obstruction to the circulation caused by a cardiac lesion. The cellular tissues of the body, every cavity and structure in which liquid can collect, are occupied to distension with serum; the face is livid; the pulse is irregular, flickering, and so feeble as to be uncountable; the breath is laboured, and only possible when the patient is propped up in bed; the urine has ceased to be produced by the engorged kidneys; and even to the most unskilled observer it is obvious that the continuance of life will in all human probability be only a brief one. A few doses of *digitalis* are given, and should the heart be capable of reacting under its influence, the condition of suffering and danger is by-and-by removed."

The facts here are true enough, as every homœopathic practitioner knows, but what connection is there between prescribing *digitalis* in such a case, on the one hand, and our pharmacological knowledge of the remedy and our familiarity with the pathological physiology of the disease on the other? Did the suggestion that *digitalis* would prove useful in such a case originate with the acquisition of knowledge of either kind? Not at all, we reply.

The knowledge of the value of *digitalis* in such a case as that described by Professor Fraser was contributed—

quite empirically—by Dr. Withering, who flourished during the latter part of the last century. He writes:—"If the pulse be feeble or intermitting, the countenance pale, the lips livid, the skin cold, the swollen belly, fluctuating and soft, or the anasarcaous limbs readily pitting under the pressure of the finger, we may expect the diuretic effects to follow in a kindly manner." (*Account of the Foxglove*, 1785.) This diuretic effect is, be it remembered, not the consequence of a direct influence upon the kidney but of a renewal of strength on the part of the centre of the circulation. Referring to cases of this kind, Hahnemann, in his introduction to his article on *Digitalis*, writes:—"It is undeniably evident that the morbid conditions of a chronic character, physicians have sometimes hitherto cured with foxglove, were all, without exception, cured homœopathically, although they were unaware of the fact."\*

If Professor Fraser will examine the experiments with *digitalis*, collected by the late Dr. Black, and published in his article on this drug in *Materia Medica, Physiological and Applied*, published by Trübner and Co., on behalf of *The Hahnemann Publishing Society*, he will see how thoroughly homœopathic *digitalis* is to the symptoms of such a state of heart as that in which he has described it as capable of "removing the condition of suffering and danger." It is a loss of power in the cardiac muscle, both intrinsic and extrinsic, which occasions such symptoms as those Professor Fraser and Dr. Withering describe as being relieved by *digitalis*, and it is a similar loss of power which is indicated by the symptoms arising from overdosing healthy persons with this drug.

Therefore, although we do not owe this piece of therapeutic knowledge to a homœopathic induction, but rather to the empirical observations of Withering, who "was led in 1775 to give it a systematic trial from its constituting the principal ingredient in a secret and renowned remedy for dropsy, sold by an old woman in Shropshire," it is in such cases a very thorough illustration of a homœopathically indicated medicine. It is the fashion nowadays for writers who commend *digitalis* as a useful medicine in cases where a feebly acting heart is the source of ill-health, to describe it as a "cardiac tonic." "Because," writes Dr. Black, "in practice it is found that *digitalis* strengthens a feeble heart, therefore it is concluded by many writers

\* *Materia Medica Pura*, vol. i., p. 551 (Dudgeon and Hughes' edition).

(Handfield Jones, Fuller, Winogradoff, Brunton, Foster), that its physiological action is tonic. This is assuming, not demonstrating, the physiological action, for the numerous experiments already alluded to prove that such is not the case."

Such, then, being the nature of "the striking illustration" of the advantage of a therapeutics derived from the study of pharmacology and pathological physiology, and it being at the same time an equally striking illustration of the value of a homœopathically selected remedy, it follows that the principle which will enable us to apply our pharmacology to the cure of the pathological physiology is that for the far-reaching importance of which Hahnemann contended long years ago—*similia similibus curentur*.

That it is so, many striking illustrations are now to be met with in text-books of *Materia Medica*. Such, for example as *aconite* in sthenic pyrexia, and the initiatory symptoms of inflammation; *sulphide of calcium* in suppuration; *iodine* in diphtheria; *mercury* in diarrhœa and dysentery; *tartar emetic* in acute pneumonia and infantile acute bronchitis; *arsenic* in asthma, ulceration of the stomach, chronic vomiting, irritation and dyspepsia, cholera collapse, intermittent fever and some skin eruptions; *hamamelis* in hæmorrhages; *savine* in menorrhagia; *cantharis* in hæmaturia, in cystitis, gonorrhœa, gleet and chordee; *ipêcacuanha* in vomiting, asthma, bronchitis and whooping cough accompanied by retching and vomiting; *podophyllum* in chronic diarrhœa; *actœa* in rheumatism and chorea; *pilocarpine* in profuse perspirations; *nux vomica* in dyspepsia with constipation; *lobelia* in asthma; *belladonna* in tonsillitis, in certain forms of headache, in delirium and erysipelas; and *camomile* in infantile diarrhœa. These, together with many others, all show by the symptoms they produce when taken in health that their action is very similar to that pathological physiology which modern therapeutists admit that they will cure; while, in the majority of instances, the history of their being so used is that of a homœopathic induction.

While these instances, and hundreds of others that might be cited from the experience of homœopathic physicians which have not so far found their way into the text books of the schools, show clearly enough the practical value of the law of similars, the mere fact that it is in our power to quote them demonstrates that there is no necessity for the physician to wait until the development of pathology

has led to a great extension in the department of pathological physiology, until the exact changes from normal functions have been ascertained, and until pathology has determined and gauged the kind and degree of the changes which exhibit themselves as symptoms of disease. These facts have been arrived at by the study of the symptoms as simply expressed by the patient and observed by the physician; not, however, of individual symptoms, such as sleeplessness and pyrexia, but of their totality, of the whole of the phenomena constituting the outward signs of morbid action going on within. It is by taking the whole group that the observer becomes in a measure independent of speculative views as to the nature of disease. No one could agree more thoroughly with Professor Fraser than Hahnemann would have done when he says: "sleeplessness and pyrexia are but manifestations of many descriptions of departure from physiological conditions; they are but symptoms producible by many pathological processes. The exact nature of these processes has yet to be defined by physiological pathology; and it is not probable that each of the abnormal processes leading to sleeplessness or leading to pyrexia will be restorable to their normal state by every substance that is capable of producing sleep, or by every substance that is capable of reducing temperature." Here it will be noticed that the old antipathic idea of therapeutic action crops up; very different is it in its nature from that presented by the "striking illustration" just considered. That, however, need not detain us. The idea of the passage is that individual symptoms form no guide to the selection of a drug-remedy any more than they do to the diagnosis of the disease. Hahnemann calls reliance on such "a one-sided procedure, which, under the name of symptomatic treatment, has justly excited universal contempt, because by it not only was nothing gained, but much harm was effected. A single one of the symptoms present is," he adds, "no more the disease than a single foot is the man himself." (*Organon der Heilkunst*. Note 2, § vii.)

No one can read the instructions given by Hahnemann for examining a patient for the purpose of arriving at a knowledge of the totality of his symptoms, without being struck with the completeness of the enquiry he regards as necessary to the selection of the remedy. Did we possess that thorough acquaintance with the minute anatomy and

the nature of pathological physiology which Professor Fraser regards as essential to an accurate prescription, we should not be one whit more able to apply our pharmacology than we are at present. It is the thoroughness of the enquiry into the symptomatology, which Hahnemann enjoins, that constitutes the safeguard against error, which preserves even the specialist from taking the narrow and one-sided view of disease to which he is so prone.

No one will deny the interest which would be added to our daily investigations of disease did we but possess that knowledge of pathological physiology upon which Professor Fraser lays so much stress. But at the same time, in order that the "want" sighed for by Dr. Sawyer, in his presidential address at a recent meeting of the Midland Counties Branch of the Association, the want of "a knowledge more exact, a scope more enlarged, and indications more direct and more successful of the means by which morbid processes may be prevented and extinguished" may be obtained, there is no necessity to wait for the complete development of pathological physiology.

What, then, is the actual position of pharmacology? What is the state of our knowledge regarding the "changes produced in normal physiological conditions by the influence of substances used as remedies"? We are in possession of the results of numerous experiments made with a large number of substances used as remedies. We have the records of cases of poisoning by a considerable portion of them, and in a good many instances we are able to study the actual tissue derangements brought about by them as revealed in *post mortem* examinations; and yet again we have in a few the deductions made by physiologists on their *modus operandi*, as revealed by experiments performed on the lower animals. Of all these sources of pharmacological knowledge the experiments on human beings have proved far and away the most useful for clinical purposes. These experiments show us the perturbations from normal physiological functions precisely in the same manner as ordinary diseases display them, viz., by symptoms, objective and subjective. We are, therefore, just as well able to infer the special tissue or tissues disturbed, and the particular function disordered by a drug, as we are those which arise from one of the ordinary causes of disease. And experience has abundantly proved, that however legitimately we may desire more light on both departments of knowledge, what

we have is ample for the end we have in view in acquiring it, that, viz., of obtaining the relief of suffering and the cure of disease so far as either is capable of being secured by drug remedies ; provided—and this is the all-important point—we rightly apply the one to the other.

It is in this application of pharmacology to pathological physiology that the weakness of Professor Fraser's position is so conspicuous. When all the information it is possible to acquire concerning the actions of drugs has been obtained, when pathological physiology has been studied to its utmost limits—if no further light is vouchsafed—the physician is, so far as the use of drugs is concerned, as much in the dark as ever he was.

Professor Fraser's "striking illustration" supplies the key-note which it would indeed be well if the profession at large would take up and follow! Well would it be for therapeutics as a science and an art, well would it be for the sick and suffering throughout the land! It is true, indeed, that the same key-note was sounded nearly a hundred years ago by a German physician, whose vast learning won the admiration of his contemporaries, and has secured the respect of the most distinguished of his adverse critics in later years ; but it was spurned, ridiculed, and laughed out of the schools by men who refused to examine into its validity, men who, preferring the ease of assumptions to the labours attendant upon enquiry, were content to follow the bell-wethers of the medical press, and to reject as a fraud and a folly, and we know not what, the very keystone of the therapeutic arch. Nevertheless, the sound of that note fell upon the ears of some who regarded it and ultimately followed in the same key, until now it may be heard in every land and be found to influence the therapeutics of thousands of well educated physicians.

Just as disease arising from a feeble heart is capable of being relieved by a drug which excites cardiac weakness in the healthy, so is all disease, amenable to drug influence, capable of being relieved or cured by medicines which will produce similar artificial diseases.

It is "never too late to mend," and if Professor Fraser and those associated with him in the Pharmacological Section of the British Medical Association will enquire into the claims of the principle of *similia similibus curentur* to be the key to the application of pharmacology to pathological physiology, they will but anticipate the

time when such an enquiry must be made. The result we regard as a foregone conclusion. One by one the principles taught by Hahnemann as the basis of therapeutics have been adopted, and now nothing remains but to accept his method of applying these principles in practice.

We have seen homœopathy scouted as the veriest knavery; we have seen physicians, who, while believing it to be so, were unable to resist the evidence of patients cured by homœopathically practising physicians, attribute the result to "diet," to "abstinence from medicine," to exceptionally good nursing, and so forth, and become "expectant" practitioners in consequence, prescribing coloured water and bread pills as make-believes in physic; we have seen some of the commonest applications of drugs by homœopathic physicians adopted empirically, and reputations made by the pursuit of such midnight researches into homœopathic literature; we have seen Hahnemann's mode of investigating the action of drugs imitated and claimed as something very novel and marvellously useful in therapeutics; and now, we see those who have taken up this method of enquiry asking the question "What shall we do with it?" How can we utilise the results of these researches? There is but one answer to this question; and it will be given—given too by the very men who have exerted themselves to prevent the sound of it being either heard or felt. It has been both heard and felt notwithstanding, and in the not very distant future we shall, through their efforts, hear it far more loudly, and see it to be felt far more widely than it is at present.

Yes! the clue to the application of pharmacology to pathological physiology has been given! "The wide and deep gulf which has always been fixed between the pharmacologist labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapist struggling to apply these results to the successful treatment of disease," "has been spanned—the bridge which crosses it has stood for well nigh a century," and still awaits the recognition of the majority of the profession.

Presently it will, as other parts of Hahnemann's therapeutics have been, be noticed; then its possibilities will be enquired into; then its practical advantages will be tested; then it will become a rule of practice, and finally an attempt will be made to teach it as a very ancient doctrine

revived, during the latter part of the nineteenth century, by the researches of one or more distinguished scientific investigators of therapeutics, whose invaluable discovery will be rewarded with all the honours it is within the power of the profession to bestow upon them while living, and to whose immortal memories statues will be raised when they have departed hence!

Tunbridge Wells, August 10, 1885.

### ON THE TREATMENT OF THE INSANE.\*

BY STEPHEN H. TALCOTT, M.D.

Medical Superintendent of the State Homoeopathic Asylum for the Insane, Middletown, New York.

(Concluded from p. 487.)

8. Medical treatment of the insane. The profession at large is entitled to the benefits of special and extensive experiences gained in the treatment of particular diseases in hospitals and asylums. Therefore we feel it our duty to report, with the results attained, those medical methods which have been here employed.

Every effort in the field of medicine should be directed by some pre-conceived and well-matured plan. The general principle which is involved in our methods is, that which is embodied in the law of *similars*. In treating the insane we seek invariably to comply with the precepts of that law. We use, as a rule, such drugs as have been hitherto proved upon healthy persons. The effects of these drugs have been recorded in our materia medica. These provings are sometimes imperfect and incomplete. Very few healthy persons are willing to experiment with a drug to the extent of producing absolute and well-defined insanity. Hence the difficulty in finding appropriate remedies for the treatment of this disease. Still, in the provings which we have we find evidences of at least functional brain disturbances and disordered intellection. In the direction indicated by these provings we push on with practical experiments into the well developed pathological field. Our line of march, either in the discovery of a drug's action and powers, or in the diagnosis of any disease, is over that broad pathway which finally encompasses the "totality of symptoms." Certain drugs like *alcohol*, *belladonna*,



*hyoscyamus*, *opium*, *haschisch* and *stramonium* rise to prominence on account of the delusions, hallucinations, and illusions excited by the persistent use of these drugs by the healthy prover. When a very active and poisonous drug is used the artificial symptoms produced may correspond to a marked extent with those excited by the development of insanity. The more violent the action of the drug upon the physical system, the more positive is the mental disturbance. In our treatment of a given case, the "totality of symptoms" is discovered, if possible, and then a drug which is capable of producing upon a healthy person symptoms most similar to those presented by the patient is administered.

This is the direct method of prescribing homœopathically. But not every battle is won by a direct attack upon the enemy's works; flank movements are sometimes necessary. In the treatment of insanity flank movements are made: First, when we seek to control the condition of the brain by modifying the action of the heart and the circulation; secondly, when we apply remedies to act specifically upon some organ of the body other than the brain, and where the exciting or irritating cause of insanity seems to exist; thirdly, when we give constitutional remedies for the purpose of checking unnatural waste, or for the purpose of promoting constitutional changes which look toward the renovation or rebuilding of the system. Again, the condition of the blood is sometimes considered, and while dependence must very largely be placed upon appropriate food for a necessary supply of the vital fluid, we may yet, by appropriate medication, induce favourable changes in its character and composition. In the treatment of a long-continued and disintegrating disease like insanity it is often needful to give a succession of remedies. Consequently, we frequently begin with such drugs as favourably affect the circulation, modifying it, and also restraining or removing tendencies to congestions and inflammations, and to their natural (if uninterrupted) results; then follow remedies most appropriate for the improvement of the condition of the blood itself. Again, remedies for the relief of diseases in special organs and for the general repair of tissues throughout the body, and for the healthful stimulation of the nervous system, are administered. These flank movements are made from necessity, but always in harmony with the

main attack—always in accordance with those forces which are moving toward certain results on the general and unbroken line of the “totality of symptoms.” The difficulty of presenting a single remedy that shall complete the work without adventitious aid, in a given case of insanity, is appreciated when we consider the fact that the manifestations and symptoms in this disease are both protean and multitudinous. Hence we seek to conquer the antagonistic insanity, not alone by direct advances, but by flank movements as well, and we seek to strengthen our position constantly by every possible reinforcement.

Sometimes when the symptoms of a given case are few, indistinct, or unattainable, we are obliged to select such remedies as seem applicable generally to that class of cases.

The primary and secondary actions of drugs must receive likewise due attention and consideration.

The actual physical and mental states in each case must be thoroughly explored, and their special peculiarities discovered.

With these preliminary statements of our plan, we shall proceed to name a few of the most prominent and successful remedies which have been employed at this asylum, and to describe the indications upon which their use is based. In some instances we shall contrast two or more remedies, that the reason for the selection of either may be more clear. *Aconitum napellus* naturally heads the list. It expends its force upon the cerebro-spinal system, and the result is an undue arterial activity. The capillaries, under the influence of *aconite*, are speedily paralysed; congestions follow; but as the effects of *aconite* are transient, severe inflammations are not usually induced. The patient for whom *aconite* is indicated is a recent case; is usually the victim of some intense shock; is full of fear and mental anxiety; is afraid of the dark; is afraid of ghosts; and is intensely afraid of what he believes to be approaching death.

As fear and apprehension are common symptoms among recent insanities, we here interject the names of several drugs which produce such symptoms, together with the special nature of the fears which each drug excites.

*Arsenicum* is afraid of the ghosts which the patient sees both day and night.

*Aurum* is afraid of the slightest noise.

*Bryonia* is afraid that his business will go wrong.

*Calcarea carb.* is afraid of some impending misfortune or evil.

*Hyoscyamus* is afraid lest the object of affection should prove untrue. These fears of jealousy produce excitements which sometimes end in convulsions.

*Ignatia* is fearful because, prostrated by one grief, the patient broods over and anticipates more to follow.

*Lilium Tigrinum* is afraid of impending disease or calamity; fears she has heart disease; fears she is incurable; fears insanity.

*Nux vomica* is afraid of death, coupled with inclinations to suicide.

*Sepia* is afraid to be alone; has fears lest her health should be lost; has fears about domestic affairs; and is full of fears concerning imaginary evils.

*Stramonium* is afraid of every object in view, apparently from the fact that by illusion he sees in every harmless object horrible images or ferocious animals; is afraid of being left alone in the dark.

The action of a drug upon the brain and mind may not only excite fear, but every emotion of which the mind is capable may be either exalted or depressed by such artificial means. The effects of alcohol, of opium, and of haschisch are evidences of this fact. Producing, as such remedies do, pathological conditions of the brain and abnormal states of the mind, they may be used effectively, by appropriate application, for the relief of such states and conditions as are often found to exist among the insane.

Supplementing *aconite* as a fever remedy, we may name *baptisia*, *gelsemium*, and *veratrum viride*. This group embraces some of the most important remedies for the treatment of insanity. *Veratrum viride* is more nearly associated to *aconite*, by similarity of symptoms, than either of the others. A somewhat exalted, apprehensive, and restless condition exists under the influence of each; but, on the one hand, the *aconite* restlessness is accompanied by the most intense mental excitement, while on the other the *veratrum viride* patient manifests only excessive physical unrest, but mentally he is comparatively indifferent. The *aconite* patient has intense and eager thirst; the *veratrum viride* patient has a dry, hot mouth, but the thirst is very moderate, probably from mental indifference. *Baptisia* acts not only upon the Gasserian ganglion of the sympa-

thetic nervous system, but likewise upon the blood, the vascular system, and the mucous membranes. As a curative remedy for insanity its value is not half known. From the loud delirium of acute mania to the abject dulness of melancholia with stupor it works with a master hand.

The *baptisia* patient is somewhat restless, like one under *aconite* and *veratrum viride*, but mentally is more stupid than either. *Baptisia* may be used in cases where there is rapid and profound physical degeneration, simulating the typhoid state, and where the patient manifests that peculiar mental symptom that he "cannot get himself together." It is a singular fact that many insane patients have this delusion that their bodies are scattered and that they cannot keep themselves in a condition of physical continuity.

*Gelsemium sempervirens* is a useful drug in those cases which have become insane after protracted overwork and anxiety; after continued watching over the sick, with consequent loss of sleep; or after having indulged in intoxicating drinks to excess. These patients complain of dull, heavy pains in the head and neck; and they suffer from intense prostration of the muscular system. There is profound dulness of the mental faculties, and a tendency to melancholia. Occasionally such patients rise to a condition of anxiety and incoherence, and then relapse again into a stupid, comatose condition.

Another important quartette of remedies is composed of *belladonna*, *hyoscyamus*, *stramonium* and *veratrum album*.

Probably no remedy in the *Materia Medica* possess a wider range of action, or greater powers for dispersing abnormal conditions of the brain than *belladonna*. Its symptoms are clear, well defined, unmistakable. Its action is 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 with surprising efficacy the processes of inflammation. The *belladonna* patient has a bright, flushed face, dilated pupils, and throbbing arteries. He has a mental condition which manifests itself by most positive ebullitions of rage and fury. He attempts to bite, to strike, to tear clothes, to strip himself naked. *Belladonna* develops two distinct mental states; one where the mental powers seem to be unduly excited and exaggerated, and all the symptoms of merry or enraged craziness are manifested; and the

contrary state where the patient passes into a stupid and dazed condition. In the latter condition the pupils remain widely dilated; the eyes are staring and insensible to light; there is a heavy, stertorous breathing; the face is a purplish red; the patient refuses to speak; there is a marked rigidity, or steady tension of the muscles; and occasionally there is a low, muttering delirium.

The *hyoscyamus* patient is less excitable and frenzied than the *belladonna* patient. She is very talkative, however, and generally good-natured and jolly. She is inclined to destroy clothing, to be obscene, and to expose her person. *Hyoscyamus* is frequently applicable in the treatment of insanity among women.

It may be stated of *stramonium* that it possesses the power of deranging the sensorium and the cerebral nerves to a most remarkable extent. The delirium induced by this drug is more violent than that caused by *belladonna*. It likewise produces more intense mental excitement than *hyoscyamus*. The neurotic powers of *stramonium* are mostly expended in the sensorium, hence the mental disorders that we find after its administration. The mental symptoms of *stramonium* are numerous and striking. The imagination holds high carnival; the patient has hallucinations of sight and fancies that he sees all kinds of animals, particularly those of a ferocious nature. The patient has a strong desire for light and for company, and is exceedingly frightened when left alone in the dark. At one time there is intense sexual excitement; and, again, a profound tendency to religious matters, when the patient sermonizes, prays and converses with spirits. At times the *stramonium* patient passes into a condition resembling hydrophobia, when water, a mirror, or any thing bright tends to excite convulsions. Many of the prominent symptoms of mania and melancholia are manifested under the influence of *stramonium*.

*Veratrum album*, while acting particularly on the gastrointestinal canal, still affects with great power the cerebro-spinal system, and induces a tendency to convulsions and paralysis. The primary effects of *veratrum* result, mentally, in depression, in delusions of impending misfortune, and in a sullen indifference to the kind attention of others. Physically, there is great prostration of the vital forces, a cadaverous coldness of the extremities and profuse clammy sweats. From these depths the

patient soon recoils, and swings into a frenzy of excitement, during which he indulges in terrible shrieks, in expressions of fright, and in violent cursings of those around him. The excitement and anguish of the *veratrum* patient are short-lived. He soon passes into a condition of the deepest melancholy, of abject despair of salvation, of imbecile taciturnity and complete prostration of both body and mind. The extremities are cold and blue; the features are pinched and pitiful; the eyes have a vacant and stony stare. The patients incline to wander from home; they are restless, but aimless in their wanderings. The indications for the special use of this drug are clear and well-defined. *Veratrum album* has been famous for the curing of insanity for more than three thousand years. Melampus cured the daughters of Proetus, king of the Argives, of amorous and wandering mania with *veratrum album*, and that, too, some fifteen hundred years before the Christian era. He administered the drug homœopathically; for he simply gave his patients to drink of goats' milk from goats fed upon the leaves of *veratrum*, and thus he secured a proper dilution of the drug.

Having named a double quartette of the most important and effective remedies for the treatment of insanity, together with the general indications for their use, we now present a supplementary list of remedies which are valuable, but not as frequently called for in every-day practice as those already described.

For mania we give (1.) *Atropine, cannabis indica, cantharis, lachesis, nux vomica, rhus tox.* (2.) *Agaricus muscarius, anacardium, arsenicum, bryonia, camphor, china, cuprum, digitalis, kali brom., mercurius, phosphorus, piscidia, platina, pulsatilla, secale, spigelia, sulphur and thuja.*

For melancholia, in its various and general expressions, we employ *Arsenicum, aluminium, arnica, aurum, cactus, calcarea carb., causticum, chamomilla, cicuta, cocculus indicus, crocus, digitalis, ignatia, lycopodium, lilium tigrinum, natrum muriaticum, nitric acid, pulsatilla, sepia, silicea, stannum, tabacum, antimonium tartaricum.*

The method of selecting drugs for the cure of the insane has been illustrated in our description of a double-quartette of medicines. The remedies just named are selected for use upon the same plan and in accordance

with the symptoms which they produce, as recorded in the *Materia Medica*.

From the multifarious varieties of melancholia, we may select three prominent classes for special mention, namely:

(1.) Melancholia with religious tendencies. (2.) Melancholia with suicidal tendencies. (3.) Melancholia with stupor.

The most common remedies for the relief of those suffering with religious melancholia are *arsenicum*, *aurum*, *crocus*, *lycopodium*, *pulsatilla*, *stramonium*, *sulphur*, *silicea*, *veratrum alb.* and sometimes *zinc*.

Suicidal melancholia is the most distressing form of insanity to treat. The remedies which produce favourable effects in behalf of this deplorable condition are few in number and sometimes uncertain in their action. Yet we have been enabled to secure many good results by the faithful use of *arsenicum*. Sleeplessness, loss of appetite, loss of flesh; a pale, cadaverous countenance; a dry, red tongue; thirst for small quantities of water at frequent intervals; exceeding restlessness, despair and a persistent desire to destroy life or to mutilate the body, are indications for the use of *arsenicum*. Physical exhaustion to the extent of producing mental distress, seems to be the exciting cause of the self-destroying tendency in such cases.

*Aurum* is suicidal, because the patient fancies that his friends are untrue to him, or that he has lost the love of his associates, which he formerly possessed.

*Belladonna* is suicidal on account of the depression and disgust of life produced by the action of the drug. The remedy is applicable to suicidal tendencies in patients suffering from violent and acute alcoholism.

*China* desires to commit suicide because the patient feels weak from exhausting disease, and is consequently discouraged and unhappy, and feels that he is tormented by everybody.

*Ignatia* is suicidal by reason of the fact that intense grief has seized upon the heart, and there is a desire to be released from what seems to be a perpetual burden of sorrow.

*Laurocerasus* produces such indolence and indisposition to either physical or intellectual labour that the patient becomes suicidal from a mere disgust of life.

*Nux vomica* is useful when overwork and an abuse of spirituous liquors have produced apprehensiveness and

suspicion of those around him, and consequently the patient cherishes a strong propensity to suicide. Mental recklessness, desperation and hot, irritable tempers characterise such cases.

*Pulsatilla* is greatly concerned about domestic matters, about business and about her health. These troubles are followed by anxious, conscientious scruples to such an extent that the patient at length becomes suicidal, particularly so in the evening, and the mode of death usually selected by such a patient is drowning.

*Secale cornutum* is the victim of discouragement, loss of strength, and apprehension concerning the future. Hence arise tendencies to maniacal excitement, during which the patient desires to end life by drowning.

*Sulphur* indulges in despair of salvation, and in sadness about his own physical condition; and for these reasons desires to die.

The chief remedies for melancholia with stupor are *baptisia*, *belladonna*, *gelsemium*, *apis* and *opium*.

For dementia we rely upon *anacardium*, *apis*, *calcarea carb.*, *calcarea phos.*, *hellebore*, *kali iod.*, *mercurius*, *mercuric-methide* and *podophyllin*.

While a cure of general paresis cannot reasonably be expected, that fatal disease may be relieved, its worst symptoms mitigated, and a fatal termination postponed by the use of *alcohol*, *agaricus*, *arsenicum*, *belladonna*, *cuprum*, *nux vomica*, *mercurius*, *phosphorus* and *veratrum viride*.

For insanity where masturbation is a prominent and distressing symptom, we have administered internally, *agnus castus*, *damiana*, *cantharis*, *biniodide of mercury*, *nux vomica*, *phosphoric acid*, *picric acid*, *selenium* and *staphisagria*. The most effectual remedies have been *picric acid* and *cantharis*.

In female patients we have secured some favourable results by local applications of *hydrastis*, of *calendula*, and of *carbolic acid*.

Where we invoke the aid of more than five hundred different remedies, we can, in a report of this nature, but briefly outline the indications for the use of a very few of the chiefest and best. As we said at the outset of this section, the "totality of symptoms" is the chief guide in the selection of a drug. When this totality is not attainable, we approximate as nearly as possible to that



end. And, as we have stated, besides making a direct attack upon the enemy along the entire front, we make diversions and flank movements when these offer any promise of success.

The experiences of a single decade are necessarily imperfect, and by reason of their imperfection they are, to that degree, unsatisfactory. Yet the results attained by the use of homœopathic remedies, singly applied according to their specific indications, are of so favourable a nature as to warrant the further prosecution of the work. We shall continue our experiments and our investigations, and at the end of another ten years we hope to be able to offer the profession still more positive evidences of the effectiveness of drugs administered according to the law of similars.

We shall hopefully continue the work of developing that medical mine whose inexhaustible resources we have, as yet, but barely touched upon.

9. As a practical measure for promoting and perfecting recoveries among the insane we have adopted a system of furloughs, by means of which the patient who has sufficiently improved may return to his own home and there remain until the cure is complete, or until a relapse requires his return to the asylum. This system has numerous advantages, chief among which are the following: (1) It affords an opportunity for change from the monotony of asylum life to the pleasing variety of home life, and this change sometimes relieves distressing home sickness. (2) Where progress toward recovery suddenly stops without any apparent cause, when the patient is almost well, a return to former scenes will occasionally stimulate the patient and compel renewed improvement. (3) Where furloughs are granted the restraining influences of the asylum remain with the patient after his return home. Such influences will often check the tendency to loss of self-control, and the wholesome fear of being returned to the asylum will keep a patient in the pathway of correct deportment and proper action.

We grant furloughs to patients who are nearly recovered, and who have a reasonable prospect of progressing gradually toward a final cure. If necessary, such patients may be returned, should a relapse occur, without the formality and expense of a new commitment. Nearly all to whom we grant furloughs recover without being returned to the

institution. Until they are finally discharged they are practically under the control and the direction of the asylum officers. Patients fully understand this and agree to the necessary terms. In many instances we furnish patients with such medicines as are needed, and we always insist upon directing and controlling their mode of living. We look upon the system of furloughs as both beneficent and valuable. There is at present no specified legal sanction to these furloughs, nor is there anything in the law forbidding the same. To remove all possible question as to the legal propriety of this system we would recommend that an amendment to the present law be made, sanctioning the granting of furloughs for periods ranging from one month to one year.

## STOMACH PAINS, CRAMP, GASTRODYNIA AND CARDIALGIA.

By BERNHARD HIRSCHER, M.D.

Translated by THOMAS HAYLE, M.D.

(Continued from p. 429.)

### LACHESIS.

THIS medicine, of many indications and far reaching, has also very many gastric symptoms and pains. To these belong:—

Acidity, changes of taste of every description, belching, regurgitation, nausea, retching, vomiting sour, bilious, of food, mucous, green, with diarrhoea, bloody; dyspeptic troubles; in addition, weight, gnawing, ache with belching, anxiety, flatulent distension, regurgitation in the morning or when lying; still more on movement; weight, as of a great burden, after eating; gnawing, better after eating, some hours returning again; eased by flatulence; pain of soreness, sudden shooting, burning, painful fulness, which causes depression and weakness, with improvement immediately after eating; renewal some hours after; gnawing without pain; tensive pressure towards the navel, digging as a worm.

Every evening about 6 p.m. frightful pains and cramps, with eructations, spasmodic choke, vomiting, feeling as of a lump, constriction in stomach and intestines; pain on pressure, throbbing, jumping, alternations of heat and cold

in the epigastrium, with short breath. In short, gastric pains of all kinds without its being possible to form a definite picture of disease.

It is very truly said of the cures by *lachesis* by Noack and Trinks, A.M.L.: "These are mostly the removal of particular disease symptoms, rarely the cure of perfect diseases"—and these probably natural cures. So also here in relation to gastrodynia, for which, as well that occasioned by dyspepsia as for pure neuralgic symptoms, several indications are present, the provings leave much remaining to be wished.

Hering lays great stress on the action of *lachesis* for the troubles of drunkards. It is necessary that this assertion also should be confirmed, as in general clinical experiences fail on this head. Jahr's indications are worthless, as they give nothing to support them. In the insufficiency of the indications up to this time, the superfluousness of this medicine exactly in these conditions, and in the increasing difficulties of obtaining a certain preparation, one is obliged to overlook the claims of *lachesis*.

#### *Lactura virosa*

Has, in a very pronounced way, ache in the stomach and cardiac orifice, with fulness as if to burst, as if the food did not go on; feeling of warmth after partaking of food, changing soon into icy coldness in the stomach, with nausea and regurgitation in the throat and insipid taste at the root of the tongue; creeping cold feeling in the epigastrium, with frequent belching; relief of the gastric symptoms by sitting bent forward; discharge of flatus. Pain increased by pressure, with retraction of the epigastrium; ache concentrated about the sternum, alternating with burning and feeling of cold, proceeding to anxiety and rumbling in the stomach, belching; borborygmi general, and eased by discharge of flatus; tightness at the epigastrium amounting to true præcordial anxiety.

Noack and Trinks suspect an affection of the pylorus, induration, and so forth; but nervous gastrodynia may represent the symptoms. Clinical observations are wanting.

#### *Laurocerasus*

Probably owes its chief action to Prussic acid, since its most important constituent is an ætherial oil containing Prussic acid. The characteristic gastric pains are: con-

striction, ache, burning, heat, cooling, burning ; anxiety in epigastrium ; feeling of emptiness ; feel of water in the mouth ; predominant neurosis. See *acid hydrocyanicum*.

### *Lobelia inflata*

Points particularly to neurosis : ache with feeling of weakness, oppression, nausea, pyrosis, retching, vomiting, belching, heartburn, hiccough ; flow of saliva, fasting and after eating, more marked towards evening ; violent constriction in the cardiac region ; ache and fulness as from a weight ; oppressive ache as from a plug in the epigastrium, going diametrically through the body to the spine, sometimes ceasing, then again increasing in violence, and again appearing and extending from the epigastrium, right and left to the internal wall of the thorax back to the spine ; strong discharge of flatus.

In spite of the pronounced relations to (specially nervous) gastrodynia, we must suppose that the recommendations up to the present time of *lobelia* are purely theoretical. Thus Jahr's for regurgitation of acid, acid in the stomach, with feeling of tightness in the epigastrium, retching and vomiting ; Jeanes against dyspepsia ; Noack and Trinks against feeling of weakness in the stomach and epigastrium, with oppression of the chest, aching and constrictive gastric pains, cardialgia of different kinds. Hartmann also says he cannot assert anything for certain, although he has used it successfully in some cases. He considers it useful in many cases of the so frequently occurring cramp in the stomach, when the patient complains of an aching-constrictive feeling in the stomach and epigastrium, which reaches to the back to between the shoulders after eating, especially occurring in the evening, and accompanied with vomiting of bile, oppression and anxiety in the chest, and pain in the sacrum. This proceeding has not yet found imitation, as far as we know, on which account we must expect more information in order to settle on the true sphere of action.

### *Lycopodium.*

The physiological proving gave the following gastric symptoms in the sphere of sensation : tearing and drawing, constriction and cramp, renewed by wine ; scraping and gnawing in the stomach and as if full ; crushing gastric pain, going away on belching ; tenderness of the stomach on pressure ; ache continued, violent, over the stomach, in

the stomach, at the cardiac orifice, with tension in the abdomen the whole forenoon, on feeling and breathing, tolerating nothing tight to lie upon it; on sitting bent forward increased, after eating, and a slight cold, with chilliness, dryness of the hands; weight in the stomach two hours after breakfast.

In the epigastrium: throbbing, pinching, shooting tension, whirling with heat of the face, anxious feel; tenderness on external pressure. The gastric symptoms are very significant; bad smell in the mouth, coated tongue, great dryness, bitterness or sourness in the mouth, with much secretion of saliva or mucus; taste sweetish, sour, bitter, cheesy, mouldy; dislike to solid food, especially to meat; inclination for warm foods, repugnance for coffee, tobacco, bread; disgust; feeling of fulness and loss of appetite; desire to eat without hunger, and hasty eating; enormous hunger without being satisfied, even after a meal; thirstlessness, but also thirst; belching frequent; empty after eating; bilious, acid with acid fluid; heartburn, long continued, with pressure on the chest as from a stone; flow of saliva, of much salt water; regurgitation; hiccough, nausea every morning fasting, going away in the open air, with headache, oppression in the chest and epigastrium, relieved shortly by belching; retching, with frothy, choking vomiting of food, bile, mucus, clotted blood and acrid sour stuff; during eating, morbid hunger as if the food pressed on a sore place, aching, shooting in the forehead, nausea even to fainting, shivering.

After eating: formation of acid, belching, nausea, choking, difficult digestion, uncomfortableness in the hepatic region, distension of the abdomen, colic, gastric pressure, heat in the head and face, pressure to make water, weariness, unconquerable sleepy prostration, hot hands.

In a proving of *lycopod.* (seeds to one up to several grains) by Professor Martin\*, at Jena, and his pupils, a few gastric symptoms appear.

Loss of appetite, cramp in the stomach (without exact statement), feeling of flabbiness (Horn), ache and constriction with nausea, vomiting during stool and flatus, burning in the throat upwards (Martin), vibrating, plucking under the epigastrium (Vulpis).

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\* Viertelj. Sehr. x. s. 52.

In Hofrichter's\* "Gastric Diseases" a cure by *Lycop.* is found, which manifestly has to do with a liver affection. The left lobe large; the spleen enlarged; stools slow; appetite good. Secondary only is: in the epigastrium ache on sitting crookedly, ease by getting up and walking about, the ache goes even to the back and shoulder-blades. *Lyc.* 30. In 85 days cure; liver lessened; spleen's swelling gone. A very striking cure, but imperfectly diagnosed Gauwerky† records. Hepatic troubles were present in Nunez's‡ badly related case.

Schelling relates the following case:—A woman, 42 years of age, suffering the whole summer with pains in the back, axillæ and limbs. Vexation and grief made her ill. Tearing and shooting in the axillæ, the nape of the neck, the shoulders, the back, even to oppression; anxiety, palpitation, fainting; in the stomach, frequent anxiety in the præcordia, and ache. Belching relieves for a moment; then choking in the throat, burning in the throat, and sour acrid tasting belching; with little appetite; frequent boring and empty feeling in the stomach; dry stool; chilliness; cold extremities; trembling; disturbed sleep. *Arsen.*  $\circ/40$  every two hours removed the oppression and lessened the chilliness. *Lycop.*  $\circ/30$  removed the stomach troubles in a few days.§

According to Goullon's emphatic recommendation of *Lycop.* 30, it was of service in two cases of cramp of the stomach, with violent aching, constrictive pains in the epigastrium; improved by lying down; it went into the back, boring, intermingled with burning and shooting; belching relieved somewhat; after regurgitation of a watery, acrid fluid long continued rest; eating aggravated; tongue white; obstruction and flatulence. Eight doses of *lycop.* 30 were of service. In a third case the pain was aching, tearing and burning, with almost daily vomiting of water, of acid or mucus; weakness, emaciation, obstruction, and white tongue. For half a year six doses of *lycop.* once daily improved; six doses of *calc. c.* 30 for vomiting and diarrhœa, then again *lycop.* Cure.||

Kreussler finds *lyc.* indicated in cramps of the stomach after a chill in chronic cases.

\* *Allg. H. Z.*, bd. 45, s. 149.

† *Journ. Gall.*, 1851.

‡ *Allg. H. Z.*, 45, 246.

§ *Allg. H. Z.*, bd. 53, s. 151.

|| *Allg. H. Z.* bd. 57 S. 169.

\* Hartmann finds *lyc.* indicated in schirrus ventriculi, and gives the greatest relief. In indurations it is the most advisable medicine.

In Ruckert seven cases are detailed, observed by Gillet, Tictze, Hartlaub, Schelling.

No. 45 appears to be of an organic nature. No. 46 is neuralgic, as such are Nos. 47 and 48 indicated, among which the first is in a patient with copious menses; the last occurs in an arthritic case. No. 49 is a puzzle in diagnostics. Nos. 50 and 51 are acute cases of indigestion, in strictness not belonging here, with fever, ebullition of blood, abdominal troubles, pituitous constitution, eruptions. The description of disease is not thorough. In one case the malady arose from a fall with a horse.

The pains were aching five times as if squeezed together on both sides at once—a digging, twisting, grasping and seizing, as blows from the stomach up to the throat; the stomach full, distended; in the epigastrium burning, aching, grasping, pinching, throbbing, cutting, with fearfulness.

Extension of pains: to the back, to the throat, neck, chest, head (drawing), navel and abdomen (drawing). Among the accompanying symptoms stand out prominently the gastric: nausea, flabbiness, food mounts up, small appetite, repugnance, pappy taste, coated tongue, water-brash, belching (bitter), vomiting acid, of mucus, of food, and bitter; stool dry, abdomen distended; moreover giddiness, headache, with undulations from the stomach upwards; face miserable, pale, puffed; mouth and throat dry; in the throat burning and choking; in the neighbourhood of the navel painful twisting and screwing; on the chest aching, choking, constriction, anxiety, heavy breathing; the skin rough, warts, pimples, knots (one girl suffered usually from erysipelas, another for a year from nettlerash); sleep restless, full of dreaming; palpitation, fainting weakness, emaciation, once leucorrhœa.

Aggravation was caused: by eating pulse, the smallest food, open air, lying, pressure of clothes, the morning and night time. Amelioration: warmth of the bed.

Dose 18-30. Cases from half to several years duration were cured in one to four weeks. Once *calcar.* was given before; once afterwards *bryonia* and *n. vom.* were given.

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• Hartmann Ther. 2, 435.

Jahr's clinical indications give merely the hints: squeezing pains, as if the stomach was compressed on both sides; remission in the evening in bed; increase in the morning and in open air, or after dinner. A proof that nothing is gained by such counsels.

### MAGNESIA CARBONICA.

#### *Pathogenetic actions.*

Ache going away by eructation; constriction after eating, also not permitting rest at night; pain of soreness in the stomach and both hypochondria, on feeling, especially at night; pain as of a sore with great tenderness on pressure, and a feeling as if the stomach would fall out, with coldness and weakness, scarcely allowing walking; eased by coffee; stomach ache, with nausea, bad humour, empty belching; heaviness of head, as if empty and weak; feeling of disordered stomach; distension and fulness, going away by belching; audible rumbling.

The connection of these symptoms with the predominantly pronounced dyspeptic trouble, especially of the formation of acid, is clear, and renders the pains secondary and subordinate. In chronic gastric catarrh, and intercurrently in gastritis chronica, we may expect something from *magnesia carb.*

\* Hartmann's recommendation, which, however, he has not repeated in the rubric of his cardialgia in the *Spec. Therapia*, running—"aching, constrictive pains, with acid belching"—confirms our own view.

#### *Magnesia muriatica.*

Still more pronounced for gastric catarrh and gastritis chronica than the preceding medicine is *mag. mur.*, and in spite of its many pains not suitable for neurosis proper. These are: Violent pressure upwards to the chest, as from flatulence, relieved by eructation; tension, with pain of a sore, especially on touch; shooting pain on the left or diagonally; cutting, with pains on pressure in stomach, as if cut through, compelling one to lie crooked (perceptibly flatulence); pain of bruise on bending forward, on sitting up tension; pains and shuddering on stepping out,

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\* *Anm. zur System. Darst. von Ruckert.*



walking, speaking, going about, eased by passage of flatus; besides much belching, nausea, disgust, formation of acid, regurgitation, and other dyspeptic symptoms.

We reckon as dyspepsia \*Hofrichter's two cases, and under No. 15 hiccup for a long time, heartburn, pain over the epigastrium; she must loose her clothes; squeezing over the gastric region, and much hawking up of mucus. *Mag. mur.* 3 gr., repeated later on, gave relief in a short time. After violent hiccup for 13 days, bitter acid vomiting. *Mag. mur.*; in five weeks every trace had disappeared. The predominant acid and organic appearances of catarrh are characteristic.

Jahr recommends *mag.* in aching and constrictive pains with sour belching.

#### *Manganum Aceticum*

In spite of Hahnemann's fine proving this medicine has altogether been employed but little. After the analogy of other metals many gastric pains occur, of which it is doubtful whether they are not rather toxic symptoms and inapplicable in disease. Much points to gastralgia nervosa, especially burning up to the chest; drawing and nausea as if the epigastrium was being dilated from within; aching, constrictive pain in the morning in each mode of lying and position; ache as from a stone during eating, worse by touch; while eating, walking, not by touch; shoots in the epigastrium on every rising-up and stretching; burning and pain of soreness in the epigastrium under the sternum upwards even to the palate, with restlessness, acid in the stomach, disagreeable insipidity, bitterness, loss of appetite, belchings, retching, heartburn, heat in the stomach.

#### *Pathological Anatomy.*

Gastritis: the stomach, duodenum and colon contained black mucus as of clotted blood. The old school recommended it in weak states of the reproductive system (Brera). Odier specially in dyspepsia with increased irritability. Ours must, of course, support itself on physiological results until the clinical give us further information, *i.e.* we must wait.

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\* *Allg. H. Z.*, bd. 45, s. 161, s. 239.

## THREE CASES OF PURPURA HÆMORRHAGICA.

By GEORGE WINTERBURN, M.D., New York.

To begin with an Irishism neither of these three cases of purpura could be strictly classed under that head. I have never seen a real case of purpura, that is a case in which the cutaneous extravasation is the principal feature of the case. Of these three cases, one is rheumatic fever, another an intermittent fever, and the third a gastro-enteritis, but they all have as a prominent though secondary condition purpuric extravasations, which were evidently reciprocal, as they yielded, in common with all the other symptoms, to the remedy homœopathic to the case. They were each quite out of the ordinary run of cases, and of a severity to cause great anxiety, but they afford beautiful illustrations of the proper way to "take" a case, and of the power of the properly selected dynamized remedy to stay the progress of the most dangerous retrograde metamorphoses, and of the recuperating energy of the human system when so aided.

## 1.—A RHUS VENENATA CASE.

James S., aged 29; of the bilious type, lean and spare but not emaciate; by trade a carpenter, but at present employed on the elevated railway; married; had intermittent fever several years ago, and is somewhat subject to rheumatic attacks; applied at the Manhattan Hospital for treatment, October 10, 1879. He complained of an intense headache, describing the pain as throbbing. He felt dizzy when turning or stooping, but had no nausea. The conjunctiva was reddened and dry. The face somewhat flushed, temp. 100.2; pulse 78, respirations 20. The pulse was rather hard, and the heart beat with a sharp clink. He was given *glonoine* 12, every two hours.

Oct. 11. Headache no better. The face more deeply congested; the conjunctiva about as yesterday, but the eyes look more staring. The brain seems to have a wavy, undulating motion whenever he stirs, but especially on stooping. He refuses to take his medicine, as he imagines it disagrees with him, and thinks he has been poisoned. Complains of pain in the left wrist and throbbing in the hand, which seemed to be synchronous with the throbbing in the head. Temp., 100.6; pulse, 82, and of about the same general character; respirations, 20.

A study of the pathogenesis of *glonoine* confirmed the impression that it was the remedy most homœopathic to the case. *Glonoine* has—

Throbbing: in temples, in vertex, in occiput, in whole head. Severe pain in the forehead, throbbing in the temples, worse from walking.

Headaches worse: from shaking or jarring the head, stooping, bending it backwards, after lying down, when ascending steps, in damp weather, in the sun.

Vertigo worse: from stooping, or moving the head.

Fear: apprehensive of approaching death; fears she has been poisoned. Face flushed, hot, especially about the eyes and forehead, with headache; livid, purple. Eyes injected, red, protruding, wild, staring.

Pulse; accelerated, increased during headache; quick, small, irregular.

Weakness of wrists after headache. Rheumatic pains in fingers of left hand. Feels pulse in fingers.

Thus assured of the homœopathicity of the remedy, although no improvement had taken place, I resolved to continue it in a higher potency. Gave *glonoine* 200, every four hours.

Oct. 12. Patient no worse; remedy continued as before.

Oct. 13. Headache very much improved, and the face and eyes less congested; but the rheumatoid pains in the wrist had extended to the elbow, and were much complained of. Temp. 101.5; pulse 86; respiration 20. Small petechial spots, like flea-bites, were noticed on the forearm and wrist, and this led to an examination of the skin elsewhere. The patient now mentioned, for the first time, that he had had for some days similar spots upon the legs. The legs from the knee to the ankle were covered with numerous small ecchymoses of varying size, and in some places, where several had coalesced, as large as a silver dime. The knee of the left leg was tender and stiff, and the whole leg was pervaded with a peculiar sense of weakness and numbness. The patient was very restless and apprehensive; felt drowsy but could not sleep; the bowels, which previously had been regular, were now for three days constipated, with bitter taste, dry tongue, sore gums, and inappetence.

The petechiæ; the rheumatic pains in the wrist and knee-joint; the sense of weakness and prostration; the constipated bowels; the symptoms of the buccal cavity;

the continued slow fever, and the insomnia with drowsiness, seemed to point clearly to *phosphorus*, which was given, bi-hourly, in the sixth trituration.

Oct. 14. Most of the symptoms remain about the same, but the pulse is 92 and weak, and the temperature has risen to 102.2°. The petechiæ have increased in number and size and have spread to the thighs and back. A slight nose-bleed occurred during the night. He feels greatly prostrated, but is restless and anxious, and his sleep after midnight was disturbed by vivid dreams, in which he thought he was climbing a great mountain, carrying a heavy load. The urine was scant and dark. Not seeing any clear indication for a change, *phosphorus* was continued until the 16th inst. in varying potency, third, twelfth, thirtieth, and two-hundredth; but the patient grew slowly and manifestly worse, especially the pains and prostration.

Oct. 16. Temp. 102.4; pulse 90, weak and trembling; respiration 20, shallow, as if unable to draw a full breath. The ecchymoses had extended over the entire body, and were accompanied by much itching. The pain in the joints very severe, making him extremely irritable and restless. During the night he had had a copious nose-bleed. The urine scanty, with coffee-ground sediment.

An error in the remedy used being now apparent led to a further study of the case. The character of the pain so closely resembled that of *rhus toxicodendron* that its pathogenesis was examined, developing the following correspondences:

Fear of death; fears he will be poisoned. Vertigo, worse from turning or stooping, or when rising from lying. Headache, rush of blood to the head, with throbbing; restless; face red. Eyes red and inflamed. Epistaxis of coagulated blood, worse at night. Face fiery red; dark-red; with burning. Food, especially bread, tastes bitter. Tongue dry, red, cracked. Hunger without appetite. Urine diminished; discharges a few drops of blood-red urine. Pulse accelerated, weak, faint and soft; trembling or imperceptible. Tearing and burning in the shoulder and arm. Pains felt mostly in the knee. Swelling and stiffness of the joints. Rheumatoid pains in the limbs, with numbness and tingling. Great debility, soreness, and stiffness. Restlessness, must change position. Great sleepiness with sleeplessness until midnight. Dreams of

great exertion; as rowing, swimming, etc. Intolerable itching of the skin, with a red rash all over.

*Rhus venenata* was given, in the thirtieth potency. This was chosen in preference to *rhus toxicodendron* because of the profound depression of the nervous system, and for the reason that this *rhus* is said to exert a stronger influence upon the cuticle; but I had no expectation that it would do anything more than reduce the fever and relieve the rheumatoid pains. In this I was very happily mistaken, for while the pains and the fever abated at once, the ecchymoses also ceased to extend, began to change colour like an old bruise, and disappeared within ten days. The nose-bleed did not recur after the *rhus* was taken, the fever was all gone by the second day, and the wrist and knee supple and free from pain by the fourth. The patient was discharged on October 26, cured.

## II.—A CINCHONA CASE.

Mrs. L. M. B., a native of England, aged 37, resident in New York about nine years; brunette; large and fleshy; originally of a ruddy complexion, but now pale and anæmic; the mother of four children, and in her last confinement, about one year previous to the date here mentioned, lost an enormous amount of blood, so much so as to endanger her life, since which time she has been feeble and dispirited; her menses have always been rather free, and at times menorrhagic. The husband, who had formerly been a good workman, had for the past year and a half taken to drink, and the family had sunken into absolute poverty. The wife had endeavoured to support herself and children by taking in coarse washing, and her system was much run down by over work, insufficiency of food, and constant anxiety. To these influences was probably due the severity of the hæmorrhage at her last confinement. The child, unfortunately, lived until its tenth month, when it died of capillary bronchitis. The exhaustion caused by nursing this child, and her untoward surroundings, brought on a low fever, for which she received large doses of *sulphate of quinine* from a dispensary doctor. This was the condition of things when I first saw her, in March, 1881. Through a charitable organisation I secured the removal of the family from the wretched room they occupied in a rear building on Eleventh Avenue, near Twenty-eighth Street, to much healthier and cleaner quarters on Twenty-fourth Street,

near Ninth Avenue. Work was found for the husband, who promised to reform; and who did maintain tolerably decent habits for some months thereafter.

A study of the patient's condition led me to give *natrum muriaticum*, both because she had been dosed heavily with *quinine*, and on account of various symptoms which corresponded with its pathogenesis; but, although it was continued for two weeks, in varying potency, with a milk and beef-tea diet, I saw no benefit from it. In some ways the patient was better, but these changes could well be ascribed to her improved surroundings and dietary.

She had a fever every day, beginning late in the forenoon, without chill, continuing until evening, and passing off with a copious sweat which lasted until near morning. The fever would vary day by day as to the hour of commencement, sometimes as early as ten o'clock, or as late as one o'clock, but never the same.

During the fever she was stupid, and could not be depended upon to describe her sensations. In the morning she had a bursting headache, and the congestion to the head apparently continued all day; but as soon as the perspiration set in all the untoward symptoms disappeared, she became lively and bright, said she felt very well and free from pain, and drank milk frequently and greedily. I stuck to *natrum* longer than I otherwise should on account of one symptom—fever blisters on the lips—but, finally, changed to *nux vomica*. This, *ignatia*, *rhus tox.*, and *lycopodium* were given during the next (third) week of treatment. The symptoms varied considerably and I was making a rather hopeless stern-chase after them, and felt very much discouraged, when a new phase presented itself and altered the entire outlook. Her menses came on the 16th day of treatment, and were profuse. The discharge was watery, and contained numerous dark coagula. On the 21st day, the menses continuing, and the patient being now very weak and apathetic, I was shocked to find that there had appeared spontaneously several ecchymoses on the left thigh about the size of a silver dollar, and smaller ones on the leg, foot, and along the lumbar region. *Phosphorus 12* was given, bi-hourly.

22nd day. The ecchymoses have spread considerably, the old ones enlarging and many new ones forming. Her face is shrunken and livid, with eyes surrounded by heavy blue lines; sight dim and uncertain; noises in the ear,

like distant bells; very apathetic, and either does not reply at all to questions, or slowly as if she did not fully comprehend; desires continually cold lemonade, and refuses milk and the beef-tea, which disagree, causing eructations; urine scanty, turbid, and with a red-brown sediment; diarrhoea of bloody mucus, scanty, infrequent, painless; she wants to be bolstered up in bed on account of oppression in the chest when lying down; skin cold, clammy, and greasy; temperature (axilla), 103.4° F.

In the presence of so grave a condition, I naturally hesitated as to the best course to pursue. Evidently *phosphorus* was doing no good. Various remedies, which had seemed indicated—at least, they were not given thoughtlessly and without much study—had been given, nevertheless, without result. I had avoided *china*, which had several times been called to my mind by symptoms in the case, because she had been so recently deluged with it. However, I could not disguise from myself the many points of resemblance between this drug and the case before me, and on studying its pathogenesis carefully I became convinced that if any remedy was capable of saving my patient it was *china*, and *china* only. *China* has the following:

Indifference; apathy; ill humour. Dislike to all mental or physical exertion. Slow train of ideas. Intense throbbing headache—after loss of blood. Sight dim and faint. Fine ringing in ears. Hardness of hearing; humming in ears. Nose-bleed; ringing in ears; face pale. Face pale, hollow, or livid; blue around the eyes; hippocratic. Longs for sour, cooling things. Violent thirst for cold drinks. Sour eructations after milk. Heartburn after milk. Hæmatemesis; weak, pale, cold.

Stools: bloody, painless.

Urine: turbid, scanty; depositing brick-dust sediment. Uterine hæmorrhages, ringing in ears, fainting, cold, loss of sight; discharge of dark clots.

Menses dark, coagulated; or pale and watery, with dark coagula.

Cannot breathe with head low. Hæmoptysis. Fever, long-lasting, and coming on at irregular intervals.

Sweat: partial, cold, or profuse; greasy.

Hæmorrhages from mouth, nose, or bowels; wants sour things.

Although the pathogenesis did not show ecchymoses on

the skin, or elsewhere, and I did not at that time know of the recorded poisonings in which purpura developed (Vepau) nevertheless, I determined, in view of the origin of the pathological state of the patient, resulting as it did from overlactation following excessive parturient hæmorrhage, and the remarkable coincidence in the concomitants, to give *china*, and in a high potency. I gave half-a-dozen pellets of Carroll Dunham's 200th, about noon, to be followed by a similar dose every four hours. Very little change was noted during the first twenty-four hours, except an improvement in the condition of the bowels; but on the 23rd day the mental state was altered for the better in a marvellous degree, and the fever temperature was only 100° F. All her apathy was gone, and she answered promptly and pleasantly all interrogatories. She took nourishment freely, had no perspiration at night, and slept quietly and soundly.

24th day. No new ecchymoses have appeared since *china* was given, and many of the old ones are fading, changing to a mottled and greenish shade. She is now taking two quarts of milk daily, beside beef-extract. Bowels and kidneys acting normally. Temperature at noon, 99.4° F.; but she is not conscious of any fever. She is very weak, but her mind is bright, and her spirits high.

27th day. She has continued to convalesce nicely. No fever to-day for the first time in two months. Appetite good, and functions all normal. The ecchymoses are fading slowly.

32nd day. She was up and moving about the room to-day. Has had an ounce of Speer's port wine, three times a day, with her meals, since the 29th. Is in all respects well, except extremely weak. Has had no medicine since the 28th, except five drops of dialyzed iron in half an ounce of water, at bedtime.

### III.—A SECALE CASE.

On June 17, 1881, I was called in to see a German woman, aged 55, living on Twenty-ninth street, opposite the old Hudson River Railway sheds. I had known the family for some time, as a son, a jeweller by trade, had a peculiar trouble of the heart. The old lady had not been ill for many years, but had for months complained of a numbness of the left leg and foot, for which however, she refused treatment, believing she could work it off. She was one



of those dried up little specimens, with a leathery skin, which we so often see among the poor class of German emigrants. The block on which they lived was notorious for its bad sanitary condition, and during the hot weather which was now prevailing funerals were a daily occurrence. She had been ill for several days, but refused to have medical attendance, as she had a great scorn for doctors. I was at the time attending that anomalous case of puerperal fever, which I reported in the *New York Medical Times* for September, 1881, cured by *calcareo carbonica* 200 (but which the editor printed after scratching out all reference to the potency), in the next house, and her daughter seeing me pass the door called me in to see her mother. The old lady refused to look at me or speak to me, but by using my eyes and from the report of the family I gathered the following facts in the case: She had had for two or three weeks a sensation on various parts of the skin, but most pronounced on the lower extremities, as of insects or vermin creeping about on her. She also complained of lack of sensation in her left foot and in both hands, which induced her to continually rub them with a piece of flannel. She had been taking some kind of German medicinal tea, the composition of which I did not learn. She evinced the greatest objection to lying in bed, and although very weak required constant supervision and persuasion to keep her there—and this when so exhausted that the attempt to get up only resulted in her sliding down upon the floor. Equally marked was her repugnance to being covered, and when I first saw her she lay in bed with nothing on but a short chemise and her native modesty. What attracted my attention first was the shrunken and anxious expression of her face, and next the peculiar appearance of her feet and legs. Both feet and legs up to the knee were covered with bruises, or what appeared to be such. These were much worse on the left side, where the toes were actually black. That this was not a mere local trouble was shown by the presence of ecchymoses upon the fore-arms and upon the buttocks. More alarming, to the family at least, was the emeto-catharsis. The vomiting and purging occurred simultaneously and involuntarily nearly hourly, but neither were very copious. The dejected matter was watery, nearly colourless, and preceded by colic and rumbling in the abdomen. Her skin was cold and clammy. She had a great thirst and was

clamorous (or at least had been until her voice became so husky and weak as scarcely to be heard) for iced water, lemonade, beer, anything that was cold. She had had bleeding from the nose, but its character and frequency I could not learn. The urine was suppressed. Of course, there was never a doubt about the remedy; if in so desperate a case any drug could save it was *secale*. Whatever the remedy did do, it was not a "faith-cure," either on account of the doctor's mental attitude or the patient's, and I expected to find her dead on my return in the evening. *Secale* was given in the 6th trituration, dry on the tongue every ten minutes for an hour, and afterward half-hourly; a higher potency would have been given if I had had it with me. When I saw her four hours later the vomiting had ceased, but the bowels remained about the same except in frequency. The medicine was commenced at 2.30 p.m., and the diarrhœa ceased at about midnight. The reaction was followed by a slight fever, for which I gave, the next day, *aconite* (this now I believe to have been a mistake), returning again to *secale* in the evening, on account of her having had a diarrhœic stool. The purpura gradually faded, and quite disappeared in eight or nine days.

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## REVIEWS.

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*The Causes and Prevention of Blindness.* By Dr. ERNST FUCHS, Professor of Ophthalmology in the University of Liege. A Prize Essay. Translated by Dr. R. E. Dudgeon, with a few notes by Dr. M. Roth. London: Baillière, Tindal & Cox, King William Street, Strand, W.C., 1885.

To this interesting, instructive and useful essay was awarded the prize offered for competition by the Society for the Prevention of Blindness in London. The work of this society has been conducted, as is well known to our readers, almost exclusively by Dr. Roth, who has, under its auspices, published and distributed more than 100,000 leaflets, prospectuses, reports and pamphlets bearing on the causes which lead to a loss of sight, and to the means by which these may be obviated. The essay before us was published in German—the language of the original MS.—at Wiesbaden, early in the present year. A translation into French by Dr. Fienzal is in the press, and the society proposes to have it rendered into Italian so soon as its funds will permit.

Dr. Fuchs has been fortunate in having his work presented in the English language by so thorough an English and German scholar as Dr. Dudgeon is well known to be. The composition has all the ease and accuracy of an essay originally written in English; no reader would suppose that it was a translation from the German.

In this essay Dr. Fuchs has investigated, with great thoroughness, the various causes which lead not merely to absolute loss of sight, but to such an irremedial diminution of visual power as renders it impossible to pursue an occupation requiring the use of the eyes. He deals exclusively with the nature of the causes of defective vision, and the measures necessary to prevent such causes being operative, making no reference whatever to curative means, whether surgical or medical. He is concerned with what is termed preventive medicine, and not therapeutics. He commences by considering the influence of inherited constitutional diseases in causing blindness—tuberculosis, scrofula, syphilis and leprosy. Of lepers 69 per cent. become blind, and in countries where leprosy prevails a considerable proportion of the blind owe their infirmity to this disease. In children, local eye diseases not depending on infection are mostly due to general dyscrasia and to none more frequently than to scrofula. The only effectual prophylaxis here is an improvement in the feeding and housing of those classes of the community chiefly exposed to the ravages of scrofula. Dr. Fuchs advocates the establishment of holiday colonies and seaside stations for delicate scrofulous children. The former were first organised in 1878 by Pastor Bion, of Zurich, and others were soon formed in Switzerland, Germany, Austria, and Italy. "The children remain on an average one month in these colonies. The favourable effect of this sojourn in a healthy (often hilly) situation on the children is very evident. This has been proved objectively by weighing the children before and after their holiday outing. A continuance of the weighing during the subsequent school year showed that the improvement in the health of the children was not merely transient." In Denmark children are sent out, two or three together, to board in well-regulated farm-houses. In this way 7,000 children have been sent into the country during the last few years. In England we believe that there are one or two such colonies at the seaside. The vast improvement in the healthy appearance of the children of the people who, coming mostly from the East End of London, are employed during a few weeks in hop-picking in Kent, testifies to the great advantage of country air even when obtained under the most disadvantageous circumstances.

Part III, which discusses the eye diseases most frequently

acquired during the educational period of life, viz., myopia and trachoma, is one of the fullest and best in the book. It supplies a large amount of information deserving the thoughtful study of all engaged in the work of education, and by none is such information more needed than it is by those who have the control of the Educational Department of the Government. It would be well for such persons to remember that myopia is rarely found either among infants or uncivilised people, and that in civilised countries it is found in exact proportion to the calls on the eyes for exertion. And further, Dr. Fuchs' researches show that by regulations regarding the illumination and position of the school buildings, and the general details of education—all of which are perfectly practicable—this myopia is preventible. Such being the case, how great becomes the responsibility of those who preside over educational establishments both public and private!

The following facts should be thoroughly appreciated. The number of myopes is greater the higher the school; it increases from class to class upwards, and not only so, but the average degree of myopia increases in the same ratio. Then again, while in the majority myopia is not attended with any danger to sight, and does not preclude the following an occupation, in a certain minority it attains to such a degree as to render its subject incapable of following certain employments, and seriously threatens to destroy the sight in course of time. The number of myopes who as they grow older become, not indeed totally blind, but so weak sighted as to be incapable of earning their subsistence is considerable. Such being the case the study of the prophylaxis of myopia is a serious obligation resting on all who have the direction of the studies of young children.

Dr. Fuchs, in discussing the questions arising under this head, directs attention to the degree of illumination needed for a school room, the direction in which the rays of light should fall, and the artificial methods of supplying light. Artificial light should be sufficient and properly distributed. The best light is that which is adequately bright without being dazzling, one that is steady, has the smallest amount of yellowish rays, gives off the least heat, and has the least deteriorating influence upon the atmosphere. After comparing light derived from gas, petroleum, colza oil and electricity, Dr. Fuchs arrives at the following conclusion, "from a hygienic standpoint the electric light must be regarded as the best, provided a proper construction of the apparatus shall secure the necessary steadiness of the light, and that when the intensity of the light is great its source shall be concealed from the eye."

"By the electric light the air is neither polluted nor heated. The illumination is so excellent that the acuteness of vision is

increased by  $\frac{1}{2}$  to  $\frac{3}{4}$  compared with gas. The acuteness of vision for colours is doubled or quadrupled (Cohn). When the electric light has been employed on an extensive scale, no complaints have been made of straining the eyes (Javal, Poncet, De Cluny, Cohn); I can corroborate this for the Liege schools."

The great defect in the electric light in its earlier history, was its unsteadiness. This—so far as the incandescent lamp is concerned—has been completely overcome by the use of secondary batteries. The lights in the Subway, and in the Temperance Refreshment Room of Spiers and Pond, at the Inventions Exhibition, are derived from the secondary batteries of the Consolidated Electric Light Company, in Cowercross Street, and are perfectly steady. In the case of Arc lamps the same absolute absence of flickering has not yet been secured, but the Pilsen lamp has achieved a very close approach to it.

We can only hope that a light so invaluable from a hygienic point of view will, ere long, come into general use. It is a costly light, no doubt, but the expenses attendant on producing it are—through the progress of inventions—rapidly diminishing. Many portions of the necessary apparatus even now show a good profit at a hundred per cent. less cost to the consumer than they did a couple of years ago.

The influence on eyesight of the position of the desks and seats of pupils is minutely considered. This is almost as great as it is well known to be in causing spinal disease. The only schools in which we have seen desks and seats which comply with the requirements of physiology are the Free Schools in Boston, Massachusetts. The backless forms and desks of the same height for pupils of all ages have contributed, and are still contributing, largely to the production of myopia and spinal deformity. In an appendix, Dr. Roth has published engravings of suitable desks and seats as made by the North of England School Furnishing Company.

The chapter on the special measures for the different stages of education is one which points out the evil effects of overwork very clearly, while the suggestions made to secure a sufficient amount of knowledge without injury to the body are thoroughly sound and practical.

Dr. Fuchs makes a forcible appeal for the medical inspection of primary and middle schools. "In England," writes Dr. Fuchs, "a medical department in the Local Government Board was established in 1872, to it is confided the medical supervision of the schools." We think that this will be news to most of us. Dr. Roth in a note says that in Great Britain "such a being as a school doctor does not exist;" and that one of the hard working members of the London School Board asked him privately "not to speak of medical inspection of schools, as the taxpayers

complained already about the high rates for education." That is true so far as it goes, but it is rather the gross extravagance of the London School Board than the high rates that is complained of. Architects, builders and numerous officials absorb the ratepayers' money, while the health of the children is neglected. If the money collected from the ratepayers were but properly applied there would be ample funds wherewith to remunerate a medical inspector. Meanwhile there is no medical inspection of schools in England, and when medical men protest against the over-cramming of minds enshrined in half starved bodies, their protests are treated with contempt by Government officials. In France, Germany and Switzerland "the medical inspection of schools is in an incipient stage, what at present there is of it is due to the initiation of some enlightened municipalities."

Passing over the chapter on eye diseases, consequent on general diseases, we come to one on infectious eye diseases, in which that very frequent source of blindness blennorrhœa neonatorum is considered. Cleanliness is the chief prophylactic, and the instillation of a few drops of a one per cent. solution of nitrate of silver is said to be the most important medicinal preventive. At the same time Dr. Fuchs desires to see further trials with a solution (1 to 5,000) of corrosive sublimate "which" according to the investigations of the German Board of Health, "displays the surest antiseptic action."

The article on trachoma as it affects the army, civil establishments, and the general civil population is alike interesting and useful.

Following it is an important chapter on the influence of occupation on eye diseases. How most effectually to preserve the eyesight in certain trades is a question demanding the fullest enquiry.

"COHN examined a large number of artisans in Breslau for short sight. He found among the—

" Watch makers	...	9.7 per cent.	of myopes.
" Gold and Silver Workers	12	"	"
" Lithographers	...	45	"
" Compositors...	...	51	"

"Emmert found a larger proportion of myopes among the watchmakers. In four Swiss watchmakers' schools the proportion of myopes was 14 per cent. Mottais examined ninety-seven compositors; of them fifty-one were short-sighted. With these data the list of trades conducive to myopia is by no means exhausted; to it may be added tailors and seamstresses, shoemakers, and many other artisans."

The chief remedy for this state of things consists in the arrangements for the illumination of workshops. In printing establishments especially the introduction of the electric light

would be productive of the greatest advantage. In Cope's tobacco manufactory at Liverpool, where a number of girls are employed in examining and rolling the tobacco leaf for cigars, the change from lighting by gas to the electric light was followed by great improvement in the health of the girls and in the quality of their work. The amount of light required for properly examining the leaf is very great, consequently the quantity of gas burnt was unusually considerable and the deterioration of the atmosphere proportionately great. The electric light, by not affecting the atmosphere at all, removed at once the source of ill-health, which was only too apparent in the countenances of the girls, and at the same time, by giving a superior quality of light, enabled them to do their work much more efficiently.

Injuries to the eyes are especially common among locksmiths, masons and machine makers. Cohn states that "every single one of the 1,283 workers in metals from six factories, examined by him, suffered two or three times a-year from injuries to the eye. About one-half of those injured (633) were compelled to seek medical aid; of these, 36 (2·8 per cent. of the total number) were partially deprived of sight; 16 (1·2 per cent.) lost the sight of one eye totally." Explosions in mines, fire-work factories, &c., contribute their *quota* to the number of blind people. Accidents from blows, thrusts and pricks, and the injuries received in war are also sources of blindness.

"About one-half of those who are blinded by injuries lose the second eye, not by the injury itself, but by sympathetic ophthalmia. \* \* \* Every case of sympathetic blindness is the fault, sometimes of the physician, who has not perceived the threatened danger in time, but much more frequently of the patient who has sought medical aid too late, or has refused to submit to the proposed operation." We believe that there is no sounder rule of surgical practice than that enforced by Mr. Lawson, some time ago, of performing enucleation of the injured eye ere the sound eye has had the opportunity of becoming affected. As Dr. Fuchs says, "the operation secures in most absolute immunity." The earlier it is performed the more absolute does this immunity become.

Dr. Fuchs gives some valuable hints for preventing these injuries. The great difficulty here is in persuading the workman to carry them out.

In his concluding chapter, the author dwells at some length on the absolute necessity of the study of ophthalmology being more systematically conducted, more uniformly insisted upon as a part of the medical curriculum, and a knowledge of it made more imperative at medical examinations.

Such is a brief outline of this very important contribution to

sanitary science. We would that it were carefully studied not only by medical authorities and boards of health, but by all who, from their position, are capable of influencing legislation, all who take a part in the management of schools, all who are employers of labour. It is a terrible reflection, that while there are in Europe 811,000 blind persons, in 88 per cent. the blindness might certainly have been prevented, probably so in 48 per cent., and that it was unavoidable in only 24 per cent. There can be no work more worthy of enthusiastic devotion than that of preventing so much misery, so much distress and destitution as that represented by blindness.

Following in the footsteps of Dr. Roth, the Ophthalmological Society of London has taken the matter up, carefully ignoring the work he has accomplished, and are now engaged in an endeavour to attract attention to the subject. In this prize essay Dr. Fuchs has presented them with material which Dr. M'Keown, of Belfast, and the Society may study with advantage; he has also laid down lines of prophylaxis which they may utilise in their new-born zeal to instruct their countrymen, and by so doing obtain some cheaply earned reputation for disinterested philanthropy!

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*The Handbook to the Rivers and Broads of Norfolk and Suffolk.*

By G. CHRISTOPHER DAVIES. Sixth edition. London: Jarrold & Son, 8, Paternoster Buildings.

IN view of the approaching British Homœopathic Congress at Norwich, we cannot do our colleagues a greater service, at the moment, than recommend them to invest eighteenpence in this very interesting handbook. It is not written in the usual matter-of-fact style of books of this class, but is based upon a sailing trip taken by the author with an artist friend in a ten-ton cutter through the rivers and broads it describes. The several changes from cutter to jolly-boat, and again to lateener, necessitated by the varying depth of the water and other causes, the fishing, scenery, and points of interest on the banks, are set forth in a manner at once interesting and instructive. An appendix enters more fully into the character of the fishing and the mysteries of yachting in these fascinating waters.

From Mr. Davies' description, the Broads seem to be especially suited to the wants—rest and quiet—of the actively engaged professional man, particularly after a day's business such as lies before us at the Royal Hotel on the 25th inst. Hence we hope that a good many of our professional brethren will be able to arrange to remain on Saturday morning to enjoy the trip which Dr. Roche has so kindly and thoughtfully planned for them.



## MEETINGS.

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### THE HOMŒOPATHIC PHARMACEUTIC ASSOCIATION OF GREAT BRITAIN.

THE usual quarterly meeting of this Association was held on the 19th ult., at the Grand Hotel, Scarborough, Mr. PORTAGE, of Edinburgh, the President, occupied the chair. The meeting was well attended chiefly by those members who reside in the North of England. After the ordinary routine business had been transacted the President delivered a thoroughly practical address on *The Advantages to be derived from Membership of the Association*. He commenced by pointing out the importance of united action in all efforts to promote the spread of truth; and then referred to the *raison d'être* of the Pharmaceutical Society of Great Britain—the securing of adequate protection for and proper representation of the rights of the chemists and druggists of the country. It was with the same objects that homœopathic chemists had united to form their Association. The necessity for it had been shown by the attempt made in 1868 to exclude homœopathic chemists from the advantages of the Pharmacy Act. He next dwelt upon the importance to the homœopathic chemist of having a thorough education in his business. Having described the difference between the old-fashioned allopathic pharmacy, which relied upon the pharmacopœia, and that which obtains so largely nowadays when, instead of such prescriptions as were once ordinarily written, medical men so commonly order Yankee specialities of doubtful composition and more doubtful merits, he observed that though the homœopathic pharmacist was not called upon for preparations of this kind, he was “not exempt from problems of a grave nature, upon the solution of which must depend his future status and almost existence; and,” he then added, “it is for the consideration of these, and if possible for their satisfactory solution and settlement, that the Homœopathic Pharmaceutical Association exists.” He next argued earnestly in support of the principle that the distribution, that is the sale, of homœopathic medicines, should be restricted to those who are properly qualified for the business by education. He then pointed out the wide field of research which lay open to the homœopathic chemist. Urging upon all the duty of studying the pharmaceutical properties of the medicinal *flora* to be found in the districts where they reside, he alluded to the large fund of useful information to be derived from preparing tinctures of the same plant at different periods of the year, and comparing the amount of active principle in each species, and asked for communications on this and kindred topics at the quarterly meetings.

At the conclusion of the address, which was listened to with much attention,

Mr. F. FOSTER, of Scarborough, in moving a vote of thanks to the President for his address, desired that it might be published and widely circulated.

Mr. CHEVERTON, of Tunbridge Wells, seconded the motion, which was put and carried unanimously, and the proceedings terminated.

## NOTABILIA.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of Homœopathic Practitioners will be held this year in Norwich, at the Royal Hotel, on Friday, the 25th of September, at 10 a.m. punctually. The business of the Congress will be opened by an address from the President, Dr. HERBERT NANKIVELL, of Bournemouth. After the President's address, a short interval will allow the Treasurer to receive subscriptions. A paper will then be read by Dr. A. C. CLIFTON, of Northampton, on "*Constipation: its Causes and Effects, and its Medicinal Treatment.*" At 1 o'clock, the President will leave the chair for an hour for luncheon. Dr. ROCHE, and Dr. E. B. ROCHE, of Norwich request that the members of Congress will consider themselves as their guests at luncheon in the Hotel. At 2 o'clock, the Congress will receive the Report of the Hahnemann Publishing Society, proceed to select the place of meeting for 1886, elect officers, and transact any other business which may be necessary. After this, Dr. GALLEY BLACKLEY, of London, will read a paper entitled "*Doctors and Chemists.*" Discussion will be invited at the end of each paper.

It is proposed this year to devote the rest of the afternoon to seeing the numerous places of interest in Norwich. Dr. E. B. ROCHE will make arrangements, as far as time will permit, for a visit to the Cathedral, St. Andrew's Hall, the Raptorial Collection of Birds at the Museum, the Stranger's Hall, the Guild-hall, St. Peter's Church, and a walk round the Castle Hill. Should any members, or sufficient number, be able to remain over Saturday, D. E. B. ROCHE will arrange for a steam launch for a sail on the Norfolk Broads, returning in time for the evening trains. Members will dine together at the Royal Hotel, at 7 o'clock.

The subscription for this year will be 7s. 6d.

A meeting of the Hahnemann Publishing Society will be held on the morning of the 25th September, at 9.15 a.m.

We have every reason for hoping that Dr. Lilienthal, of New York, and Dr. Dake, of Nashville, Tenn., will be present.

We trust that at a meeting, appointed to be held in a city possessing attractions both numerous and varied, and presided

over by a physician so highly and widely esteemed as is Dr. NANKIVELL, a large number of homœopathic practitioners will by their presence acknowledge their sense of the generous hospitality of Dr. ROCHE and his son, and their appreciation of the efforts they have made to render the Congress of 1885 a source, not only of interest, but of pleasure and recreation.

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#### HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held at the Royal Hotel, Norwich, on the evening of September 24, at eight o'clock. It is very necessary that as many members as possible should be present at this meeting, as very important business as to the work and funds of the Society will be brought forward.

Gentlemen who may have any reports or suggestions to make should communicate at once with the Hon. Sec., Dr. Hayward, 117, Grove Street, Liverpool.

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#### THE MEDICAL SCHOOL OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Winter Session of the London Homœopathic Hospital Medical School will open on Monday, October 5th, with the Hahnemann Oration, which will be delivered by Dr. D. DYCE BROWN. It is the hope of the managers of the school that during the ensuing session an increased number of students and practitioners of medicine will avail themselves of the opportunity afforded, by the free nominations of the school, to make a direct personal enquiry into those therapeutic principles which are so rapidly modifying the general practice of medicine. The hospital will, in the coming winter, through recent additions made to the building and the more liberal support it now receives from the public, be able to admit a larger number of patients than it has hitherto done. It now presents a means of acquiring a knowledge of homœopathic medicine which it is incumbent upon all medical men who desire to be fully equipped for practice, to obtain.

Lectures will be delivered during the winter on Clinical Medicine, by Dr. J. Galley Blackley and Dr. J. H. Clarke; on "Materia Medica," by Dr. J. H. Clarke; and on the Practice of Medicine, by Dr. Dyce Brown. Hospital practice in the wards and in the out-patient department of the hospital.

The classes of students to whom these courses are specially addressed are—(1) Medical men who are already qualified and who desire to obtain a knowledge of homœopathy in addition to their other requirements. (2) Medical students desiring to be instructed in homœopathic medicine.

### RECENT BENEFACTIONS TO THE LONDON HOMŒOPATHIC HOSPITAL.

THE award of the Metropolitan Hospital Sunday Fund to the London Homœopathic Hospital was this year £188 19s. 2d., instead of £120 as it was last year. Though exhibiting a gratifying increase, it is still much smaller than the excellent work done at the hospital would suggest as being its due, and indeed much smaller than it used to be. This arises, we believe, in the first place from the hospital having of late received a number of legacies. These the Mansion House Committee treat as income, while the Board adds them to the endowment fund. Consequently the Mansion House Committee, in dividing the funds according to the requirements of an institution as represented by the relation subsisting between income and work done, have proceeded on the assumption that the hospital income was much larger than it really was. And secondly, the large increase in the number of claimants to a share in the proceeds of the collection has also involved a diminution in the amount allotted to the older charities.

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A lady who has on several occasions given handsome donations to the hospital has just presented £500 to its funds.

The lady to whom we are indebted for the endowment of the "Gordon Bed" in the Hahnemann Ward, visited the hospital recently and paid the subscription of £85 for the second year's endowment.

We understand that information has lately been received at the hospital that by the will of the late Miss Elizabeth Berner, an old subscriber to the institution, an addition of £200 will shortly be made to the funds.

A spinal carriage, the want of which was so strongly expressed at the annual meeting, has been presented by Dr. Byres Moir.

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### THE BRITISH AND AMERICAN MEDICAL ASSOCIATIONS COMPARED !

THE British Medical Association in 1851 declared, in a resolution unanimously adopted at their meeting at Brighton, that it was "derogatory to the honour of members of this Association to hold any kind of professional intercourse with homœopathic practitioners." And again, in another, that among those who ought not to be members of the Association were "those who under various pretences meet in consultation, or hold professional intercourse with those who practise homœopathy."

In 1885 *The Medical Times* writes in a leading article: "Reading of what has recently happened across the Atlantic, we ought to be thankful that the powers of our own Association have not

been abused, as they might have been, to the forcing upon us of leaders, whose only claim to leadership is skill in the lobby. An association, again, which can tolerate homœopaths upon its roll contrasts very favourably, in respect of discretion and liberal feeling, with one which, like the American Association, ostracises regular (*sic!*) practitioners, simply for claiming the individual liberty of holding consultations with whom they please."

The day is coming, and apparently not far distant, when the British Medical Association will be congratulated by the medical press not only for tolerating homœopaths, but for the "discretion and liberal feeling" shown by that body in having investigated with scientific skill the claims of homœopathy to be regarded as the basis of drug-therapeutics, and at the same time thanked for the valuable report they had produced, and the long, interesting and instructive clinical enquiry they had conducted.

Therapeutic investigations seem to be rapidly arriving at this point, and the sooner they get there the better will it be for the credit of medicine, both as a science and an art. Not only does the Association, as we suggested in our last number, move, but the medical press—or at any rate *The Medical Times*—seems to be moving too! We congratulate both on the progress made during the last five-and-thirty years, but can assure them that the pace might be improved with advantage, at any rate to the patients!

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#### THE HON. DR. CAMPBELL, M.L.C.

SOME of our readers may remember that a few years ago Dr. Allan Campbell was elected a member of the Legislative Council of South Australia. Early in the current year his term of office expired, and an election for the district he represented became necessary. A requisition signed by 268 electors asking him to allow himself to be nominated was presented to and accepted by him. There were two other vacancies in the same district, and four candidates started. The polling took place on the 15th May, when Dr. Campbell obtained 2,850 votes, the second candidate 1,124, the third 1,066, and the fourth 785.

Such a large majority speaks volumes for the high position Dr. Campbell has won for himself in the Colony, the more so when it is considered that the district is large and scattered, and the voters' qualification a property one.

Shortly after the election the Ministry in office at the time retired, and our colleague was offered and strongly urged to accept a seat as Chief Secretary in that which followed. This, however, his numerous professional engagements compelled him to decline, greatly to the regret of those who constituted the new Ministry.

It is especially interesting to notice that the fact of Dr. Allan Campbell practising homœopathically, and being a well known defender of the therapeutic faith enshrined in the word homœopathy, not only had no influence against him, but was never once referred to by his opponents. This shows how thoroughly the antagonism to homœopathy in Adelaide has worn out.

On the foundations so well laid many years ago by Dr. Wheeler, now of Upper Clapton, the Hon. Dr. Campbell has built up a well pronounced feeling throughout the city of Adelaide in favour of homœopathy, and while doing so has created for himself a high reputation as a physician, a philanthropist and a politician. Where in years gone by Dr. Wheeler was the only medical man practising homœopathy, there are now at least five or six extensively engaged in doing so.

Our hearty congratulations are offered to our colleague on his success in the past, and our best wishes for his future.

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#### HOMŒOPATHY IN TASMANIA.

DR. SAMUEL BROWN, who left England some two years ago to practise in Launceston, Tasmania, has been obliged to leave that town on account of his health. He is anxious to hear of some competent practitioner whom he could introduce to his *clientèle* there. As in eighteen months he succeeded in getting together a very considerable connection, the opening appears to be a very good one. Dr. Brown will be happy to give information to any one who may think of going out there; his address is 119, Wickham Road, Brisbane. So also, we believe, will Dr. Moir, of 4, Leinster Square, Bayswater.

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#### THE DIFFUSION OF CHOLERA.

PROFESSOR BURDON SANDERSON, writing in *The Contemporary Review*, on "Cholera; its Causes and Prevention," begins with a brief history of our experience of cholera from the time it first attracted notice down to the latest epidemic. He regards India as its native seat, and the centre from which it has spread, and the reader will find the historical part of his article full of suggestive reflections. In arriving at the cause of cholera he proceeds by a process of analytical reasoning to the conclusion that from the moment the pathologist begins to infer that because in particular instances, which can be experimentally investigated, infection occurs by organisms, it must be so in the case, for example, of cholera, of which the behaviour is very different indeed from that of any of the infectious diseases above enumerated, he leaves certainty behind him and passes into the regions of more or less probable conjecture. The antecedent probabilities, he says, may be stated as follows:—

“If the reader will approach the subject with a mind freed for the moment from metaphysical considerations, he will see that the spread of cholera over the world must be due either to the dispersion of infected persons, or of things with which such persons have been in contact, or to the dissemination through the air of what may be called ‘cholera-dust.’ The question whether there is such a thing as cholera-dust rests on the teaching of experience as to whether cholera can or cannot jump from one place to another at a distance without the aid of personal intercourse. If this does occur it can only be by dust—*i.e.*, minute particles of infective material suspended in the air. If it is not so, it remains to be determined whether such events as the conveyance of cholera from Ceylon to Mauritius in 1819, &c., in all of which immigration from infected places of men with their belongings led to the appearance of cholera where it was before unknown, should be attributed exclusively to the introduction into these places of persons actually suffering from cholera, or to the circumstance that these persons, whether themselves infected or not, brought with them an infected environment. Experience all over the world is in favour of the latter alternative, for on the one hand it teaches that cholera is not ‘catching,’ so that attending on the sick is in itself unattended with any risk; and, on the other hand, that cholera has such a power of *haunting* localities, that a house, street, town, or district where cholera prevails to-day becomes thereby more liable to a second visitation next year than it would otherwise be.”

He explains this fact by supposing that the material cause of cholera is capable of existing in human belongings for a length of time independently of the human body from which it sprang—

“But in addition it suggests something as to the nature of that cause. That the contagium of cholera is capable, after many months of quiescence, of recovering its activity whenever the conditions of that activity come into existence, is a fact which, while it is otherwise unintelligible, is very easily explained on the supposition that the contagium itself is endowed with life. Whatever the cause may be, it certainly possesses another essential property of organisms—namely, that it is capable of self-multiplication. The conjecture that cholera, like other epidemic diseases, owes its power of spreading to a living and self-multiplying organism is so well founded that we are justified in taking it as a starting-point from which we may at once proceed to inquire—first, where this self-multiplication takes place; and secondly, how it is brought about.”

As to where the self-multiplication takes place, Dr. Sanderson says that in the case of splenic fever and relapsing fever, it is known that the organism develops itself in the body of the

human being affected, but as regards cholera, nothing of the kind can be observed. As yet no one has been able to find the organism either in the blood or in any living tissue, notwithstanding that the research has been conducted with every possible care. Consequently the opinion has come to be very generally adopted, that the multiplication of the organism takes place not in the tissues of the sick person, but in his environment—that is, in whatever material at or near the surface of the body is fit for its reception and vegetation. It is introduced into the individual either by his breath or with his food; but in either case it localises itself in the alimentary canal. Speaking of Dr. Koch's discoveries in this connection, he says, in the words of the Commission sent out to India to report upon them, that although Dr. Koch was perfectly accurate in his statement of fact that the intestinal liquid of a person suffering from cholera contains countless myriads of organisms of a particular form, yet he had gone too far in his inferences, and that though the cholera bacillus swarmed in the intestine of every person affected with cholera, it does not play there the part which is attributed to it. Still he again admits that cholera depends on an organism, and that its spread cannot be accounted for in any other way; and he adds, as the result of his theory of the organism or germ requiring a soil or substance external to the human being as an essential of its fructification, the following corollary:—

“If we could imagine all the infected persons in such a locality to be removed by some act of absolute power, such an act would not stop the progress of the epidemic, for cholera would still be there.”

The peculiarity of the soil which favours cholera, he goes on to say, is unquestionably want of natural or artificial drainage, combined with the presence in the liquid with which it is soaked of such organised material, derived from the tissues of plants or animals as render it a fit soil for the development and vegetation of microphytes. The seasonal change which favours cholera is that which expresses itself in the drying of such a soil under the influence of summer temperature; and statistics of thirteen years show that the months during which cholera attains its maximum of destructiveness are August, September, and October.”—*Standard*.

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#### DR. FERRAN'S ANTI-CHOLERAIC INOCULATIONS.

COLONEL JOHN W. FOSTER, United States Minister to Spain, has transmitted to the State Department at Washington a report made to him by E. de la Granja, a physician of Boston, on “The cholera in Spain and the pretended prophylactic anti-choleraic inoculations of Dr. Ferran.” Dr. la Granja accompanied



the medical commission which was recently sent to Valencia by the Spanish Government to investigate the condition of the cholera epidemic which is prevailing in that province, and to report upon the efficacy of the new system of inoculation practised by Dr. Ferran. Dr. la Granja says:—

“On the morning of the 29th of May we entered the infected district, and on arriving at Alcira, a town of about 18,000 inhabitants, the enthusiasm manifested for Dr. Ferran by the citizens, who headed by the mayor, were waiting in the railroad station, was indescribable. They clamorously asked that Dr. Ferran should remain among them, and that the inoculations of Ferran's anti-choleraic broth, suspended by order of His Excellency the Secretary of the Interior, should be continued forthwith to save the people from the dread scourge that was destroying them. We visited Algemesi on the 31st of May, and without loss of time began to visit and examine the patients who were suffering with the disease, the character of which was still undecided.

“Satisfied that the epidemic was one of true cholera, the commission decided to spend the rest of the afternoon in examination of the inhabitants who had been inoculated by Dr. Ferran with his anti-choleraic broth. The number of those examined was quite large, and all of them were enthusiastic in the praises given to Dr. Ferran. They had been inoculated in both arms, but presented no marks or scars other than those made by the hypodermic syringe, and now almost obliterated. Some of them stated that they had had a little headache, and all severe pains in the arms, lasting about twenty-four hours after the inoculation. One of the most remarkable things is that none had either vomits or diarrhoea while suffering from the effect of the inoculation or from the attenuated cholera, as Dr. Ferran and his friends style it, excepting the small children unable to speak, who, according to the evidence of one of Dr. Ferran's assistants, had both.

“During the last few days the number of opponents to Dr. Ferran's prophylactic inoculations has greatly increased, and I sincerely believe that there would be but very few adherents were it not because the opposition to the present Government of Spain have made political capital out of the well grounded suspension of the inoculations until the termination of the investigation and report of the scientific commission, as ordered by the Secretary of the Interior—suspension which has allowed Dr. Ferran and his assistants and associates to pose as martyrs in the cause of humanity, science and progress. One thing, however, must be said in favour of Dr. Ferran's inoculations, and I am sorry that it is the only one I can say, that those who have undergone the process feel so much confidence in their immunity as to have lost

all fear of the disease that causes so much terror in the generality of the population.

“In pursuance of their studies the members of the commission examined 720 inoculated persons. In view of the result produced by these inoculations the commission has come to the conclusion that they are inoffensive, and recommends to the Government that Dr. Ferran should be allowed to continue with his experiments.

“That the anti-choleraic process of Dr. Ferran is nothing but an experiment is perfectly true, and I have no hesitation in asserting that, even as an experiment, it is very crude, unscientific and anti-pathologic, and unfortunately it has been divested of all merit if it ever had any by converting it while in its rudimentary state into an unprofessional industry.”

Dr. la Granja, continuing, says that some persons were found who suffered severe inflammation of the arms from the inoculation and that others were reported to have died from blood poisoning. He adds :—

“The inoculations are carelessly made, with the broth to be used for them left in a teacup exposed to the action of the air, which cannot fail to add impurities to those originally contained, and without the precaution of burning the syringe, so necessary to avoid septic poisoning.

“The statistics presented by Dr. Ferran to substantiate his claims in favour of his broth seem to give him support, but, unhappily for him, cannot be taken as statistics by anybody free from prejudice. The favourite statistic of Ferran is that of Alcira. In this place a little less than one-half of the population have been inoculated, and much more than one-half of the deaths are among the inoculated ; but taking into consideration that the deaths are counted from the date of the invasion of the town by the cholera, that those that suffer most from its attacks are the poor, ill-housed, ill-fed and unclean, who are those not inoculated, the statistics are deceitful and misleading, and consequently are not to be relied upon, unless it is to support false claims among the fanatical and terror stricken people.

“Dr. Ferran makes the assertion that the inoculated do not have any immunity from the cholera until five days after the inoculation, but does not know for how many days after that they are protected. To say the least, these statements are unscientific and empirical, as well as the doings of Ferran, and are to be taken for what they are worth.

“Now that Dr. Ferran is allowed to continue his experiments on the subject, I hope that he may be successful in discovering, even empirically and against all scientific laws, something of real value, not only to himself and assistants, but to humanity at large. Nevertheless, the inoculated do not appear to acquire

much immunity, because they are attacked by the cholera and die like those not inoculated. Had Dr. Ferran been correct in his theories and in the supposition that the microbe is the cause of the cholera, I do not know whether humanity would have been benefited or damaged by his pretended prophylactic discovery. If every inoculated person had suffered from the experimental or attenuated cholera and the diarrhoea consequent to it had been loaded with microbes, each inoculated person would have been a source of infection for the rest of mankind. Under these circumstances I think that the Secretary of the Interior deserves great praise for forbidding the inoculation. It is my opinion that Ferran's prophylaxis of the cholera will be as short lived and will fall into as much discredit as the treatment of cancer by the use of condurango, discovered some years ago by one of our own physicians."—*New York Herald*.

#### THE TREATMENT OF THE CASE.

"If your diagnosis is correct, the treatment follows as a matter of course" is the dogmatic utterance which has often fallen on my ear in the years that have elapsed since I was a student. So often has it been heard, that much inward speculation has been caused, from time to time, as to how far the statement is true.

In the first place what is meant by diagnosis? How restricted is the term in each speaker's mouth; or how wide? Say the case is one of early phthisis. There is apex consolidation say to the third rib, little air is passing into that portion of the lungs, and moist râles are to be detected. Having ascertained these matters, having also ascertained that the patient's thorax is a flat unpromising one—is the diagnosis complete? And further, what indications for treatment are furnished by it? So far, it gives no hint. If the student falls back on his text book, he will find Dr. Roberts wisely tells him "every case requires thoughtful consideration, and it must not be imagined that this is a disease capable of being controlled by any one remedy or class of remedies." That is just where the student fails. Phthisical patients are utilised in hospitals rather for diagnostic purposes than with an eye to the treatment of the case. No doubt Dr. Roberts knows perfectly well how to weigh each factor in each case, and therefore the measures by which he purposes to attack the case. But then he has earned that power by the sweat of his brow, and can no more enable his reader to do this at once than a juggler, who can keep six balls in the air at once, can enable an aspiring onlooker to do the same by merely showing him how it is done. It is no fault of the juggler, nor any fault of Dr. Roberts—or any other writer of a handbook of physic.

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Diagnosis guides the treatment ; but in order to do so effectually it must itself be efficient and complete—including the individual and general condition as well as the disease. But it is a notorious fact that some men who excel in diagnosis are not equally conspicuous for their grasp of treatment. The therapeutic instinct is as surely a "gift" as music. It stands by itself. A learned man may not be as good a member of a choir as an unlettered bumpkin. There is many a physician of eminence who, in the treatment of a case of phthisis is behind plenty of country doctors, who scarcely understand the information furnished by the clinical thermometer ! But as therapeutics are essential, each man must be made the most of, whether his talent be little or great. The very fact that there is this natural inequality is an argument of the very strongest character for systematic teaching on the subject.—Dr. Milner Fothergill, in *The Hospital Gazette*.

#### MODERN MEDICINE !

"*The British Medical Journal*" writes the *Evening Standard*, (Aug. 6), "has added to the terrors which beset humanity by giving a list of accidents which have recently occurred from the explosive substances used in medicine. It is stated that a tooth powder, composed of chlorate of potash and cachou, has been known to explode in the mouth of a person engaged in brushing his teeth. Pills of permanganate of potash have been known to explode spontaneously, and a mixture of perchloride of iron and glycerine exploded in the pocket of a patient who carried it. Other accidents of a similar character are recorded, and it is evident that patients who carry out the printed instructions 'to be well shaken before taken' are unconsciously running a risk almost equal to that incurred by children playing with loaded shells. A new terror is added to the taking of pills—and danger lurks in the hitherto unsuspected tooth powder. We now understand for the first time the danger incurred by apothecaries' boys. It has hitherto been supposed that it was only the lives of patients which they carried in their baskets—it now appears that they carry their own also."

#### BREAD REFORM LEAGUE.

THE enormous waste of food which is daily going on in the homes of that large proportion of the people who depend for their support upon weekly wages, is well known to all who are familiar with their habits and mode of life. Many years ago the late Dr. Edward Smith published an excellent book, entitled, *Practical Dietary for Families, Schools, and the Labouring Classes*, in which he entered fully into the various ways in which

the greatest amount of nourishment might be obtained from the cheapest articles of diet. This is, however, nearly forgotten now, and indeed to enlighten the ignorance, and arouse the apathy of those who are comprised within the phrase "working classes" something more than a well written sensible book is required. For the purpose of influencing and instructing the people in the art of feeding to the greatest advantage at the smallest cost, a Bread Reform League has been in operation for five years, and it is believed to have succeeded in improving the quality of the bread in general use to a very considerable extent. During the London season a series of afternoon meetings have been held at the Parkes Museum of Hygiene for the purpose of making more generally known the amount of nutriment contained in various kinds of cereals.

To effect this change in the dietary of the people it is proposed that steps shall be taken to bring these neglected food-stuffs in various ways to the notice of the working classes, and to induce manufacturers to prepare them in forms that will render their use as easy and inexpensive as possible. Indeed, this has already been done on a considerable scale, and prepared beans, peas, lentils, oats, wheat, and potatoes were seen at these receptions in the Parkes Museum.

Two sentences from the report of this association may be quoted, with the conclusion drawn by Miss Yates, the prime mover and enthusiastic secretary.

"Owing to the present depressed state of trade, many working people are in a state bordering on semi-starvation; it is therefore of the utmost importance to know what foods nourish the body most completely at the least cost; and public attention should continue to be directed to the advantages of Wheat Meal and other cereal foods, which will maintain health and strength in conjunction with only a small supply of high-priced animal food."

"The importance of this question to the working classes will be realised when it is known that it has been calculated that an average of 60 per cent. of the annual income of the artisan classes is expended on food. This is a fact not generally grasped, and which brings into clear relief the paramount importance to them of any cheapening of food. In London there are some three millions of the working class. If the cost of food for these were reduced 20 per cent., which could very easily be effected by a proper selection of food, and the present cost of food be estimated at 6d. per head, there would be a saving of £15,000 per diem, or £5,500,000 per annum."

An institution, the object of which is to draw public attention to a matter of such grave interest as this, is well deserving of support and encouragement.

### HAMAMELIS VIRGINICA IN HÆMORRHAGE FROM THE BOWELS.

MR. RICHARD HALPIN reports in the *British Medical Journal* for Jan. 31st, 1885, the following case, which illustrates the value of *Hamamelis Virginica* in the treatment of hæmorrhage. The case was that of a cabinetmaker, aged forty-four, who had been subject for eight years to bleeding from the rectum. In 1877 he suffered from an attack of pleurisy of the right side, and, during convalescence, noticed that he was passing blood in his motions in considerable quantities. The hæmorrhage was periodic, coming on in alternate months, lasting four weeks at a time. The blood was passed in the morning, immediately after the bowels had been relieved. It was bright red in colour, usually fluid, but sometimes coagulated, and amounted to about two ounces. The patient's general health suffering considerably, he was reduced to a condition of great debility, and was forced to seek advice at St. Bartholomew's Hospital. He was found, on examination, to be free from piles, fistulæ, etc., and was treated, with little or no benefit, as an out-patient. In November he was admitted as an in-patient at the Royal Hospital for Thoracic Diseases, and was found to have taken almost every drug in the pharmacopœia. But the hæmorrhage still continued. Knowing the value of *hamamelis* in these cases, it occurred to Mr. Halpin that the aqueous distillate of the fresh bark, known as hazeline, might be of use, and he accordingly injected an ounce, diluted with a small quantity of water, into the patient's rectum, giving at the same time half a drachm by the mouth every three hours. The bleeding was at once arrested, and, although the patient remained for some weeks under observation, there was no return of his old trouble.

This case, even though an accurate diagnosis is lacking, we venture to think affords conclusive proof that we have, in *Hamamelis Virginica*, a drug which may be relied on for the treatment of a very obstinate class of cases. Mr. Halpin also mentions the fact that equally good results have in his hands attended its use in cases of pulmonary hæmorrhage.—*The Therapeutic Gazette*.

### THE TRANSMISSIBILITY OF TUBERCULOSIS FROM DOMESTIC ANIMALS TO MAN.

A PARIS correspondent writes to the *British Medical Journal* :—A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charge of the poultry yard. He grew steadily weaker, and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to

swallow with avidity. In a few weeks the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alfort. M. Nocard found that the lungs and liver were infested with tubercles about the size of a pea and of a grayish-yellow colour. In a microscopic preparation there were numbers of bacilli. The fowls were killed, and the poultry yard disinfected. A less honest farmer might have sent the tuberculous fowls to market, a probability which doubtless has been, and will yet be, a certainty not always easy to discover. The danger attending the consumption of diseased poultry, or milk from tuberculous cows, indicates that a rigorous system of inspection ought to be organised for markets, farms, and poultry yards.—*The Hospital Gazette.*

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## OBITUARY.

HENRY N. GUERNSEY, M.D., died at his residence, in Philadelphia, June 27, aged 68 years. Dr. Guernsey was born in Vermont, received his degree of Doctor of Medicine from the Medical Department of the University of New York, in 1842, and after practising a few years in New York and Frankfort settled permanently in Philadelphia in 1856. In 1861 he was elected Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania. His lectures were so popular and attracted such wide attention that they were, in 1867, published in book form under the title of *Guernsey's Obstetrics*. In 1871 Dr. Guernsey was elected Professor of Materia Medica in the Hahnemann Medical College of Philadelphia. His lectures have since been given to the public under the title of *Guernsey's Materia Medica*. Professor Guernsey was highly esteemed in public and private life as a man of close observation, of wide information in the various departments of literature and science, and, however much many of his friends may have differed from him upon some of the great medical questions of the day, all admitted the genuineness of his convictions and the ability with which he defended his opinions.—*New York Medical Times.*

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## CORRESPONDENCE.

### THE BRITISH HOMŒOPATHIC CONGRESS.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Hoping to see a goodly number present at the forthcoming Congress at Norwich, I think a few lines may encourage any who may be wavering to come along, and add to the comfort of those who favour the old city with a visit.

The Royal Hotel is on the Market Place in the centre of the city, and any members who will write to me can secure rooms there, or close at hand.

There will be on the table in the ante-room on Friday morning, from 9 till 10, some interesting views of Norwich and the Norfolk Broads for inspection, as well as other photos, city guides, maps, &c., for purchase if desired.

It is intended after lunch to resume work for an hour. Then starting promptly we can see something of the main features of the city, getting back to the hotel about half-past five.

Those who purpose staying till Saturday will, I am sure, be well repaid by a run on the Rivers and Broads before returning home. The time of year is favourable, as they are at their best in September, and are becoming an increasingly favourite resort. It is absolutely necessary that those who intend remaining should let me know at once, as I have to make arrangements some time before so as to avoid disappointment.

Baggage must be taken to Thorpe station on Saturday morning, and left there. We start thence 9.13 to Wroxham Bridge, and then sail over the most interesting of the Broads, bringing up at Acle bridge. We have a walk of a mile to the station, from which we return to Thorpe in good time to take up baggage and join the quick train at 4.40 p.m., which, through Ely, Cambridge and London (Liverpool Street or St. Pancras), is in communication with all main lines. I will so arrange that five shillings shall cover the expense of the trip on the Broads.

I am, Gentlemen,

Yours faithfully,

27, Surrey Street, Norwich.

E. B. ROCHE.

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### THE AMMONIAPHONE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Will you allow me to make one remark with reference to your article, "The Ammoniaphone," in the July number of your valuable journal. The remark is short enough, nevertheless interesting to us as homœopaths. If we take the trouble to study the symptoms of *ammonium causticum* in Allen's *Encyclopædia*, we shall find there the following laryngeal symptoms: slight, rather coarse mucous râles were heard in the larynx and trachea. For several days he suffered from a bronchitis with profuse expectoration, but it took nearly a week till his voice returned, and he regained his strength only by slow degrees. Speech fatiguing, interrupted. The voice was low and weak, speech fatiguing and interrupted, on account of the condition of the respiratory function. She could hardly speak, because the effort to do so fatigued her exceedingly, and caused pain in the



chest. The voice was weak, rough, and hoarse. Dull hoarse voice. Weak and indistinct voice. Voice deep, weak. Speech wanting. Ten symptoms in all referring to the laryngeal function, coming from eight different provers; the symptom, "voice deep, weak," is reported by Wibmer as the effect of inhalation.

I have not much experience in this class of disorders, but I remember when I first read of Dr. Moffat's Ammoniaphone I at once turned to my *Materia Medica*, and I believed I knew perhaps more of the action of *ammonia* on the larynx than the inventor of the Ammoniaphone himself did. At any rate, I made a note of it with the intention to try the drug at the first suitable opportunity; not because it is an ingredient of the Italian air, but because it is eminently homeopathic to hoarseness. I had to wait rather longer than I liked. But the opportunity came after all; it came before any of Dr. Moffat's instruments had arrived in Calcutta. An East Indian lady, whose sister, a music teacher, had years ago greatly benefited from the administration of *causticum* 80, came to me one afternoon in a huff, saying she had an engagement for the evening to sing in a concert, and she had unfortunately, just an hour ago, got a cold, which makes her voice quite rough. I gave her a bottle of *ammon. caust.* 6, a drop to be taken every hour, and an inhalation of it every other hour. Next day I received from my hoarse patient a note, saying: "*Ammonia* is far superior to *causticum*; the latter enabled my poor sister (the sister died some time ago) to sing a note higher than she could before; while *ammonia* enabled me to sing, when I could otherwise not sing at all."

I say again, I have very little experience with this class of cases; but from the little I know, I should say we have in our *Materia Medica* an excellent Ammoniaphone.

Yours faithfully,

L. SALZER, M.D.

Calcutta, July 24th, 1885.

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#### SPIGELIA ANTHELMIA?—A CAUTION.

*To the Editors of the "Monthly Homeopathic Review."*

GENTLEMEN,—Although for some years past we have been unable to obtain this drug in the English market, we have never had any difficulty in getting parcels neatly labelled with its name, but containing a plant with a *perennial* rootstock and the other characters of *spigelia marylandica*, which of course is plentiful enough.

Notwithstanding its common name (Demerara Pink), we find it is difficult to meet with in Demerara, and for a supply we lately obtained from another locality, to which we were directed by the Government botanist, we have had to pay an exceedingly high price.

Homœopathic pharmacists will therefore do well to bear these facts in mind, and to regard with suspicion any cheap preparations of this medicine which may be offered them.

Yours faithfully,  
E. GOULD & SON.

59, Moorgate Street, E.C.  
August 20th, 1885.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

DR. ALFRED DRYSDALE, who has practised for several years at Mentone, has we understand removed to Cannes, having succeeded to the practice of Mr. Stephens, who is retiring.

Communications, &c., have been received from Dr. BYRES MOIR; Dr. ROTH; Dr. CLARKE; Mr. CROSS; Miss YATES (London); Dr. H. NANKIVELL (Bournemouth); Dr. HAYWARD (Liverpool); Dr. E. ROCHÉ (Norwich); Dr. SIMPSON (Glasgow); Dr. A. DRYSDALE (Cannes); Dr. SALZER (Calcutta); Dr. DILLOW (New York), &c.

## BOOKS RECEIVED.

*The Handbook of the Rivers and Broads of Norfolk and Suffolk.* By G. Christopher Davies. London: Jarrold & Son, 3, Paternoster Row, E.C. Price One Shilling and Sixpence.

*Homœopathy and its Relation to the Germ Theory.* By R. N. Tooker, M.D. New York.

*The Homœopathic World.* London.

*The Hospital Gazette.* London.

*The Chemist and Druggist.* London.

*The Monthly Magazine of Pharmacy.* London.

*The Calcutta Journal of Medicine.* Calcutta.

*The Indian Homœopathic Review.* Calcutta.

*The New York Medical Times.* New York.

*The American Homœopathist.* New York.

*The New England Medical Gazette.* Boston.

*Hahnemannian Monthly.* Philadelphia.

*The U. S. Medical Investigator.* Chicago.

*The Medical Era.* Chicago.

*The American Observer.* Detroit, Mich.

*The Medical Advance.* Ann Arbor.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgemeine Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homœopathie.* Leipsic.

*Rivista Omiopatica.* Rome.

*La Reforma Medica.* Mexico.

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

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THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE POSITION OF THERAPEUTICS AS A  
SCIENCE AND AN ART.

By HERBERT NANKIVELL, M.D.\*

GENTLEMEN,—It is my pleasing duty to-day, in compliance with the vote which you did me the honour to cast last Congress, to welcome you to the capital of East Anglia, the City of Norwich. You will find in this ancient and loyal city subjects of interest more than sufficient to occupy what of leisure our engagements here may leave you. The venerable cathedral, with its magnificent Norman nave, and the ancient hall which bears the name of St. Andrew, are known by their fame to all of you, and will well repay even the cursory visits you may be able to grant to them; but more nearly in alliance with the purposes which bring us together at the present time, you will find in the Norfolk and Norwich Hospital an institution which stands out as a remarkable example of what our sturdy provincialism is able to produce.

The structure itself is admirably adapted to the purposes for which it has been erected, and the names which during the past half century have been connected with this charity—

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the names of Cadge and Firth, of Crosse and Nichols—at once recall to our minds the fact, that the Norwich surgeons are second to none in our country. More than this, in one series of operations, viz., those connected with the removal of vesical calculi, they stand, on account of the very large experience which East Anglia affords of this disease, in a position almost of pre-eminence.

We note the fact also that in addition to this and other ordinary medical charities which exist in this city, a Dispensary conducted on our special therapeutic principles has been available to, and much appreciated by, the poorer classes. The names of William Bell, Holland, and Bayes, are well known to us as those of genial and able colleagues, and in past years they were all connected with this institution. Officered as it now is by the Drs. Roche, *père et fils*, we recognise the fact that it is performing an increasingly valuable work from year to year.

The mention of a special therapeutic dispensary—of a homœopathic dispensary—naturally leads us at once to the enquiry of the *raison d'être* of such an institution. I should not shrink, if I thought this the right place and time, from justifying most thoroughly the existence of this and similar institutions throughout our land. No one who is conversant with the medical history of the past sixty years can have any doubt as to the thorough tenability of the position taken up by the homœopathic body; our dispensaries and hospitals were founded, and our literature published, not from any desire in itself to appear or to be schismatical, but simply because we were driven to do so by external and opposing forces. You are all more or less acquainted with the true state of the case, though I may congratulate you to-day on the fact that the din of that early warfare is becoming to us and to our whilom opponents less distinct and less intelligible as years roll on.

I believe that I shall, therefore, employ your time to better purpose to-day if I invite you to the consideration of the general state of therapeutics in England at the present time; and by therapeutics I desire to indicate not those methods of healing comprised in the use of local applications, of dietetic means, of hydropathic measures, nor even of those in which the special aim is "*Tollere causam*"; but I wish to limit the term specially to those different methods of drug administration in which it is desired to effect certain definite objects by bringing into

play on the human constitution the dynamic effects of drugs; and, of course, in using the term dynamic, I specially also exclude those actions of drugs, which may be mechanical or chemical.

Physicians then may be divided into two great classes—

(1) Those who are empirics; the foundation of their practice is the *usus in morbis*. They have seen certain good results follow on giving certain remedies in certain cases in their own practice; or they have heard, on more or less good authority, that these results have been noticed by other physicians; therefore they give the same remedy in the next tolerably similar case.

(2) Those who are scientific, and prescribe from some general principle connected with the therapeutic art itself. They must necessarily base their practice, not so much on a knowledge of the effects of a medicine in diseased conditions, as on a knowledge of its effects in otherwise healthy constitutions. Pharmacology, fortified by clinical experience, and not experience disunited from pharmacology, is the basis of their art. It is self-evident that this second great division may include several classes, the distinctive marks of which will depend on the views taken as to the interdependence between the pharmacology and therapeutic uses of drugs in general.

For instance, one class of physicians may prefer to utilise as a rule their knowledge of the directly opposing effects of drugs, and will therefore prescribe laxatives in constipation, astringents in diarrhœa, atropine in night-sweats, and so forth; a second class may seek to give relief to one diseased organ by throwing extra work on another healthy one, or, if the circumstances of the case allow of it, by inducing a condition of physiological rest in the diseased part, thus relieving congested kidneys or dropsical swellings by a hydragogue purgative, or a wearying cough by the administration of a sedative dose of morphia; while a third class, believing that the pharmacology of a drug indicates more directly still its therapeutic uses, consider that not only are those special organs affected by a drug when given in large doses to a healthy person, the very organs they are most likely to affect for good when already diseased, but also that the greater the similarity that exists between the symptoms of the drug and the morbid states for which it is given, the greater probability there is of effecting a speedy, safe, and pleasant

cure. This last class would, therefore, treat certain cases of vomiting by *ipécacuanha*, and others by *antimony*; certain feverish conditions by *aconite*, others by *baptisia*; certain diarrhœas by *rheum*, others by *colocynth*; certain pneumonias by *bryonia*, others by *phosphorus*, and so on.

It seems a strange thing, when we look back on the therapeutic history of this century, that the promulgation of the dogma of similars by Hahnemann should have led to the disturbance of the medical mind and conscience that it did lead to, and that personal feelings and personal prejudices should have been foisted, as they were, into a realm in which they had no place. But the fact remains. Hahnemann himself was persecuted from place to place, and his disciples shared the obloquy associated with his name; they were expelled from, or refused admission into, medical societies; they were boycotted by the medical journals and by their medical brethren; they endured hard lines at the hands of former colleagues and friends. So it came to pass that the matters at issue were never fairly discussed, or, if an attempt was made to discuss them, personal feeling and professional jealousies stepped in to bring the discussion to an utterly unsatisfactory ending. That which should have been treated as a purely scientific question—as a matter to be settled by reason and evidence—was never so treated or settled. We can afford, without any loss of dignity, without giving up a single vantage point worth fighting for, to acknowledge that the rejection of the doctrine of similars by the majority of the profession was due in some considerable part to the acerbity with which its promoters attacked and ridiculed the medical practice of their day; and also to this fact, that the new teaching was handicapped from the very first by the corollary, not of the comparatively small dose, but of the infinitesimal dose. This corollary, in nowise demanded or justified by the facts of the case, excited ridicule, obscured as in a cloud the real issue, so as to render, in common parlance, the adjective “homœopathic” synonymous with “infinitely little,” and also threatened the profit of the apothecaries, who formed the great mass of the profession at that time. But while we can afford to acknowledge these errors to-day, I do not see that any good can at this time accrue to us by, on the other hand, making the most of the treatment meted out to our school. It is a matter of history: let it be so

remain, and let us not hinder to-day by any recrimination those better and nobler feelings which an increased scientific feeling in our profession is slowly evolving; nor postpone by a single utterance the closing of those ancient wounds, which time, the healer, is steadily bringing to pass. Our duty now, gentlemen, is to forget those things which year by year are being left still further behind, and rather to examine the present condition of the therapeutic art, to draw from it the lessons and teaching that it has for us individually and collectively, and thus to hasten forwards that union—I do not say that uniformity—of thought and progress, to which our profession is gradually moving. This course commends itself very strongly to my own feelings, and I believe to yours also. Science knows, or should know, nothing of the weakness of human nature—of the moral imperfections of her votaries; and no one among us possessing in any degree the scientific mind will deny the immeasurable distance which we yet are, from fathoming the depth and measuring the height and breadth of therapeutic science. It may therefore well be, that, laying aside all personalities, we should set ourselves to-day to a review of the present position and future prospects of that science, and rejoice, to whatever school of thought we may happen to belong, in whatever of hopefulness and of proximate success we may discern in the signs of the times.

I have divided therapists roughly into those who are empirical and those who are scientific; or, to be more correct, I ought to divide therapeutic methods in this manner. For there can be no doubt that even those who in intention and methods are most strictly scientific, do notwithstanding, very often practise empirically; and the reason of this is not far to seek. We are so constituted that the symptoms of a disease, cured by the exhibition of a remedy under our personal notice, impress themselves far more strongly on our minds than do those symptoms which we read about as purely pathogenetic, and we are therefore unconsciously led to refer back, in the treatment of a fresh case, rather to our own clinical experience, as being something more tangible and less tentative, than the symptoms known to be produced by the suitable drug. This tendency to empiricism in our mental processes demands a rigorous watch. If we give way to it in any degree so as to generalise rather than individualise our cases, we may be

sure that we are to that degree proving false to our faith in scientific therapeutics, and our practice will rapidly acquire a tendency towards a mere routinism. Thus, although experience may make us quick at diagnosis and apt in the choice of a suitable remedy, we shall cease to add to the stores of our knowledge, and to lengthen the cords and strengthen the stakes of the healing art. For I would urge on you the consideration that by empiricism no true improvement can occur to the therapeutic art except by some happy fluke, and no addition whatever can be made to therapeutic science. For all that, an astute empiric is generally a successful practitioner; he readily assimilates the discoveries of other men and keeps himself well posted in all the latest "tips." His empire over disease increases with his years, and by his aptness in the treatment of disease he relieves a vast amount of human suffering and gains for himself among the public a name and a position. Such name and such position let us not for one moment decry; but if we recognise the fact that there is a more excellent though less facile mode of practice, let us always, to whatever school of medicine we may belong, do our best to follow it ourselves and promote amongst our brethren a recognition of its true superiority. A curious instance of the persistence of empiricism, even in the mind of one who has done much for scientific therapeutics, is to be found on the first page of Dr. Lauder Brunton's *Pharmacology*. He says: "Perhaps the best example of the empirical use of a remedy is that of *quinine* in ague. We do not know with certainty what the pathological conditions are in this disease, nor how *quinine* acts upon them; all we know is that it has proved useful in cases of ague before, and therefore we give it again." I need not recall to your mind that it was this very instance of successful empirical treatment, of specific medicinal action, that led Hahnemann first to investigate the actions of drugs on the healthy human frame, and thus to lay the foundation of the most complete and lucid system of scientific therapeutics that the world has yet seen.

Let us, then, now pass to the question which is of the highest interest for us all, the domain and development of scientific therapeutics. Contrasted with the empiric method, which is no real method at all, this recognises pharmacology or the pathogenetic effects of drugs on the healthy organism as the basis of our healing art. And at



the present time there can be no doubt that this method ranges among its followers all the true leaders of our profession. On this vital point there is not now—I venture to say there never can be again—any possible difference of opinion. Professor Fraser, in his address before the British Medical Association, last July, at Cardiff, says—

“Majendie, Bichat, and since their time a host of experimenters” (he might as well have mentioned Hahnemann and his school) “have recognised this as the true and only method by which the knowledge of remedies which is necessary for the cure of disease can be obtained, and I cannot too emphatically state that it is only by this method that we can ever hope to utilise thoroughly the means so abundantly placed at our disposal for placing therapeutics in a satisfactory position.” Such being the case, what matters it if one man expects to learn much from experiments on animals; another, more from accidental cases of poisoning; a third, still more from careful provings of smaller doses on intelligent healthy persons. He must be narrow-minded and short-sighted who would use any one of these methods to the exclusion of the other two, or who would decline to learn from all of them according to their several importance and value. If I were desirous of differentiating here, I would place first and foremost in value those cases of accidental poisoning which had been carefully and accurately recorded, especially those in which autopsy had thrown light on the special pathological changes induced; next to these, and very near them, the symptoms excited by moderate doses in competent provers; and lastly, as confirmatory and explanatory of the results [obtained by the previous methods, the knowledge acquired by careful experimentation on the lower animals. To use a geographical figure, I take it that the first division maps out for us, as it were, the physical aspects of the country, its natural limitations, its great mountain ranges, its mighty rivers; the second informs us of its cities and towns, its political divisions and its general products; while the third would tell us about its geological strata and its mineral wealth—that is of those things which lie beneath the surface, and are not self-evident to the ordinary observer. The good geographer needs all these sources of information, and the pharmacologist can do with no less; and with this extended basis, common to all scientific therapeutics, it seems to me that the different schools of

thought reared thereon, have something much nobler and better to do than merely to magnify their different methods of making the best use of their vast and common heritage. Rather should a wise consideration lead all men of mind and judgment to the conclusion that in each of the different methods of applying pharmacological knowledge to the treatment of disease, there is something which every physician must, at various times, and in diverse circumstances, make use of.

Antipathy, allopathy, homœopathy—the terms by which we indicate concisely the three methods by which our pharmacological knowledge is applied to the treatment of disease—cannot either of them be followed exclusively by any physician without detriment to his patients and a want of all possible success in his practice. So far as this applies to the dominant school, I shall simply appeal in its justification to their most modern text books on *Materia Medica*. What would at present be thought of such a work if it were silent on the value of *aconite* in inflammatory fever, of *belladonna* in certain forms of sore throat, of *arsenic* in eczema and psoriasis, of *bichloride of mercury* in dysentery, of *nux vomica* in dyspepsia, of *cantharis* in cystitis, of *turpentine* in hæmaturia and albuminuria; nay, the latest text book, to which I have already alluded, suggests the use of *pulsatilla* in amenorrhœa, of *gold salts* in ozœna, of *bryonia* in pleurisy, of *phosphorus* in pneumonia, of *aloes* in hæmorrhoids, of *rhus toxicodendron* in eczema, naïvely adding as an indication for this last remedy “with much burning and itching, and in chronic eczema of rheumatism worse at night-time.” And while I purposely to-day avoid touching on the historic question as to the origin of these bits of medical practice, I maintain most strongly, what no one who has any acquaintance at all with pharmacology will deny, that they are instances of a very strong phenomenal, if not of an essentially real similarity between drug-symptoms and the diseases in which these special drugs are recommended as remedial. On the other hand, I would maintain that there are few, if any, amongst ourselves, however deeply we may be attached to the doctrine and practice of similars, who have never availed themselves of the knowledge that *elaterium* may give a favourable turn to an unfavourable case of cardiac dropsy; or that *morphia* may be necessary in some cases of severe and prolonged pain; or that castor-oil may be

legitimately used to overcome, at once and for once, an overloaded condition of the bowel. I have endeavoured thus to put the question fairly, because after looking at it from this practical every-day point of view we may be able—and I trust those who still disagree somewhat with our position may also be able—to compare these different methods, and the varying extent of their practical applicability, with clearer and less prejudiced minds.

First, then, what do we recognise as of good and useful in antipathic practice? It is founded certainly on a knowledge of pharmacology, though on a pharmacology of an extremely rude and elementary type: it proposes to do a very simple and definite thing, *i.e.* to treat a patient by the rule of opposites. And in order to do this it lays hold generally of some leading characteristics of drug action, and classifies at any rate the more usual drugs into a number of divisions, such as purgatives, astringents, diuretics, diaphoretics, sialogogues, hypnotics, anæsthetics, and so on. To the constipated man a purgative is given; to the sleepless man a hypnotic; to the man suffering from diarrhœa an astringent; to the man suffering with angina pectoris, nitrite of amyl, whose special and immediate characteristic is to relax the excessive arterial tension that marks the paroxysm of this disease. There are no doubt many cases in which this method is fairly successful; the constipation is relieved for the time, and if its cause be met by farther treatment, and the case is a simple one, it need not return. The hypnotic may induce a sound sleep, and it is possible that the habit of insomnia being once broken, sleep, *i.e.*, the normal condition, may be restored. The astringent may arrest a diarrhœa, and by careful diet and physiological rest the bowel may resume its normal functions. But where this happy issue follows in one case, it is an acknowledged fact that it will fail in ten others; indeed, where there is at all a tendency to chronicity in the ailment, that tendency is generally confirmed by purely antipathic treatment. The medicinal susceptibility of the patient also decreases, and recourse has to be made to larger doses on subsequent occasions. The uses of antipathy are confined, as a matter of fact, in the practice of a careful physician, to those instances where prompt relief is at first necessary, and where there is at first no time to introduce the more gradual action of the truly

curative remedy. Besides this practical objection to antipathy as a true basis of therapeutics—as the bridge that may span the gulf that separates pharmacology from practice—there is also this, that were it the only or even the strongest bridge it would leave nine-tenths of our pharmacological knowledge out in the cold, as so much useless material. How can antipathy determine the use of a special purgative, of a special soporific, of a special astringent? In nowise. The physician here has to leave his scientific pharmacology and fall back on his own tact, his own knowledge of the *usus in morbis*, in fact on empiricism. Further, an enormous proportion of the pathogenetic material ready to our hands must remain for the antipathist simply useless; it is of no value for him to know that *colocynth* induces a colicky diarrhoea, except that he may temper its action with *hyoscyamus*; or that *arsenic* induces gastritis, except that he may be careful to avoid such a complication; or that *aconite* raises the rate of the pulse and the temperature, when such a condition is the last which he would wish to cause in his patient. Now of one thing we may be sure on *à priori* grounds, that a method of applying knowledge, which is wasteful of that knowledge, is far from being the best possible method; just as a cannon which consumes but a portion of its powder at each discharge is evidently of faulty construction, and accomplishes its work in an inefficient, uncertain, and extravagant manner.

Secondly, it is necessary for us also briefly to discuss, and in some degree to determine the value of the strictly allopathic method of practising scientific therapeutics, and by the term "allopathic" I mean here that method of using our pharmacological knowledge so that we produce medicinal action on sound or fairly sound organs or parts of the body. It will be manifest at once that this method demands first, a knowledge of the local effects of drugs; secondly, a knowledge of their special kinds of action; and thirdly, a knowledge of the interdependence of the different organs of the body, of the more or less complementary nature of their functions, and of the power which nature herself often possesses of lightening the working strain of a weakened organ by throwing an extra strain on a healthy one. The interdependence of kidney and skin, of liver and kidney, of lungs, liver and kidney, of kidney and intestinal mucous membrane, have only to be mentioned

to be recognised : and it is evident that there is a large sphere of cases in which the judicious use of a remedy may assist or even initiate the efforts of nature, and thus time, an important factor, may be gained, and the case conducted to a more favourable issue than if a merely expectant treatment had been observed. This method demands on the part of the physician a pretty exact knowledge of pharmacology, and of the dose best calculated to produce certain exact effects, a thorough knowledge of the natural history of disease, and of his patient's constitution, lest his interference should be either excessive or ineffectual, or, on the other hand, exercised at a wrong time. And with all these precautions it must be admitted that, owing to some unknown or miscalculated factor in the case, the method often fails in doing distinct good, that it often succeeds in doing definite harm ; it possesses, at any rate, this drawback, that the patient's body is made the receptacle of a very considerable quantity of "physic," an evil in itself, and it therefore can scarcely be practised without compelling the sick person to recover not only from the natural disease but also from the medicinal disease induced in bringing about or endeavouring to bring about a cure. Hence the prolonged convalescence attending so frequently this method ; hence, also, the troublesome crave for the continued administration of sedatives or stimulants, which have been necessary for the suspension of irritability and the production of physiological rest. We conclude that if this method is somewhat less neglectful of the resources of pharmacology than is the antipathic, if in order to practise it a greater knowledge of physiology and pathology is required—yet that its possibilities of harm are greater, and that, equally with the antipathic method, it fails to supply the practitioner with that bridge, which should unite thoroughly and completely the science of pharmacology and the therapeutic art.

We pass now to the third and last division of scientific therapeutists—to those who have always held what the former divisions have been very slow to grasp, viz., that all true therapy must be based on pharmacology, and who therefore have always welcomed every development in that branch of knowledge from whatever source it may have come ; and who further believe that that gulf dividing pharmacology from therapeutics has been not only partially bridged over, but fairly annihilated, by the enunciation of the law of similars.

For the sake of argument, let us grant what of truth there is in this method, as we have already granted what of truth and usefulness lies embedded in the antipathic and allopathic methods, and let us investigate its suitability and practicability, as compared with those of its rival or rather its complementary methods.

a. The homœopathic method avails itself of every fragment of pharmacological knowledge; it believes in the possible, nay probable, utility of any symptom whether absolute (*i.e.* of universal occurrence) or contingent (*i.e.* not produced in the majority of provings) which occurs in the careful proving of a drug. It looks upon these symptoms as the mirror of that special drug's curative action, its therapeutic sphere being the exact counterpart of its pharmacological. While it welcomes every attempt to elucidate the actual *modus operandi* of a drug, it believes that its unexplained symptoms are all but equally as valuable as the others in the practice of medicine. So it deals on equal terms with the symptoms of ordinary and artificial disease. In both occur symptoms which point distinctly and directly to the existence of known pathological conditions; in both occur other symptoms at whose value and significance we can but guess; in both are there still others about which we are at present in simple ignorance. Nevertheless, to the patient they are real enough; and a method which can assist us in their cure, notwithstanding our ignorance of their causation and significance, is thereby all the more valuable.

b. This method further teaches not to be content with merely naming or labelling morbid conditions, but it has ever urged most strongly the necessity to take into consideration the "totality of the symptoms," whether discovered by the patient's history, his account of his present condition, or by the physician's observation (*i.e.*, subjective and objective), as the sum total of that departure from health it is needful to cure. These symptoms are not to be merely enumerated—the process is not a mere mechanical one; but they are to be weighed and valued as well. To those who prescribe according to "similars," this individualising of cases has been always insisted on; and every advance in general medicine and pathology shows the importance of this more and more, as we see in the recognition of epidemic "type," and in the increasing importance given to heredity.

c. Lastly, this method insists that for the removal of the totality of symptoms, which is of course equivalent to

a cure of the patient, a certain amount of a drug which pharmacologically bears the nearest resemblance to the aforesaid totality is the best possible and most probable means. Such is the tripod on which this method rests; the proving of drugs on the healthy—the individualisation of the patient—the similarity between the symptoms of the disease and the known symptoms of the remedy.

Granting that this method can be readily and successfully practised, we see at once that it possesses two great advantages over the former methods. In contra-distinction to antipathy, it avails itself, or may do so, of every fact educed by a study of pharmacology. To use the figure already employed, it does not waste its powder, because its ordnance is better constructed. In contra-distinction to allopathy, its action is confined to those organs of the body which have already departed from their normal standard—the healthy organs are permitted to act without an interference which may be meddlesome and injurious. But it possesses also a third advantage, and that equally over the other methods, in that the amount of the drug to be administered for the purpose of cure is one too small to elicit in the body of the patient symptoms which may be called medicinal, or due to the drug given; that is to say, the drug force introduced into the body is a controlling, not a disturbing element, and can effect no possible harm either at the time or afterwards. And in reference to this point I was struck the other day by a paragraph in an article on the "Use of Antimonials," by Dr. Nias, in last month's *Practitioner*. On page 84, he says: "The quantity of *antimony* employed should not produce any purgative, emetic, or sudorific effects; if it does it should be diminished or entirely stopped." This direction as to dose is one which might have been written by any so-called homœopathist; and a consideration of the cases related by Dr. Nias in this article leads one to conclude that, consciously or unconsciously, he was prescribing, in the main, in very fair accordance with the principles of this third measure. Do not, however, run away with the idea that he is at all peculiar in writing thus; the limitation of the dose, so as not to produce pathogenetic effect, may be noted in all the new therapeutic manuals of the day, when they speak of the dose of *ipecacuanha* in vomiting, of *cantharis* in vesical irritation, of *arsenic* in gastritis, of *pilocarpin* in night-sweats, and so on. In

fact, it has become quite a *façon de parler* to speak of this mode as "Ringer's plan of divided doses."

We are then face to face with a fact which must strike the least observant physician with astonishment when he is first led to its consideration, *viz.*, that the therapeutic action of a small dose of a drug, in disease, appears to be the exact opposite of the physiological action of such drug in health. May we go further, and affirm that although from the nature of the case it is extremely difficult of proof, yet that the effect of the small dose in health is also the exact opposite of the effect of the large dose in health? Probably we may. Our colleague, Dr. Sharp, held very firmly that such was the case, and instituted large numbers of experiments to confirm his opinion. And quite lately, Dr. Lauder Brunton, whose testimony should have the more weight as being that of a lecturer on *Materia Medica* in the dominant school, writes:—

"We find very generally that any substance or form of energy, whether it be acid or alkali, heat or electricity, which in moderate quantity increases the activity of cells, destroys it when excessive. But varying doses do not always produce opposite effects. We sometimes find that exceedingly small and exceedingly large doses have a similar effect, which differs from that produced by moderate doses. Thus very minute quantities of *atropia* render the pulse somewhat slow, larger quantities make it extremely rapid, and very large quantities again render it slow. Moderate quantities of *digitalis* slow the pulse, larger quantities quicken it, and still larger quantities slow it again. . . . The opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy has been founded. The irrational practice of giving infinitesimal doses has of course nothing to do with the principle of homœopathy—*similia similibus curantur*. The only requisite is that mentioned by Hippocrates, when he recommended mandrake in mania, *viz.*, that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to the disease. Now, in the case of some drugs, this may be exactly equivalent to giving a drug which produces symptoms opposite to those of the disease; and then we can readily see the possibility of the morbid changes being counteracted by the action of the drug, and benefit resulting from the treatment. For example, large doses of *digitalis* render the



pulse extremely rapid, but moderate ones slow it. The moderate administration, when there is a rapid pulse, is sometimes beneficial: this might be called *homœopathic* treatment, inasmuch as the dose administered is smaller than that which would make the pulse rapid in a healthy man; but it might also be called *antipathic*, inasmuch as the same dose administered to a healthy person would also slow the pulse."

Dr. Brunton would have put this better had he stated it thus: *Digitalis* in such a case is indicated, and may be selected, homœopathically, while as a matter of fact its curative action is antipathic. Had he so stated the point there would have been no difference between us, even in terms. In the *Monthly Homœopathic Review* for April, 1874, you will find in the leading article the following statements:—

"For the present we shall recognise drug power on the human system simply through its truly secondary effects; these correspond with the symptoms of natural diseases. As surely then as we get a similarity established between the symptoms of a drug and the symptoms of a disease, so sure may we be that the true primary effect of the drug in question is parallel to, if not identical, with the line of cure of the disease symptoms, *i.e.*, it stands in true and direct opposition, it is the enantiopathic remedy to the morbid state in question. The law of similars, applied to the disease symptoms and the drug selection, indicates without fail the true *contrarium* (in its primary and therapeutic action) to such symptoms. In these days it is as well to go once and again over our own grounds of faith, to clear away all avoidable difficulties, to explain, as far as it is explicable, our *ratio medendi*: and above all to show that the doctrine of similars is the only means whereby the practice of contraries can be faithfully and scientifically developed in medicine."

I do not know that even after the lapse of eleven years I should be inclined to alter a word of the extract I have just given you; as far as its facts are concerned it goes on all fours with the remarks I have read to you from Dr. Brunton's work.

There is another point here to which our attention may well be called—the difference, by no means a verbal one, between the action and the effect of a drug. Dr. Hughes says, and says well, that he conceives it only possible for a drug to act in one direction, whatever dose it may be administered in; yet we see that the effects of this drug-action are very various. They may be and are opposed to

one another; nay, they may be alternative—the primary opposed to the secondary, and the secondary opposed to the primary and tertiary. Of course we know absolutely nothing of the true action of a drug, *i.e.*, of its special force-impact on the tissues, nor why two to four grains of *morphia* in a living body weighing twelve stone should be incompatible with life in one way, and half a grain of *digitaline* or *aconitine* incompatible also in other ways. All that we can observe is the departure from health induced in the tissues by the impact of the drug, and we recognise the fact that this departure varies in its amount and quality according to the amount and activity of the force on the one hand, and the mobility or immobility of the tissues on the other. A gentle blow on a glass vase elicits a sound of a certain intensity; that is to say, the vase itself is rhythmically vibrating in answer to the impact it has received, and its particles have taken upon themselves an alternate movement, one of which is more or less in accordance with the line of impact, the other in direct opposition to the first, and this vibration will continue until the stimulus of the blow has been exhausted, or a fresh blow has been given of sufficient power to overcome the cohesion of its particles. So also in the case of a stone thrown into water; not only are waves produced as a result of the impact, but each wave consists of two parts, a depression beneath as well as an elevation above the level of the previously undisturbed water. There is, therefore, a movement of molecules successively in two opposite directions; neither of these movements are in direct parallelism with the direction of the impact, but rather at a considerable angle thereto. And this angle varies not only with the momentum of the force, but also with the resilience resident in the body receiving the blow. I do not wish to force these parallelisms too far, or to use them as anything beyond the merest illustration, but I think when we consider the rhythmical vibrations of the normal organism in its alternations of sleeping and waking, of hunger and satisfaction, of vigour and repose, of increased and diminished temperature, nay of its liability to definite periodicities when in an abnormal condition, we may well believe also that the symptoms induced by the impact of a drug on its general irritability may be allied in their mode of occurrence to the alternate vibrations of more simple and unorganised structures.

And we may hold this for the present as a fair working hypothesis by which to comprehend and reconcile the direct and continued *action* of a drug with the alternation and opposition of its phenomenal *effects*. Neither should we forget that the difficulty of recognising in all cases the true succession of symptoms and their relation to each other in point of time, must be dependent in great measure, not only on the size of dose, but on the rapidity of its absorption, and on the susceptibility of the prover. We shall probably in future obtain more accurate results on these points by instituting experiments with small doses of the alkaloids given hypodermically, and thus one element of confusion may be considerably lessened. This third method, therefore, throws back a light of its own on its proper foundation, and has led us to the conclusion that there is a direct contrast between the true primary and the true secondary effects of drugs, or rather shall we say that there is a true alternation in these effects, which may be looked on as the complicated vibrations of living tissues which have received an external impact. This light the two previous methods were incapable of throwing, simply because in applying them the physician dealt under the first method with comparatively large doses given to counteract directly and forcibly a morbid process; and under the second his aim was to excite also by large doses a distinct exaggeration of, or direct departures from, the normal function in previously healthy organs.

I feel it is my duty to ask the pardon of my colleagues for the very elementary and familiar positions I have to-day been discussing, but it has been my desire to look into the therapeutic questions of the day as impartially as I could. The researches of physiology and the refinements of chemistry are bringing, year by year, more and more within our grasp the secrets of man's normal and abnormal life. I presume that very soon every disease will possess its own bacterium, bacillus or microbe, but for all that we shall be, as Dr. Hayward so clearly showed us last year, no nearer the cure of disease, as far as therapeutics are concerned, than our forefathers were. I venture to say that unless the increasing knowledge of disease in its essence is balanced in the medical mind by that great *desideratum* a rational, a scientific, a successful therapeutic law, the tendency of the coming generation will be once more towards

mere skepsis and expectancy. Hitherto this tendency has been stayed by the work and teaching of such men as Ringer, Anstie, Fraser, Phillips, Thorowgood and others; and the reason of their success in this line is that they have assimilated into their teaching, directly or indirectly, consciously or unconsciously, so large an amount of the applied practice of this homœopathic school. That Brunton in his new work comes in no whit behind his compeers in this process, anyone may see for himself who will give five minutes study to his clinical index, which occupies 100 pages of his book. For instance, we find under the heading "Scarlet Fever" a list of 25 remedial agents, of which 14 only are drugs for internal use; of these 14 at least six are strictly homœopathic in their origin and action. They are:—

"*Aconite.*

*Arsenic* (if tongue remains red and irritable during convalescence).

*Belladonna.*

*Mercury* (one-third gr. of grey powder every hour to lessen inflammation of tonsils).

*Rhus toxicodendron.*

*Veratrum viride."*

Under "Tonsillitis" we find 24 agents, of which 13 only are used internally; of these 13 at least 9 are similarly homœopathic. They are:—

"*Aconite.*

*Apis.*

*Arsenic.*

*Belladonna.*

*Iodine and the Iodides.*

*Mercury.*

*Phytolacca.*

*Potassic Iodide."*

Under "Vomiting" we find 51 remedial agents, of which 48 are drugs; and of these at least 15 are homœopathic. They are:—

"*Apomorphia.*

*Arsenic.*

*Bryonia.*

*Cocculus.*

*Creosote.*

*Ipecacuanha.*

*Iris.*

*Morphia.*

*Nux vomica.*

*Opium.*

*Pulsatilla.*

*Strychnia.*

*Tartar emetic.*

*Verat. viride.*

*Zinc."*

Under "Condylomata" we find seven remedies, six of which are topical; the only remedy advised for internal use is *Thuja* "in small doses."

Under "Cholera" we find mentioned :—

"*Arsenic* (in small doses, used to stop vomiting).

*Camphor* (5 m. of strong tincture every 10 minutes, while symptoms are violent).

*Copper salts* (used to stop vomiting)."

And so forth; for time would fail to make more extracts. All one can say is, "references to applied homœopathy—*passim*." I do not, however, believe that this mere teaching of medical "tips" can or will satisfy the minds of those men who long for a rational therapeutics. Dr. Sawyer, at the Birmingham Medical Institute, candidly and cynically rejoices in empiricism. He says:—"Why do I give this medicine to this patient? Not because it has such and such physiological effects, and I expect, therefore, it will do good, but because I have *before* found its administration attended with advantage under similar circumstances, and this experience *satisfies* me, and gives me confidence in using it again until I know of a better remedy." Such a confession is not hopeful; such practice is not progressive; but such a position is thoroughly intelligible. What, with the most charitable endeavour, however, I fail to understand, is a position such as Dr. Brunton has taken up, viz. : to supply to his readers a clinical index which simply reeks of homœopathy, and in the same volume to assert—

"Homœopathy cannot be looked upon as a universal rule of practice" (this has never been claimed for it, nor do I claim it to-day), "and the adoption of any such empirical rule must certainly do harm by leading those who believe in it to rest content in ignorance, instead of seeking after a system of rational therapeutics." Either we have here an instance of a therapist gathering "grapes from thorns and figs from thistles," or else we must saddle Dr. Brunton with old Ovid's well-known lines :—

"*Mens aliud suadet. Video meliora proboque ;  
Deteriora sequor.*"

And now, in conclusion, the questions arise to us members of this Congress : Do we possess the master key that opens for us the various locks in the treasure-house of therapeutics? Do we see clearly that there is a natural bridge that spans the gulf between pharmacology and the treatment of disease? Have we possessed ourselves of the dominant law—not the sole or exclusive one—which should regulate

and direct our prescription of remedies? The answer to these enquiries is best obtained by the Scottish plan of asking others; and if these can be answered affirmatively, then, so far as present knowledge goes, we may answer those already put in a similar way.

Does the method of similars necessarily avail itself of all the wealth of drug pathogenesis it can? Does it commend itself to the enquirer by its simplicity and applicability? Does it provide us with a distinct method for approximately inferring the curative sphere of a new remedy from an examination of its pharmacological effects—I mean strictly on *à priori* grounds? Does it effect its cures with the greatest economy of material and the least interference with the functions and organs of the body? Do we find it in practice as good (I will not, though I might, say better) than the other scientific methods? Finally, when we come to the remedies used on purely empirical grounds by our profession generally, do we find that the best and most effectual of them act in harmony with this method, and have very frequently been elucidated by it? To all these questions your answer, my answer, will be a strong and undoubted affirmative: and therefore we may also with justice maintain the claim we make for the method of similars to be the master-key of the therapeutic treasure-house.

Lastly, it seems to me that there are two special dangers for us to guard against: first, let us by no means lose hope of the triumphal acknowledgment of the value and truth of our method in the immediate future, so great is the change that has passed and is passing over the profession. But it will be longer yet before due acknowledgment will be paid to Hahnemann and his early followers. We ourselves have not been slow to recognise the errors in his teaching; we must not be surprised if those, to whom from their youth up his name has been a name of scorn, find it hard work to acknowledge a debt, which, all drawbacks notwithstanding, medicine owes to him and his self-denying labours. But the method is yet greater than the man, and its influence on the healing art must be deeper and more extensive than his or any one man's could ever have been.

Secondly, let us never forget the scientific attitude of receiving and testing for ourselves whatever comes to the front in the onward progress of medical art. It may be that some higher therapeutic law may be yet evolved

(though we at present see not its possibility), which shall be, compared with the law of similars, so much more valuable, as we believe, that is, beyond and above those other methods which we at present recognise in scientific therapeutics, and in that case it would be at once our duty to examine it thoroughly with absolutely unprejudiced minds; and if we should find it excel our own method by its more wide applicability and its more easy solution of difficulties, then to accept it without hesitation as another advance in that dominion promised by God to man over the universe of matter.

### CASES OF ACUTE NEPHRITIS.

By G. SMITH, Esq., M.R.C.S.

F. M., a strong, stout man, of 40 years of age. When in perfect health he took a severe tricycle ride, and becoming heated he drank a glass of beer, going afterwards to an out-door soirée in evening dress. The day following (June 9th) I found him complaining of frequent micturition, with scanty results, and painful efforts had disturbed his rest all night. Urine sp. gr. 10·80, contains blood, is smoky in appearance, albuminous, much mucus, and bladder epithelium, is scanty in quantity; severe pain is felt down course of the right ureter. Pulse and temp. normal. Ordered *cantharis* 8x m.iii. every two hours alternately, with *bell.* 8x m.iii.

June 10th. Severe attack of vomiting during night; pain in loins severe, but pain over bladder and in passing water somewhat relieved; urine more in quantity, and freer from mucus, but loaded with blood cells and renal epithelium, not forming casts; sp. gr. 10·85. Pulse 90. Temp. 100°. Omit *belladonna*, and continue *cantharis* every hour; diet to be milk and soda-water with a very little beef tea.

June 11th. Had a rigor. Pulse 110. Temp. 102°. Vomiting of exceedingly violent type, followed by rigor, which continued constant all night; bowels constipated. Urine more in quantity, and passed with only slight pain, no mucus, less blood, loaded with albumen, and containing epithelium in casts soft and recent, slight pain at the neck of the bladder, and tenderness over it. Continue *cantharis*.

June 12th. Vomiting very violent, and seldom ceasing for half an hour, no sleep in consequence. Pulse 120.

Temp. 102°. Urine passed without pain, not so frequently, in fair quantity, loaded with albumen, and containing more blood than at first, blood in large amount, bladder symptoms quiet.

Ordered *kreosote* m.i. every two hours, and *terebinth* m.iii. of the oil alternately.

June 13th. Vomiting ceased very promptly under *kreosote*. Blood in urine less; bowels have acted freely, and perspires freely. Pulse 90. T. 100. Omit *kreosote*.

June 14th. Vomiting returned, but on resuming *kreosote* ceased again. P. 85. T. 99. Urine contains only small amount of blood, some fibrinous casts, and a few epithelial casts of firm consistence; albumen less.

Continue *terebinth* only, m.iv. of the oil every four hours.

June 16th. No vomiting; large quantity of urine, free from blood, and but few casts, albumen  $\frac{1}{3}$ ; sp. gr. 10.25; from this to 22nd continued the *terebinth*; urine increasing in quantity each day; casts had all disappeared by this date, and the albumen was diminished to a trace.

June 23rd. Being very sleepless was ordered *coffea cruda* m.ii twice during the night; *terebinth* by day.

June 24th. Had passed "suddenly" a very large quantity of urine, which was free from albumen, casts, &c., and was normal except for low sp. gravity; his recovery was aided by *ferrum*.

Mrs. H., a tall, well-nourished woman of 43, when in good health went in an open drag on a wet day, in a thin dress, to a damp wood, and stayed all day with wet clothes on. On June 20th she complained of severe pain in the loins; micturition was frequent and scanty, with pain over ureters; a rigor this morning, and an attack of vomiting. Pulse 90; T. 100. Bowels regular; urine scanty, smoky, albuminous; sp. gr. 10.30. To take *ol. terebinth* m.iii. every four hours.

June 21st to 23rd. Anasarca of the face and hands; urine scanty, full of epithelial casts of a recent friable nature, loaded with albumen. Pulse 100 to 110; T. 100. Vomiting severe at times. Took *kreosote* and *terebinth* alternately every four hours.

June 25th. No blood in the urine, albumen in large amount, but much more urine passed. Vomiting gives way to *kreosote*, but returns when she forgets her dose.



June 26th to 28th. Albumen diminishing; vomiting ceased; urine in large quantity, pale; sp. gr. 10·25; casts of epithelium are firm, a few purely fibrinous; no vomiting; very sleepless. Ordered to continue *terebinth* by day, to take *coffea cruda* m.ii. at night.

June 29th. Passed an enormous quantity of urine this morning, a result which she attributes to the *coffea*; it is normal as to albumen, &c., dropsy is rapidly clearing up, and recovery dated from this time.

Mrs. S., a minute woman, of an intensely quick, determined, and excitable nature, who accomplishes tasks of physical and mental work far beyond her strength, got hot and then wet one cold night, and two days after, June 15th, could pass only a few drops of urine, with almost pure blood, in intense agony, and with very frequent urgings to micturate, vomiting everything.

June 16th. A rigor; Pulse 115; T. 103°; anasarca of legs and arms; vomiting constant; urine more in quantity, but still very scanty, and semi-solid, with blood, epithelial debris, soft and friable casts of epithelium.

Ordered *kreosote* m.i., *ol terebinth* m.iv. alt. hor.

June 17th. Pulse 110; T. 101°; vomiting ceased; urine much more in amount, highly albuminous, less blood cells, casts numerous; sp. gr. 10·40.

Continue *terebinth* alone.

June 18th. Vomiting again. Urine in fair amount, blood less, casts numerous; sp. gr. 10·35. Pulse 100. T. 99. To take *kreosote* and *terebinth* alternately.

June 19th, 20th. Vomiting ceased; anasarca less, urine still bloody, though less so; casts firmer, but less numerous. P. 85. T. 99. *Terebinth* alone to be taken.

June 22nd. Passed water, normal in every way, and recovered from this date.

The action of *coffea* in tangible doses in producing a decidedly increased flow of urine I have noticed in other cases of suppression to be a great aid. I do not know whether this drug has been used frequently for this purpose, nor do I know if it is homœopathic in its action when so used.

## DR. SAWYER ON "THERAPEUTIC PROGRESS."

BY ALFRED C. POPE, M.D.

FEW essays have appeared of late which demonstrate so fully the imperfections of current therapeutic methods, few which are better calculated to increase the confidence of the physician practising homœopathy, in that which he has adopted, or to stimulate him in prosecuting his efforts to further a knowledge of it among his professional brethren, than is the address of the senior physician to the Queen's Hospital, at Birmingham, at the recent annual meeting of the Midland Counties Branch of the British Medical Association.\*

The title of the address—*Therapeutic Progress*—has an encouraging ring about it. To be able to feel that one is increasing in knowledge, that the results of study and experience are not merely negative but positive; that one is in possession of means which have been proved to control disease, to restore perverted function to its normal condition, and to regenerate damaged tissues, is eminently satisfactory. It is such a feeling that would naturally be indulged in by the prospect of an address on *Therapeutic Progress*.

Early in the course of his remarks, however, Dr. Sawyer must have sent a chill through his audience, when, in stating the three questions he proposed to discuss, he made it fairly clear that he, at any rate, felt great doubts as to the reality of any *Therapeutic Progress* being made. "Are we," he asks, "are we making real progress in the treatment of disease?" So that the mere existence of any real *Therapeutic Progress* is an open question! "How may we improve and quicken our advancement." Granting any progress to be taking place it is much more tardy than the needs of therapeutics require that it should be. "What are the obstacles to our progress, and how may we hope to overcome them?"

It is no congratulatory address, then, that Dr. Sawyer has to deliver; on the contrary, *Therapeutic Progress* is a something that is impeded by "obstacles;" and it is chiefly the question of how these may be overcome that the members of the Midland Counties Branch of the British Medical Association are asked to examine and discuss.

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\* *Medical Times*, August 8, 1885.

After quoting the late Sir Thomas Watson's well-known assertion, that "the greatest gap in the science of medicine is to be found in its final and supreme stage," Dr. Sawyer tells his hearers, that, "although in the eighteen years that have passed since this declaration was made, the healing art has achieved many substantial and practical advances and developments, we must all of us still feel, I think, and often feel acutely as practitioners, in our daily application of remedies for the cure and relief of disease, that we want a knowledge more exact, a scope more enlarged, and indications more direct and more successful, of the means by which morbid processes may be prevented and extinguished. How," he proceeds to ask, "can the art of 'treatment' be placed upon a broader and sounder basis—upon a basis less shifting, less empiric, more demonstrable, more effectual, and more scientific?"

Such is the present position of modern therapeutics among those who know nothing of homœopathy, and such is the very natural question which that position suggests. There is not one physician, now practising homœopathy, whose "art of treatment" would at one time have met with the approval of Dr. Sawyer, who could not, fully and adequately, reply to that question.

In endeavouring to answer it, Dr. Sawyer appears, in a manner, to shirk it at the very commencement! There are difficulties to be considered. The first of these is "the enormous difficulty of accurate therapeutic inference. \* \* \* This difficulty has never been overcome. \* \* \* Shall we ever remove it? In a therapeutic inference, we have to conclude about the action of a given drug upon a living human body in a state of disease. The question is easy, but we cannot complete the equation; we can cite the question thus clearly, but we cannot *state* the equation; for one reason, because we cannot state the great unknown quantity it contains. The terms are life, a disease and a drug. In the whole range of human research there is no problem more difficult of exact solution than the question which can be so simply stated—does a certain drug cure a certain disease?"

To place the pursuit of practical therapeutics in such an insuperable difficulty as this, is to render the practice of medicine, to a very large extent, a hopeless proceeding. Addressing a body of medical men, whose daily occupation consists in endeavouring to cure certain diseases with

certain drugs, and who are in the habit of flattering themselves that they sometimes succeed in their efforts, Dr. Sawyer seems to have felt that he had gone a little too far. Accordingly he tries to soothe them with the assurance that he has "been speaking only of the difficulty of satisfying the severest canons of formal logic in a scientific inference about the cure of a disease by a drug." And then, resuming the encouraging tone implied in the title of his address, he says:—"Outside the scope of such a demonstration, much of solid therapeutic achievement, much of priceless worth to our race, remains in the art of medicine. Surely we do cure many diseases, and surely we mitigate many more. Nor need we always cure their diseases when we save and restore our patients." Presently he recapitulates a list of the therapeutic achievements of the present day. "Can we doubt," he says, "that we cure syphilis with *mercury*, or ague and its allied neuralgias with *quinine*, or many forms of anæmia with *iron*, or acute rheumatism with *salicylate of soda*, or some skin diseases with *arsenic*? \* \* \* \* Think of *nitrite of amyl* and *nitro-glycerine* in angina pectoris, of *iodide of potassium* in asthmatic dyspnoea, of the *bromides* in epilepsy, of *digitalis* in affections of the heart, and of venesection or of *chloroform* in convulsions? And, again, the secretions and evacuations of the human body, if not wholly within our control, are largely under the influence of our therapeutic means. And is not pain, the commonest and most urgent of all the expressions of disease, almost absolutely within our power?"

It is not a little curious, but it is true, that when a medical writer of the old school sets to work to show how valuable recent researches have proved to practical therapeutics, his illustrations are ever the same! What lesson do many of these illustrations convey? The action of *mercury* is so *like* that of syphilis that authors of treatises on that disease commonly instruct their readers how to diagnose mercurialism from syphilis! *Quinine* has been proved repeatedly to produce a febrile disorder *like* the intermittents it cures! That *arsenic* excites disordered states of the skin, *like* those constituting the skin diseases it cures, is notorious! That *digitalis* gives rise to a feeble condition of the heart *like* that it relieves is perfectly well known! To set up diarrhoea, diuresis and diaphoresis is no very great achievement,

neither is it a singularly modern one, nor when performed does it tell much in the cure of disease. The extinguishing of pain by a hypodermic injection of morphia gives but a few hours relief from suffering—it does not cure the disease which excites the pain. The use of it is at best mere symptom treatment. All that is of “solid therapeutic achievement,” or of “much priceless worth to our race,” in Dr. Sawyer’s catalogue of the “many diseases” “we really cure,” is, we thus see, homœopathic. If he will but look into the Clinical Index of Dr. Brunton’s recently published work on *Materia Medica*, he will find many more illustrations of the same sort of solid therapeutic achievement all traceable to the same source—homœopathy!

Another difficulty in the way of therapeutic progress Dr. Sawyer finds in the fact that “the details of practical therapeutics are not, as a rule, sufficiently dealt with by our teachers.” How can they be so? The physicians who are put forward to teach practical therapeutics have little or no confidence in the *remedial* properties of drugs *as currently prescribed*. They may not be all so outspoken as Dr. Moxon, who told the men of Guy’s that “drugs are but aids to faith in the weary time,” but Sir Andrew Clark, Dr. Matthews Duncan, and others when addressing their medical brethren, have spoken of medicinal treatment in so disparaging a manner that it would seem that they, too, looked upon it as something practically useless, if nothing worse. Dr. Bristowe, in his *Theory and Practice of Medicine*, makes it abundantly clear that drug administration is of little value in most cases, and of none at all in many more! Indeed the only modern physicians who seem to attach any importance to the *Materia Medica* are those who, like Dr. Sydney Ringer, Dr. Brunton, and Dr. Murrell, have made the majority of their researches in the practical writings of homœopathic physicians! What men have no real abiding trust in that they cannot teach. To expect them to do so is hopeless.

The conclusion Dr. Sawyer ultimately arrives at is that “one must know more, and a great deal more, of the causation of disease before we can construct a therapeutic science.” This is followed by the usual plea for the further development of pathology. So far, however, pathology has not taught us much regarding the action of drugs upon the human body, either in health or disease; and further, much as we may learn from it regarding the treatment of disease

outside of the prescription of drugs, there does not appear to be any very good or sound reason why we should expect to learn anything from it regarding the actions and uses of drugs.

The mental confusion, which is so prominent a feature of all physicians of the old school when endeavouring to make out a case for methods of research into the physiological action of drugs alone, and without any idea of how the knowledge so obtained must, to be of any value, be clinically applied, is strikingly apparent in the following passage :—

“Physiological research directed towards the perfection and discovery of remedies has already yielded good fruit in practice, and is full of promise. The two broadest and directest lines of therapeutic progress lie in these two fields of work, in clinical experience and in physiological research. Each supports the other, and neither can stand alone. While clinical experience suggests specific wants which physiological research may endeavour to supply, physiological research supplies new agents which clinical experience may test in practice. Clinical experience reveals the therapeutic effects of medicines, physiological research discovers only their physiological actions. The therapeutic effect of a medicine is its remedial efficacy in disease. The physiological action of a medicine has no necessary connection with its therapeutic powers ; it is an effect which it produces upon a living and healthy body. We shall fall into error if we assume that there is always a necessary connection between the physiological actions of a medicine and its therapeutic effects. There are some agents which have marked physiological actions, and yet are poor in therapeutic powers, and there are some remedies which have accepted therapeutic efficacies which exhibit scanty physiological manifestations. If we examine the matter closely, we shall find that, in many instances, the therapeutic effects of a remedy, and its physiological actions are, so to speak, two distinct but separate sides of its character. But however these things may be, we cannot doubt that the more we learn about the physiological powers of remedies, the more likely we are to understand, the more likely we are intelligently to direct their therapeutic employment in our practice. So, if we would make progress in our power to cure disease and to relieve physical suffering, we must heartily help and patiently watch the physiological investigation of the actions of old and new remedies, and of old and new agents which may possibly become remedies. Our experience tells us that we shall often find that an agent which has particular and well marked physiological powers has also the capacity

of a remedy with distinct therapeutic actions. In this way physiological research suggests for us and for our patients new remedies, or new applications of old ones, and hands them on to clinical experience for test and for proof."

Physiological research with the precise details of the powers of remedies has, we are here told, yielded good fruit in practice. How, we would ask, has it done so? Solely, we reply, when the results of such research been clinically applied in harmony with the therapeutic principle *similia similibus curentur*. Clinical experience and physiological research of this kind support each other, and neither can stand alone, says Dr. Sawyer. But unfortunately they often do stand alone. For the former to be of any value either to the patient or the physician, the latter can only be utilised through the same principle. No other plan of adapting physiological research into the actions of remedies to the requirements of disease has, so far, been proposed, and as was shown in an article on Professor Fraser's address in the last number of the *Review*:—"When all the information it is possible to acquire concerning the action of drugs has been obtained—when pathological physiology has been studied to its utmost limits—if no further light is vouchsafed, the physician is, so far as the use of drugs is concerned, as much in the dark as ever he was."

That clinical experience reveals the therapeutic effects of medicines is perfectly true, and that physiological research reveals only their physiological actions is equally so; but how is the former to be obtained to any good purpose if the latter is not utilised in the obtaining of it? And how, in what manner, on what principle or principles, is the latter to be clinically utilised? Dr. Sawyer then assures us that there is no necessary connection between the physiological action of a medicine and its therapeutic effects. If this were as true as, we know full well, it is erroneous, what advantage is to be derived from physiological research into the action of remedies? Dr. Bristowe has truly said (*British Medical Journal*, August 1881): "We must admit the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body." But Dr. Sawyer admits the value of such research. He tells us that it has already "yielded good fruit in practice," and that it is "full of promise!"

That, if we would make any progress in the cure of disease, we must heartily help and patiently watch for the physiological actions of old and new remedies! But how and in what way we are clinically to apply the results of such research he has not a single idea, no, nor even the ghost of an idea, to put before his hearers!

There is, as has already been remarked, but one way, and that, to adopt Dr. Bristowe's phraseology, is to "admit the homœopathic view of the relations between medicines and diseases."

Finally Dr. Sawyer eulogises empiricism:

"Whether we like it or not," he says, "we must yet be mainly empirics in our practice. . . . The great bulk of our therapeutic knowledge is as yet empirical, and as empirics, though as rational and scientific ones, we must administer it. . . . We expect much of further gain to our art from the discoveries and developments of physiological research into the actions of medicines, and such research has already found us some valuable remedies, which an *à priori* reasoning has applied in practice, and which experience has confirmed. But in our time, experience must yet be our chief guide in therapeutics. Here is a specific question which we have to answer every day. Why do I give this medicine to this patient? Not because it has such and such physiological effects, and I expect, therefore, that it will do good, but because I have *before* found its administration attended with advantage under similar circumstances, and this experience *satisfies* me and gives me confidence in using it again, until I know of a better remedy."

It would be difficult to put the plea for reliance on experience, on *ex uno disce omnes*, as a therapeutic principle in more plausible, more attractive terms than Dr. Sawyer has done here. And yet, when divested of its plausibility, what does it amount to? To a child-like dependence upon casual, happy hits. *Ipecacuanha* has been found by a physician useful in a case of vomiting. Henceforth *ipecacuanha* is to be that practitioner's reliance when a case of vomiting comes before him: and so it will be until he meets with a case where it does no good, and then he will conclude that, after all, his first success was a mere *post hoc*, and once more he will look out for the last "new thing" in vomiting! His first case was no *post hoc* at all. It was, as it happened, one where the vomiting and concomitant symptoms were like those produced by *ipecacuanha* in the healthy subject; was like what is called its



physiological, but much more correctly its pathogenetic action; and the case where he used the same drug without benefit was one where the vomiting and concomitant symptoms were not like those produced by *ipecacuanha*. That was the cause of success in the one case; that was the cause of failure in the other. Experience has proved it to be so over and over again.

When the question is asked—why do I give this medicine to this patient?—the answer ought to be, and if it is to have a directly curative effect *must* be, because its physiological effects are similar to those effects which constitute the sum total of the expression of disease in this case.

All the real progress which has been made in therapeutics during this century has had its foundation in such an answer to such a question. And, so far as it is possible to see at present, all future progress must and will have the same basis.

In the passage from Dr. Sawyer's address, quoted in the earlier part of this paper, a great difficulty in establishing therapeutics as a scientific system was found in making an accurate therapeutic inference. This mole-hill-sized difficulty Dr. Sawyer has cleverly arranged to appear as though it were of the dimensions of a mountain! Given a sufficient number of instances, observed by men at once honest and capable, of the administration of a remedy in a certain form of disease, and it is perfectly possible to make an inference from its effects that shall be practically sound and available for all the purposes to which an inference of the kind can be *legitimately* applied. The real difficulty is met with when we come to consider those cases where a remedy has been fruitlessly prescribed which aforesaid had proved markedly advantageous in cases of the same type of disease. Why, for example, should rheumatism in half-a-dozen instances rapidly yield to the influence of *bryonia*, and another half-dozen cases of the same disorder derive not the slightest benefit from it, but be as rapidly cured by *rhus*? That is, or rather was, a difficulty, but thanks to Hahnemann it is no longer. The inference here that *bryonia* and *rhus* both cure rheumatism is perfectly accurate, and there has been no difficulty in obtaining it; but when is one necessary to the cure and when the other? That is the question. Investigate pathology constantly and carefully for generations to come, and the answer to it will still be wanting.

Neither will the plan of giving *bryonia* to all the rheumatism cases in A. ward, and *rhus* to all those in B., do much to help in the solution of it, however long such a process may be continued. Mere pathological investigation will do nothing towards furnishing a knowledge of drug action; mere unguided clinical experience will do very little towards teaching us how to discriminate between cases of the same form of disease which require one medicine, and those which must have another.

It must be, and consequently is, a *therapeutic* principle which underlies and directs therapeutic work. It is with the facts of disease and of pharmacology that the physician must deal when prescribing; not with the speculations of the pathologist or of the mere physiological therapist.

Physiological research into the actions of medicines, to be of any practical utility, must be conducted on healthy men and women; it must procure for us a knowledge of the "artificial diseases," as Hahnemann says, which medicines will provoke, and especially of the symptoms characterising such artificial diseases. Both *bryonia* and *rhus* give rise to an "artificial" rheumatism, but in each instance the symptoms differ. Thus, for example, the rheumatoid pains excited by *bryonia* are worse when the body is in motion; those by *rhus* are worse when it is at rest.

That division of pathology described as semeiology provides us with the knowledge of the symptoms of natural diseases.

To make the former fruitful for the relief of the latter a therapeutic principle—not a pathological speculation—is required. The experience of ages has shown that we have such a principle expressed in the formula, *similia similibus curentur*. By applying, through this principle the knowledge obtained by physiological research into the actions of medicines to that derived from the clinical examination of disease, it becomes possible to use medicines for the cure of disease with a degree of exactitude and certainty which raises therapeutics from the low ground of empiricism—from the period of infancy—to the clearer heights of science—to the full estate of manhood. From a basis of little more than guess work we become enabled to prescribe with the confidence inspired by exact knowledge.

"The generalisations of medical science must find," says Dr. Sawyer, "in the particular readings of clinical medi-

cine the truest tests of their validity. . . In medicine, as in morals, practice is the test of principle." This is real sound truth ; and tried by this test, homœopathy—the doctrine of drug selection by the principle of similars—has been repeatedly demonstrated to be the basis of the most successful therapeutics known at the present time.

One illustration of this now thoroughly well established fact may be given here.

During the year 1881 the public hospital of the city of Denver, in the State of Colorado, was under the medical care of a physician whose practice was what Dr. Sawyer would describe as empirical, his therapeutic methods such as those which are probably pursued in the Queen's Hospital, Birmingham. On the 1st of April, 1882, he was replaced by a physician practising homœopathy. The following tabulated statement represents the results of the work of the two years from April 1st, 1880, to March the 31st, 1882 ; it is taken from the public records of the Board of County Commissioners of Arapahoe—the County in which Denver is situated.

	Years ending March 31st,	
	1881.	1882.
	Treatment Empirical.	Treatment Homœopathic.
Number of patients on hand		
April 1st .....	49	82
Admitted during the year...	711	926
Discharged .....	597	859
Born .....	10	13
Died .....	91	74
Remaining March 31, 1881	82	Mar. 31, 1882 89
Total cases treated .....	982	1,358
Cost per patient .....	\$5.25	\$2.85
Hospital death rate .....	9.2 pr. ct.	5.5 pr. ct.

Here we have all the conditions necessary for a therapeutic statistical enquiry. The number of cases is sufficient ; the locality in which they occurred is the same ; the patients are persons in a precisely similar social position—there was no difference in their treatment save in the principle which dictated the choice of the medicine prescribed. The difference in mortality was, however, nearly 4 per cent. ; while the diminution in the duration of the illnesses of those treated homœopathically was so considerable as to enable the homœopathic physician to admit between three and four hundred cases more than his predecessor had been able to do.

Results such as these—an increased proportion of recoveries and a diminution in the duration of illness—it is in the power of every physician to obtain by studying homœopathy and treating his patients homœopathically. It is the power to obtain such results that represents real *therapeutic progress*, not pathological speculation—not mere empiricism.

It is through homœopathy, and, so far as present knowledge goes, through homœopathy alone, that Dr. Sawyer's *therapeutic desiderata*—"a knowledge more exact, a scope more enlarged, and indications more direct and more successful of the means by which morbid processes may be prevented and extinguished," can possibly be secured. Homœopathy has supplied that "*à priori* reasoning" by which, when "applied in practice," Dr. Sawyer assured his hearers "some valuable remedies" had been found for us through physiological research. It is through homœopathy that such remedies are being found at this moment; and it is only through homœopathy that there is any probability of their being found in the future.

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### REPORTS OF CASES.

Translated from *Allgemeine Homöopathische Zeitung*, Vol. 107.

(Continued from page 494.)

In No. 1, Kunkel relates several cases of gonorrhœa which rapidly yielded to *Thuja X*. All the cases were attended by a lame feeling in the legs and difficulty and pain in urinating.

In No. 3, Kunkel relates the case of a man, aged 27, who consulted him on the 6th June, 1876. In 1863 he had pneumonia, and ten years ago diphtheria. Since that time he has been suffering from cough, especially during the day, with shortness of breath. Only when he has taken cold does it trouble him at night also. Expectoration copious, whitish, tasteless, rather viscid, and brought up easily. Weather, cold and heat, rest and movement have very little effect on him. Functions normal. Cannot lie on the right side, must lie on the back or the left. All treatment has been of no avail; he had to leave off working. He got *stannum 6*, a dose every fifth evening.

July 24th. Cough decidedly less. Increase of appetite, can do a little work. Treatment continued.

Sept. 4th. Amelioration in every respect. *Stannum 15*, a dose every sixth evening.

Dec. 14th. Continued improvement. Treatment continued. By the end of December he was dismissed cured. A similar case in a woman, 59 years old, was cured by the same remedy.

In No. 14, Dr. Goullon, in calling attention to the recent recommendation of *ergotin* in diabetes by allopathic practitioners, reminds us that in his treatise, *Diabetes Mellitus and its Successful Treatment*, the following passage occurs: "*Secale cornutum* evidently belongs to the medicines whose pathogenetic proving presents the features of diabetes mellitus. There is a surprising likeness between the symptoms of both. The roughness of the skin, the appetite increased to bulimia, the burning thirst, the predominant formation of acid, the disturbance of vision amounting even to amaurosis, the gangrenous diathesis, the character of the stools, all distinctly resemble the pathological processes in the organism that are met with in ordinary diabetes."

In No. 16, there is a report of the meeting of the Saxon-Anhalt Homoeopathic Society. A discussion arose on the subject of acute articular rheumatism. Elb related a case in which *verat. viride* removed in twenty-four hours the violent pains which in former attacks had always lasted much longer. The guiding symptom was "coldness of the body, the face and extremities being bathed in profuse cold perspiration." Hanze said he had some excellent results from *merc. sol.* 6 in acute rheumatism. Faulwasser proposed *merc. cyan.* Lorbacher had seen many cases cured by *merc. sol.*, especially those characterised by profuse, sour-smelling sweat and anxiety. Sybel had had satisfactory results from *natr. salicyl.* 3rd trit., and also from *ant. tart.* He believed *lactic acid* would prove a valuable remedy, as it was capable of exciting similar articular affections. Elb had seen the remaining heart affections benefited by *natr. mur.* 6. Bushmann had obtained the best results from *spigelia*, and also from *iodine* in the higher dilutions. Lorbacher admitted that *iodine* was a good heart-remedy, but was chiefly useful in heart affections of hysterical old maids. Faulwasser considered that *cactus grandif.* was not only a palliative but a real remedy in heart affections. He had also used *phos.* with advantage. Bürkner considered *phos.* a useful remedy in the heart affections of old maids. Lorbacher said that Fraentzel, of Berlin, had found in the

Charité hospital there that the only medicine that seemed to have any good effect in phthisis was *kreosote* in small doses, and the homœopathicity of this drug to phthisis was evident. Henze saw good effects in phthisis from the alternate employment of *phos.* 6 and *hepar.* 3. Sybel proposed *kali carb.* and *cod liver oil.*

Elb relates a case of obstinate sciatica of the left side, which was removed by Teplitz, but returned with great intensity after bathing in the sea. The pain was extremely violent. The patient complained of great internal heat in the whole left leg, with violent stitches in the hip. Aggravation in the morning and evening. Cold places in the bed were constantly sought for. He woke every morning bathed in sweat, and with very severe pains, which were only ameliorated by cold washing of the leg. During the pain he must constantly move about, though that increased the pain. External pressure and sitting relieved; stretching out the leg and walking aggravated; and walking and standing brought on the pains. He got *graph.* 30x. After the first dose the pains were alleviated. After awhile the medicine seemed to lose its effect, and *natr. mur.* 30 was then given, which cured him.

Ide relates a case of *eczema impetiginodes universalis* in a child of seven months, who had suffered from the affection all over the body for six weeks. It was worse on face and head, and was accompanied by glandular swellings on the neck and groins. It begins with flat pustules, which break and cause flat ulcers that are soon covered with brown cysts. There was much itching, especially at night, which deprived the patient of sleep. The child's scratching caused blood to flow from many parts. *Sulph.* and *calc.* did no good, but *arsen.* 6 soon cured.

He also gives the case of a man, aged 46, who after great exertion got very severe sciatica. The pains were chiefly in the lumbar region, down over the coccyx, and all down the right thigh to the leg and foot. The whole right thigh felt swollen, and there was formication and numbness of the limb. The limb was swollen and painful to pressure. *Arnica* did no good. *Rhus.* 3x removed the pain in the limb, but it came all the more violently in the sciatic nerve. The pains are severe when at rest in bed and also when walking it did not allow him to flex the limb either at the hip or the knee, and he had to walk with the limb extended. The pains were worse in the

morning; the heel feels icy cold; the veins are less swollen. *Conium* 6x somewhat relieved the pains; they ceased altogether when at rest. After five days there was no pain, but only a feeling of stiffness posteriorly and creeping under the heel; some stitches in the thigh when the heel is flexed. *Sulph.* 3x completed the cure.

In No. 17, Ide gives an interesting case of ciliary neuralgia in a woman, 30, who got a blow in her left eye from her child 18 months previously; since then she has often suffered from pain around the eye, stabbing and cutting, as with knives. At first the pains only came on at night, but for three days they have persisted day and night, and in such severity that the patient fainted. Every ray of light excites the pain, and she must keep the eye covered up with thick cloths in order to keep out the light. There is also lachrymation, redness of conjunctiva, and contracted pupil; vision dim; lids very cold. Warmth relieves the pain. When the eye is shut there is great difficulty in opening it, and when this is done there is much stabbing in the eye. She got *arn.* 3x. She slept that night and had no pain in the morning, but the other symptoms remained. She now got *rhus.* 3x, which soon removed the remainder of the malady.

In No. 22, Bushmann relates the following case:—A farmer, 50 years of age, phlegmatic, thin, had suffered frequently during the past summer from irregular attacks of chills, followed by heat and anorexia, but he still continued his agricultural operations. On the 12th Sept. he was so weak he could not leave his bed. He had frequent chills, great muscular weakness, restless sleep, anorexia, tongue furred, rather dry, difficult speech, slight bronchial catarrh, skin dry, temperature increased, great thirst, drawing pains in chest and bowels, pale complexion, costive bowels, motions grey. At night wandering and unconnected speech. Up to the end of September he improved under the use of *chelid.* 6 and *bry.* 6; the tongue became moist and clean, the nocturnal delirium was gone, and he could take a few spoonfuls of soup. With the exception of weakness he made no complaints. His colour remained pale and his speech difficult, and some œdema of the feet was present. On October 1st he complained of hoarse voice with pains in the throat and sore feeling extending down into the chest, inability to swallow; unusual pains in the larynx on coughing, which brought away much

viscid mucus; great heat and thirst. Pulse quick; urine clear, reddish in colour. Tongue furred thickly, greyish yellow. The half of the hard palate, the uvula, tonsils and fauces were covered with a thick greyish white coating, and the front of the palate was studded with whitish spots. He got now *merc. cyan.* 15 in solution, and as he could not swallow he was directed to take some of the mixture in his mouth and keep it there a few minutes. The following day he spat up a lump of viscid mucus studded with white spots. The mucous membrane of mouth and fauces was dark red and spongy looking, and studded with small white granules. He spat much viscid mucus. Swallowing difficult, painful hoarseness, sore pain down the œsophagus. Tongue clean, sore at the borders; urine reddish-yellow, turbid, with sediment of the same colour. Skin perspiring, especially on the chest. Œdema of the feet diminished. Continue *cyan. merc.*

Oct. 3rd. No more of the white spots in the mouth; mucous membrane, though paler, less swollen. Two aphthous ulcers in the uvula and palate. Inward cough, with copious mucous expectoration. *Apis* 30 every three hours.

Oct. 7th. Œdema gone; chill for half an hour about 4 p.m.; then until midnight heat, and profuse sweat till towards morning. Tongue moist, clean. Stool every third day, costive. Urine of usual colour, with greyish red sediment. *Ipec.* 6 every three hours.

Oct. 10th. Feverish attacks gone. *China* 3x three times a day.

Oct. 15th. Sweat on the chest towards morning. Skin and buccal mucous membrane pale. *Puls.* 6 every three hours. Broth, wine.

Oct. 20th. No more night sweats, quiet sleep. Walks a little. Appearance improved. *Ferr. carbonicum* 4x three times a day. Convalescent.

In No. 28, Sigmundt relates several cases of severe whooping-cough, which resisted many remedies, but were rapidly cured by *cerium oxalicum* 6x. The particular indications for this remedy, he says, are epistaxis and frequent vomiting.

Vol. 108, No. 2. *Agaricus muscarius* was the subject of discussion in the Silesian Homœopathic Society. Schweikert said he had seen the best effects from this medicine in



chronic affections of the cerebellum and spinal cord. He had employed it with good effect in epilepsy, chorea, the ecstatic states of hysterical women, also in cardiac neurosis without valvular affection, especially in consequence of excitement of the sexual nerves, and in nervous vertigo. It was also a powerful palliative in the copious sweats of phthisis, and in the sudamina and miliary fever caused by long continued perspiration. Grossmann had used it in paralysis of the lower extremities, proceeding from the cauda equina with only transient benefit. Sauer had seen good effects from it in violent neuralgias, particularly of the intercostal nerves, as also in stenocardia with radiating pains in the region of the bronchial nerves, and also in violent spasmodic eructations from irritation of the vagus. Also when such symptoms are caused by aneurism but not by valvular disease. Others had seen good effects from it in intercostal neuralgia connected with cardiac valvular disease. Grossmann saw it useful in some obstinate neuralgias of the trigeminus and in several cases of hemicrania and odontalgia. Sauer had found it efficacious in spinal irritation caused by sexual excesses, onanism, too frequent coitus and seminal emissions. Also under similar conditions in formication of the feet, quivering of the eyelids, nystagmus, also in states of psychical excitement with great precordial anxiety, palpitation and anthropophobia of unmarried women. Also in the violent loud eructations of hysterical women. Its good effects in catalepsy are only transient. In diseases caused by pathological changes in spinal cord and medulla oblongata, in the paralysis agitans caused by disseminated spinal sclerosis, in tabes dorsalis from degeneration of the posterior columns of the cord, *i.e.*, progressive locomotor ataxy, and especially in the very violent neuralgias of the lower extremities proceeding from the same cause; in the tabes dolorosa of Remik with accompanying paresis of the muscles of the bladder, in the diplopia and amaurotic condition of the retina dependent on affections of the medulla oblongata, in the night sweats of phthisis; in this last affection *agaricin* in doses of 0.005 has been successfully employed by the allopaths.

V. Szontagh relates a case of very severe chorea which he cured with *cupr. met.* 24x in less than four weeks, after a prolonged but useless allopathic treatment.

Pröll relates some interesting cases. 1. Deafness, absolute in the left ear, with roaring noises in that ear, following

the suppression by an ointment of an obstinate lichen on the left cheek. The medicines employed were *sulph.* 12, 30 and 100 for two months, then *graph.* 3, 6, 15 and 30. Under this treatment a slight itching redness appeared in the left cheek, and the hearing gradually returned. 2. Two women suffering from diabetes mellitus were treated with *kreos.* 6, 15 and 30. In six months the quantity of sugar was materially reduced, the general health improved, the violent itching in the vagina disappeared. One of the patients, aged 50, was kept alive for two years in a comfortable state. She then went to Vichy, but apparently took the waters in excess, for she died three months afterwards. The other, aged 70, is still alive, and is taking *uran. mur.*, as *kreos.* seemed to lose its effect. 3. A man, aged 56, affected with spinal irritation caused by uric acid diathesis, with weakness of limbs. He was cured by *calc. c.* 10, followed by *caust.* 10. During the treatment he drank no wine, only Evian water, and had a perfect vegetarian diet. 4. An obstinate gonorrhœa that had lasted four weeks, and was attended by burning when urinating, and hæmorrhage from urethra, with painful erections, was cured by *canth.* 6 in two weeks. 5. An old gentleman, troubled with constant urging to urinate, worse at night, when the need to urinate disturbed him every quarter hour. He got *capsilla bursa pastoris*, 3 drops of the mother tincture every three hours. This rapidly allayed the irritability of the bladder, so that at the end of two weeks he had to urinate only twice in the night. The third week he was quite well. 6. The so-called *Bergsucht*, the disease of miners and tunnel-diggers, a cachexy, with earthy complexion, lacklustre eyes, nervous asthma and chronic spleen disease, anorexia, loss of all pleasure in life, with frequent yellow-coloured motions, orange-coloured urine, and damp, loose skin, was often cured by tinct. *seminum cardui marie*, especially when accompanied by relaxed stomach with great development of gas upwards.

*Damiara* is the name of a new aphrodisiac, prepared from the Turnera aphrodisiaca and T. diffusa. It is said to be efficacious in impotence proceeding from the most diverse causes, where other remedies, such as *phos.*, *strychn.*, electricity, and other remedies are useless. It is given as an infusion of the whole plant, or a fluid extract in teaspoonful doses three times a-day, but never on an empty stomach. The plant is a native of Mexico, and is

used in kidney and bladder affections, and also in certain nervous affections.

In No. 3, Szontagh gives more cases of chorea. One, a girl of eight, under *ign.* 4 and 5, who only grew worse, *cupr.* in 12, 6x, 4x, 3x, did some good, but not much. The patient complaining of constant pressure in the root of the nose, *zinc. met.* was given, first in the 6th and then in the 3rd trit., and this sufficed to effect a cure. A relapse a few months later on was removed in three weeks by *cupr.* and *zinc.* Another case was that of a girl of 16, who, after a short attack of fever, became affected with severe chorea and fainting fits. *Ign.* 6. and *calc. c.* 4 effected a speedy cure.

In No. 4, Pfander gives a remarkable cure of dropsy in a woman of 62, who had been long treated allopathically without benefit. When called to see her he found her seated in an arm-chair, countenance cyanotic, extreme dyspnoea, immense anasarca of the lower extremities, ascites, and anasarca of the upper extremities. The legs and feet are of a copper-red colour, ulcerated in places, where water trickled constantly. Heart dilated and hypertrophied, insufficiency of the mitral valve; urine very albuminous; bronchitis. *Squilla* 2 reduced the anasarca and increased the flow of urine. *Zinc. met.* 6 rapidly reduced the dropsical symptoms, and eventually cured the malady in two or three months. Another similar case of dropsy in a woman aged 48, which had lasted two years, was cured by *bism.* 3x, followed by *kali. carb.* 5x, *digit.* 2x, and *zinc.* 6x. In No. 5, he gives a case of erythema nodosum, which was speedily cured by *rhus. venen.* after *apis.*, *rhus. tox.* 1, and *corallia. rubr.* had failed.

In No. 6, he gives a case of diarrhoea, occurring shortly afterwards, in a woman of 20, which had been unsuccessfully treated allopathically for a long time. *Calc.* 3x was given without much effect; *puls.* 3x did little. The diarrhoea was attended with much straining and preceded by pains in the bowels. *Magn. mur.* 3x cured in a few weeks. Two similar cases were cured by the same medicine. Another case where there was burning in stomach, and heat rising from abdomen, spreading over neck and arms and then into the left leg, with anæmia and diarrhoea, was speedily cured by *magn. m.*

In No. 7, Klauber details several cases of conjunctivitis scrofulosa which were readily cured by *kal. bich.* 6.

In No. 11, Ide relates the case of a lady, 83 years of age, who had been seven times pregnant, but could never carry the pregnancy beyond the half of the time, as she always miscarried. She had previously always been under allopathic treatment. She was very chlorotic in appearance. Being pregnant again she put herself under homœopathic treatment in the 4th month, *sep.* 6 and *calc. c.* 6, was given in alternation, and she went her full time and was delivered of a healthy child. Another case of habitual miscarriage in a lady of 22, who had already miscarried three times, and whose husband was afflicted with constitutional syphilis. When first seen she was pregnant, but could not say exactly how far she was gone: she had some hæmorrhage from the vagina. She got *kali. carb.* 10, and *china* 10, but the hæmorrhage continued to a considerable extent. She was first put upon *sabina* 3x with an occasional dose of *merc. sol.* 200, and under this treatment she went her full time and was delivered of a healthy child.

In No. 15, Ransen gives a remarkable case of extreme pleuritic exudation of the right side, which had been tapped three times. It was cured by *sepia* 30, alternated latterly with *sulph.* 30.

In No. 22, Schrenke relates the case of a boy, aged 15, who received a blow from a stone on the left hip joint. At first there was little pain, but gradually the pain increased to such intensity that the slightest touch in the joint could not be borne. The parents took him to the hospital, but after being treated there with all sorts of remedies, without relief, he was sent to another hospital, where it was proposed to operate on him, but to this the parents would not consent, and he was placed under homœopathic treatment six months after the accident. Examination showed the region of the hip-joint swollen, soft, not red, the swelling extending to the nates. Any attempt to move the limb was attended with the most acute pain, extending from hip to knee; the slightest touch also caused great pain. The foot was turned outwards. The patient was laid in an easy position, and *arnica* 3 given every hour. Under its use the pains subsided, and the medicine was given three times a day. In two months he was able to walk a little, with only a feeling of tension in knee and groin. *Silica* 6 was now given three times a day. Pressure caused much shooting pain in the hip-joint, but this gradually went off under

the use of *silic.*, and in a few months he was dismissed cured.

Bückner treated a man, aged 38, who for two years had had a cough with persistent expectoration. In December fistula in ano appeared, and in January great hæmorrhage from the lungs set in. As the allopathic treatment he had hitherto had was of no avail, he was placed under homœopathic treatment on the 21st January. He was extremely prostrated, had hectic fever, profuse sweats, quick superficial respiration, anxiety and complete anorexia. The slightest movement caused hæmoptysis, the half of the left lung was dull on percussion, the respiration weak and bronchial, over the right lung râles, and at its apex amphoric respiration and tympanitic percussion sound. *Arnica, nux. vom.*, and *phos.* checked the hæmorrhage, but in other respects caused no improvement. He had had syphilis some years previously. This and the fistula led Bückner to give *acid nitr.* 3 at first every three hours, afterwards three times a day. In a week the sweats, fever and anorexia were gone, and the fistula healed. He improved so rapidly that by the middle of February he could walk out a little. The cough was attended by expectoration of frothy mucus, especially in the morning. Viscid respiration was now heard, and moderate catarrhal râles. The percussion sound was normal, except at the apices of both lungs. There was a cavern at the top of the right lung. From March 10 he was put on *silica* 6, one dose per diem, and under this treatment he improved so much that at the beginning of April he was comparatively well, and able to resume his occupation.

Lorbacher, in No. 23, gives a case of kerato-conjunctivitis in a boy of eight. In five days the inflammation had increased so much that the conj. palp. had a velvety appearance, the bulbus was covered with a network of red vessels, the cornea was greyish-red with a small phlyctena, the anterior chamber contained pus, there was photophobia and considerable pain. The patient got *hep.* 3 night and morning, and *merc. corr.* 6 in between. In four days the inflammation had subsided, and in eight days the pus had disappeared from the anterior chamber. In fourteen days the cure was complete.

## REVIEWS.

*A Text-book of Pharmacology, Therapeutics, and Materia Medica.*  
By T. LAUDER BRUNTON, M.D., D.Sc., F.R.S. London:  
Macmillan & Co.

WE do not review this book because it has been sent us for the purpose. The attitude of the old school to us, at least in this country, has not reached the courtesy-height which should make such a proceeding possible. But, since the treatise is the latest issued on the subject—so interesting and important to us—of *Materia Medica*; since its author is recognised as one of the foremost exponents thereof in his school; and since it has been hailed by the medical journals generally as an excellent exposition of the knowledge of the time, our readers may well desire to have some account and critical estimate of it.

From our standpoint we naturally enquire of such a work, first of all, what aspect it bears in relation to homœopathy; and then of what value it is in respect of *Materia Medica* at large.

1. The only direct reference to our method is the reproduction (p. 27), almost verbatim, of a criticism made by the author upon it in the *British Medical Journal* in 1871. It is to the effect that "the opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy has been founded." In 1871 he added: "It is not proved that all drugs have an opposite action in large or small doses, and homœopathy, therefore, cannot be accepted as an universal rule of practice." In 1885 he omits the first clause, retaining the second, but making it the corollary to quite a different proposition. "Large doses of *digitalis*," he writes, "render the pulse extremely rapid, but moderate ones slow it. The moderate administration, when there is a rapid pulse, is sometimes beneficial; this might be called *homœopathic* treatment, inasmuch as the dose administered is smaller than that which would make the pulse rapid in a healthy man, but it might also be called *anti-pathic*, inasmuch as the same dose administered to a healthy person would also slow the pulse. Homœopathy can therefore not be looked upon as a universal rule of practice."

It is surely obvious that this is a *non sequitur*. Dr. Brunton's previous argument was, according to formal logic, valid enough; though inductive logic would require more demonstration of the two assumptions on which it proceeded, viz., that the opposite action of large and small doses was the basis of truth on which homœopathy rested, and that the want of proof of all drugs having such opposite action might be taken as evidence that they had it not. But why homœopathy should not be a universal rule of practice, because medicines, given in accordance with it,

are really antipathic, we are at a loss to see. Let it be granted (as many of our school have granted it for the last fifty years) and what follows? It is simply a mode of *accounting* for the curative action of similar remedies. That they do cure is the one fact we all care for, and "let likes be cured by likes" remains the guide to the best and most successful treatment.

Logically or illogically, however, Dr. Brunton has certainly none of the homœopathic proclivities which characterise the works of Ringer and Phillips, and influence even that of Bartholow. But the irresistible pressure of our method on the practice of the day makes itself felt in his *Index of Diseases and Remedies*. Take the heading, "Synovitis," and we find among the medicines placed under it *aconite*, *arnica*, *bryonia*, "calcic sulphide" (*hepar sulphuris*), *colocynth*, *pulsatilla* and *sulphur*. The curious thing is that, although reference is given for each to the page where its virtues are detailed, it is very rare to find there anything about a power over inflammation of joints. Other sections of this index offer similar features. Thus in that on "Sprains," *arnica* and *rhus* are, with the exception of turpentine, the only drugs named; for epididymitis the sole internal medication recommended is with *aconite* and *pulsatilla*; under "Inflammation" we have "*bryonia* in serous inflammations, after heart or pulse lowered by *aconite*;" and so forth.

2. Turning now to the general claims of the volume on acceptance, we have to observe that Dr. Brunton offers us a text-book of "Pharmacology, Therapeutics, and Materia Medica." In his introduction he tells us that "pharmacology is a knowledge of the mode of action of drugs upon the body generally, and upon its various parts; while "Materia Medica" means the knowledge of drugs as natural products, and "therapeutics" that of their uses in disease. It will be seen that no place is left for pathogenesis—the knowledge, that is, not so much of the *mode* of the action of drugs, but of that action itself; and herein is seen the great deficiency of the book. Its very strength in respect of "pharmacology" is its weakness as a treatise on pharmacodynamics, which all such works should be. Dr. Brunton is so curious about the "how" of drug-action that he forgets the "what;" he pursues the analysis to its utmost bounds, but is indifferent to the synthesis. The result is something like what would occur if a treatise on the practice of physic concerned itself solely with the pathology of the diseases it dealt with, ignoring their clinical history.

We have spoken of the undue place given to "pharmacology" as the strength as well as the weakness of Dr. Brunton's book; and indeed the section on "General Pharmacology," which occupies nearly half the volume, is very interesting and instructive reading. We are taken up from the lower forms of animal life

to man, and through the functions of the human body; we are reminded of the physiology of each, and then told what has been ascertained as to the power of drugs to modify them. All this is most valuable information, if used for its true end, viz., to analyse and illuminate the train of phenomena induced by the same agents when proved on man as a whole. But for Dr. Brunton it is an end in itself. In phrases (p. 87) he admits that experiments with drugs on animals are only subservient to the study of their effects on the human subject, but in practice he forgets all about this subordination. For him, Schroff might (with one exception) never have proved *aconite*, or Mayerhofer and Nobiling *tartar emetic*; his one concern is whether the former paralyses the respiratory centre, and how the latter induces vomiting.

The result of this one-sided direction of the "pharmacology" is a woeful meagreness in the therapeutics of the book. In this it contrasts very unfavourably with the treatises of Ringer, Phillips and Bartholow, to which we have referred. In fact, the larger half of the book—the sections on pharmacy, and on the actions and uses of the several members of the inorganic, vegetable, and animal kingdoms—is apparently compiled mainly for the student to "get up," when preparing for his examinations. We have no wish to disparage their usefulness; but we think that Dr. Brunton might have given the practitioner an opportunity of purchasing the "General Pharmacology and Therapeutics," which alone concerns him, separately, instead of obliging him to double his outlay by obtaining a quantity of matter which is mere "cram."

In evidence that we have not spoken too severely, let us cite our author's article on *aconite*:—

"**PHYSIOLOGICAL ACTION.**—General Action.—Its action is exerted most markedly on the peripheral ends of sensory nerves, on the heart, and on the respiration.

"In frogs it produces steady loss of motion, both voluntary and reflex, with gradually increasing weakness of respiration and of the heart, which finally stops in diastole, usually about the same time as the respiration.

"In man one of the most marked symptoms is the local tingling and numbness produced in the mouth by *aconite* or *aconitine* if they come into actual contact with it. This irritation is not limited to the mouth, but occurs also in the gullet and stomach, where it produces belching, nausea, and vomiting. If *aconite* preparations, or *aconitine*, are taken in capsules, so that they do not touch the mouth or tongue, this local tingling and numbness are hardly felt at all.

"After absorption, however, the poison is carried by the circulation throughout the body, and there causes a tingling in



all parts of the body in the order of their sensitiveness, as determined by Weher. The most sensitive parts are affected first, viz., the tongue and lips, the finger-tips, face, perineum, breast, belly, and last the back.

“The heart is quickly affected, even by very small doses, and a single drop of the tincture (B.P.) given in water twice or thrice at intervals of a quarter of an hour will in many cases greatly reduce the rate of the pulse. This slowness of the pulse is due to an action of the *aconite* upon the vagus roots, and does not occur after the administration of *atropine*. In some cases of disease also the pulse seems much affected by *aconite*. In larger doses the vasomotor centre becomes gradually paralysed, while the heart remains slow, the blood pressure falls greatly, and the pulse is not only slow, but exceedingly weak and irregular.

“Great muscular weakness and dyspnoea occur, the respiration being slow, shallow and feeble. The dyspnoea, and probably the weakness also, depend to a considerable extent upon the feebleness of the circulation, and consequent imperfect nutrition of the nerve-centres, for the administration of *atropine* lessens the dyspnoea.

“In addition to this, however, there must be a direct paralysing action on the respiratory centre, and death usually occurs from stoppage of the respiration.

“When the heart is examined immediately after death, it is generally found to be still pulsating, although sometimes it is found to have stopped and even lost its irritability. In the latter stage of *aconite* poisoning the effects of imperfect respiration may become manifest in the livid colour and anxious appearance of the face, the cold sweat on the skin, and sometimes protrusion of the eyes with dilatation of the pupil.

“Death is sometimes preceded by convulsions which do not appear to be entirely due to asphyxia.

“Action on Individual Organs.—The muscles are little if at all affected by *aconite*. The terminations of the motor nerves appear to be just irritated, so that fibrillary twitchings of the muscles occur in a frog; afterwards they are paralysed. The peripheral ends of sensory nerves in the skin and mucous membranes are first irritated, so that the peculiar tingling and numbness is felt, and sometimes also intense neuralgia, affecting branches of the fifth nerve; afterwards they are paralysed. The motor centres of the spinal cord, and the respiratory and vasomotor centres in the medulla, appear first to be slightly stimulated, so that clonic convulsions may occur. The reflex power of the cord is diminished, the sensory ganglia being affected before the motor ganglia. The paralysis of the cord is probably to a great extent, however, due to its imperfect nutrition from

failure of circulation. The brain remains unaffected, the mental faculties being usually clear up till death. Sometimes drowsiness occurs, which may, however, be due to the circulation; and headache is also observed, which seems to involve the interior of the head, and is distinct from the facial neuralgia observed in the earlier stages of the poisoning. Like the motor centres in the cord, the vaso-motor centre in the medulla oblongata appears to be first stimulated and then paralysed, so that the blood-pressure rises at first in rabbits though it falls in cats and dogs, apparently from the slowing of the pulse produced by stimulation of the vagus roots (p. 247). Later on, the vaso-motor centre becomes paralysed to a considerable extent, though not entirely, so that the blood-pressure falls greatly. Although not completely paralysed, it becomes insensible to reflex stimulation, so that irritation of a sensory nerve will not longer raise the blood-pressure.

“The heart in the frog is first quickened and then slowed. In man or in animals there is first slowness of the pulse, but shortly before death it may become more rapid. This effect appears to depend chiefly upon primary stimulation succeeded by paralysis of the motor ganglia in the heart, the effect in mammals being attended by the simultaneous action of the drug upon the vagus roots in the medulla.

“The respiration is at first slow and deep with marked expiratory effort; afterwards slow, shallow, and laboured.

“This effect appears to be due to the direct action of the poison on the respiratory centre, together with its indirect action through weakening of the circulation (pp. 203 and 204). Before death convulsions occasionally occur, and these are, to a great extent, due to the indirect effect through the circulation, but possibly also to a direct irritating effect of the drug on a convulsive centre in the medulla.

“The temperature falls constantly throughout. The stomach is irritated immediately by the poison taken directly into it so that violent vomiting may occur; but it may also be irritated by the poison being eliminated by the gastric mucous membrane after injection subcutaneously or into the blood, so that the effects are similar to those produced by the direct introduction of the drug into the stomach (p. 29). The secretion of the salivary glands is increased, and usually the sweat also, possibly other secretions. The intestines are irritated with the stomach, and diarrhoea occurs in consequence.

“The pupil at the commencement of poisoning alternately contracts and dilates, the tendency to contraction being best marked; and a similar result occurs from the local application of *aconitine* to the eye. Later on there is extreme dilatation. This dilatation may be due to reflex irritation from the gastro-

intestinal mucous membrane (p. 186). *Aconite* quickly passes from the blood into the tissues, for if the greater part of the blood of a poisoned dog is transferred into the veins of a healthy one within a few minutes after poisoning has begun it produces no effect.

“**THERAPEUTIC USES OF ACONITE.**—*Aconitine* is applied locally in the form of ointment in cases of severe neuralgia, a small piece about the size of a pea being rubbed into the painful part. If the neuralgia affects the temple, great care must be taken that the ointment does not get into the eye, as rapid absorption occurs from the conjunctiva, and general poisoning may result.

“*Aconite* liniment is frequently employed in muscular rheumatism; in various forms of neuralgia, such as sciatica, and over swollen and painful joints. Admixture with chloroform facilitates the absorption of alkaloids through the skin, so that the mixture of *aconite* liniment with chloroform liniment may be more efficacious than either the one or the other separately; but the mixture should be employed with care, and not over too large a surface, to prevent any risk of too rapid absorption.

“As a local sedative to the stomach it has been employed in full doses to check the vomiting of pregnancy; its chief use, however, is in the febrile condition depending upon local inflammations, such as tonsillitis, sore throat, pleurisy, pneumonia, phthisis, peritonitis, pericarditis, acute rheumatism, gout, erysipelas, otitis, gonorrhœa, and in urethral fever. In many of those conditions small doses of *aconite* slow the pulse, lower the temperature, and give much relief to the patient in cardiac disease its action is somewhat uncertain. In nervous palpitation it is sometimes useful, and it may give relief in palpitation depending upon hypertrophy, but frequently it is of no use in this condition. In diseases of the nervous system its internal application alone, or combined with its external use, sometimes gives relief in headache, toothache, noises in the ear, neuralgia, especially of the face, intercostal neuralgia, and neuralgia accompanying herpes zoster. It has been found useful, also, in some cases of amenorrhœa depending on a sudden check to the menstrual flow, also in severe menorrhagia.”

This is very poor; but it is worth pointing out how much it makes for homœopathy, and how little for Dr. Brunton's conceptions of therapeutic action. Neuralgia is mentioned in three places as an object of the remedial action of the drug; while we are told under its “physiological action” that “peculiar tingling and numbness is felt, and sometimes also intense neuralgia.” “As a local sedative to the stomach it has been employed in full doses to check the vomiting of pregnancy;” but “the stomach is irritated immediately by the poison taken

directly into it, so that violent vomiting may occur." Again, Dr. Brunton makes no attempt at explaining the "chief use" of *aconite* (indebtedness for which, as also for its use in amenorrhœa, to Hahnemann he of course ignores). He would say, perhaps, that *aconite* has been mentioned as reducing the rate of the healthy pulse. Yes; but "this slowness of the pulse is due to an action on the vagus roots;" and has *digitalis*, the typical retarder in this way of the heart's action, any corresponding power over inflammatory fever? Or he may quote his allegation that "the temperature falls constantly throughout" the action of the drug on healthy animals. But here he is in direct contradiction to one of the authorities on whom he relies—Dr. Mackenzie, who states that *aconite* increases the temperature until asphyxia sets in, the thermometer in the ear of a rabbit rising from 2° to 4° Fahrenheit under its influence; while throughout the account of the physiological action of the drug he is compelled to recognise that its primary effect—*i.e.*, its small dose effect—is to irritate and stimulate. It is evident that that must be said of *aconite* which Dr. Harley naively admits about *belladonna*: "its stimulant action is converted in great measure in febrile diseases into a tonic and sedative influence." That is, it acts homœopathically.

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*A Voyage Round the World in Search of Health.* By GEORGE DUNN, M.D. and J.P.

THIS little tractate, by our venerable and ever active colleague, gives us a bright view of "Life on the Ocean Wave," and of the prosperity which awaits the industrious emigrant to the British Colonies of Australia and New Zealand, as well as of the pleasures to be derived from an existence passed in those far off lands.

It is a remarkable thing—one we should imagine to be unique of its kind—that Dr. Dunn, when a young man and following a seafaring life, should, as captain of a convict ship, have made his first voyage to Australia sixty-two years ago! That during the interval he should have studied, and in one of the dullest and sleepest towns in the three kingdoms have practised medicine and surgery, built a hospital there, and have presided over its corporation! And now, after all these years, he goes back to Australia to find large and wealthy cities where, on the first occasion, he could see nothing but a few huts standing in patches of cleared scrub; magnificent harbours, where then the river was flowing with its banks untouched by the hand of man; parks and gardens where all, a few years ago, was wilderness! Such an experience as this is, we repeat, one of a most remarkable kind. A whole country—a complete nationality—has grown

up and developed politically, socially, and commercially during the active years of one man's life, until it is in each respect the equal of any European nation, and the superior of nearly all.

The description Dr. Dunn is able to give of the towns and cities of Australia and New Zealand are deeply interesting, and well calculated to stimulate the hopes of the unfortunate toiler in this over-populated mother country when making one more effort to improve his position.

Dr. Dunn has written for the general public, and therefore we learn nothing of medical interest from his lecture. We should, however, have liked to have had some thoroughly authentic account of the state of homœopathy in Australia and New Zealand, to have learned from an experienced observer how it has fared with our old friends—Irvine of Leeds, Brereton of Bradford, Kingdon of Exeter, Murray Moore of Liverpool, and others who have gone out from us. We hope that Dr. Dunn, when he takes his next trip across, will favour us with some sketches of the rise and progress of homœopathy in El Dorado of which he writes, and of those friends of the years that are gone, who have represented it there.

We must not omit to state that Dr. Dunn sailed both out and home on board the *Arawa*, one of the Shaw Savill line of steamers, the steaming qualities of which, the luxury in which the passengers live and move, the bountiful, well-cooked and amply varied dietary on board, the courtesy of the officers, and the attention of the servants call forth his most enthusiastic praise.

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## NOTABILIA.

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### THE HAHNEMANN ORATION.

THE Hahnemann Oration, the annual prelude to the opening of the winter session of the Medical School connected with the London Homœopathic Hospital, will be delivered by Dr. DYCE BROWN, at the Hospital, on Monday, the 5th October, at 5 p.m. The subject Dr. Brown has chosen is *The Reign of Law in Medicine*.

Full particulars regarding the lectures to be delivered during the session may be obtained from Dr. GALLEY BLACKLEY, 2, Gordon Street, Gordon Square. Dr. Blackley also attends at the Hospital every Monday and Thursday, for the purpose of giving information to intending students.

## BOSTON UNIVERSITY.

THIS University was incorporated in 1869, and was the first in the United States to present in Theology, Law, and Medicine uniform graded courses of instruction covering three scholastic years, and to require in each case, in order to graduation, the full three years of study. It was also the first University to establish four-years' courses in Medicine, and is the only one which offers the Baccalaureate Degree in Medicine and Surgery. Its School of Law is the largest full-course law school in America. In classical education it has established the highest standard of requirements for degrees, and provided unusual facilities for post-graduate study. It confers no honorary degrees.

All the departments of Boston University are open to men and women on equal terms and conditions.

**THE MEDICAL SCHOOL.**—The Medical School of the University was the first in America to present in combination the following essential elements of a thorough reform in medical education :—

*First.* The requirement that the candidate for admission either present a college diploma, or pass a prescribed entrance examination.

*Second.* The provision of a carefully graded minimum course of instruction covering three full scholastic years.

*Third.* The provision of a four-years' course for those who wish to pursue their studies with special thoroughness and with suitable leisure for collateral reading and to obtain professional experience under direction of the Faculty.

*Fourth.* The requirement that every student pass a successful examination upon the work of each year before promotion to the next.

*Fifth.* The requirement, as a condition of graduation, not merely that the candidate shall have studied medicine at least three full years, but also that he shall have attended a reputable medical school not less than three years.

*Sixth.* The restoration of the degrees of Bachelor of Medicine and Bachelor of Surgery, to be attained at the end of the third year by those who take a four-years' course.

*Seventh.* A provision for Visiting and Examining Boards independent of the teaching Faculty.

*Eighth.* The repudiation of all sex-disabilities either in teaching or learning.

**INSTRUCTION.**—The length of the courses adopted renders it practicable to present a most thorough and comprehensive curriculum of study,—one sufficient to impart to the student a complete scientific as well as practical medical education. In each course the various branches are taught in a succession which, after several years' trial, approves itself to the Faculty as

natural and most promotive of thoroughness. To each term and each year certain studies are assigned, in which the student is required to become proficient before entering upon more advanced studies.

**POST-GRADUATE COURSE.**—Physicians who have received the medical degree are admitted to the School, and allowed to attend such lectures as they choose, and will be entitled to receive a certificate of such attendance. In order to obtain the diploma of the School, they must, by examination, satisfy the Faculty that they have fulfilled all the requirements of the School for graduation.

**SPECIAL COURSES.**—Suitable persons may be admitted to such course or courses of instruction in the School as they may select, and their attendance may be certified to upon their tickets. Such special courses will not count as any part of the three or four years' courses.

**CHEMICAL LABORATORY.**—A new Chemical Laboratory is now completed, it is large, and fitted up in a thorough manner, so that every student can perform the necessary experiments and acquire the practice in manipulation essential to a knowledge of chemistry.

**CLINICAL INSTRUCTION.**—Daily clinics are held in the College building in the Medical, Surgical, Gynæcological, and Dental departments, and twice a week in the diseases of the Heart, Lungs, Throat, Skin, Eye and Ear, and Children. In these, as in other departments, special efforts are made to familiarise the students with the best methods of examining patients, and to instruct them in all the details of diagnosis, prognosis, and treatment.

Before graduation, all students will be required to furnish satisfactory written reports of at least twenty medical, five surgical, and three obstetric cases attended personally by them. They must also report in writing from each of the other clinical departments five cases seen by them, giving four of the leading diagnostic symptoms, and four of the principal remedies applicable.

Physicians are urgently requested to send to the College clinics, during the lecture sessions, such cases of general or special disease as possess unusual interest or require particular skill and experience in their treatment. All operations and examinations before the class will be gratuitous.

**THE MASSACHUSETTS HOMEOPATHIC HOSPITAL.**—This commodious structure is in close proximity to the School, and in the arrangement of its wards, its ventilation, light, and heat is unsurpassed by any hospital in the country. The students will have as free access to its wards as practicable, in order that they may become familiar with disease in its various forms, and

clinical lectures and instruction will be given upon a variety of diseases.

During the past year the hospital has been enlarged at a cost exceeding \$90,000. It was completed and opened in November last. It has special facilities for the care and comfort of the patients, and has one of the finest operating theatres in the country. A large number of rare, and instructive surgical operations are performed in the presence of the students, who are in many cases allowed to assist.

**WESTBOROUGH INSANE HOSPITAL.**—The establishment by the State of an Insane Hospital where the patient will receive homœopathic treatment will give increased opportunities to the students of this School to obtain clinical instruction in insanity and mental diseases—a branch of medicine which is of increasing importance.

**THE CITY HOSPITAL.**—By vote of the trustees, the male students are allowed to be present at the surgical operations. As it is but a short distance from the School, the lecture hours of the Senior and Middle Classes are so arranged that, without loss of time, these students can be present at all important operations. The great extent of the hospital, and the large number of surgical cases, afford an opportunity of witnessing nearly every variety of surgical operation.

**THE HOMŒOPATHIC MEDICAL DISPENSARY.**—This institution has three different establishments in the city. These are accessible to the students, and from the large number of patients who resort to this charity daily, there is an excellent opportunity for the practical study of acute and chronic diseases. During the past year about sixteen thousand cases have been treated, and over thirty-seven thousand prescriptions and visits made. Students in the senior year are allowed to visit patients at their homes, and prescribe under the direction and with the aid of the professors.

In addition to the above there are public and private hospitals which students can obtain permission to visit, and thus familiarise themselves with the various methods of treatment.

**EXAMINATIONS.**—The first part of the lecture is often devoted to a brief oral examination or *résumé* of the principal subjects treated in the preceding lecture. In several chairs the assistant meets the class once or twice a week, and carefully reviews the subject of the preceding lectures, explaining any doubtful points. Quiz classes have been organised among the students for mutual improvement, and they have proved serviceable in more thoroughly impressing the instruction upon the student's mind.

At the end of each term an examination is held on the studies finished during the term. The student is required to complete the studies of one year before entering upon those of the next.



Should he, however, fail in one, or at most, two studies, having passed the others creditably, he will be allowed till the end of the next term to complete his examination. The final examinations of the senior year are held at stated times during the last term preceding Commencement. After the final examination in each chair the student receives a card stating the percentage he has therein attained. Fifty per cent. will be required from each chair in order to pass; but an average of seventy per cent. from all the chairs will be required, in order to enable a student to graduate.

**LIBRARIES, READING-ROOMS, ETC.**—The following are open to the student without charge:—

1. *The Library of the School* contains about twenty-five hundred volumes, comprising some of the most recent and valuable works in medicine and the collateral sciences, including text-books and works of reference, of which a printed catalogue has been prepared. The library is in the College building. It is opened regularly every Saturday, and occasionally at other times.

2. *A new Reading-Room* has been fitted up and supplied with the leading medical journals and works of reference, to which the students will have access.

2. *The Public Library of the City of Boston.* No collection in America equals this, either in extent or value; but one, the Congressional, is comparable with it. Even as to strictly medical works, it is said to be outranked by but two in the country; one, that of the Surgeon-General in Washington; and the other a special collection in Pennsylvania. Non-resident students will, on application to the Public Library, be furnished with a ticket, to be countersigned by the Dean, admitting them to its privileges.

4. *The Reading-Room* of the Public Library. More than four hundred periodicals, including leading medical journals (American and European), are here taken.

5. A legacy left by the late Dr. Harriot K. Hunt, provides by its income medical text-books for women students who need them. The trustees of this fund have placed its income under the charge of the Faculty of this School, and books are lent to these students during the term-time.

6. The varied and valuable facilities for general culture which Boston affords in its other libraries, its collections of natural history, its courses of scientific and literary lectures, its classical and popular concerts, and its art exhibitions, make an aggregate of general educational agencies whose value to the earnest and ambitious student can hardly be over-estimated.

**MUSEUM.**—Preparations in wax, illustrative of anatomical structures and pathological conditions, have been made expressly for this school. The collection of anatomical, pathological, and physiological specimens is already quite large, and steadily

increasing; while the histological and microscopical cabinet contains many rare and beautiful specimens. The friends of the School will subserve its interests by procuring and forwarding to the museum any suitable specimens.

**GRADUATION.**—Candidates for the degree of Bachelor of Medicine or Bachelor of Surgery must have studied medicine three full years, the last of which was in this School, and must have passed examinations in all the branches of the first three years of the four-years' course in this School with a minimum average of eighty per cent.

Candidates for the degree of Doctor of Medicine must be twenty-one years old and of good moral character.

Those who have not pursued one of the prescribed courses of this School, and passed its regular examinations, must present evidence of having studied medicine during three years with competent instruction; of having attended at least three full and reputable courses of lectures, the last in this School; and must pass an examination satisfactory to the Faculty. They must apply to the Dean of the Faculty, and, together with the graduation fee and all tickets of study and examinations, each one must present an original autograph thesis of at least twenty written pages upon some theme connected with the studies of the School. Upon the margin of the thesis shall be noted the authorities for all facts or opinions stated, whether derived from personal observation, from the teachings of any member of the Faculty, or from any author, specifying in the latter case the work and page. They must also be prepared publicly to defend before the Faculty the facts or opinions advanced in their theses.

**SCHOLARSHIPS.**—*Garfield Scholarship.*—A fund has been contributed, the income of which will be used to aid, by scholarships, such young men as the Faculty may deem most worthy. It is hoped that the alumni and friends of the School will add to this fund yearly.

*Wade Scholarships.*—A limited number of scholarships, resulting from the income of the Wade Fund, bequeathed for the benefit of poor and worthy young women, is at the disposal of the officers of the School, and will be available to such as require assistance.

There are also several positions in which successful and worthy applicants, whether men or women, may receive valuable assistance in the prosecution of their studies.

Among these are the following:—

*House Physicians and House Surgeons to the Massachusetts Homœopathic Hospital.*—Although this institution is entirely independent of the School, yet for several years these positions have been filled by students in their third or fourth year of study.

The successful candidates receive board and lodging, and valuable clinical advantages, in the Hospital.

*Murdock's Free Hospital for Women and Children.*—This institution affords the position of House Physician, which may be filled by a woman student in the third or fourth year of study.

*The Consumptives' Home and Cancer Hospital.*—Appointments have been made in both of these institutions, which, aside from the aid furnished, afford excellent opportunities for instruction in the special diseases treated.

*Resident Physician and Resident Surgeon to the College Dispensary.*—The incumbents secure room-rent free, and have very valuable opportunities for seeing practice.

*The Assistants to the Librarian, Janitor and Professors* receive aid in proportion to the work done.

Other positions are created as the interests of the School demand.

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#### PROFESSOR FUCHS, M.D.

PROFESSOR FUCHS, of Liege, the author of the prize essay on *The Causes and Prevention of Blindness*, a review of which appeared in our last number, has been appointed by the Emperor Francis Joseph to the chair of Ophthalmology in the University of Vienna, rendered vacant by the death of Professor Jaeger.

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#### ELECTRIC LARYNGOSCOPE.

THE electric light is being utilized for purposes of diagnosis in the throat, nasal passages, and the vagina, to such an extent and with so much satisfaction to the physician that in a short time but few offices will be without it. We have seen nothing better than the apparatus prepared by Curt W. Meyer, No. 857, Fourth Avenue, which consists of a double cell Curt battery, a tongue depressor, to which is fitted an electric lamp, a universal lampholder, an extra lamp mounted, and a mouth mirror. The instruments are not liable to get out of order.—*N. Y. Medical Times.*

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#### LIQUOR SODÆ CHLORINATA IN TYPHOID FEVER.

DR. JOHN C. PEARSON, of Seymour, Cape Colony, in *The Lancet* (Sept. 19), directs attention to the value of the *liquor sodæ chlorinata* in the treatment of typhoid fever, which he believes will be found specific against its germs. Typhoid is, he says, by no means a rare disease at the Cape, and for nine months past an epidemic had existed, which, at the time he wrote, showed no signs of abatement.

The following is the account he gives of his experience:—

“Ten years ago I left hospital and dispensary practice with

the conviction that the expectant plan of treatment offered better results than any at that time suggested, cold baths not excepted. Drugs I looked upon as being useless, if not positively injurious. Shortly after settling here as Government surgeon, some nine years ago, I was called in to attend a man suffering from an attack of typhoid, and all faith in my healing powers would have vanished had I told my patient or his friends that medicines were unnecessary, because the genus *homo* of South Africa is, of all countries in the world, a medicine-taking individual. My difficulty was soon surmounted by resolving to try the solution of chlorinated soda in small doses; my reason for so deciding being that I had often been strongly impressed with the immunity enjoyed by workers in bleaching works from being attacked with infectious diseases. My patient doing well with the small doses, I gradually increased the dose to fifteen minims every three hours. The diet was absolutely restricted to milk, and given every hour or so in small quantities. Water to moisten the lips was only allowed; and thirst, when troublesome, was relieved by sponging the breast and arm-pits with tepid water. The diarrhoea was never interfered with until the stools exceeded eight in the twenty-four hours. Constipation, when present, was treated with half-ounce doses of castor oil, given every two hours until the bowels responded; but the oil was never prescribed unless the patient went for forty-eight hours without a motion. This has been my plan of treatment for the last nine years, and only one patient died out of over a hundred cases. In every case of typhoid I carried out the above plan, but beyond a belief, which gradually grew with me in each case, that the medicine was of some value, I had no satisfactory reason to urge why it should be looked upon as a specific, because it would have been said, and with good reason, that the cases might have done equally well without the drug."

#### ZIZYGIUM JAMBOLANUM IN DIABETES.

A GENTLEMAN with pronounced diabetes had tried everything he possibly could for relief without benefit. The specific gravity of his urine ranged from 1087 to 1052, and sugar had been present constantly and in considerable proportion, averaging 15 per cent. By the advice of Dr. W. H. Burt he took tablespoonful doses of the infusion of the berries of *Zizygium jambolanum* three times daily. In three days' time, the quantity of urine passed in twenty-four hours was lessened one-half, and for the first time in two and a half years not a trace of sugar was discovered.

Dr. E. J. Gilman has also used a decoction of *Zizygium* (probably of the bark) with but partial success in a case of diabetes in a boy. Proving of the drug which he had instituted,

showed that it had the property of producing increase in the quantity of urine passed, and after three days glycosuria. Dr. Burt considers the berries to have a better therapeutic action than other parts of the plant.—*Clinique*, July 15th, 1885.

### PILOCARPINE IN DATURA-POISONING.

DR. LADISLAS ROTH, of Nagy Bajour, Hungary, was called at one p.m., to a little girl, aged 4, in a druggist's shop. She was quite insensible, with widely dilated and insensitive pupils, the face and body being swollen as if dropsical, and covered with scarlatiniform rash. She was very restless, throwing herself about in all ways, groaning and gnashing her teeth; the pulse was 146, small and weak; the respirations 40, superficial, the temperature 39.5 Cent. (103.1 Fahr.) No urine or stool had been passed since the commencement of the symptoms. The mother said that other children had told her that the child had eaten two handfuls of sweet ripe stramonium-fruit, and when she saw her at eleven o'clock, she had seemed ill, and unable to stand on her feet. She had called the Government medical officer, who prescribed a mixture containing two grains and a quarter of *tartar-emeti*c. The druggist, however, being of opinion that that would not do any good, took upon himself to give a solution of *sulphate of copper* instead. In the vomit which the copper had produced a number of berries of *datura-stramonium* were seen. Dr. Roth, remembering a case of *atropine*-poisoning he had seen reported by Professor Purjek, which had been cured by *pilocarpine* given subcutaneously, administered, at twelve o'clock, half a centigramme (1-14th grain) of *pilocarpine*, in five centigrammes of water, by means of a Pravaz's syringe. No salivation or sweating followed, but no improvement was detected; and, at a quarter to three, a centigramme was given. The red rash and the swelling diminished. At three another centigramme was given. The child cried, and shortly began to show various signs of improvement, even answering, "Yes," when the mother asked if she were ill. The injections were continued. Up to five o'clock, 5½ centigrammes had been given. At six, the pupils had become almost normal, and the pulse 120, and temperature 39.8. She was able to speak quite plainly, and wanted something to eat. All this time there had been no sweating. At seven o'clock, as her condition appeared somewhat less satisfactory, half a centigramme more was given, and this brought on both salivation and sweating. She made a rapid recovery. Altogether, six centigrammes of *hydrochlorate of pilocarpine* were administered, five of which, the writer considers, were required to neutralise the *datura*.—*British Medical Journal*.

## DOCTOR OF PHARMACY.

At the Sixth International Pharmaceutical Congress, held at Brussels early in last month, M. de Nobele read a paper on *Pharmaceutical Education*, the most attractive feature of which appears to have been a proposition "That in every country the titles of 'master,' 'chemist,' &c., should be replaced by that of 'Doctor of Pharmacy.'" In its report of the proceedings our contemporary, *The Chemist and Druggist*, gives the following account of the debate which ensued:—

"This paper was brought before the general assembly, and excited a very general and animated discussion, which chiefly turned on the proposal that the title of Doctor of Pharmacy should in all countries replace whatever is now adopted. The best speech was made by M. Depaire, Professor in the Brussels University. M. Depaire did not agree with those who wished to do everything with such completeness. He would wish to see doctors of pharmacy, but he would like to have pharmacists also. The former should be pharmacists who devoted themselves to the cultivation of the scientific side of their art, and who had passed through special courses of study. But, said M. Depaire, it is not the title which honours the profession: it is the manner in which the members of that profession fulfil their duties.

"M. Cannizarro supported M. Depaire's views. In Italy he said they had been compelled to lower their standard of pharmaceutical competence, because it had been found that they could not get a sufficient supply of pharmacists for the smaller places in the provinces, and the Minister had told them that he preferred to have a lower standard of education for pharmacists rather than leave the population without pharmacies.

"M. von Waldheim took a similar view, but M. Genevoix, the Director of the Pharmacie Centrale of France, urged the principle of one grade of pharmacists. He also strongly advocated a return to the more serious apprenticeship which formerly existed. There ought to be no apprenticeship of less than four years' duration, not counting till after a preliminary examination.

"When the meeting came to vote, M. de Nobele's propositions were all adopted. M. Depaire again spoke against the adoption of the title of doctor of pharmacy, and said he would prefer a translation of the English title 'pharmaceutical chemist'; but the temptation of a new dignity was too great, and by a large majority the Congress resolved that it was desirable to substitute the proposed title in all countries for that of *pharmacien* or its equivalent."

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### PUNCH ON THE PHARMACEUTICAL CONGRESS.

“Bruxelles, September 6th.

“The sub-sectional meetings of the Congress were continued this afternoon, and, consistently with the spirit of far-reaching and enlarged philanthropy that has inspired their labours, resolutions were unanimously adopted to the effect that an international understanding should be arrived at not only for the guaranteed potability of non-alcoholic beverages, and advertised mineral waters, but that butchers' meat, vegetables, and bread and cheese should also be included in the *corpus* of the new Universal Pharmacopœia. The qualifications needed, as a minimum of preparatory study, were discussed at some length; and it was finally agreed that a knowledge of advanced trigonometry, calisthenics, not less than three foreign languages, history, biography, zoology, and a full acquaintance with all the applied sciences, should be regarded as necessary to the taking the new degree of 'Doctor of Pharmacy.' Perfect unanimity prevailed, though some *éclat* and liveliness was added to the complimentary *fêtes* held in the evening, owing to the expulsion of the proprietor of a well-known English popular patent medicine, who had attended the Congress apparently through a total misconception of its liberal aim and objects.”

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### PRINCE BISMARCK AND HIS PHYSICIAN.

For the following amusing anecdote the editor of that curious medley of disloyalty and servants'-hall gossip, miscalled *Truth*, is responsible:—

“A good story is told of Prince Bismarck and his favourite doctor. It was at Karlsbad where they first met. The Prince feeling unwell sent for Dr. Schweininger, who began to put all sorts of questions to him. At last the Prince lost his temper, and exclaimed, 'What are you driving at, doctor?' Nothing disconcerted, the latter replied, 'I am at your orders, Prince; but if you wish to be treated without being questioned you had better send for the veterinary surgeon, who is accustomed to physic in that way.'”

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### THE ORIGIN OF THE WORD CHARLATAN.

In an extract from the *Allg. Med. Cent. Zeitung*, the *Allgem. Hom. Zeitung* gives the following as the origin of the epithet *charlatan*. In ancient times medical men are said to have visited their patients on foot; but in Paris a genius of the name

of Latan drove about in a small chariot (*char*) packed with medicines, and these he sold for the cure of all diseases while *en route*. He is supposed to have been the first driving doctor, and when he appeared in the street people cried "*Voilà le char de Latan.*" Hence the abbreviation *charlatan*, which in the course of time came to be applied to all doctors of the "circulator" species! *Se non è vero, è ben trovato.*

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## OBITUARY.

### THEODOR JOHANN RÜCKERT, M.D.

WITH Dr. Rückert, who died on the 6th of August at Herrnhut, in the 85th year of his age, from an attack of dysentery, has passed away the last of the direct disciples of Hahnemann, and one of the oldest homœopathic physicians. Through the part he took in the proving of medicines under Hahnemann's direction he has placed amongst us a lasting memorial of himself; through his unflinching steadfastness to the teaching of the founder, through the lifelong interest he took in our cause, which he actively displayed to his latest moment, he supplies us with a brilliant example. We may refer in this connection to his essay *On Epilepsy*, published for the first time in the latest numbers of the *Allgemeine Homœopathische Zeitung*, which he in anticipation of his speedy death called his "Swan's Song." His quiet, genuine and attractive work procured him the confidence of a large *clientelle* and brought its acknowledgment from a still wider circle. His simple honest manner, his unselfishness, tenderness, and courteousness, ensured for him the love of all with whom he came into contact. To him was accorded the rare mercy to be able to work in his profession with equal bodily and mental vigour to the last. Of him one can truly say, "He rests from his labours and his works do follow him."—*Allg. Hom. Zeitung*.—August 18th, 1885.

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## CORRESPONDENCE.

### MEDICINE IN THE TRANSKEI.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—The following extract from the letter of a District Surgeon practising in the Transkei will, I think, be interesting to your readers:—

"I got hold of an old Kaffir midwife the other day, and had a long talk with her. She stops flooding by tying cords tightly



around the patient's arms and legs—a very reasonable proceeding, and one likely to be of some service. About removing the after-birth, she assured me, much to my astonishment, that it was done by grasping the uterus through the abdominal walls, and so expressing the placenta—a method which we in our enlightenment have but lately employed. The cord she said was never pulled. If there was any real difficulty, the hand was passed in and the placenta taken away. On the birth of the child the cord is never tied, but is sawn in two with a sharp reed cut specially for the purpose. In the floor of the hut a hole is dug, and every scrap of clot and the placenta itself buried therein; this is to prevent its being obtained by the witch-doctors, one of whose occupations it is to prowl about houses hoping to get hold of human blood, over whose original owner they have then unlimited power of mischief. I was actually consulted once by an old man who told me that a witch-doctor had sent a beetle by night to his kraal, and that it had crawled into his bowels, where at that moment it was. It was no good arguing with him—he *knew it*."

This old gentleman had administered to him a little dose, which seems to have had the happiest effect both on his mind and body, for in twenty-four hours back he came, with radiant face, to thank the doctor for what he had done for him.

Yours &c.,

FRANK NANKIVELL, M.D.

Exeter, Sept., 1885.

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### AMMONIUM CAUSTICUM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Dr. Salzer speaks, in your last number, of the laryngeal symptoms of *ammonium causticum* as "coming from eight different provers." This is, if he will allow me to say so, a mistake. The eight references given all belong to cases of poisoning, in some of which certainly—in all probably—the fumes of the ammonia were *inhaled*. In Wibmer's (the only) proving, and in two cases of poisoning from internal administration, which will be found in the second part of the *Cyclopædia of Drug Pathogenesis*, symptoms of the air passages were conspicuous by their absence. Any homœopathicity, therefore, on the part of *ammonia* to the weakness of voice it is reported to benefit, must be, for the present, regarded as local only, and one which requires inhalation of the drug for therapeutic purposes.—Faithfully yours,

RICHARD HUGHES.

Brighton, September 2nd, 1885.

## NOTICES TO CORRESPONDENTS.

\*. We cannot undertake to return rejected manuscripts.

Dr. E. A. NEATBY has removed from Ventnor (where he is succeeded by Dr. STONEHAM) to 161, Haverstock Hill, N.W.

Dr. WINTERBURN has asked us to insert the following request for him: Any one having treated cases of Purpura, which they can report in detail, showing the homœopathic applicability of any remedy are respectfully urged to send the same to Dr. WINTERBURN, Ed. *American Homœopathist*, 29, West 26th Street, New York.

Communications, &c., have been received from Dr. ROTH, Dr. DUNE, Dr. E. A. NEATBY, G. SMITH, Esq. (London); Dr. HUGHES (Brighton); Dr. H. NANKIVELL (Bournemouth); Dr. F. NANKIVELL (Exeter); Dr. CLIFTON (Northampton); L. E. WILLIAMS, Esq. (Liverpool); Dr. E. ROCHER (Norwich); Dr. STANLEY WILDE (Nott.ingham); Dr. TALBOT; Messrs. CLAPP & SON (Boston); Dr. HOWITT (Toronto).

## BOOKS RECEIVED.

*The Prescriber: A Dictionary of the New Therapeutics.* By John H. Clarke, M.D., Edin. London: Keene & Ashwell, Bond Street, W.

*Southborough: Its Chalybeate Springs, Climate, and Attractions as a Health Resort.* By E. Paget Thurstan, M.D., Cantab. Tunbridge Wells. The Courier Company. 1885.

*A System of Medicine based upon the Law of Homœopathy.* Edited by H. R. Arndt, M.D. Vol. ii. Philadelphia: Hahnemann Publishing House. 1885.

*Lectures on Clinical Otology.* By H. C. Houghton, M.D. Boston: Otis Clapp & Son. 1885.

*A Lecture on Homœopathy before the Members of the Boylston Medical Society.* By C. Wesselhoft, M.D. Boston: Otis Clapp & Son. 1885.

*The Homœopathic World.* London.

*The Hospital Gazette and Students' Journal.* London.

*The Chemist and Druggist.* London.

*The Ecclesiastical Gazette.*

*The Indian Homœopathic Review.*

*The American Homœopathist.* New York.

*The New York Medical Times.* New York.

*The New England Medical Gazette.* Boston.

*Boston University School of Medicine. Thirteenth Annual Announcement.*

*The Hahnemannian Monthly.* Philadelphia.

*The U. S. Medical Investigator.* Chicago.

*The Medical Era.* Chicago.

*The St. Louis Periscope.* St. Louis.

*The Medical Advance.* Ann Arbor, Mich.

*Boerlicke & Tafel's Quarterly Bulletin.* Philadelphia.

*Revue Homœopathique Belge.* Brussels.

*Allgem. Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homœopathie.* Leipsic.

*Rivista Omiopatica.* Rome.

*La Reforma Médica.* Mexico.

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

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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ON THE THERAPEUTICS OF CONSTIPATION.\*

By ARTHUR CLIFTON, M.D., M.R.C.S., Eng.

MR. PRESIDENT and Gentlemen.—I propose to submit for discussion and criticism “A few observations on constipation, and the medicinal treatment of some forms and manifestations of it.” I shall omit all reference to those forms of constipation due to the presence of tumours, hernia, invagination or strangulation of the intestines, for whilst they are amenable to the curative action of drugs, they are so to only a very limited extent, and often require surgical operations. Those forms also of constipation that are owing to errors of diet and regimen—very important ones—but requiring, for the most part, simply a correction of such error for the cure, I shall omit, as it is needless to bring them before the notice of an assembly like this. After briefly defining the term “constipation,” and as briefly touching on its pathology, I shall adduce some reasons which appear to me to justify an enquiry into the treatment of constipation by aperient medicines, and also according to “the totality of the symptoms.” I shall further notice some of the difficulties attending the practice of therapeutics according to our method, and finally present

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\* Read before the British Homœopathic Congress, held at Norwich, September 25th, 1885.

a few clinical indications for a few remedies that, so far as I am aware, have but rarely been used by other homœopathic practitioners for certain forms of disease in which constipation is sometimes a prominent or characteristic symptom.

*Definition of the term "Constipation."*—By it I understand a condition, where the alvine evacuations are either deficient in quantity, too infrequent, too dry and hard in substance, or one where they are passed with difficulty. Each of these manifestations will vary in degree in different persons, and in different diseases, as well as in comparative states of health. Such condition, moreover, must be regarded, for the most part, only as a symptom of various morbid states, and not as pathognomonic of one in particular; we must look upon it in the same light as we do diarrhœa, enuresis, dropsy, &c. With regard to its pathology, I shall only remark in passing that constipation appears to me to arise either from a perverted peristaltic action of the bowels of a reflex (or direct) character, a constitutional dyscrasia, an altered state of the mucous and other coats of the intestines, especially of the rectum, or from the presence of tumours, or other foreign bodies in the abdominal cavity. At the same time, whatever may be its etiology, and however well defined and scientific a description may be formulated of it, I believe that in our efforts to cure constipation we must ever fall back on the study of symptomatology for our therapeutic guide.

*Reasons for the examination of the subject.*—1. Mankind in all ages and in all quarters of the globe, appear to have had a profound belief in the eliminative treatment of disease, by means of diaphoretics, diuretics and purgatives, and especially by the last. Men educated in the laws of "life, health and disease," and accordingly known as "physicians," have shared this belief, and although it is not held by them to the extent that once it was, it is not renounced; purgatives are still had recourse to, in the preliminary, as well as in the subsequent treatment of many diseases by the majority of the profession; the drugs used may be less drastic by reason of their different character, or from being given in smaller quantities; the mixtures prescribed may be less complicated, but the action sought is still *purgative*. With the general community, not scientifically educated in matters relating to health and disease, the belief in the curative properties of purgatives

still holds its ground ; and although non-medical homœopaths are sometimes wiser on this point than others, still amongst them there is ever and anon the enquiry and search for homœopathic medicines that shall act as aperients in such slight cases of indisposition as may appear to them not to require the aid of a physician ; such cases, for instance, as are commonly called biliousness and indigestion, and those where the bowels are in a constipated condition. This demand is unfortunately often met, and the public are supplied by homœopathic chemists and others with *podophyllin*, *berberine*, &c., labelled as such, or other medicines in the form of tinctures or pilules, designated "Liver," "Antibilious," or "Aperient," their prime action being on the liver and to clear out the system. The result of this is, injury to the patient and to the cause of homœopathy, inasmuch as it encourages the belief in the value of purgatives, merely to open the bowels, and drugs for the liver, without regard to the appropriateness of such remedies, for each particular manifestation of diseased condition. I am not, however, surprised at the persistent desire for, and belief by mankind in, the necessity for relieving a constipated state of the bowels, nor do I think that it will ever cease whilst men have the inner physical sensation that unlocking the said bowels will afford them relief, especially among those who have experienced the sense of comfort afforded by such means.

With such a wide spread and continued belief in the need for aperient medicines in certain morbid states, by so large a number within and without the profession, and this after the many years of scientific enquiry and observation of the laws of physiology and disease, it appears to me that the treatment needful for this state is well worth considering once more, and that if aperients are not required, that we should, by homœopathically chosen remedies, endeavour to meet more perfectly, and in a quicker manner than we have hitherto done, those conditions where constipation is a prominent symptom.

2. It is, I think, generally assumed by homœopaths that when an aperient medicine has been given, for a constipated state of the bowels, and has produced an evacuation, a reaction to constipation ensues ; this I admit. But, it is further assumed that the secondary constipation is more obstinate and worse than the first, and *absolutely* requires a repetition of aperient medicine to relieve it ;

this I do not admit but know to the contrary, and am sure that in many cases, if the reactionary state is let alone, the bowels will return to their normal condition, and more readily so than the primary constipation would have done without the aperient medicine, inasmuch as by the evacuation of the bowels the patient is often relieved, and is able to take and to digest more food, both helping to a restoration of the peristaltic action of the intestines.

We all know that after diarrhœa there is a similar reaction, which if let alone passes off in a day or two; and if we turn to the recorded pathogeneses of such well proved drugs as are direct irritants of the gastro-intestinal canal, whether they be *aloe*, *iris*, *phytolacca* or others, we find but few records of a constipated state continuing for long, and its deviation is not at all to be compared with the diarrhœa symptoms attributed to them.

3. As homœopathic practitioners, the totality of the symptoms in any given case of disease is our guide for the selection of a drug for the cure thereof; there are, however, greater and lesser symptoms, both of drug and disease; each requires to be estimated, according to its degree of importance, those demanding our chief consideration being what we call "characteristic." Constipation, like diarrhœa, is a very common and very prominent symptom, both in its early manifestations and in its persistence, and may or may not be characteristic of any given case; the question, therefore, arises whether we do not too often disregard it as such, take no more account of it than we do of other symptoms, or whether on the other hand we over estimate its importance, and adapt our medicines in either material or attenuated doses, with especial reference to that symptom above others to the case under treatment, and so relieve the bowels earlier than if we did not make it "characteristic," whether under the latter circumstances we are not departing from the "totality of symptoms" and virtually employing aperients although our remedies may not produce liquid evacuations.

4. It must not be supposed from what I have said that I advocate the employment of aperients, as such; on the contrary, I am decidedly opposed to their use, just as much as I am to the use of *podophyllin*, *bryonia*, *nux*, and similar medicines, when used simply to produce an action on the bowels, that is to say without there being a close correspondence between the symptoms produced by the

drug and those characterising the disease, a method which I have occasionally adopted, and one which I believe is still resorted to sometimes by other homœopathic practitioners. Whilst, however, I deprecate such treatment on theoretical and physiological grounds, and still more from observation of the results of such measures, I am, nevertheless, strongly of opinion that in very many cases we do not make the constipation symptom anything like sufficiently "characteristic" (excepting of course in most of the acute forms of disease, where it is generally a reparative or compensating symptom); and I believe that if we did so much oftener than we do, at the same time giving drugs corresponding to the totality of the symptoms, and in *sufficient* doses to relieve the bowels *without purging*, we should cure many cases much more quickly than we do.

5. Whatever view we take of these points we, nevertheless, are required to go to our *Materia Medica* to find a drug corresponding—(homœopathic)—to the state of disease we wish to cure, and there we see a mass of symptoms, many of doubtful origin, all of them badly arranged, without any hints as to the order of their recurrence, the primary, secondary or alternative action, without reference to the dose which produced them, though these are all points of importance when endeavouring to obtain the *similimum*.

6. A great improvement in the *Materia Medica* is, however, being now attempted by our American brethren, and by some of our number in this country, but if the work should be as long in completion as has been the *most* recent work on *Pharmacology, Therapeutics and Materia Medica*, by one of the most eminent men belonging to the old school in this country, *The Cyclopædia of Pathogenesis* may be of service to our successors but not to many of us, for the work I have referred to has occupied fifteen years in its production, and after all is infinitely inferior both in conception and practical results to that done in the same direction by that eminent truth-seeker and scientific observer of our own school, Dr. Richard Hughes.

Until the more complete *Materia Medica* is before us, we must eke out the deficiencies that we have, by supplementing its records with clinical observations. The paper I now submit to you, is a step, albeit a slight one, in that direction, but which by the full expression of your

individual experience and reflection, will I feel sure be rendered more important.

In speaking of the treatment of constipation by the use of drugs, some notice must be taken of a few of our old and favourite medicines for that condition, such for instance as *alumina*, *bryonia*, *graphites*, *hepar sulphuris*, *lycopodium*, *nux vomica*, *opium*, *plumbum*, *sepia*, *sulphur* and others, as no mention of them might imply that I had discarded them, which is by no means the case; so much has, however, been written before respecting them, and written so well, that I can add nothing more in their favour; there is room for differentiating and better defining their separate spheres of usefulness, but even this will be effected to some extent, through a more careful study of the recorded pathogeneses, and the clinical observations of other drugs, and thus by the process of exclusion or displacement, their range become more limited and justly apportioned, as it has been through the introduction of such remedies as *æsculus*, *hydrastis* and others. I believe most of them will continue to hold the first place for constipated conditions, but that some will nevertheless take a secondary rank. *Alumina*, *opium* and *plumbum* present well marked pathogenetic symptoms of constipation, and their value in this condition has been confirmed by many observers, yet I have never seen any curative results from *alumina*, and only rarely good results from *opium* or *plumbum*. I have no satisfactory explanation to offer for this anomaly, except by attributing it to my own inability to see the scope and character of their action, and I only mention the point to call forth your opinion of the matter. I would also say that *collinsonia*, a drug not included in the above list stands out nevertheless very prominently in every respect as a constipation remedy, and is used I believe frequently with very good results. Yet with this as with the three I have named before, I have been utterly disappointed.

I will now without further delay submit the indications for a few medicines in constipated conditions, which I have found of especial value in the circumstances named.

*Berberis* and *chelidonium* although very dissimilar in their action in some respects, are so very similar in others, and are frequently indicated in certain gastro-hepatic and rheumatic conditions, that I shall speak of them together and try to show their clinical importance.



Judging of them merely from the pathogenetic symptoms recorded in relation to the rectum and stool, one would scarcely rank them highly as constipative remedies, and for this reason, they have to some extent been passed over, but from their well marked and known, but different hepatic action I think when they are more frequently employed clinical experience will set them in the first rank for some states of constipation, and more especially so as regards *berberis*, although its pathogenetic constipation symptoms are inferior to those of *chelidonium*.

In cases of ordinary biliousness with constipation, *berberis* is very valuable, the vertigo, headache, general dulness and heaviness, sleepiness, *dark brownish yellow face*, dry sticky tongue, aching and fulness in the liver, dark lumpy hard stools and very infrequent, biliary matters in the urine, itching of the skin, these symptoms more or less combined indicate its value, and when these are present I have seen it do much good, far more than *bryonia*, *nux*, *mercurius* and other drugs. The dose I use being from two to four drops of the tincture two or three times a day.

In dyspeptic states with inaction of the liver *chelidonium* is more useful—the face instead of being dark yellow as in *berberis* is of a pale yellow colour, and the tongue is more coated, is flabby showing prints of the teeth, or sometimes as when the liver is less affected, the tongue is whiter and more pointed, the gastric symptoms are more numerous than in *berberis* and are moreover peculiar, but well known, there are pains also in the region of the liver, the stools are pale, the opposite of *berberis*, diarrhœa and constipation often alternate, but the evacuations are also generally hard, difficult and delayed; in such cases from *chelidonium*, one drop of the tincture two or three times a day, I have repeatedly seen good results especially where there has been constipation following diarrhœa. In cases of biliary calculi both these drugs are useful—*chelidonium* has appeared to me to act best in the conditions premonitory of the formation of calculi, and in preventing such formation, whilst the condition requiring *berberis* has been characterised by a more biliary derangement, and by fewer gastric symptoms, when the calculi have actually formed, and have caused much pain. Constipation is very frequently a prominent symptom in these states, and with other symptoms is relieved by these drugs. In acute and subacute rheumatism these remedies are very

valuable. We all know in such cases how often the stomach, liver and kidneys are affected, the bowels become obstinately confined, and the urine scanty, while if these secretions can be set free great relief is given to the patient and the cure is hastened. In such cases some of our number have recommended *podophyllin*. Now there is nothing in the pathogenesis of that drug, so far as I can see, to suggest its use in conditions of this kind except its influence on the liver, and its action as a purgative. Although we may look upon the constipation as a "characteristic" or greater symptom than those with which it is associated, if it is to be met it must be so by a drug having a closer relationship to the general disease than *podophyllin* has, for its pathogenesis presents no resemblance to rheumatism at all. I have used it several times, but always with the feeling that I was not prescribing at all accurately—its action moreover is so uncertain, and so often leading to a more constipated condition, that I would rather resort to an out and out antipathic aperient at once if an aperient is required. Here it is that whilst we have been giving *bryonia*, *mercurius*, or other remedies, *berberis* and *chelidonium*, or even *phytolacca* (to be spoken of presently) come in well, for beside the gastro-hepatic and urinary characteristics of the two former drugs, which correspond with the stomach and liver, and renal symptoms of rheumatism, they present in addition, marked pathogenetic rheumatic symptoms, affecting the muscles and smaller joints of both upper and lower extremities. I have in such cases found *berberis* do most good when the biliary symptoms were most marked, and *chelidonium* in cases where the gastric symptoms predominated, where the perspirations afforded no relief, and the rheumatic pains have been made worse by every change of weather. *Berberis* in two to six drop doses of the tincture two or three times a day, and *chelidonium* in one drop doses or less, have often set free the secretions and hastened the cure of such cases.

*Phytolacca*, I believe, will find a place amongst our drugs for certain constipated states. Allied in its action in many respects to *aloes*, *podophyllin*, *iris* and *kali bichromicum*, it is yet very different in its action to either, and consequently its sphere of usefulness is different. It seems neither to meet ordinary dyspepsia, congestion of the liver, jaundice or biliousness. I have found it most useful in cases where there has appeared to be a general state of

irritability of the gastro-intestinal canal, stopping just short of inflammation, characterised by a dry sore tongue and throat, ulcers in the mouth or fauces, metallic taste, tenderness of epigastrium, constrictive and colicky pains in the abdomen, including the region of the liver, rolling and gurgling of wind, desire to pass both wind and stool, with much urging, but inability to accomplish the same; or when a motion does pass, it is very small, bulky and hard, combined or followed by slimy discharge, heat and irritation of the rectum, with piles. In such conditions, especially if associated with rheumatism, two to four drops of the tincture three times a day have often acted very beneficially. The sixth and twelfth attenuation have sometimes relieved the general condition irrespective of constipation, but that has not been touched by such doses. I have also used *phytolacca* with great advantage in other conditions, such as rheumatism, syphilis, tumours, &c.,—where constipation has not been present—which cannot be further noticed on the present occasion.

*Graphites* is well known to be a good chronic constipation remedy, and my reason for referring to it here, is that I think it is too often assumed to be of little use in acute and subacute forms of disease, and is thus overlooked in some *gastric disorders*, more especially in atonic dyspepsia attended with constipation. In that form of disease, when there is a dry, white or sore tongue, dryness or soreness of the throat, desire for small quantities of liquid to alleviate the dryness, sour or bitter risings, irritability of the stomach or gastralgia relieved by warm drinks, with but few hepatic symptoms, but *with large, hard and lumpy but retarded stools*, dryness or fissure of the rectum, scanty menstruation, symptoms which are rather an expression or internal manifestation of a constitutional dyscrasia, characterised externally by a dry cracky skin, scurfy scalp, affections of the eyes and eyelids—eczema and constipation—in such *graphites* is very beneficial.

*Mezereum* is a medicine that may never take the first rank with other of our constipation remedies, but I feel sure that when its pathogenesis is more studied, it will be used more frequently and with benefit too in constipated states. Although it possesses but few recorded symptoms of this condition, yet when these are taken in connexion with other of its symptoms it presents a picture of disease not infrequently met with. Its usefulness has been the most

apparent to me in cases where there has been a general torpidity of the intestines, and want of peristaltic action, no desire for stool, and a necessity to strain in order to get any evacuation, that being of a dark and bullety nature; in addition to these symptoms there may be a dryness of the tongue, mouth and fauces, a gastric derangement, the symptoms being very like those of *chelidonium*. Abdominal flatulence, rheumatism in the long bones and muscles which is worse at night in bed, the symptoms too appearing to be an expression of a constitutional dyscrasia, In such cases I have seen wonderfully marked beneficial action from this medicine especially when found in old men who have seen much of "life," and suffered from much physic of many physicians, the dose I generally give being one drop of the tincture three times a day.

*Agaricus muscarius* is a remedy that will be used in some forms of constipation, more frequently than it is at present, for the symptoms it excites on the rectum, and the alteration it causes in the stools, are in about the same proportion to the whole number of its recorded symptoms as are those of *graphites*, *nux*, *sepia* or of *sulphur*. The first case that arrested my attention to this characteristic symptom of *agaricus* was that of an old spirit drinker, who, in addition to his nervous symptoms, had an obstinate constipation following a previous diarrhoea; various drugs were given without much benefit, but *agaricus* alone restored the peristaltic action of the bowels, enabled him to take more food and greatly promoted his recovery. Since then I have cured other cases of constipation occurring from the same cause, and in which there had previously been a looseness of the bowels whilst under the influence of alcohol. Two cases of enlargement of the liver like the early stage of cirrhosis and from excessive spirituous liquor drinking, attended with constipation to a marked degree, and with nervous symptoms, loss of appetite, insomnia and other symptoms which you all know belong to the action of this drug—have been cured by it—the dose I usually employ ranges from two drops of the 1st decimal to two drops of the tincture, three times a day.

*Zincum* is a drug that has a marked capacity to produce constipation; I have not used it much for that state, but in cases where that has been present to a great extent, and is persistent, an evacuation of the bowels not taking place oftener than once a week and with difficulty, the stools being

hard, dry and insufficient; the patient also suffering from nervous irritability, burning pains in the stomach, neuralgia and all the outcome or result of mental work or worry. The third to the sixth attenuation of this drug has had a marvellous effect in improving the appetite and digestion, and in curing the constipation.

*Ferrum*, from its recorded pathogenetic effects, ought to be a grand remedy for constipation, and, if so, I should imagine that it would be in the higher attenuations. We all know how most of the preparations of iron produce or aggravate a constipation when given in material doses, for anæmic and chlorotic conditions. I merely allude here to this effect of the iron preparations in order to mention one form of iron which has not appeared to me to do so, viz., the ethereal tincture of the acetate of iron, in two to six drop doses twice a day. Neither has the Flitwick water, introduced to our notice by Dr. Cooper, done so in the few cases in which I have tried it.

*Guaiacum* has but two symptoms of constipation in its recorded pathogenetic effects. I am indebted entirely to Sir Wm. Gull for my knowledge of that drug in this direction:—he prescribed ten drops three times a day to a gouty patient of mine, which brought on constipation and hæmorrhoids to such a degree that I was again consulted by him—I merely gave a placebo for a week and by the end of that time the symptoms subsided, the bowels acted more regularly for some weeks than they had done for years before. Since then, when his bowels have been sluggish and his gouty symptoms worse, one drop twice a day has helped him. From that bit of experience I have been led to give it in two other similar cases and with benefit.

*Staphysagria* acts well for the constipation occurring in old gouty men of a strumous constitution. It has also relieved the same symptom when it has been present in cases of cystitis, with enlarged prostate.

*Coca Erythroxyllon* is useful for constipation in "morning nippers," who indulge in "pick me ups," and suffer from gnawing pains at the stomach, loss of appetite, general debility and emaciation.

*Stramonium* has answered better than *belladonna* or *opium* in constipation attending maniacal excitement.

*Tabacum*.—Where is the man of such well regulated mind and habits who has not experienced the reactionary effects of the "fragrant weed." The "morning pipe"

which at one time relieved his bowels ceases to act in that way, and constipation of a persistent character is the result, attended with loss of appetite, of sleep, palpitation of the heart, &c., and for constipation with such symptoms, not the result of tobacco, this remedy is highly beneficial in the third attenuation.

Of constipation occurring in connection with ovarian and uterine disease I must say but little, as my experience in that department of medicine is very limited in comparison with that of others, but I may say that whilst *opium* has generally failed me in other states of constipation, yet that where that symptom has been prominent in connection with congestion or neuralgia of the ovary, *opium* in three to five or six drop doses of the first decimal dilution two or three times a day has been of great benefit in several cases.

*Palladium* and *phytolacca* I have also seen good results from in constipation with ovarian disease.

The paper I have now presented falls very far short of my aims and intentions, it is very imperfect, but I leave it with you believing that if it adds but little to your previous knowledge, it may be a stimulus to an expression of your own collective experiences on the matter, and so be the means of help to us all.

Dr. Clifton added that there was a great deal of difference between costiveness and constipation. Mortimer Granville had said that the difference between costiveness and constipation was as between the retention of urine and the suppression of urine.

#### DISCUSSION.

The PRESIDENT expressed the thanks of the Congress to Dr. Clifton for his thoroughly practical paper. There was, perhaps, no other ordinary complaint that they were so apt to treat in a routine fashion as constipation or costiveness, as the case might be. For one thing Dr. Clifton had said they were much obliged to him, that was his indication of different constitutional conditions and temperaments in which constipation occurred. He had, so to speak, selected his remedy, not for the mere plain symptom of constipation, but in accordance with the temperament and constitution of the patient. Just as in sleeplessness and all similar departures from normal functions, there was scarcely any special symptom in that departure from health itself to indicate the one or the other remedy which would be most appropriate, and therefore it was in just these cases that they had to take in the totality of the symptoms presented by the patient, and prescribe in accordance with them.

Dr. HUGHES thought there was nothing which differentiated their mode of practice from that of the ordinary school of medicine more than their relation to constipation. Homœopathy had so taught its followers, that they had learned to look upon the action of the bowels as quite a subordinate necessity of the organism. For perfect health, perhaps, daily action was necessary; but if their bowels failed to act they did not get uneasy about it directly. Homœopathy had taught a useful lesson in that respect, more especially in relation to children. Banishment of habitual aperients from the nurseries was one of the most beneficial results of their practice. Homœopathy had another immense advantage in that it could cure constipation. The old system could not cure it, though it could keep the patient in a tolerably comfortable state by mild aperients. Homœopaths, however, had a fair number of remedies which were absolutely curative. That was a point on which they needed to insist, because the public at large imagined that a weakness of homœopathy was that it had no aperients to relieve the bowels. He took the earliest opportunity he could in the case of a new patient to explain to him the relation of homœopathic remedies to constipation, and what they could do for it. When he was studying homœopathy, the late Dr. Madden told him—and he had often certified it in practice—"You will often find when you are treating a patient for a complicated condition, and prescribing for the totality of the symptoms, that he will come and say, 'Since I have taken your medicines my bowels act so much more frequently and easily.' When the practitioner heard that he might be sure that he had chosen the right medicine," and that while he had frequently found this to be the case he had also found the converse, for if a patient said "Have you given me anything astringent, because since taking your medicine my bowels have not acted so nicely as they used?" he took it as a suggestion that he had given them the wrong medicine, and was made to look for a way to do better. It was a fact that if a medicine was given which was not harmonious with the whole condition of the system the bowels would act as if they had been bound. If constipation was only part of a morbid condition homœopaths did not think much of it; but they took it as one of the symptoms present and prescribed for the totality. It often happened, however, that a patient consulted them for this one thing only. Going over the body they found all the other organs doing their work fairly, though there might be a little indigestion from costiveness. The distinction between costiveness and constipation was more important for dietetic than medicinal purposes. The most valuable dietetic means that could be used in constipation were, on the one hand, the use of entire wheatmeal bread or oatmeal

in some form or other, and, on the other hand, the use of diluents, especially of water. It was in constipation, in inactivity of the bowels, through disordered peristaltic action, substances like oatmeal or entire wheatmeal were so valuable. Where there was costiveness, deficient secretions, there great benefit was gained by making patients drink more. Most people did not drink enough. When that was the case, and they were costive, let them drink a glass of water in the morning, or be put upon hot water. He did not think this distinction had much to do with medicines because nearly all the most important medicines had relation to both costiveness and constipation. *Plumbum* and *opium* were powerful medicines for both; but there were doubtless some which would do more for one than for the other. The paper of Dr. Clifton had put before them the relation of more medicines to constipation than they habitually thought of, and he was sure they would obtain some useful suggestions from it. But he was surprised that in his enumeration of medicines he did not mention that which was *facile princeps*—*hydrastis*. He had got more satisfaction and *kudos* from patients by the use of *hydrastis* in constipation than from almost any other bit of practice. Numbers of young people who had been in the habit of taking aperients constantly had been completely restored to a normal condition by the judicious use of *hydrastis*—he could count up a score of such cases. *Sulphur* and *hydrastis* played a most important part in the treatment of constipation. He gave *sulphur* for a week, and then put patients on *hydrastis*, giving them a drop of the mother tincture every morning before breakfast. In most instances there had been a great improvement, generally a complete cure. Then he was surprised that Dr. Clifton had got no benefit from *opium* and *plumbum*, for out of these medicines he had obtained excellent results whenever indicated. He could not say that he had had so much success with *alumina*. *Collinsonia* he thought only indicated in the constipation of the early stage of pregnancy, a constipation connected with a congestive inertia of the lower bowel. In ordinary forms he did not think it was so valuable.

Dr. ROCHE, sen., endorsed what Dr. Hughes had said as to the value of *hydrastis*. What, he would like to ask, had led Dr. Hughes to *hydrastis*? While he could endorse the good which arose from *hydrastis* in constipation he could not satisfy his mind as to the indications.

Dr. HUGHES was sorry to say that it was a pure bit of empiricism in the first instance. The dose, however, was so small that he felt sure the action must be good, though he could not infer it *à priori*.

Dr. LILIENTHAL, of New York, spoke of the case of a lawyer who was treated for a long time allopathically, and who always



complained of the deficiency of his daily stool. Taken sick, he vomited fecal matter, but the doctor did him no good. Another medical man, who was of opinion that there was obstruction of the bowels, ordered manual labour, with the result that he was delivered of two pailsful of matter. That left the patient in a state of collapse. Neither homœopathic nor allopathic drugs could help such a man until, by manual labour, he was relieved of his load. An allopath asked him what he would give to the patient. He replied "*opium*." His reason for suggesting it was because there was paralysis of the bowels. He had seen the greatest benefit arise from the use of *opium* in such a condition. The only benefit he had seen result from *alumina* was in the case of babies who got too fat. Dr. Clifton mentioned *carduus* and *chelidonium*. He had gone to his *Materia Medica* and compared them without finding out the differential point between these two remedies. But there was a point which differentiated them. Then there was another remedy. Patients suffering from constipation had benefited from medicinal iron springs, a hint that iron must be a good remedy. In cases in an anemic state he had seen the greatest benefit from *ferrum*. Dr. Talcott, of the Middletown Asylum in the State of New York, had found iron relieve both melancholia and constipation. *Saccharum lactis* was invaluable when practitioners repeated their medicines too often. He had found *sulphur* act better if a dose were given only once or twice a week, sometimes not so often; but as he wanted to earn his money, and patients wanted medicine, he gave *saccharum lactis* three times a day in addition. (Laughter.) His personal experience was that tobacco prevented costiveness.

Dr. E. B. ROCHE said that when he was a student at King's there were three sugar mixtures, red, white and blue, which bore Latin names; they were constantly administered to patients while their cases were diagnosed and watched. Amongst other amusing incidents, he remembered a woman who, having been under many physicians, and grown worse instead of better, was admitted into the hospital, where she was cured. Some years after being again ill she wrote to the secretary of the hospital begging for the name of the medicine which cured her. It was *mistura flava*, and consequently there was a difficulty. Professor Lilienthal's remark "that they must earn their money" of course had reference to the necessity of satisfying the minds of patients with some *placebo*, as *saccharum lactis*, while the medicine already given, or given occasionally, had time to act, and the case was proceeding to their own satisfaction.

DR. DYCE BROWN said that Dr. Clifton's paper was a practical one of great value. On several points his experience led him to differ with Dr. Clifton. *Collinsonia*, for example, he had found an extremely valuable remedy for constipation in pregnancy.

Patients who had taken castor oil daily he had advised to take *collinsonia*, and he has found that then no more castor oil was required, and the patient went on to the end of pregnancy without trouble.

A MEMBER: What dilution?

DR. DYCE BROWN: The third decimal, three times a day. One medicine Dr. Clifton had not named was *veratrum album*.

DR. CLIFTON remarked that there were many he did not mention.

DR. BROWN said that *veratrum album* in his hands had been a most successful remedy in certain forms of constipation. Though a remedy for diarrhoea, yet it was also a most important one for constipation. He had found it most useful where there was great general debility and want of peristaltic power. In those cases *veratrum*, never lower than the third centesimal, acted well. For children in delicate health, showing the same condition of weakness, *veratrum* answered admirably. Where a child had been weakened by whooping cough and wanted appetite, *veratrum* also answered for the cough as well as the constipation. Opium he had found a very valuable and reliable remedy in constipation, in cases where, as Dr. Lilienthal had described, there was paralysis of the bowels; sometimes he had found benefit from it in low dilutions. A great remedy in chronic uterine inflammation, where the patient is not to be kept lying a long time, where the pelvic pain was considerable, and where almost invariably there was constipation, was *sulphur* in high dilution. Not only was it a remedy for constipation but for the whole general condition of which the costiveness was a part. In those cases *sulphur* was almost required at the beginning, or during the course of the treatment, more or less frequently. There were very few cases of chronic uterine treatment where *sulphur* was not required. He had seen great benefit in such cases from giving *belladonna*, as especially indicated for many of the prominent symptoms, during the day, and a drop of *sulphur* every morning or second morning.

DR. DRURY said it was always perplexing to a medical man to be told, on making his professional visit, that his patient continued to be troubled with constipation. The desire for a daily action of the bowels was most natural, and if not gratified it became a source of mental worry to a great number. In some cases this mental state of irritation and worry from not getting proper action of the bowels became an additional feature in the case, and could not be passed over as of no importance; though no doubt, if the patient's mind could be quieted the constipation would often pass away, especially if help was given by the use of an enema, porridge, or other food calculated to produce a natural action. A very amusing scene, arising out of a desire to

take aperient medicine, once occurred in his practice. An old gentleman, about 88 years of age, had just got over a serious illness, and was doing very well, but having for a long time before his illness been in the habit of taking some black draught from time to time, he got into a restless state because this was withheld from him. As it began to prey upon his mind and was doing him an injury, he, Dr. Drury, proposed to compromise the matter, by telling his old patient that if at any time the use of the aperient became what his patient thought a necessity, though he was not prepared to order it and disapproved of it, still if it was taken he would not quarrel about it. The hope was that the necessity would not arise. The old gentleman, however, proposed showing the bottle, and asked his man servant to fetch it. When he got it in his hand he held it up, saying, "This is it." Then taking out the cork he took a good smell of it. When tempted by this he at once put the bottle to his lips, and took a good pull of this his favourite medicine. In former days had a patient done this, or taken a dose of medicine without his consent, he would have withdrawn from the case, but he was then rather hot-headed about such things; in later years he learned that more was due to his patients' feelings, and that the mental part to which he had alluded should not be overlooked or treated as of no importance. In cases of this kind, besides the ordinary medicines, *opium*, *plumbum*, *lycopodium sulphur*, and others, sometimes a drop dose of tincture of *bryonia* at night, or some trituration of *podophyllin* would help to tide over the difficulty. He once learned a useful lesson, though he objected to the way it was taught. An old lady was suffering from constipation, which the medicines he then gave had failed to relieve, Calling one day at the house he found that his patient had been put into a warm bath with the result of relieving the constipation. As this was done by the casual advice of another medical man, without consulting him, he withdrew from the case, but he did not forget the lesson as to the value of the warm bath. With children this remedy was useful; anything was better than giving them aperient medicine, as was often so needlessly and mischievously done. His experience was that, as a rule, children who suffered from constipation were the strongest and healthiest—those who suffered from diarrhœa the most weakly and delicate.

DR. CLARKE stated that his experience had been like that of Dr. Hughes with regard to medicines given for the general condition to relieve constipation. One of the worst cases he failed to relieve, or only partially relieved with *æsculus* and *hydrastis*, was permanently relieved by *gelseminum* given for migraine, from which the patient also suffered. The same with iris, where there was heart disease with constipation, he had

found both relieved by *spigelia*. But he could not confirm what Dr. Hughes had said with regard to the converse. He had found when a medicine given for some other disease caused constipation, that if the medicine benefited the patients in other respects the constipation after a time passed away. He had had good success with *opium*, but the symptoms had to correspond to the whole drug. If there was great sleepiness and heaviness it was almost sure to relieve the constipation as well as the general state.

DR. CLIFTON, of Leicester, said, that in a case of hemiplegia with obstinate constipation, where the symptoms pointed to *opium* as his medicine, he for some days continued with *opium* 6 then 8, with no amelioration, then he gave the mother tincture in drop doses, and after four doses a copious and free evacuation followed. He had seen good from *plumbum acet.* 1x in the constipation of pregnancy. If *plumbum* failed and there was much sickness, *conium* 1 was often very helpful. *Collinsonia* he had seldom seen fail in constipation with pelvic congestion; but here again two drop doses of mother tincture were most useful. His brother, he thought, had treated his cases from a pathological point of view.

Dr. DUDGEON remarked that there were two kinds of constipation, chronic and acute. The acute was sometimes attended with terribly painful symptoms. Once when in attendance at the Hahnemann Hospital he was asked to see a patient who was said to be in a dying condition, and who sent for him as he had once treated her at the hospital. She was perfectly pale, and covered with a cold sweat. She said that she had been attended ten days or a fortnight by the parish doctor without getting relief of the bowels. On examining her he found in the rectum an immense amount of hardened feces, which he removed, and she was immediately relieved. That was the kind of acute constipation often met with where dangerous symptoms presented themselves, and he always made it a point to put his finger up the rectum, with the result that he often succeeded in giving relief. Those cases required not medical, only mechanical relief. Some cases of constipation were of an odd character. A gentleman came to him suffering, as he said, from constipation, piles, and *prolapsus ani*. After the prolapsus he had to lie upon the sofa for a time, with his legs elevated in order to replace the bowel. On enquiry he found that the patient had been forcing a motion twice a day to prevent obstruction. He advised him to be content with one evacuation per diem, and he soon got well. It was very difficult to persuade a patient that there was nothing particularly wrong in having the bowels moved only every two or three days, if they had no bad attendant symptoms. In examining a patient suffering from chronic constipation he always enquired how much

he drank. Want of enough drink was a common cause of constipation. In that case the most effectual remedy was to make them drink a moderate quantity of water—a glass in the morning and a glass at night; if cold water lay too heavy on the stomach then he gave hot water, which in many cases was perfectly efficacious. With regard to medicines for constipation he had nothing particular to remark except that he should not consider constipation as a disease by itself, but only as an attendant upon other chronic states. As he treated the other chronic state the constitution generally righted itself. A great deal was to be done by diet, of which they were all cognizant.

Dr. CLIFTON thanked the Congress for the manner in which the members had received his paper, and acknowledged the brotherly remarks it had elicited. He omitted *hydrastis*, with many others, from the list of medicines for constipation because it was impossible to notice all. It was one of the best remedies. He had used *veratrum* for children where there had been weakness and want of expulsive power. But he never gave it lower than the twelfth dilution.

## DOCTORS AND CHEMISTS.\*

By J. GALLEY BLACKLEY, M.B.

MR. PRESIDENT AND GENTLEMEN :— If any apology were needed for bringing before this Congress a subject differing considerably from the many excellent scientific and practical dissertations to which we have been treated on similar occasions, I would refer you to the important influence which was exercised upon the progress of homœopathy in this country, in its early days, by those who were the first to devote their talents and energies to the preparation and dispensing of drugs in accordance with the needs of our school of therapeutics—men without whose help the pioneers of homœopathy in this country would have found their battle even harder to fight than it was. Such names as Headland, Walker, Thompson, and Turner will ever be remembered as being intimately connected with the early struggles of homœopathy in Great Britain. Nor were their services merely confined within the narrow limits above-mentioned. Our literature, periodical and otherwise, looked at askance by the ordinary publisher and medical bookseller, found in our early chemists its publishers and

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its vendors, often, I fear, with very much the reverse of a satisfactory margin of profit. This thankless task, taken up so cheerfully in days long past by the earlier pharmacists, has been nobly continued by their successors of the present generation, and I feel that we owe a deep debt of gratitude to those who have helped to keep the subject of homœopathy in a tangible form before the eyes of the public; more especially in our periodical literature.

For some years past I have had the conviction that the relations between doctors and chemists throughout the country are, to say the least, susceptible of improvement, and that if homœopathy is to continue to grow and stand well with the public something must be done to improve these relations. In this conviction I have every reason to believe that I share the ideas of many of my colleagues and those of a large number of our coadjutors—the chemists; and my object in venturing to intrude my ideas before a scientific gathering is to promote such a discussion of the subject as may ultimately lead to some united action in the matter, and so help forward the cause we all have at heart.

To those who have made themselves acquainted with the niceties of drug selection, and the detail involved in the conscientious preparation or dispensing of such drugs in accordance with the latest edition of the British Homœopathic Pharmacopœia, it goes almost without saying that a homœopathic remedy should be prepared and dispensed not only by a skilled pharmacist, but by a skilled *homœopathic* pharmacist. The storing of homœopathic remedies and their dispensing by the ordinary pharmaceutical chemist is, to my mind, fraught with many dangers to the purity of our drugs, and should be strongly discountenanced, and even the modern plan (now so widely spread) of the sale of medicines in sealed bottles is by no means free from objection. The delicacy of many of our remedies, especially in the dilutions, the dangers of contamination of the same from the proximity of strongly-smelling drugs, the absolute necessity of separate mortars for the trituration of solid remedies, and, more than all, the difficulty of ascertaining their purity by ordinary tests will naturally occur to all as reasons for dissociating the business of a homœopathic from that of a general pharmaceutical chemist.

Granted that such reasons are valid, it certainly appears to me that the number of thoroughly educated and trustworthy homœopathic chemists is at present miserably

inadequate to the real needs of the three hundred homœopathic practitioners of the United Kingdom and their numerous *clientèle*, and yet we hear loud complaints on the part of the chemists of want of support from medical men, complaints which, in one or two cases within my personal knowledge, have been only too well founded. Two very different causes have conduced to this state of matters; one, the growing habit on the part of medical men of allowing patients to procure their medicines from the nearest allopathic chemist (who keeps "Jones's Homœopathic Medicines"); the other, and by far the more important one, the lack of any sufficient evidence that homœopathic chemists have been thoroughly trained for the calling they have chosen; in other words, the want of a central school of homœopathic pharmacy with ample facilities for educating students, and powers to examine, grant diplomas and punish delinquents. Instances of flagrant incapacity, or deliberate falsification of remedies on the part of homœopathic chemists are, unhappily, by no means unknown, and yet we have still to find the remedy for this state of matters; at present any public remonstrance on the part of a medical man would inevitably render him liable to an action for libel.

Surely we have in the Homœopathic Pharmaceutical Association the nucleus of a body which, with the help of the medical profession, might safely take in hand the task of inaugurating a new order of things, after which no man should be allowed to pretend that he was dispensing a homœopathic prescription unless he were properly educated, examined and licensed, and when such an episode as the deliberate substitution of extract of *bella-donna* for tincture by an allopathic chemist, when dispensing the prescription of a well-known homœopathic practitioner, might be, if still a very exquisite joke, a very punishable one.

Such a body when fairly floated, in addition to its educational functions might, with a fully equipped laboratory, undertake the examination or analysis of crude drugs before their distribution to homœopathic chemists throughout the country; and after a while, having shown a very good *raison d'être*, it would doubtless be invested by a grateful Legislature with powers similar to those conferred upon the Pharmaceutical Society by the Act of 1868; more especially the power of examining drugs taken at

random from the stock of any chemist. These would be required to reach a certain minimum standard of excellence, and any falling off from this would be visited, in the interests of the sick public, by heavy penalties.

Granting that some such body as I have here very roughly sketched is within the range of practical medical politics, how is this College of Homœopathic Pharmacy when once started to be encouraged and supported? Manifestly it is of little use to provide a college and appoint examiners if there are to be no students. As matters stand at present it is hardly to be expected that any considerable number of capable men will be prepared to devote themselves strictly to homœopathic pharmacy, unless the reproach of want of support which we hear on all hands becomes speedily a thing of the past. If we are to look forward to a new generation of highly skilled and properly licensed homœopathic chemists, the measure of support which has been hitherto meted out to the chemist must not only be increased but very largely increased; and I would here suggest as matter worthy of grave deliberation whether dispensing on the part of homœopathic practitioners, in towns at least, should not be, so far as is practicable, abolished. It is simply monstrous that the energies of an overwrought general practitioner should be frittered away at the end of a long day's work in dispensing medicines for his day's round of patients, and in many cases either the patient or the doctor suffers in consequence: the patient from the lack of sufficient leisure on the part of the doctor to think out his case properly, the doctor from the want of this quiet time of meditation at the end of a fatiguing day. Let the task of dispensing be relegated to its proper channel—the homœopathic chemist's shop.

The pocket medicine-case, now an institution amongst us, useful as it is, is very liable to abuse; and I would throw out as a suggestion that two days' medicine in summer and four days' in winter should be about the limits of the supply dispensed in this way. Anything beyond this would be more properly and efficiently supplied by a carefully dispensed prescription.

Nor do I advocate the plan of giving prescriptions in private practice alone: let it be extended as far as possible to our dispensaries, both private and public, and to our hospital out-patient departments; let the patient be given



a prescription to be dispensed where he pleases. In the case of private dispensaries the plan is largely adopted, and works admirably, and even in the case of our free dispensaries and hospitals the difficulties standing in the way are more imaginary than real. It is a plan which has been adopted with complete success in many Continental polyclinics, and I fail to see why it should not succeed here. During my student days in Vienna, with a daily average of some hundreds of out-patients, advice was all that was given; each patient received a prescription, which he took to his own favourite chemist to be dispensed, the price charged for such dispensing being adapted by the chemist to the needs of the poor, and varying from as low a sum as 3½d. upwards, according to the intrinsic value of the drugs used.

Could some such plan as this be adopted in our teeming out-patient rooms in London we should speedily hear much less of the abuse of hospitals by people who could afford to pay, and I feel sure that the moral effect upon the minds of the poor would be most salutary. Of the estimation in which purely gratuitous advice and medicine are held by the average hospital out-patient, let those who have had most experience in hospital work testify. My own experience of gratuitous practice is certainly to the effect that a prescription which is paid for is thought infinitely more of by the patient, whose self-respect is retained, to some extent at least, by his being allowed the privilege of paying for his medicine. I feel very sure that if this plan were adopted to-morrow, the homœopathic chemists of this country would step forward in a body and express their readiness to revise their tariff so completely as to place a week's supply of one or even two medicines within the reach of the poorest out-patient.

At the risk of venturing upon somewhat delicate ground, whilst upon the subject of chemists' charges, I venture to suggest that the prices charged to the general public admit of considerable revision. The prices charged by chemists in different localities vary so greatly as to cause much dissatisfaction on the part of patients, and lead them to have recourse to the ordinary chemist or the co-operative stores wherever possible. Let our chemists take the matter seriously to heart and consider whether it be not possible to meet these on their own ground, supplying at the same time an extra inducement in the shape of

drugs which are above suspicion in the matter of their probable age.

It was my intention to have touched upon several other questions in connection with homœopathic pharmacy, but as the time allotted to this paper, and any discussion which may arise has been restricted to an hour, I must leave the rest for a future occasion.

With united action upon the part of the profession and the general body of chemists, such a solution of the present unsatisfactory relations of doctors and chemists as I have hinted at, appears to me by no means a utopian scheme even in this land of conservatism and vested interests. In nothing more than in the matter of pharmacy, might England safely take a lesson from our brethren across the channel, who are far ahead of us in the completeness with which the practice of pharmacy has been placed under legislative control. It is hardly to be expected that such a complete division of labour between doctors and chemists as obtains in most continental countries will be established on this side of the channel without prolonged resistance on the part of the above-mentioned "vested interests," but come it will in due time. What is impossible at present in the shape of an Act of Parliament might well be accomplished by voluntary action on the part of chemists and medical men. Let homœopathy lead the van in this matter, doctor and chemist lending each to the other the fullest possible measure of support. If this be done I feel sure that the numbers of both will increase with a bound, and that very soon the dispensing doctor and, let me add, the prescribing chemist, will be things of the past.

#### DISCUSSION.

Dr. HAYWARD thought the subject was one in which all as medical men and advocates of homœopathy were interested. There was little doubt, as Dr. Blackley had pointed out, that the progress of homœopathy had been much aided by their chemists, and still very much depended upon them, not only in the production of reliable drugs and being always at the service of the medical man, but as standing witnesses to the existence of homœopathic practice, apart from the ordinary way of employing drugs. There was no question that there was a radical difference between the homœopathic and the ordinary practice, consequently the existence of homœopathic druggists must be recognised. As a rule they were not in the habit of supporting

their chemists and druggists sufficiently. In one of our large towns the majority of homœopathic practitioners scarcely ever sent a prescription to a chemist: the homœopathic chemist did not have a prescription for weeks or months though there were two homœopathic practitioners in the town. That was not a right state of things, nor was it well for the practitioner, for he not only missed the opportunity of helping to support the chemist, and thereby of supporting homœopathy, but he also missed that respect which would be given to him by a certain class of patients through his writing out prescriptions in the ordinary way. When a patient went to the ordinary allopathic practitioner he did not expect to wait while the doctor made up a bottle of medicine. The physician wrote a prescription, which the patient took to the chemist. Why did they adopt a different course simply because they could give medicine? They did not make profit out of the medicine; therefore why did they give it, and deprive the chemist of the advantage of dispensing it? He thought prescriptions should be given more frequently in chronic cases. They only wished to see the patient once a month or so, and why should they attempt to make up a month's medicine, when a prescription would redound to their honour and the chemist's profit? Dr. Blackloy's paper was a timely one. He had heard great complaints from chemists in relation to this matter. Messrs. Thompson and Capper had opened a homœopathic pharmacy in a large town, but they had received scarcely any prescriptions from the two or three practitioners there. This was a state of things which ought not to exist.

Dr. CLIFTON, of Northampton, said he was a chemist six or seven years before he was a medical man. He introduced homœopathy into Northampton, and knew something of both aspects of the question. There was something to be said on both sides. Homœopathic chemists who really put homœopathy before the public had not, as a rule, been supported as they should have been by the medical men. But there were difficulties in the way of some physicians doing so. In some cases a medical man made his appearance in a town *before* a homœopathic chemist, and had got accustomed to the plan of leaving his medicine with his patients, and could not afterwards easily alter. When this had been the practice for a certain number of years it was difficult to change. But there were patients and patients. There were patients who could afford to pay the doctor a moderate fee in addition to 1s. or 1s. 6d. for medicine. Three-fourths of his patients could only afford to pay him 5s. a time, and if they had to pay 1s. or 1s. 6d. extra for medicine they would not have them so often. If a medical man had a good paying practice, a good class of patients, it would be to his interest, and to the interest of his patients, to

write prescriptions. It would also be to his advantage to prescribe, as the chemist had a greater range of dilutions. If a practitioner prescribed pathologically, or by "tips," and gave large doses, then he did not want to range quite so far; but to him who went from the mother tincture up to 200th dilution occasionally it was very advantageous to write prescriptions. Besides, the scanty support some chemists received from medical men would necessarily, as a matter of business, lead them to prescribe themselves, to put up medicine under the name of homœopathy or to close their shops, either result would, he was sure, be a sad blow to homœopathy in those places. An important point was how far the chemists prepared their medicines according to the homœopathic pharmacopœia. He knew of one instance where a separate mortar was not used for each drug, where *aurum metallicum* was triturated in a mortar used to triturate *calcareæ* or *siliceæ*, and where dilute spirit was used when the pharmacopœia ordered proof spirit, and where other neglects of the same kind were perpetrated. With another chemist he had a conversation as to whether certain mother tinctures were prepared from the fresh or dry plant, and he said that he got them from the fresh plant when grown in this country, and if he could not procure them, then he obtained them from the dried, even though the pharmacopœia ordered otherwise. Thereupon he told the chemist that when he sold such tinctures he ought to let the practitioner know that they were from the dried plant. The subject was one that urgently demanded a thorough investigation. Many facts could be adduced no doubt in favour of the practitioner dispensing on the one hand, and in support of his prescribing on the other; but there could not be a doubt but that the success of homœopathy depended much more upon the zeal of the chemist than was often thought; and this zeal ought to be encouraged and supported by medical men as far as possible.

Dr. DUDGEON remarked that the British Pharmacopœia did not always go upon Hahnemann's lines. Take for instance the preparation of *arnica*. Nine-tenths of the chemists prepared it from the flowers, while Hahnemann said it should be prepared from the root. A good deal of the bad effects of *arnica tincture*, in the way of producing erysipelas, was occasioned by its being prepared from flowers instead of the root. Why the British Pharmacopœia said that it should be prepared from the flower he could not make out. It was evidently misleading. The use of the root tincture was much safer than the use of the flower tincture. It was very difficult to get their patients reconciled to the charges of some of the chemists—they charged so differently. One chemist would charge 6d. for a preparation for which another would ask 1s. or 1s. 6d. Why this should be the

case he could not understand, because he thought it possible that the same price could be charged. If the chemists would meet the practitioners in that way, the practitioners would meet them by prescribing more frequently than they did. The reason why they did not prescribe so often as they otherwise would was because the patients objected to the chemist's charges, or would obtain medicines from sources where it was not certain that they had been properly prepared, such as the stores and allopathic shops. It seemed curious that Dr. Blackley should talk about an Act of Parliament to compel practitioners to prescribe, when the great objection of the homœopathic practitioner in Germany was to the system which there prevailed of being compelled to prescribe their medicines from the apothecaries' shops. For years they had been agitating in Germany for the right to dispense their own medicines. Of course they could not compel practitioners to prescribe; but if chemists would meet them and make things easy for patients he was sure almost all would be glad to prescribe instead of dispensing their own medicines, which was a great bore when they had plenty to do. For his part, he almost always wrote prescriptions.

Dr. CLIFTON, of Leicester, suggested that the further consideration of this question should be deferred till the next Congress, when a committee of the Homœopathic Pharmaceutical Society should be invited to meet them and discuss the matter.—This was agreed, and the discussion terminated.

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## THE WIESBADEN THERMAL WATERS.

BY J. P. DAKE, M.D., Nashville, Tenn.

It is not alone the simple substances, nor yet the combinations made by pharmaceutical skill in our shops, that we must regard as medicines. The mineral springs, the waters bubbling up from the great laboratories of nature, deep down in the bowels of the earth, holding in a marvellous state of solution patent medicinal agents, must be carefully studied in their relation to human health. During a recent visit to Wiesbaden, in the glorious Rheinland, I was pleased to find that our enterprising *confrère*, Dr. M. Kranz, residing and practising there had made a study of the *Kochbrunnen* water, the *fontes Mattiaci* of the old Romans. He placed in my hands a pamphlet\* which,

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\* This essay was, we believe, originally published in *The Review* of last year, at p. 225.—[Eds. *M.H.R.*]

besides the history and chemical composition of the water there, gives an account of the pathogenetic effects experienced from drinking and bathing in it. As the leading property of the water, aside from its elevated temperature, chemically ascertained, had been found to be *muriate of soda*, he very properly ran a parallel between the effects of the water upon the human system and those noted as the effects of our drug, *natrum muriaticum*, showing a great similarity.

It has been found that in sixteen ounces of the water, as received fresh from the spring, there are about 52 grains of *muriate of soda*, three grains of *chloride of soda*, and three grains of *calcareo carbonica*, beside one or more grains each of *magnesium* and *potassium chloride* and *magnesium bromide*. He has, also, taken pains to show that the parallel in pathogenetic effects is no more distinct and striking than that observable between the curative effects of the two articles.

Having made something of a similar study of the water at hot springs, in the State of Arkansas, in my own country, finding enough silica and carbonate of lime to make the fourth decimal attenuation, and knowing that the cases of disease constantly cured by its use are those for which we would select such remedies, I am prepared to accept the conclusions of Dr. Kranz with thanks.

The solutions, as well as combinations of such great remedies, in the mysterious laboratories of the earth are beyond human art to imitate. Analysis may approximate the constitutional elements of such waters, but no chemical skill can reproduce them. They must be taken as nature gives them to us. Nor will it answer to bottle and transport them for use at distant points.

The water at hot springs, in cooling by rapid evaporation, deposits the silicate of lime very sensibly. It has been often noted there, as at Wiesbaden, by Dr. Kranz, that the same effects are not obtained by use of the waters after being cooled, as when warm from their rocky beds.

And here a note of caution should be made—that these mineral waters, so potent for good, are by no means harmless when wrongly used. Like all other remedies they possess a pathogenetic as well as a curative side, and the former may be painfully displayed on sufficient occasion.

Such waters should not be used, especially where the temperature, like those at Wiesbaden and the hot springs

of Arkansas, is about 156° F., without the advice of a competent resident physician.

I would with great pleasure advise the sending of patients who visit Wiesbaden to the care of our worthy *confrère* Dr. Kranz.

London, Oct. 1st, 1885.

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*BARYTA MURIATICA* IN ANEURISM.\*

By W. H. HOWITT, M.D., M.C.P. & S., Ont.

GENTLEMEN,—The case I wish to bring before your notice this evening is one of aneurism of the descending aorta. The patient, whose calling was that of an undertaker, was about 45 years of age, bilious temperament, medium height, well developed frame, and up to the time of the first manifestation of his disease had enjoyed robust health. Previous to my acquaintance with him he had been for two years under the treatment of three of our best allopathic physicians, who all concurred in the opinion that he was the victim of internal aneurism. The last in attendance predicted that in a few months more he would be in his grave. The treatment hitherto pursued had consisted in perfect rest in the recumbent posture for two continuous periods of six months each, together with a restricted diet, and the exhibition internally of *iodide of potassium* in the usual doses. Finding no improvement to result from this course of procedure, but that on the contrary he was steadily growing worse under it, the patient became dissatisfied, and in desperation resolved on a trial of homœopathy.

His symptoms at the period he came under my care were as follows. The patient was very anæmic and had a distressed anxious look on his face. He could walk but a few steps at a time, and that only slowly on account of a severe pain in the chest which the slightest movement greatly aggravated. On laying bare the front of the chest my attention was immediately arrested by a conspicuous swelling, or bulging out of the thoracic wall, on the right side close to the sternum and a little above the right nipple. The tumour was six inches in diameter and about three

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\* A paper read before the Toronto Homœopathic Medical Society, May 8th, 1885.

inches of this area vibrated synchronously with the heart. On placing the hand over the spot a heaving movement was felt; and with the stethoscope a blowing sound was heard of such intensity as to be audible all over the front of the chest. Percussion gave evidence of marked dulness over the seat of the swelling, and also indicated that the heart was much hypertrophied. The pain previously mentioned was felt most severely over the summit of the tumour. On seeing the case I recalled to mind an article by Dr. Flint, in the *Monthly Homœopathic Review*, suggesting the use of the *salts of baryta* in aneurism. The arguments advanced in its favour were not to my mind very convincing, but in the absence of anything better I determined to give the remedy a trial. On consulting *Allen's Encyclopædia of Materia Medica* I was surprised to find how many of the pathogenetic symptoms of *baryta* corresponded to the case in hand. Among others recorded under the carbonate are "violent and long-lasting palpitation," "fulness and painfulness in chest," "sensation of severe palpitation on forepart of chest."

*Baryta muriatica* being the only preparation readily attainable, the patient was accordingly placed upon the 1x trituration, intending as soon as it could be made to use a somewhat higher attenuation. The recumbent posture was also strictly enjoined, but beyond the disallowance of coffee, tea, alcohol, and the more indigestible articles of food no other change or restriction was made.

The patient continued under this treatment steadily for six months, except that at intervals of about five weeks the medicine was discontinued for several days, and a few intercurrent doses of *sulphur* 6th administered.

An improvement in the symptoms was noticed from the very first. The tumour gradually decreased in size, the bruit de souffle became less and less distinct, the thoracic pain was in a few days relieved and eventually disappeared altogether, and the area of pulsation by degrees grew smaller and at length became indistinguishable. About the third month a sharp attack of bronchitis was contracted, but the patient's condition by this time was so far improved that no permanent disadvantage resulted from the severe coughing that attended it. At the end of six months, as every symptom had vanished except a slight murmur immediately over what had been the summit of the swelling, the patient was allowed to get



also p 760 of same volume  
Article on Americanism  
but missing 671 in  
this collection

up, and after a few days declared he felt as well as ever. Nearly five months have since elapsed, and no return of the symptoms has occurred thus far. It is, perhaps, too early yet to pronounce the case as cured, as the patient, though no longer using the medicine, is still under limitations with regard to the amount of exercise he takes, but he now walks about leisurely most of the day without inconvenience, so that his substantial improvement is undeniable.

## REVIEWS.

*History of Homœopathy: Its Origin; Its Conflicts. With an Appendix on the Present State of University Medicine.* By WILHELM AMEKE, M.D. (of Berlin). Translated by Alfred E. Drysdale, M.B. (of Cannes), Edited by R. E. Dudgeon, M.D. London: Published for the British Homœopathic Society by E. Gould & Son, 59, Moorgate Street, E.C. 1885.

THIS is one of the most interesting books we have had the pleasure of perusing for some time. Its conception is somewhat novel. Instead of a bald account of Hahnemann, of the origin, rise and progress of homœopathy, and of the opposition it has encountered since 1796, buttressed with numerous references in foot-notes to inaccessible volumes, scarcely a fact is stated without a quotation, and a very full quotation too, from the authority whence it was derived. As we read, therefore, we are carried along the stream of time on board the actual literature of each successive period; we are, as it were, brought into contact with the views of Hahnemann as they were published in the course of their development, and with the opinions of his critics as they were expressed at the time they wrote. The work performed by Hahnemann during his pre-homœopathic career is here placed before us with a fulness and an authority we have hitherto never had an opportunity of seeing. The position he occupied in the world of science and in the opinion of his professional contemporaries is set forth and illustrated with a completeness that leaves nothing to be desired. The slanders with which ignorance, envy, and malice have from time to time endeavoured to besmirch his character are here proved by well-authenticated evidence derived from the writings of his friends and opponents with which they were refuted, at the time they were advanced, to have been utterly groundless, the outcome of calumny and of calumny alone.

The plan pursued by Dr. Ameke has indeed been a laborious one, but it is one that invests his subject with a degree of interest and a measure of authenticity that no other could have done. As a result, we have a valuable contribution to the history of

medicine—one that will be appreciated more highly in proportion as homœopathy becomes more fully understood and more widely known.

While of surpassing interest to the professional advocate of homœopathy, it is fully as interesting to the educated and intelligent outside the profession of medicine. It should, indeed, be read by all classes of society. It sets forth the deep and varied learning of the founder of homœopathy; in him it shows us one whose deeply-rooted conviction of the importance to humanity of the doctrines he sought to teach was evidently the consequence of profound study and large experience; one whom no power on earth could deter from expressing those convictions in the strongest and firmest language within his reach; one who was not only prepared to sacrifice, but who did sacrifice everything the world holds dear in order that he might promulgate these convictions.

It is impossible, we believe, for anyone, however familiar he may be with the facts generally known regarding Hahnemann's career, to rise from the perusal of this volume without feeling, even more than he did before, how great and grand a man he really was; that he was in very deed, as Hufeland described him, one of the "most distinguished, gifted and original physicians."

Hahnemann was a born reformer. He was no meddler with things as they existed for the mere sake of changing them, or for the purpose of attracting attention to himself. He saw and felt the mischievous and death-dealing processes which, under the belief that they were remedial, were constantly in operation in the sick chamber. He sought out, found and demonstrated a method of so utilising the power of drugs over human health as to render inexcusable the persistence in therapeutic measures so destructive as were those in vogue among physicians in his time.

Dr. Ameke here shows that Hahnemann was not alone in deploring much that was characteristic of the art of medicine at the close of the last century, and that by many of the most learned and thoughtful members of the profession in Germany, the object he had in view, the reform of therapeutics, was regarded as one worthy of encouragement, while the details of his method received from the same quarter a respectful and not always adverse criticism. But there were two features of Hahnemann's method—indeed there were three—which within a brief period exposed it to denunciation rather than to criticism, for then, at any rate, the development of science was subordinated to that of commerce—the interests of the sick were but second to those of the apothecaries.

First of all, Hahnemann denounced blood-letting as a remedy under any and all circumstances. Secondly, the doses of medicine prescribed by him were small, and being given either in powder or water, and without being mixed with any other

drug were necessarily unprofitable to the apothecaries. Thirdly, he claimed the right to dispense his own medicines, and urged all physicians to do so likewise; and he did so on thoroughly sufficient grounds—the apothecaries were ignorant, untrustworthy and selfish. They had a monopoly, and they used it with a reckless defiance of the public welfare and with but slight regard for the instruction of physicians, solely for the purpose of enriching themselves.

The idea that bloodletting, repeated again and again, was essential to recovery from all acute diseases, and from most of those which are chronic, was so thoroughly ingrained in the minds of physicians that to represent it as useless and destructive was resented as “a crime!” So completely had it come to be regarded as the only “scientific” method of dealing with disease, that to expose the absurdity of its possessing any such claim was to call down upon the head of any one courageous enough to do so the whole vocabulary of professional invective and abuse; and how extensive this was Dr. Ameke takes the opportunity of showing. The Emperor Leopold II., of Austria, a debilitated man, who had been worn out by anxiety of mind and long continued diarrhoea, was bled four times in 24 hours! The *post mortem* examination of his body showed half a pound of semi-purulent fluid in the left pleura! Surely when such was the ordinary practice of the day, it was high time that some strong, earnest man appeared to lift up his voice and exercise his pen against it. This Hahnemann did with a thoroughness that ensured him a hearing, and in a manner so unsparing of those who supported it, that no small measure of the persecution he endured is traceable to his valuable and successful work in putting an end to the delusion that artificially induced hæmorrhage is a remedy. Time has abundantly justified the course he pursued. No one now doubts that he was perfectly right.

To procure drugs of a reliable quality had, through the extensive adulterations which were then practised, and through the ignorance of the apothecaries, become almost impossible. Extracts and other preparations were often of the most uncertain and worthless character, while the many other abuses which had crept into the druggists' shops had destroyed confidence in their reliability as dispensers of prescriptions. But they possessed a valuable monopoly. There had been a time in Germany when each medical man dispensed his own medicines. “But when the mixing of drugs came more and more into vogue, he could no longer prepare the complicated brews himself, and the apothecaries thereupon gradually came into existence in Germany in the 15th century.” By the end of the 17th century they had become a powerful body, and contrived to have a law passed in Prussia forbidding physicians to dispense their own prescriptions.

To trust a body of men of proved incapacity, and reliance in whose integrity was impossible with the making and dispensing of such preparations as Hahnemann required, would have been absurd; while to have done so, knowing that they had a direct interest in rendering his prescriptions inert, would have been suicidal. Hahnemann demanded the restoration of the physician's original right to dispense his prescriptions. He did not succeed, and doubtless his failure to do so has proved a great impediment—possibly a greater impediment than anything else—to the development of scientific therapeutics in Germany.

It is interesting to note that the character of the opposition to which Hahnemann was exposed altered as his personal adherents increased in number, as his influence extended, and as the patients who consulted him became more exalted in rank. Prior to 1796 he had won for himself a high reputation as an independent scientific observer. The medical, chemical and pharmaceutical journals of Germany were almost as unsparing in their expressions of admiration for his learning, his genius and his industry, as at a later period they were prolific in their epithets of scorn and contempt of his views, in their misrepresentation of his character, and in the unblushing falsehoods with which they strove to prevent an investigation of his doctrine and practice.

In the first part of his book, Dr. Ameke sketches, from the papers and translations of foreign literature published by Hahnemann in the early days of his professional career, and the criticisms they evoked in the scientific journals of the time, his services to chemistry and pharmacy. He then describes and illustrates the state of medicine as a science and an art during the concluding years of the last century. Hahnemann, we may observe, has often been reproached with neglecting pathology. This neglect, if such it was, stands greatly to his credit; it shows that he knew too well the nature of disease to be able to accept what then passed current as pathological science. Of the views then entertained not one survives to-day. They were false; Hahnemann knew they were so, and accordingly rejected them as a therapeutic basis *in toto*. In so doing he was not behind his time; but, on the contrary, a very long way in advance of it.

In a few pages of a biographical character, our author describes Hahnemann as a man. Several lengthy quotations—none too lengthy, however—from his contemporaries, Baron Brunnow, Albrecht, the director of the Leipsic Seminary, Dr. Hennicke, the editor of the *Allgemeiner Anzeiger der Deutschen*—a literary journal in which Hahnemann, in common with many of the most eminent physicians of his time, frequently wrote—Griesslich and others, are given. Dr. Hennicke, writing in his journal in 1825, says that he “respects Hofrath Hahnemann as one of the greatest

benefactors of the human race, on account of his far-reaching scientific culture, his piercing intelligence, his profound and clear spirit of observation, and his great medical services, which, for the past fifty years, have been thankfully acknowledged by all competent judges of medical science."

The second part of the volume before us traces and depicts the opposition to homœopathy. Extracts are given from the critiques which appeared on Hahnemann's first essay—that on *A New Principle*, published in Hufeland's *Journal*—on *The Organon*, and his thesis *De Helleborismo Veterum*. The opposition he encountered in Leipsic is described, the attacks made on him there, originating with the University professors, and passing from them to the political newspapers and thence to the very beershops! As the area of attack widened its vehemence increased. Proving of medicines on the healthy was not only ridiculed as useless but denounced as criminal—as a method of study that ought to be put down by the State! Criminal prosecutions followed when the death of a patient, treated homœopathically, occurred—instituted, forsooth, because venesection, emesis and purgation had formed no part of the treatment! Pamphlet followed pamphlet in denunciation of "the heretic Hahnemann," and "his shameless lying imposture!" One man, Professor Sachs, of Königsberg, always seems to have written at white heat. At one place he says, "There is no fault or error in the devil; he is out and out the false, the reprobate, the lying one!" To keep this sort of stuff well alive, a Dr. Simon published a monthly journal, called *Anti-homœopath Archiv.*, the great object of which appears to have been to sustain public confidence in the advantages of blood-letting, to misrepresent homœopathy, and to traduce its author! How long this instructive and amiable periodical endured we do not know.

The history given here of homœopathy in its relation to cholera in Germany and Austria is particularly interesting. To prevent the success of homœopathy becoming known, the censorship of the press was set in motion. Every article attesting it, or one referring in any way favourably to homœopathy was declared *pro typis non qualificatum*. Anything, however manifestly or notoriously false that could be written against it was readily printed, but no reply was allowed. Nevertheless, in spite of all, the brilliant results following the homœopathic treatment of cholera became known far and wide. The restrictions imposed on the practice of homœopathy in Austria were withdrawn; hospitals were opened in Vienna and elsewhere, and to-day Dr. von Bakody, the son of the physician who was more relentlessly persecuted at this time than any other on account of his success, by his colleagues in Pesth, is a professor of homœopathy in the University of that city.

Tracing the incidents of this opposition onwards, Dr. Ameke notices at some length an attack recently made on Hahnemann and homœopathy by a doctor of the name of Rigler, in Berlin. The extracts from this pamphlet made by Dr. Ameke—and they are sufficiently copious—demonstrate this production to be a wild collection of falsehood, misrepresentation and calumny. Dr. Ameke gives (p. 358) some specimens of the epithets applied by this Rigler to Hahnemann—one of them is “the old rat-catcher!” The following paragraph contains a similar collection of epithets applied to homœopathy. One of the choicest of these sets it forth as “an impudent, miserable crime.” Of homœopathic practitioners, Rigler told the West Berlin Medical Society that “the whole lot transcends the master in infamy and trickery.” All this is bad enough, but how degraded must the profession of medicine have become in Germany, how low must the tone of its leaders have sunk, when we learn that a book of this kind was “most favourably noticed by all allopathic reviewers!” *O tempora! O mores!*

The origin of this miserable outburst of unrestrained fury is, we believe, to be found in the fact that its author was, the year before, heavily fined for libelling some of his medical brethren in Berlin who practise homœopathically. At the same time two medical journals were also fined for publishing his calumnies! And this person thinks that by publishing still more libellous matter he will succeed in inducing the Government to interfere and prohibit the practice of homœopathy in Germany! Poor credulous mortal!

During the past century many attacks have been made upon Hahnemann, many aspersions have been cast upon his character, many doubts have been thrown upon his learning. Dr. Ameke has in this volume raked them altogether, and by documentary evidence has proved one and all to be absolutely false and utterly untenable.

There are several other topics dwelt upon in the book before us on which we should have had much pleasure in commenting, but considerations of space compel us to refrain from doing so. As especially interesting, we would draw our readers' attention to Dr. Ameke's account of Hahnemann's earlier posology, the cautious manner in which he was accustomed to acquire a knowledge of the most appropriate dose of any given medicine, and the gradual steps by which he arrived at infinitesimals; the development of public opinion respecting the doctrines he taught; the notions entertained by his opponents regarding the probable duration of homœopathy—according to which it ought, long ago, to have been lost to sight! His account of the public clinical enquiries into its merits—enquiries which were always so arranged as to be either impossible, or, if allowed to take place, were, as

soon as any probability of their being likely to turn out favourably appeared, invariably stopped suddenly—is also particularly interesting and suggestive.

The difficulties which have everywhere been thrown in the way of the development of homœopathy during the last ninety years show, in the light of its present position as a widely spread therapeutic doctrine, and the influence it has had on the practice of medicine generally, that it is one of the grandest truths ever worked out or cultivated by physicians: Being so, we cannot but regard its author as the most important and most useful contributor to medical science this century has seen.

We heartily thank Dr. Ameke for this valuable contribution to the history of medicine, one which we trust will be widely and generally read.

We must also make our acknowledgments to Dr. Alfred Drysdale for a very pleasantly reading translation, and to Dr. Dudgeon for his excellent prefatory remarks and the notes which he has appended in various parts of the work.

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*The Prescriber: a Dictionary of the New Therapeutics.* By JOHN H. CLARKE, M.D., &c., &c. London: Keene and Ashwell.

ANY work on therapeutics should be judged by the intention or aim of the author. Dr. Clarke wishes to make his book such as he says he would have found a help when first beginning to practise homœopathy. That is, not a full work on practice of medicine, hence he excludes diagnosis and descriptions of diseases; nor a mere repertory, which gives under each complaint an alphabetical list of remedies, from which the practitioner can turn to the *Materia Medica* for further information, this list being deficient in what the student or young practitioner wants to know at once for help in a grave case; nor a book where several remedies are given in alphabetical order, with a confusing array of symptoms following each. The aim of this book is to give, under each disease, the leading remedies, or those which are generally required, *in the order of their importance* and frequency of requirements, with one or more *characteristic* symptoms belonging to each medicine. There is no doubt that such a work is a desideratum, as a handy help to the student, young practitioner, or amateur prescriber, and even to the experienced practitioner whose memory may fail at a given moment. We have no hesitation in saying that Dr. Clarke has succeeded in his aim. Under each disease the student will find those remedies which, in the majority of cases, are used, and under each not a long confusing array of symptoms, but those, in a few words, which he can at once lay hold of as corresponding to the prominent features of his case. The best intervals for the dose, and the dilutions which Dr. Clarke advises,

are very clearly set forth. The dilutions recommended are, as a rule, low ones. We heartily recommend the work as a very useful *vade mecum* to the student and young practitioner, and also to those, who from long distance from a doctor, are obliged to think and act for themselves. The busy practitioner will also find it of value in refreshing his memory.

*The Physician's Diary and Case-Book for 1886.* Keene and Ashwell.

We again have the pleasure of recommending Messrs. Keene and Ashwell's Diary to all our colleagues. Nine or ten lines are allowed for daily jottings, and the latter half of the book is reserved for reports of cases. A variety of useful information is appended, all of which is correct, except the list of Her Majesty's Government. Perhaps the existence of a Conservative administration is regarded by Messrs. Keene and Ashwell as too transient a feature for an 1886 diary! Time will, in due course, reveal how far this political forecast is justified.

## MEETINGS OF SOCIETIES.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of Physicians and Surgeons practising Homœopathy in Great Britain was held on Friday at Norwich. All the local arrangements were made by Drs. Roche, *père et fils*, of that city. The sittings of the Congress were in the handsome large room of the Royal Hotel, which friends of Dr. Roche had further adorned with decorations and brightened with flowers. A collection of books and photographs, illustrating objects and places of interest in the city and neighbourhood, was made available for the amusement and entertainment of the members. Among the objects of interest shown was a cast of the humerus of Livingstone, at whose *post mortem* examination in London Dr. E. Roche assisted; we also noticed a piece of the bark package in which the body was wrapped in Africa by the natives, who carried it from the interior to the coast.

Among those present were the PRESIDENT, Dr. H. NANKIVELL (Bournemouth); Drs. DRUBY (Bournemouth); DUDGEON, DYCE BROWN, RENNER, CLARKE, POWELL, NEATBY, BURWOOD, and MESSRS. BLAIR, NOBLE, HARRIS, ENGALL (London); Dr. ROCHE, Sen., Dr. E. B. ROCHE (Norwich); Dr. W. ROCHE (Ipswich); Dr. HUGHES (Brighton); Dr. LILIENTHAL (New York); Dr. HAYWARD, Dr. HAWKES (Liverpool); Dr. A. C. CLIFTON (Northampton); Dr. G. CLIFTON (Leicester); Dr. CRAB (Bedford); and Dr. NICHOLSON (Clifton).



The PRESIDENT opened the proceedings of the Congress by reading the address, which appeared in our last number. At many points it was very heartily applauded.

Dr. DUDGEON moved a vote of thanks to the President for his address. It was contrary to the rules of Congress to discuss or criticise the President's Address, but he thought that, with the approbation of Congress, he might say that Dr. Nankivell's address was second to none of all the presidential addresses he had heard, alike in the interest it had occasioned, in its scientific character, and in its successful endeavour to establish the true position of homœopathy in medical science. It was a great thing to have such an address emanating from Congress, because, while doing justice to other methods of medicine, it showed the scientific character and the vast superiority of homœopathy. He hoped that the address which had impinged upon their ears might penetrate to the allopathic world, there to create a vibration which should increase till it established the triumph of homœopathy by impressing upon the medical profession generally that homœopathy occupied the very first place in scientific therapeutics. All, he was sure, would cordially unite with him in thanking Dr. Nankivell for his admirable address; one which he was confident deserved and would receive the greatest attention both from homœopaths and from a much wider circle when printed. (Applause.)

Dr. DRURY had great pleasure in seconding the vote of thanks to the President, who in his excellent address had gone over a good bit of ground, and had handled the various topics entered upon with great ability. He was glad to have his memory refreshed, as after six years retirement from practice one began to get a little rusty. Like a wise theatrical manager who sought to interest those for whom he had to provide, after the more grave and serious matters discussed in the address were disposed of, Dr. Nankivell had concluded by showing, in a humorous way, how homœopathic modes of treatment were quietly appropriated by allopathic practitioners, while homœopathy itself was ostentatiously repudiated. He, however, most cordially agreed in the sound and kindly advice of the President, to let bygones be bygones. Though there was still some bitterness in the town where he and Dr. Nankivell resided, he thought the address would go a long way towards removing it. The address, he hoped, would appear in a separate form; it was just the sort of paper one would like to hand to an opponent to read, the great difficulty, however, being to get men to read what they were prejudiced against, the waste paper basket being a very convenient receptacle for disposing of hostile literature. The quotations, however, from Dr. Brunton and others showed that the labours of homœopaths were not altogether overlooked, nor their mode of practice entirely ignored.

Dr. HAYWARD, in a few highly appreciative remarks, very cordially supported the vote of thanks.

The PRESIDENT thanked Congress for the kind reception given his address. The manner in which it had been listened to showed that they, too, were at one with the idea which filled his mind when he wrote it, and fully appreciated the drift of his paper, which he hoped would go a little way towards enlightening the minds of "our friends our enemies," in showing them that homœopaths were, and always had been endeavouring to look on things from a purely scientific standpoint, and that in these matters of science there should be no ill-feeling and no personalities. If the address did that it would fulfil the earnest wish he had when he prepared it. (Applause.)

Dr. DYCE BROWN reported that, at the end of last Congress, after deducting all expenses, which came to £90 10s. 8d., there remained a balance in the hands of the treasurer of £11 10s. 7d. It was thought that the best mode of utilising this balance was to reduce the price of the tickets for the present Congress to 7s. 6d. In addition to their distinguished colleague, Dr. Lilienthal, he had expected that Drs. Dake, sen. and jun., of Nashville, and Dr. Morse, of Memphis, in the United States, would have been present with them that day. He had, however, received a letter from Dr. Dake, who was at Cologne, which would be read to Congress in due course.

The PRESIDENT then cordially welcomed into their midst Dr. Lilienthal, the representative of their brethren on the other side of the Atlantic, and one whom they were glad to see. They regretted that he was the only representative from across the sea; but though he was the only one, yet he would thoroughly represent American feeling, study and medicine. (Applause.)

Dr. LILIENTHAL briefly acknowledged the cordial greeting he had received, and regretted that the Drs. Dake, of Nashville, were not able to be present to meet their English brethren.

Dr. CLIFTON, of Northampton, then read his paper on "The Therapeutics of Constipation," which, with the discussion on it, will be found at p. 641.

At its conclusion the members adjourned to luncheon, at which they were most hospitably entertained by Dr. ROCHE and Dr. EDWARD ROCHE.

On resuming the business of the meeting, the President called on Dr. HAYWARD, of Liverpool, to read the report of

#### THE HAHNEMANN PUBLISHING SOCIETY.

The annual meeting of this society was held on the evening of September 24th, at the Royal Hotel, Norwich. The President, Dr. Hughes, in the chair. The honorary secretary, after reading the notice calling the meeting, read the minutes of the previous annual meeting, these were approved and signed by the President

he then read the report of the proceedings of the year ending August 31st, 1885. In this report it was mentioned that the first volume of the *Materia Medica, Physiological and Applied*, had been supplied to the members, and that a sufficient number of medicines for a second volume were nearly ready; also that chapter "Generalities" of the *Repertory* was nearly ready for the printer, and that the first instalment of the "Therapeutic Part" of the *Repertory*, in the form of "The Diseases of the Kidneys," prepared by Dr. J. Gibbs Blake, was nearly ready, Dr. Blake promising also a presentation of "Diseases of the Liver, Spleen, Pancreas, and other ductless glands."

The balance-sheet showed that during the year the society had spent £271, and received £259, which left a balance of £12 due to the treasurer.

In the discussion which followed it was agreed to proceed with each of the three branches of the society's work, viz.: *Materia Medica, Repertory* and *Therapeutic Chapter*, and to publish the "Therapeutic Chapter" and the "Generalities" as soon as funds were forthcoming. On further discussion, on the proposal of the President, as to the *Materia Medica*, it was agreed that the Pathogenetic Material supplied by the *Cyclopadia of Drug Pathogenesis* shall be accepted as the Pathogenetic Material for the *Materia Medica*, the workers to confine themselves to the preparation of "Commentary on the Pathogenetic Action," "Commentary on the Therapeutic Sphere," a "Therapeutic Application," an "Index," or other means of rendering the symptoms easy of reference, with the "Pharmacology."

On the proposal of the President, a committee was appointed to carry out and superintend the carrying out of these arrangements, this committee being composed of Drs. Dudgeon, Hughes, Hayward, Clifton and Nankivell.

The various committees and office-holders were reappointed and it was agreed that as the next Congress would probably not meet until 1887, the next annual meeting be called by the President at such time and place as circumstances shall dictate.

Dr. DYCE BROWN moved that the report of the Hahnemann Publishing Society be received and adopted.

Dr. DUDGEON seconded the motion which was agreed to.

#### THE NURSES' INSTITUTE.

The PRESIDENT read a letter from Mr. G. Cross with reference to the nursing institution attached to the hospital.

#### COMMUNICATIONS FROM DR. DAKE.

Dr. DYCE-BROWN read the following letter from Dr. Dake, dated from Cologne.

"To the President and Members of the Annual Congress of Homœopathic Practitioners, assembled at Norwich.

“ Esteemed Colleagues.—Having received a cordial invitation from your honorary secretary to attend your meeting, while sojourning in your country, and being now prevented by circumstances which I am unable to control, I beg leave to make some expression upon topics of mutual interest, while sending my regrets by letter.

“ In America the general progress of Homœopathy is most satisfactory.

“ The number of its practitioners is yearly growing, but in no greater ratio than the number of its adherents among the people. The number and quality of its hospitals, constantly increasing, show the strength of its hold upon the charity-giving, as well as the charity seeking classes of the land. Public money is being appropriated by States as well as cities for our institutions.

“ But I desire to mention, more especially, our efforts in two directions which, I am sure, cannot fail to interest you.

“ A feeling of dissatisfaction with the state of our *Materia Medica*, and a desire for its improvement, had been growing for years among the more thoughtful of our practitioners as well as teachers.

“ About four years ago, the Bureau of *Materia Medica* in our National Society directed its attention to a reconstruction or better presentation of what is known of drug effects. Various models for a work on *Materia Medica* were submitted and discussed; but, before any one was adopted, the move in Great Britain toward a complete revision of our drug pathogenesis, the issue of a work that should bring together and reproduce, in narrative form, the provings and poisonings, as recorded in our wide-spread medical literature, attracted our attention. Convinced that our first great duty was to join with you in the work of revising the text of drug pathogenesis, we gave our attention to the plan, and the rules that should govern such a great undertaking.

“ We were entirely united in favour of the narrative plan as against all efforts to arrange the symptoms, attributed to the several drugs, according to the regions, or organs, or tissues of the body.

“ We were also fully united in favour of lopping off redundancies and otherwise abbreviating the narratives, so far as the true presentation of the facts would allow.

“ We felt that the time had fully come for some sifting of the material gathered from all sources, in the light of our experience and general knowledge in the medical field. Our bureau, in conference with your representative, Dr. Hughes, formulated a series of rules, which were adopted by our American Institute, in one of its largest meetings, and afterwards by your British Society.

“ Those rules have been followed by Dr. Hughes and myself, as editors in behalf of our respective countries, and the fruits, the first yield, are before you.

“ I would say that, in America, the work has appeared satisfactory, having met with objections only from those who have desired rather a convenient manual for the practitioner, or who have failed to comprehend the real objects of our work.

“ I need not say more of the plan, the rules, nor the results, as they are all before you, except that they are substantially approved on our side of the Atlantic. The other effort, in America, that I desire to mention, is one in favour of a more thorough and extended course of instruction for our medical students.

“ The terms for lectures are being lengthened, the scope of study widened, and more stress placed upon clinical study in the hospital. Our schools are behind the allopathic in nothing ; but far enough ahead of them in all that pertains to *Materia Medica* teaching.

“ In closing, allow me to observe, that the triumph of principles and improved ways and means of cure are of much greater importance than the elevation of any sectarian banner, any name, whether in your country or ours. Organisations, and names, and machinery for defence and progress are but the scaffolding, the appliances for the construction of the great temple of healing. When the walls are up and the dome resting securely, and the edifice is useful and an object of admiration, far and near, we need not care for the scaffolding nor weep because the appliances are no longer needed. The general acceptance of the cardinal principles of homœopathy and the application of remedies in accordance with their pointings, in your country as well as ours, are well nigh accomplished facts.

“ Hardly a book on practice or a clinical report, in a medical journal, appears that does not show a wonderful departure from the allopathic methods of twenty or thirty years ago, and a palpable approach to the method of Hahnemann, that by which he laid the sure foundations of homœopathy more than half a century ago.

“ With best wishes for the success of your noble Congress.

“ Your American colleague,

“ J. P. DAKE.

“ Cologne, Sept. 17th 1885.”

The PRESIDENT desired the honorary secretary to acknowledge the receipt of the foregoing letter, and at the same time to express to Dr. Dake the deep regret that he and all of them felt at his inability to be present with them.

#### THE NEXT CONGRESS.

Dr. HUGHES reminded the meeting that, in 1881, the International Homoeopathic Convention was held in London, and was adjourned to 1886, the meeting to be held in Brussels. The Belgians had appointed the first week in August as the most convenient time for the Convention. Under these circumstances he moved that this Congress adjourn until 1887, so that all who next year would be able to attend a Congress in England should be able to assist at the International Convention instead. Their Belgian colleagues would be glad to receive any intimation from English practitioners of their intention to be present, or of their willingness to contribute papers. Dr. Martiny had asked him to undertake the work of collecting papers and contributions from the practitioners of England and America, so that those who had any paper to bring forward for discussion would perhaps be good enough to write to him, when he would transmit the needful information to the proper authorities. (Applause.)

Mr. HARRIS seconded the motion to adjourn the Congress till 1887.

The motion was agreed to.

The place where the next Congress should be held, and the date when it should take place then came under consideration, and after considerable discussion it was agreed to hold the next Congress at Liverpool, on the third Thursday in September, 1887. The voting was as follows:—Liverpool, 18; London, 10; Bournemouth, 8.

#### ELECTION OF PRESIDENT AND OFFICERS.

The Congress then proceeded to the election of the next President by ballot. This having been gone through,

The PRESIDENT declared that the choice of Congress had fallen on Dr. Clifton of Northampton, an announcement which was received with cheers.

Dr. CLIFTON, who said that this honour had taken him by surprise, thanked Congress for the compliment and promised to do his best.

On the motion of Dr. DYCE BROWN, seconded by Dr. HUGHES, Dr. Proctor, of Liverpool, was elected Vice-President, and Dr. Hawkes, Local Secretary,

The Honorary Secretary and the Treasurer having been asked to continue their services,

Dr. DYCE BROWN thanked Congress for again electing him as Hon. Secretary, and assured them of his desire to do all he could to ensure its success. He then acknowledged the receipt of a letter from Dr. Moore, of Manchester, explaining that he was unable to attend Congress.

#### DOCTORS AND CHEMISTS.

Dr. GALLEY BLACKLEY, of London, who was unable to attend,

contributed a paper on the above subject. On the motion of Dr. HUGHES, the paper was read by the Hon. Secretary. This, with the discussion on it, will be found at p. 659.

At the conclusion of the discussion the meeting adjourned.

#### EXCURSION THROUGH NORWICH.

The members of the Congress, under the guidance of Dr. E. Roche, then visited a few buildings of historic interest in the immediate neighbourhood of the place of assembly. They walked past the grand old Norman castle (which has been re-faced), erected in the reign of William I., when its castellan was that English traitor, Ralph de Guader (son of a Norfolk father and Breton mother), who fought against King Harold at Senlac. He also turned traitor to William when the castle, defended by the countess while De Guader went to Denmark to obtain allies, was besieged by Bishop Odo and William de Warenne, and capitulated at the end of three months. It was held by the French at the close of the reign of John. Hubert de Burgh, the minister of Henry III., drove them, however, out of the land. Since the time of that king the castle has been a prison. The next place visited was the Norman cathedral, founded in 1101 by Herbert de Losinga, who translated the See from Thetford to Norwich. The basilicon arrangement of the east end, the remaining circular chapels, dedicated to Jesus and St. Luke, on either side of the aisles of the choir, the elaborately carved bosses in the vaulted roof of choir and nave, the quaint carvings of the Misereres, and the fine architecture of the cloisters were especially noticed. Leaving the Cathedral, the visitors had the Grammar School pointed out to them, an old building anciently used as a charnel house. It was here that Lord Nelson and Rajah Brooke were educated. A statue of Nelson stands in the garden square facing the school. The company passed out of the Precincts under the fine gateway erected by Sir Thomas Erpingham—a devoted follower of Henry V.—it is alleged as a penance for favouring Lollardry. St. Andrew's Hall, a building of the perpendicular period of architecture, now used for public meetings, concerts, and entertainments, was next visited. This hall was originally the Conventual Church of the Order of Dominicans; the choir, partitioned off from the nave and aisles, is known as the Dutch Church, from its having been leased nearly 200 years ago for 500 years to the Dutch Residents in Norwich as a place of worship. The hall is adorned with portraits of Norwich and Norfolk worthies. Among them is a portrait of Nelson, by Sir W. Beechy, and a portrait of Sir Harbord Harbord, first Lord Suffield, by Gainsborough. The cloisters and remnants of the convent buildings were also visited. Henry VIII. sold this grand conventual church and premises to the citizens of Norwich at the Dissolution. At the

Norfolk and Norwich Museum the visitors saw the unrivalled collected of raptorial birds and the interesting collection of fossil remains fully illustrating the palæontology of the Eastern Counties. Norwich Guildhall was opened to the members of Congress. The council chamber, with its Tudor carvings and arrangements, and its numerous pictures of Mayors, Sheriffs and Recorders is an interesting room. Among the portraits is one of Archbishop Parker, who was a native of Norwich, and of Sir Edward Coke, who was a native of Norfolk and Recorder of the city. Beneath the hall is a dark dreary dungeon, in which bundles of pikes taken from the Chartists are stored. It was in this dungeon that Thomas Bilney spent the last of his days on earth. He was led from this dungeon to suffer at the stake in Lollards' Pit, just beyond the Cathedral precincts. The ramble concluded with a visit to the homœopathic dispensary, situated near to the Guildhall.

#### THE DINNER

Was held in the evening at the Royal Hotel. Among those present were, in addition to those who had taken part in the meeting, Dr. SHEPHERD TAYLOR, one of the physicians to the Norfolk and Norwich Hospital, the Rev. W. H. HARRISON, rector of Rackheath, the Rev. G. S. BARRETT, pastor of Prince's Street Congregational Church, Norwich, Mr. H. P. GOULD, Mr. H. J. COPEMAN and other gentlemen. After dinner the President gave the loyal toasts and referred, in proposing "The Prince and Princess of Wales," to the interesting works which had been published by Dr. Shepherd Taylor, relative to the German ancestors of the Prince of Wales.

Dr. NICHOLSON, in proposing "The Army, Navy and Volunteers," said that homœopaths had not very much to thank the military and naval services for in reference to their special department of medicine. They were excluded from any honours in the services, but he hoped that the time was not far distant when homœopathy would be more popular than it had been hitherto. On the previous day, when in Hyde Park, he saw the Guards who had been serving in the Soudan. That reminded him of a little history he had heard concerning a friend he had in the Guards, who went to Egypt provided with a chest of homœopathic medicines. He found that *belladonna* acted in a miraculous way in the first symptoms of sunstroke, and the consequence was that his brother officers, as soon as they heard of his experience, flocked to him for the preparation. He also praised one or two other medicines in cases of acute diarrhœa, and very shortly got a practice among the officers, who knew him from the magical effects of his pilules. (Cheers.)



Dr. RENNER, whose name was coupled with the toast, replied, and in expressing his acknowledgments, said that he had seen a little service in connection with the German army, and he presumed that it was for this reason his name had been associated with the toast.

Mr. NORMAN, of Bath, who proposed "The Clergy and Ministers of all Denominations," said, that he had great pleasure in giving this toast because homœopathy had many ardent adherents amongst the ministry. This arose in many cases from their seeing the valuable effects of homœopathy amongst the sick poor, even under unfavourable circumstances. He had known several instances where, there being no homœopathic practitioner, the clergy had provided themselves with a domestic chest, and tried to do the best they could on their own account for their parishioners. Between theology and medicine there seemed to be a closer connection than between any other professions; hence, he could conceive no more noble addition to their duty by the clergy than healing the sick and raising therapeutics to a higher level for the benefit of mankind. (Applause.)

The Rev. W. H. HARRISON, in reply said, that homœopathy had for many years been of the greatest benefit and comfort to him in a country parish. He received a good many hints from the late Dr. Chapman whom he used to see very often in London. By those hints he had benefited; but he never invited anyone to take medicine from his hands, for he would have them take it from those who were authorised to prescribe. Still, when the parish doctor was five miles off, it was of great value sometimes to have recourse to the means provided by homœopathy. He wished well to homœopathy. He had taken part in the discussion as to the Norwich Homœopathic Dispensary sharing in the Hospital Sunday Fund, and he was successful enough to get the institution recognised. (Applause.)

The Rev. G. S. BARRETT replied on behalf of nonconformist ministers. He very heartily reciprocated what Mr. Norman had said as to the close kinship between the profession of medicine and the work of a Christian minister. Christian ministers found medical men generally to be the greatest help in the work to which they were called. He did not know any body of men in any other profession who, as a whole, were characterised by greater unselfishness or greater willingness to give themselves to the relief of the poor. Again and again in his work in Norwich, he had received the most cordial, sympathetic and unselfish help from gentlemen of the medical profession, both allopaths and homœopaths. For several years he had been, he hoped, an intelligent and certainly an ardent believer in the doctrine of homœopathy. It had been to him a source of unspeakable wonder and regret that the great body of the

profession as a whole should treat homœopathy in the way they did. He did not know how to account for it. Homœopaths were the nonconformists of medicine. Homœopaths like dissenters had to bear a great many of the privations and disabilities of nonconformity. But after all they might be comforted with the thought that in the world generally truth ultimately prevailed. In medicine as in theology what they wanted was a firm and strong belief in the righteousness of the cause they advocated, and the truth of the principles underlying it. (Hear, hear). Perhaps they would excuse his making a passing reference to what most of them were familiar with. If medicine in the present day was an exact science, if the doctrine which allopathic physicians practised was admitted by them to be of the nature of an exact science, then he could understand the present attitude of allopaths. But he was unable to understand it when he found a man like Sir Andrew Clarke saying that he considered our knowledge of the natural history and progress of disease uninfluenced by drugs to be so trifling as not to be enough for the purposes of the therapeutic art, and that we have no exact information as to the conditions in which, when nature unaided fails to bring about recovery, we may employ the known physiological properties of the drugs with any sure prospect of success. (Hear, hear.) When such a confession as that was made by perhaps the foremost physician in London he was astonished that gentlemen of liberal education, great power, and scientific habit of mind, and seeing before them a vast body of truth, represented by homœopathy, quietly pass it by without careful examination. Amongst his many friends in the medical profession who disbelieved in homœopathy he had never yet found one who would intelligently and seriously study it, and, after serious study, reject it—what they rejected were the imaginary chimeras of homœopathy, the unfortunate extravagances of some homœopathic practitioners. What they rejected was not homœopathy, but homœopathy falsely so called. He could not do a better service to the medical profession than ask them to give earnest and serious study to such a book as Dr. Hughes' *Pharmacodynamics*. Having looked through that book again and again, he thought he could pass an opinion upon it. What first attracted him to the book was the absence of all sectarianism—a purely scientific spirit breathed through it from beginning to end. (Hear, hear). But though homœopathy was not recognised in this country as it ought to be, yet in America things were more hopeful. It was a sign of the times that the principal medical school of the United States, the Boston University School of Medicine, last year invited Dr. Hughes to give a course of lectures on homœopathy. In the United States the feeling was

growing that the time was rapidly coming when there should be demanded of the physician not his theory of the action of drugs on the human frame, but his qualifications as a physician skilled in diagnosis, and then leaving to the patient the responsibility of the physician as to the treatment he should adopt. Let it be remembered that there were some things to help them. There was the testimony of some great surgeons as to what they had found of value in homœopathy. The late Mr. Liston had said that he believed in the homœopathic doctrine to a certain extent. He said that he had seen the most satisfactory and conclusive cures under that treatment. The feeling, too, was growing that there was more to be said for the homœopathic doctrine than appeared at first sight. One thing they wanted was to raise up a generation of cultured, able young men as practitioners of homœopathy. (Hear, hear.) That would make the system of medicine respected in the country. He hoped that the time would come when, as in America, qualified practitioners of both schools would be able to join hands, at least as far as diagnosis goes, and that the end would be seen not only of the bitterness which now sometimes characterised the relations of Nonconformity to the Church of England, but also of the nonconformity of medicine to the orthodox school. (Applause).

The PRESIDENT next gave "The Memory of Hahnemann." Looking back, he remarked, to the beginning of the century, on Hahnemann's life and work, and on what had been accomplished in Europe and America, it could not be said that Hahnemann's life and work were a failure. In the history of medicine no man had ever been to a system which sprang from his brain what Hahnemann had been to the system of homœopathy, and no man was regarded as he was by his disciples and followers, with such veneration and respect. (Hear, hear). No doubt the persecution he and his early disciples endured endeared both him and them to their hearts, and to their regard for the labours and research of the physician was thus added their loving attachment to the man. Twenty years ago the position of the medical profession generally towards homœopathy was very different from what it is at the present time. The records of that time were to be found in the pages of the *Lancet*. If a man dared then to treat a case homœopathically, he was liable to be summoned before a coroner, should the patient die. (A VOICE: "Which was very seldom.") Each and all could remember when they had to endure persecution and controversy because they held the view that the homœopathic law was the main therapeutic law. It was, however, now their confident belief that a great deal of that old spirit had passed away, and it had passed away simply because a large proportion of what might be called "applied homœopathy" had been

adopted in the practice of their brethren of the opposite school. The works of Ringer, Phillips and Brunton were permeated, if not with the spirit of homœopathy, yet with facts culled from homœopathic books and clinical facts obtained by treating disease in conscious or unconscious accordance with the homœopathic law. Such being the case, the attitude of the profession generally towards them was altering, and he believed that in years to come it would alter at a more rapid rate than hitherto. While they must, therefore, be very thankful that they lived in these happier times, they would never forget the man to whose genius and wonderful therapeutic intuition they practically owed the doctrine of homœopathy. Though some things were said and written by Hahnemann on which, at the close of the century, they could not agree, as there had been in the meanwhile a considerable advance of physiological and pathological knowledge; indeed, it would be an anachronism to force some of his views on the profession at the present time, yet there remains this great fact that Hahnemann gave his life to the working out of the doctrine and practice of similars, and that the system of medicine which he and his disciples thus spent their lives in developing was, as time went on, steadily increasing in permanent value and applicability. (Applause.)

Dr. DUDGEON, in proposing "Homœopathic Hospitals and Dispensaries," said that the homœopathic hospitals were in a very flourishing state at the present time. The London Homœopathic Hospital, though not one of the largest, was one of the most flourishing institutions in the metropolis. Older and larger charitable hospitals were groaning for want of funds, and King's College was, as it were, in its dying agony from want of funds, and threatening to close its doors, but the London Homœopathic Hospital was flourishing like a green bay tree. From year to year it had an increasing income. It had also a most efficient staff of nurses, who were most efficiently trained in this hospital. Their services had been in requisition as far away as Edinburgh and the south of France. In Liverpool, a zealous partizan of homœopathy, Mr. Tate, had given £10,000 for the purpose of building a hospital. (Applause.) Then there were smaller hospitals at Bath, Birmingham and Bournemouth, doing useful work. Among the dispensaries was that carried on by the Drs. Roche, at Norwich, which was also in a flourishing state. (Applause.)

Dr. CLARKE, who responded, said that he had been connected with homœopathic dispensaries and the London Homœopathic Hospital for the last nine years. It was through a Liverpool dispensary that he first became acquainted with homœopathy. Without homœopathic dispensaries and hospitals homœopathy would be nowhere. It was in these that those who wished to

learn could see for themselves what homœopathy was, and acquire the practice. Nine years ago, whilst he was waiting in Liverpool for letters of recommendation from an Edinburgh friend to some of the leading men in the profession in Liverpool, as the letters were slow in coming, a friend asked him to go to the homœopathic dispensary and see what was being done there. He replied that he was not afraid of being taken in by humbug, and accordingly went, he found that the homœopaths cured their patients a great deal faster than he had been in the habit of seeing them cured, so he resolved to find out how it was done. He discovered that by doing as the homœopaths did he obtained similar results. By the time the letters of recommendation came he had accepted a subordinate position in the Homœopathic Dispensary. The first Homœopathic Hospital in the Southern Hemisphere had just been opened—it was at Melbourne. It was built for fifty beds, and with a view to addition. The Government of Victoria had given £2,000 towards the expenses of the building, so that homœopathy was in favour in the colonies. (Applause.)

Dr. HUGHES, in proposing "Our Guests," with which he coupled the names of Dr. Lilienthal and Dr. Shepherd Taylor, spoke in eulogistic terms of the good work done by the former, as editor of the *North American Journal of Homœopathy*, and as a teacher of homœopathy in the college of New York. The presence of Dr. Taylor, a physician of the Norfolk and Norwich Hospital, was significant and a promise of the future. This was the first Congress dinner at which a physician of the other school of medicine had been a guest. He hoped it would not be the last one. This Congress was opened with an address from the President, that while thoroughly loyal to the method of Hahnemann was so liberal in spirit, and devoid of narrowness and sectarianism that it might have been read before any medical society in the kingdom. A Congress which began so auspiciously and ended with the presence of a colleague from the other camp was an augury for the future, when the names of homœopath and allopath would be forgotten, and both would be merged in practitioners of medicine, doing their best to relieve human suffering and save human life. (Applause.)

Dr. LILIENTHAL, in reply, expressed his regret that Dr. Dake was not present to respond to the toast, adding that in his absence they would have to be satisfied with an adopted American cousin. Though Hahnemann's monument stood in Leipsic, yet his work was being done in America. The best proof of the homœopaths' success in America was that they were carrying the war into the camp of the enemy, who were fighting among themselves—the Broadway against the Bowery fellows. The shade of Hahnemann was frightening the old-fashioned allopathic

physicians, the Bowery men, out of their wits. (Laughter.) The others, who asked what was the difference between themselves and homœopaths, just put forth their names. One of the most liberal-minded physicians in New York proposed that they should drop the distinctive "homœopath" and simply call themselves physicians. They wanted, he said, to consult together sometimes, but his experience was that while an allopath wanted to consult a homœopath, a homœopath did not want to consult an allopath. (Laughter.) In America they asked no favour, as they did not need it. They had, he was proud to say, the best patronage. What he wanted to say when the paper on "Doctors and Chemists" was read, was that, leaving low dilutions out of the question, it was of the utmost necessity for those who used from the third upwards that the original drops should be of the purest character. If that was not the case the dilutions would fail. In Ward Island Hospital, New York, it had been found better to pay the highest price for the best article than to try to save expense to the city (for that paid all the cost) by getting cheap medicines. Dr. Talcott, who succeeded him in the College Professorship of nervous and mental diseases, made sure that he got good medicines. In Germany, where physicians were not allowed to prescribe for their patients, it was complained that the drugs supplied by the chemists were not worth a cent. In America there was freedom—they could prescribe or supply medicine. It was better for homœopathy that the doctor should give his medicine. (Hear, hear).

Dr. SHEPHERD TAYLOR, who also returned thanks, said that it afforded him the greatest possible pleasure to attend this gathering, first because the President was one of his oldest and best friends, and a fellow student at King's; and secondly, because he did not at all share those antipathies which some of his professional brethren entertained towards that section of medicine to which they belonged. (Applause). It was a great pity that they could not extend the right hand of fellowship to a body of men many of whom were hard workers in the field of science and of great scientific repute. He looked forward to the time when this foolish barrier between those sections of medicine would be abolished, and when Dr. Hughes' words would be realised. (Applause).

Dr. ROCHE, sen., proposed "The Homœopathic Journalists and their Literature," with which he coupled the name of Dr. Hughes. When he was an allopath, at Liverpool, attending some cases of Asiatic cholera, he met a gentleman coming down stairs from seeing a patient. He learned that the gentleman was a homœopathic doctor who was attending a case of cholera. One day he spoke to the gentleman, asking him whether he really thought he could get any good out of those infinitesimal doses for such a disease, and he said "I do, most decidedly." Then he asked

the doctor whether his was a *bonâ fide* case of cholera. He replied "Yes; would you like to see it?" Thereupon the doctor took him up into a room and showed him a most pronounced case of Asiatic cholera, which he had been treating for eight hours, and in which there was a decided improvement in the symptoms. The doctor asked him if he would like to see other cases, and his reply was "Most decidedly. I am most interested to see cases of that kind get well under any treatment." A series of cases was then brought under his notice. The result was that he could not stifle his convictions. He called upon Dr. Drysdale, began to attend the dispensary, read various tracts and books, and became a decided convert. The profession owed a debt of gratitude to Dr. Drysdale, Dr. Dudgeon, Dr. Hughes, Dr. Hayward and others, who were gifted with the power of expressing their thoughts in writing, and whose works he, for one, highly appreciated. (Applause.)

Dr. HUGHES briefly replied, saying that the best reward those could have who devoted their time to literature was in finding that what they had done in the cause met with the kindly appreciation of their colleagues.

Dr. HAYWARD, in proposing "The President," wished him continued success, and hoped that many able papers and addresses would proceed from his pen. Dr. Nankivell's leaving Liverpool was regretted by all with whom he had come in contact, especially by his medical colleagues. Dr. Nankivell's name had been heard of in association with some very high official and noble personages; and he need not remind them of the close connection between him and the late Earl Cairns. The successful manner in which Dr. Nankivell had practised homœopathy in Bournemouth was only to be expected from what they knew of him. (Hear, hear.) A great deal of the success of this Congress had been due to the President, whose address was worthy to be placed by the side of the many excellent addresses of his predecessors. (Applause.)

Dr. NANKIVELL, on rising to respond to the toast, which was drunk with musical honours, said that it was not altogether a pleasant thing to look forward through twelve months, knowing that at the end of that period one had to read a paper before such a critical body as the Homœopathic Congress. That was a weight upon one—it was dreamt of at night and it was thought of by day. It was said that there was nothing certain in life but death and quarter-day; but he had felt that there was nothing certain in life but death and the next Congress. But if anything could repay one for bearing such a load for twelve months it was the generous kindness with which they had accepted anything he had done. (Applause.)

Dr. ROCHE, jun., gave "The Readers of Papers," to whom

they were, he said, much indebted for making the Congress a success.

Dr. CLIFTON, who responded, said that as President for the next Congress he would do his best, but if Dr. Nankivell had found the looking-forward to the reading of an Address at the end of one year to be a heavy weight, what a burden it must be to look forward to a similar ordeal at the end of double that time. (Laughter.)

The PRESIDENT then very heartily acknowledged the thorough and hard work done by Drs. Roche to make the Congress a success. The preparations for a Congress demanded an enormous amount of correspondence and a great deal of forethought. But to Drs. Roche the work had been a labour of love, so that it had been thorough and successful. At no Congress had the arrangements been better or more perfect. In conclusion, he proposed "The Health of Drs. Roche," a toast which was drunk with the honours.

Dr. ROCHE, sen., in reply, said that he was thankful two of his sons were homœopathic practitioners. To one of them was due the credit for making all the arrangements for the Congress, and he was thankful that he had the strength and opportunity to carry them out satisfactorily. (Hear, hear.)

Dr. E. ROCHE also briefly returned thanks. He said that when a man undertook a thing he should carry it through to the best of his ability. Their kind expressions of satisfaction for what he had done were a sufficient reward for his labours.

The toast of "The Ladies" was gallantly responded to by Dr. Lilienthal, who punningly spoke of them as the *Bella Donna*.

This concluded the day's proceedings. On the following morning according to the arrangements made by Dr. Edward Roche, there was an

#### EXCURSION ON THE NORFOLK BROADS.

For those members of the Congress who were able to stop on Saturday, Dr. E. Roche had planned an excursion on the far-famed Norfolk Broads. Eight members, including our President and our genial Transatlantic guest, Dr. Lilienthal, eagerly embraced this opportunity of visiting this unique part of England. We started after breakfast by an early train for Wroxham, where we found a steam launch lying beside a bridge ready to receive us. Our party of nine was reinforced by two ladies, one the amiable wife of Dr. E. Roche. A portion of the company was deposited in a well in the fore-part of the launch, with soft cushions on the seats, the remainder disposed of themselves in the after part of the boat, where there was a cabin amply provided with windows.



We started away at a brisk pace along the river Bure, and just as we got off we were entertained with the sight of a battle in the air above us between two large hawks, which fought with immense fury, but apparently without doing one another any material damage; it seemed to be a duel à la Française, but not à outrance.

We wound our way along the river, which looks more like a canal, only it is not straight, and has no towing path. The water is clear, and sparkled in the sun. If a cockney would like to know what a real "Serpentine River" is like, he should come here, and he will cease to think that his straight pond in Hyde Park deserves that name.

The banks of the river are grown over with rushes and shrubs, and the very winding course of its channel presents the traveller with a new landscape, or a new aspect of the same landscape, every few seconds. Little affluents from the main channel, scarcely noticeable were it not for some sign-board threatening all trespassers with the utmost rigour of the law, lead to larger or smaller expanses of water like lakes. These are the "broads." The rivers that lead to them might appropriately be termed the "narrows." Most of these broads are only protected by the threatening sign-board, which nobody minds, but some are effectually cut off from access by chains stretched across the narrow entrance, so as to secure an undisturbed enjoyment of them to their curmudgeon proprietors.

I have said that the canalised river has no towing path, and yet much traffic in large barges and other vessels passes through them. But these are propelled by sails only. The sails of the trading barges are of gigantic size, and it is an odd sight to look across the country and see their enormous sails and masts apparently scudding through the fields, for from the launch's deck one cannot see the narrow river at a little distance.

The river is frequently crossed by little bridges, and it is a strange sight to see one of these barges rushing at the tiny arch with its sail like the side of a house, bellied by the breeze. How can the monster ever get through that little hole? On it comes full tilt at the bridge. You think of the difficulty of the camel getting through the needle's eye. You hold your breath, half-expecting to see a terrible smash, when, presto, as by magic, down falls the tall mast and broad sail, the barge shoots like an arrow through the little hole, and you think that passage of the needle's eye is possible after all. The instant the barge is well clear of the bridge up goes its mighty sail as quickly as it fell, and it seems to catch the breeze again as if nothing had happened to it. The navigation of these winding *narrows* must require much art, for every turn the vessel takes the wind impinges upon the sail differently, but the navigators are skilful and never seem to make a mistake. They require to use long

poles to punt themselves along occasionally, when the wind is dead against them, and we observed that their rudders are of immense size, to allow them to make such sharp turns. Besides barges there are private yachts in abundance on these waters, and sailing yachts can be hired for a week or two by parties of tourists, artists, or anglers, several yachtsful of whom we encountered on our voyage.

We sail past picturesque villages, the rising generation running along the banks, singing "John Barleycorn," in hopes of getting a copper thrown among them to scramble for.

Besides villages, more or less picturesque, the only buildings to be seen are churches, with their attached parsonages, sometimes extremely pretty, with bright-flowered gardens, shrubberies, and always a boat house. One of these we passed and shortly afterwards overtook the incumbent himself, being rowed along by his sexton, clerk, or, perhaps, gardener, possibly to give his ministrations to some distant parishioner, or, perhaps, to seek some likely spot where he could indulge in the apostolic recreation of fishing.

The only other buildings along the banks, and these are extremely numerous, are the windmills. Sometimes these are substantial brick-built edifices, just like mills for grinding corn, but more often they look like mere skeletons of windmills, windmills from which all the outer integuments had fallen off leaving nothing but the bones. These windmills are really watermills, that is to say, they spend their sole time in pumping up water from the lower levels into the river by means of turbines, for the river is mostly high above the meadows and fields through which it flows—if it can be said to flow, for there is no very obvious current in it. It is strange to see the cattle and sheep browsing several feet below the level of the river, which is everywhere embanked so as to keep it from spreading over the fields. The windmills are sometimes assisted, sometimes replaced by steam mills in the more dangerous spots.

Great quantities of fish, pike, perch and even trout, are caught in the river and broads but the most curious industry is the capture of wild-fowl, chiefly mallards, poachards and teal. The capture of these birds is an art, as Dr. Roche informed us, confined to a few families, and transmitted from father to son. In a bushy, rushy place, there is constructed a curious net supported on hoops, which gradually lessens in size, so as to form a funnel-shaped tunnel. Trained decoy ducks feed about the entrance to the tunnel and attract the wild-fowl by their call. A little fox-coloured dog is trained to run in and out at certain parts of the tunnel. Ducks being very curious, sail up the tunnel to see what this little dog is doing, the dog makes its momentary appearance, always further and further up the tunnel, the ducks

follow him, and when they are far enough in, the man, who is concealed behind a screen of bushes, suddenly appears behind the ducks whereon the silly birds fly forward into the narrow end of the net and are captured, often to the amount of thousands at a haul. Eels, too, Dr. Roche informed us, are caught by a similar contrivance under water.

We had a smart shower at one time, but Dr. Roche, whom we named the "universal provider," had laid in a stock of umbrellas and wraps, so that we got no harm from the rain, which did not last long. While it lasted we occupied ourselves in discussing a magnificent luncheon, provided by the thoughtful care of our "universal provider," who was indefatigable in arranging everything for our comfort and delectation. We quitted the Bure river after a time, and steamed up the Ant to a beautiful broad there.

There are many worse ways of passing a holiday than hiring a yacht to sail about these broads and narrows for a week or more with a pleasant party. The clear water invites a swim—by the way our excellent cicerone, Dr. Roche, is a splendid swimmer, and carried off the cup at a late swimming contest in these waters—the angler will find here plenty of amusement, and the artist can never tire of the familiar beauties of the scenery. To the mere wearied worker there could hardly be a more delightful way of spending a week of relaxation, than in gliding quietly over these inland waters, with new views at every turn, and no exertion in getting at them.

In winter, when we are lucky enough to have frosty weather, the skating on these broads and narrows is a delight which is not to be found anywhere else in this country. Dr. Roche told how he has often skated for scores of miles on fresh, clear, black ice, without a flake of snow on it, and without the trace of any previous skates on its smooth virgin surface.

We steamed back down the Ant, and got again upon the Bure, down which we went for several miles amid much pretty scenery, which was not all flat, but we frequently saw ridges of elevated ground well adorned with wood, and with here and there a church tower standing well up against the sky. As we approached the termination of our excursion we saw an omnibus provided by Dr. Roche's provident care trundling along to meet us. As we had still half an hour to spare we steamed beyond the trysting place to see a wonderful old ruin of an abbey, whose stones had been partially employed to build a gigantic windmill now fallen into ruins, like the abbey from which it had been built. When we came back to the place where we were to disembark, the only contretemps of this pleasant excursion occurred. The omnibus driver, seeing us pass the appointed place, thinking we would not return, drove back to Acle, the station where we were

to meet the train from Yarmouth to Norwich; but Dr. Roche, nothing daunted, set off at the double and got to the hostelry, when he instantly ordered out a vehicle to pick up the stragglers who were unable to go at his pace. Fortunately we all arrived at the station in time to catch the train to Norwich, where we arrived and had a refreshing cup of tea before starting by the 4.80 train to London.

On the whole the excursion was most enjoyable, thanks to the unremitting and self-sacrificing kindness and attention of Dr. E. Roche, who carried out the devotion and hospitality initiated by his father and himself at the Congress on the previous day.

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## NOTABILIA.

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### THE HAHNEMANN ORATION.

ON the 5th ult., before a numerous auditory in the largest room the London Homœopathic Hospital has at its disposal, Dr. DYCE BBROWN delivered the annual Hahnemann Oration. He took for his subject *The Reign of Law in Medicine*. After pointing out that every department of nature was under the control of law, he proceeded to show that a law existed dominating the choice of remedies in disease. Having explained the relations which might subsist between the medicines used for the cure of disease—allopathy, antipathy and homœopathy—and showed how undesirable was the first, and how inadequate was the second of these methods, save for palliative purposes, he dwelt on the process of induction by which HAHNEMANN had arrived at a knowledge of the supreme advantage of the third, the difficulties he encountered in substantiating its validity, and the evidence by which its reality and truth were demonstrated and sustained. In the course of his argument he drew the attention of his audience to the genius, the learning and the indefatigable industry of Hahnemann, showing how, through the exercise of his great powers, he was enabled to lift the practice of therapeutics from the rough and rude state of chaos in which he found it, and to place it on a firm and sound scientific basis—one which, though not acknowledged in the high places of medicine to-day, was in a most remarkable manner rapidly winning its way to the confidence of the profession, assuredly foreshadowing the time when the genius of Hahnemann will be universally recognised, and his claim to having inaugurated the reign of law in medicine as universal is conceded. The address will shortly be published *in extenso*.

### LONDON HOMŒOPATHIC HOSPITAL.

THE lamented death of the late Earl Cairns having rendered vacant the office of President of the Hospital, Lord EBURY has, at the unanimous request of the Board of Management, conveyed to him by Mr. Chambre, consented to occupy the position. By no nobleman or gentleman in the country could the Presidency be more efficiently filled. During a long series of years Lord Ebury has been the chairman of the Board, and how much the hospital is indebted to his lordship for the great attention he has paid to its business—for the constant, active, and generous support he has ever contributed to it, whether in times of trial and difficulty or in seasons of prosperity and success—none know so fully as those who have sat at the Board with him, or have otherwise been conversant with the rise and progress of the Institution.

We may congratulate Lord Ebury on the high state of efficiency in which, on retiring from the chairmanship of the Board, he leaves an institution which he has so successfully fostered, to the interests of which he has devoted so much time, thought, and unremitting care.

We may also congratulate the Board, the medical staff, and all who take an interest in the prosperity of the Institution on their having as President a nobleman who is so thoroughly esteemed and beloved throughout the country.

The Chairmanship of the Board having become vacant through Lord Ebury's acceptance of the Presidency of the Hospital, the Members of the Board unanimously resolved to request Major VAUGHAN MORGAN to occupy it. The resolution was conveyed to Major Morgan by Mr. Chambre, and yielding to the wishes of his colleagues, the Treasurer accepted the post he had been requested to occupy.

Here again we may well congratulate the members of the Board and all friends of the Hospital on the excellence of the appointment. No one of late years has worked harder or more successfully in improving and developing the resources of the Hospital than has Major Morgan. Steadily and constantly, regardless of occasional disappointments and discouragements, he has, through evil report and good report, perseveringly devoted himself to the work of rendering the Institution as perfect as possible in all its departments, and he has done so most successfully.

As the Chairman of the Board, Major Morgan will, we are sure, receive the hearty and ready support of all who desire the extension of homœopathy.

Mr. Albert Palmer Harding, Chief Official Receiver in Bankruptcy, has accepted a seat at the Board of Management of the Hospital.

The average number of beds occupied daily during the month of September was 54. The total number of patients in the Hospital since the 1st April has been 339, the number for the same period in 1884 being 322.

A legacy of £200, left by the late Miss Berners, of Camberwell, has been received.

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### CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

THIS Institution, opened on the 24th July, 1884, has just issued its first annual report, from which we learn that "The want of a public Homœopathic Charitable Dispensary has long been felt in Calcutta. Medical advice is given, and homœopathic medicines have been distributed *gratis*, but only by practitioners in their own residences, and it would seem that for some time past the extent even of this form of charity has been diminishing. It is only a very few homœopathic practitioners who give any assistance free of charge to people ever so poor, either in the shape of advice or medicines. In view of this fact the Calcutta Homœopathic Charitable Dispensary was established by Mr. Dwarkanath Banerjee, and it was intended not merely to render medical aid to poor people but to do so as an institution of a public nature. That intention has not been abandoned. The Institution has been managed purely as a sort of public trust, and the same policy of management is intended to be carried out in the future." During the year ending July 23rd, there were 983 patients admitted; of them 794, or 84.7 per cent., were cured; 183 discontinued attendance without reporting any result; and 6 remained under treatment. Mr. Satkari Dey is the medical officer of this young Institution, which has our best wishes for its future prosperity.

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### THE NEW YORK STATE HOMŒOPATHIC INSANE ASYLUM.

ANOTHER fiscal year at the New York State Homœopathic Asylum for the Insane ended Wednesday. This institution continues to bask in the benign rays of the sun of prosperity, demonstrating the efficiency of its management. Following is the statistical record for the year:—

Number of patients at the Asylum Oct. 1, '84 ...	282
Number of patients admitted during the year ...	204

Whole number treated ... ..	486
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During the year there were discharged 131 patients. Of this number 66 were recovered. The per centage of recoveries is 50.88. This is a larger per centage than has heretofore been

attained during any full year's record of the Asylum. The death rate on the whole number treated is 5.5 per cent. Eight of the twenty-seven deaths occurred within three weeks from the date of admission. These cases were absolutely hopeless from the outset. Deducting those brought to the Asylum in a dying condition, we find the death rate of the ordinary population to be about 4 per cent. While the Asylum population is composed of those who are sick and in need of medical care and treatment, the death rate is but little higher than that of many cities where the population is supposed, as a rule, to be healthful.

The Institution starts out upon a new year's experience with 955 patients under its care, an increase of seventy-three over the number under treatment one year ago. This increase demonstrates the necessity for more accommodation for the insane at this place. The new day rooms and dormitories now building will accommodate about fifty patients, and this room will, from present appearances, very shortly be needed. But for the fact that insanity is gradually becoming a more curable disease than it was formerly regarded by medical men, the need for new asylums, or additions to present ones, would be much greater than now.—*The Orange County Press, N.Y.*

#### MORAL INSANITY.

It is a great and radical distinction of moral natures that they are to steer themselves by their own helm, and be responsible for what they may thus become, mere animals and things having no such high prerogative, and no capacity to be different from what they are made to be under the sway of causes not in themselves. Just here, accordingly, we discover a principal reason for that proneness to insanity which is the infirmity of men in distinction from the animals. It is that, in being in evil or sin, they so far and frequently surrender themselves to impulsions or enchantments outside of their own responsible self-keeping. The power that was given to them to gather up their nature in due self-colligation, and centralise it in the supreme domination of reason, is weakened, and they fly asunder, so to speak, in a scattering, unkept habit, that approaches, and finally becomes, insanity. They fall under a kind of possession, and are just so far dispossessed of themselves. In their zeal to get possession of money, money gets possession of them, driving them on past all bounds of reason, as if it were a demon. Instead of possessing their business, their business possesses them, shoving them on to all utmost over-doing, and finally to madness. Society possesses them, and so completely dominates in their habit, that any coming short of its conventionalisms or fashions goads them to distraction ; their own self-keeping force is so far

taken away that their judgments themselves are reduced to a kind of insanity. They get possessed by other men in the same manner ; one by some other that he thinks a hero or a genius ; one by the name and successes of a great operator in the market ; one by the fascinating airs and gaieties of a libertine ; one by a charlatan or a quack ; and another by a false prophet. Every soul in evil is under some kind of instigation or possession that comes upon him as a gall of impulsion, swaying his objects and actions, and so far abating in him the sovereign keeping of his own right reason.

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We are brought out thus in the conclusion that every human creature is in the way to insanity who allows himself to be possessed by any kind of impulsion outside of his own responsible self-keeping. The weakening of the moral nature puts the very bond in jeopardy that is to hold the mind together and keep it in the order of reason. Any kind of possession has this danger—this hideous form of peril—connected with it. And when the insanity is fully completed in a state of total dispossession, an equally complete and terrific warning is given to every man who will maintain his reason, that he beware of any least surrender which displaces the moral sovereignty of the soul in the government of its own ways and actions.—*The Moral Uses of Dark Things*. By H. Bushnell, D.D.

### THE DANGERS OF CANNED FRUITS.

IN the course of a commentary upon six cases of poisoning through eating tomatoes preserved in cans, Dr. Crippen, of Detroit, who has had three years' experience in a large fruit "cannery" in California, gives in the August number of *The Medical Advance* (Ann Arbor, Mich.) the following interesting account of the processes employed in preparing the fruit and the receptacles for it for market.

"The ripe fruit is dipped in scalding water, the skins removed and it is sliced and packed in cans. These cans are soldered inside with a solder composed of about 60lbs. of tin to 70lbs. of lead, leaving thus a considerable amount of lead in the alloy which may be acted upon by the natural vegetable acid of the tomato.

"That the solder may have a clean bright surface with which to unite, a flux of resin is used ; a different and more proper method from that in which the cap is fastened on. After the fruit is packed in the cases the cap is soldered on ; in this, a solder, made softer by a larger proportion of lead, being used ; while the edges of the cap and the groove in which it fits are cleaned by the use of a brush wet with the muriate of zinc.



“This fluid is prepared by throwing pieces of zinc into pure commercial hydrochloric (muriatic) acid; no fixed relative quantities being used, free hydrochloric acid often exists in the solution.

“The tomatoes frequently splash over the edges of the cans, so that those at work often use their brush, which has been dipped in this poisonous liquid, to clear off pieces of the fruit. Then again the temptation is to use a large quantity of the liquid on the brush, that the labour of spreading the solder even may be lighter. The hot iron being applied to this, I feel sure there can be no doubt but that large quantities of the muriate of zinc, with perhaps some free muriatic acid, are many times forced into the can to mingle with the contents.

“After the cans are sealed in this manner they are put into a vat of boiling water to cook, a small hole being left in the cap to allow the air to be driven out by the steam. When cooked, and the air-hole sealed, they are taken to the cooling room and dumped on the floor, being tested after cooling to ascertain whether hermetically sealed. Such cans as are not air-tight give a tympanitic sound on being lightly struck with a metallic rod; in case fermentation has commenced with the formation of gases, its presence is shown in the condition of the top of the can which bulges from the effect of the pressure within. This condition is known as a “swell-head,” which together with the defective cans are again cooked and sealed up after the leak has been found and soldered.

“From these processes it is evident that the sources of poisoning from tomatoes, and indeed any canned fruit, would be three in number: first, from a solution of lead produced by the action of the acid of the fruit upon the solder; second, from the presence of muriate of zinc, which the symptoms indicate as the poison in the cases which have been given; third, from the spoiling of fruit in the can by the overlooking of a leak, in which case the symptoms would partake of the nature of a cholera morbus attack.

“To avoid these dangers, it would be well in making a purchase of canned goods, to give each one a careful examination, rejecting such as do not show a line resin amalgam around the edge of the cap, similar to that on the seams on the body of the can. Reject, also, such cans as give a rattle on pressing on the bottom of the can. A sound can gives a solid feel on being pressed, while if gas from decomposing fruit be present, the tin will rattle on pressing up the bottom of the can from the displacement of the gas within.

“This doubtful condition of the canned goods trade will probably correct itself in time, even without legislation on the subject, as the public become aroused to a sense of the danger incurred from the use of improperly packed fruit. In many

sections the people are already becoming demoralised by the occurrence of frequent cases of poisoning, and will, in a measure, "boycott" these goods, causing the trade to suffer, and the manufacturers, in their own interest, to correct the existing evils."

## OBITUARY.

### WILLIAM H. THOMSON, M.D., EDIN., ADDISCOMBE.

We have to record, with deep regret, the loss by death of one who was comparatively little known in the profession, owing to his quiet unobtrusiveness, but whose character was almost unique in his profession.

William Hamilton Thomson was descended from an old Haddingtonshire family. He studied medicine in Edinburgh, where he took the diplomas of M.D. and L.R.C.S. After qualifying he resided in Paris for some time, pursuing his medical studies, and so acute was his ear, and his professional knowledge so well known among his friends, that he was strongly advised by them to commence practise as a specialist in lung and heart disease, those being his favourite studies. He did not, however, do this, but began general practice as an allopath. After some time he got so out of heart with the medical treatment of the day, that, like Hahnemann, he gave it up and took to literary pursuits. During this period he became acquainted with homœopathy, and becoming convinced of its truth, he, at the earnest request of his wife and of many friends, resolved to recommence practice, this time as a homœopath.

He settled at Addiscombe about nine years ago, and without any professional introductions soon got a large practice. He had a peculiar gift of attracting patients, who not only believed in his skill to the utmost, but became attached to him as to a father. His skill in diagnosis was great, as was his general professional knowledge. This with the homœopathic system to work on, ensured him a success that might be envied by most men. In the sick room his manner was most sympathetic, yet so decided as invariably to win confidence. At the funeral, his patients were present in large numbers, anxious to testify to the love and respect they had for him. His general reading was immense and varied. This, coupled with a remarkable memory, made him quite a walking cyclopædia. He was always ready on any subject of conversation, and without reference to books, to answer questions and difficulties on almost any point. After resuming practice, he continued, as a recreation, to write, chiefly for the *Spectator*. He also wrote a short article on Homœopathy for the *National Cyclopædia*. The value of his literary work, and the special field of it, is best described by Mr. Hutton, the editor of the *Spectator*. In writing to Mrs. Thomson after the

Doctor's death, he says, "I have known Dr. Thomson solely as a contributor to the literary department of the *Spectator* for which he wrote many reviews of great value. His special literary object was, I think, the psychological and metaphysical inferences to be deduced from the study of biology, and on such subjects there was no contributor whose writings I have found more instructive. He was well read in Scotch, and not unversed in German writers on these subjects, and though wholly opposed to the materialistic views he was most careful and lucid in grasping and setting forth the precise character of the arguments used by the ultra-Darwinians in Germany and England. But the great charm of his writing was, in what Mr. Arnold has called, 'sweet reasonableness.' Dr. Thomson was never too much incensed with any writer, however unreasonable, to fail in placidity and intellectual precision himself. Everything he wrote carried with it the air not only of conviction but of serenity, and not only of serenity, but of a rooted urbanity. There was benignity in his whole manner, both as a writer and as a man. He never came into my room without diffusing a sense of moral sunshine; and in his writing, too, there was the same effect of harmony—the harmony of one who carried about with him both sweetness and light. He had, I think, a keen feeling for the beauty of science—as keen a feeling as he had for its truth—and it was this which distinguished his writing from that of most writers on scientific subjects. I well remember the pleasure which his review of the Duke of Argyll's last book gave me—a pleasure which I have some reason to believe was shared by the author, though some of Dr. Thomson's criticisms proved that his own view was not entirely in accord with the Duke's. The editors of the *Spectator* will have reason to regret Dr. Thomson's loss, both as a valued contributor and as a friend."

Dr. Thomson's quiet unobtrusiveness prevented his being generally much known in the profession. It is only those who knew him intimately, as the present writer did, in consultation and socially, who can feel what a loss he is to the profession and to the world. A character and acquirements like his are as rare as they are beautiful.

Dr. Thomson, while helping a medical colleague who was away on a holiday, did it so conscientiously as to expose himself on a cold wet day in a way that few men would have done for a friend. He caught cold, and pleuro-pneumonia with effusion set in. He was progressing favourably, and his medical advisers, Drs. Purdom and Dyce Brown hoped he would recover, though slowly; but a slight exposure brought on a relapse, from which he never rallied. He died on the 14th September, at the age of 69.

## CORRESPONDENCE.

## HOMŒOPATHY IN TASMANIA.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—Homœopathy would go ahead here capitally if we had medical men to carry it on. Enclosed is a clipping from the *Hobart Mercury*, which shows that the working men in the clubs are determined to have homœopathic treatment if they can get it, and as they offer from £500 to £600 a year to begin with, allowing, as you see, their homœopathic doctor to engage in private practice as well, it will be an anomaly if some practitioner cannot be found for them. The first allopath is now getting £1,400 a year from these alone, besides private practice. I had from £800 to £400 from them for some years, but was obliged to give the club up through press of practice, and then, when the allopathic sick pay averaged 28s. per head, mine only came to 7s. 4d., which greatly delighted the members, and one club for years paid me double fees rather than have allopathy, and would do still if I would take it.

Yours truly,

H. BENJAFIELD, M.B.

Hobart, September 5th, 1885.

The following is the paragraph referred to by Dr. Benjafield :—

"UNITED FRIENDLY SOCIETIES' DISPENSARY.—A special meeting of the various delegates connected with the above met at the Oddfellows' Chambers, Collins Street, last evening. Mr. Thos. Davies was voted to the chair. The delegates were called together to discuss 'the advisability of procuring a certain number of medical gentlemen to act for the Friendly Societies exclusively.' Expressions of opinion were heard from the representatives, and the resolutions *pro* and *con*. passed at the several lodges, tents and courts handed in. These, with one or two exceptions, were unanimously in favour of the proposal. The first resolution was:—'That two allopaths and one homœopath be appointed, the latter to be allowed private practice, the allopaths to be at the service of the Friendly Societies exclusively.' An amendment:—'That three allopaths be engaged'—was lost, and the original motion carried. Several of those present were in favour of the committee drawing up a draft code of rules to be submitted at the next meeting, but after protracted discussion, it was resolved to simply adjourn the meeting for a month."

### PROVING MATERIAL.

*To the Editors of the "Monthly Homœopathic Review."*

GENTLEMEN,—I have read with much interest and enjoyment your excellent article in the September number of the *Homœopathic Review* on Professor Fraser's address at the meeting of the British Medical Association.

The question raised in that address, and on which you throw so much light in your criticism, is, perhaps, the most important that can engage the medical practitioner, and is of *special* interest to the homœopath, because he has a clue to the application of remedies for disease which the allopath is not wise enough to employ; and so the latter is often unable to take proper advantage of the results he may have obtained by the inductive process. My object, however, is not to contrast the two methods of cure—or rather, the homœopathic *method* with the allopathic *empiricism*—but to suggest a plan by which the medical man may obtain the results of experimentation in a fashion which will make it more reliable.

How can this be obtained? It is admitted that no sound conclusion can be drawn as to the effects of drugs on the human subject from experiments made on the lower animals. It is also admitted that clinical observation and experiment do not afford a safe test of the effects of medicines which may be administered. In order to obtain this the drug must be applied to an individual in a normal state of health. Occasionally the medical practitioner may prevail upon a friend to try the effects of a particular drug, or he may try it upon himself; but I need not say that experiments of this kind, especially by a medical man in good practice, can be carried out only on a very limited scale.

Now permit me to ask if there can be any objection to carrying on a series of physiological medicating experiments upon the inmates of our prisons? Their physical condition, from the regularity of their life and diet, is in most cases exactly what medical men desire to test the action of a particular drug, and there would be every facility for keeping a correct record of symptoms. I do not propose to subject prisoners to experiments of a nature permanently injurious to their health, nor do I propose that they should undergo them without their own consent; but I have no doubt at all that many of them would be only too glad to allow the doctor to dose them in an experimental way on condition of some lightening of their sentence, especially the shortening of their period of imprisonment. I am aware that a novel proposal of this kind is likely to be scouted at the first naming of it, but I can see no good reason for refusing to give it a trial. The end to be gained is so important, that we should not be scared by administrative or humanitarian difficulties; and though I would of course desire to see the same facility given to

all respectable members of the profession, I am sure that the result would redound to the confirmation of sound homœopathic principles in therapeutics, and that it would be the wisdom of homœopathic physicians to pronounce in favour of experiments thus conducted, on a large scale, and under satisfactory conditions.

I am, yours truly,

Edinburgh, 15th Oct., 1885.

SCOTTS.

### NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Dr. MARKWICK, of London, has removed to Ventnor Villas, Hove, Brighton, where he purposes confining himself to strictly consulting practice.

Dr. STANLEY WILDE has removed from Nottingham—where he is succeeded in practice by Dr. BLUNDELL—to Cheltenham.

Communications &c., have been received from Dr. DUDGEON, Dr. CLARKE, Mr. ENGALL, Mr. CROSS (London); Dr. H. NANKIVELL, Dr. DRURY (Bournemouth); Dr. E. ROCHE, Mr. KNIGHT (Norwich); Dr. SAWYER (Birmingham); Dr. HAYWARD (Liverpool); Dr. HUGHES (Brighton); Dr. NICOLSON (Clifton); Dr. A. CLIFTON (Northampton); Dr. G. CLIFTON (Leicester); Mr. POTTAGE (EDINBURGH); Dr. J. P. DAKK (Nashville); Babu DWARKAMATH BANERJEE (Calcutta); &c.

### BOOKS RECEIVED.

*History of Homœopathy.* By Wilhelm Ameke, M.D. Translated by Alfred E. Drysdale, M.B. Edited by R. E. Dudgeon, M.D. London: Published for the British Homœopathic Society by E. Gould & Son, Moorgate Street, E.C.

*Haven's Short Hand Chart.* Philadelphia: Curtis Haven. 1885.

*Annals of the British Homœopathic Society.* August, 1885.

*The Homœopathic World.*

*The Hospital Gazette and Students' Journal.*

*The Chemist and Druggist.*

*The Monthly Magazine of Chemistry and Pharmacy.*

*The New York Medical Times.*

*The American Homœopathist.* New York.

*The New England Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The U. S. Medical Investigator.* Chicago.

*The Medical Era.* Chicago.

*The Medical Advance.* Ann Arbor.

*The St. Louis Periscope.* St. Louis.

*Bulletin de la Soc. Med. Hom. de France.* Paris.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgem. Hom. Zeitung.* Leipsic.

*Rivista Omiopatica.* Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 18, Church Road, Tunbridge Wells, or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY  
HOMŒOPATHIC REVIEW.

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LATHYRUS IN SPINAL PARALYSIS.\*

BY JOHN H. CLARKE, M.D.

*Lathyrus* belongs to the *leguminous* family of plants, which gives us *physostigma*. There are two species, *l. sativus* and *l. cicera*, but their properties appear to be identical. The effect of the drug on the spinal cord is very marked—paralysis, stiffness, pain, and want of co-ordination resulting. This led to my using it in the cases I am going to relate. I have called them cases of “Spinal Paralysis.” I have used the term for convenience in a general sense, since the affections were of different portions of the cord in the different cases; and I am quite prepared to have it questioned whether or not the cord was at all affected in one of the cases. Before going on to the cases I will give you what is known of the effect of eating the pea; and if any present are inclined to prove it and so develop its finer characteristics, they will have my hearty encouragement.

The following pathogenesis is to be found in Allen’s *Cyclopædia*. In their dissertations on *lathyrus cicera*, Benninger and Duvernoy (1770) speak of it as causing “stiffness of the ankle and lameness.” Puihn gives “knees

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\* Read at a meeting of the British Homœopathic Society, Oct. 1st, 1885.

stiff and flexed, with weakness of the feet and lameness, without pain." Prag (*Med. Monats.* 12, 176) as the effect of *lathyrus sativus* when eaten with bread, "paralysis of the lower extremities, the sensibility remaining intact; sometimes persons who go to bed early wake with stiff limbs, and in a few days the paralysis is complete. This symptom is said to occur only during wet weather, usually suddenly, and confined to, or most frequent in, marshy districts."

The effects of subsisting on a crop of this pea, the wheat crop having failed (*Brit. Journ. of Homœopathy*, 3, 257): "The younger part of the population of this and the surrounding villages, from the age of thirty and downwards, began to be deprived of the use of their limbs below the waist by paralytic strokes, in all cases sudden, but in some more severe than in others. About half the youth of the village, of both sexes, became affected during the years 1833, 1834, and many of them have lost the use of their limbs entirely, and are unable to move; the youth in the surrounding villages have suffered in an equal degree. No person once attacked has been found to recover the use of the limbs affected. All stated that their pains and infirmities were confined entirely to the parts below the waist; they described the attack as coming on suddenly, often when the person was asleep, and without any warning symptoms whatever; and stated that a greater portion of the young men were attacked than the young women."

Centini (*Lyon Méd.—L'Art Medical*, August, 1874) gives as the effects on three brothers, aged 20, 10, 28, of eating daily for several weeks its flour mixed with Indian corn:—"The gluteal muscles, and those of the lower extremities were plainly emaciated, while the upper limbs retained their natural appearance. While lying in bed they moved their lower limbs with considerable facility, and the legs could be fully extended; abduction was well performed, but flexion was difficult; and it was especially difficult for them to lift up the limbs. In the case of the oldest patient, the left extremity was decidedly weaker than the right. The youngest could stand and walk; to do either was difficult for the oldest and impossible for the remaining patient without a firm support. All three when walking threw the chest well forward, the haunches projecting behind, so that they seemed literally to fall from one part to the other. They also misplaced the feet, which by two of them were brought too close to the median line,



and sometimes passed beyond it, causing their legs to cross each other and tangle up; the third and worst affected walked, on the contrary, very bow legged. The whole weight of the body rested on the metacarpo-phalangeal articulations, the heel never touching the ground. Walking backward was similarly affected, but was still more difficult. When told to stand steady two of them obeyed with great difficulty, and for a few minutes only if not firmly supported; they swayed widely forwards and sideways, and seemed in constant danger of falling; they instinctively sought to keep their balance by pressing with the hands upon the hips. If they shut their eyes while standing or walking, their attitudes and movements were in no wise modified."

In an interesting article in the *Bibliothèque Homœopathique*, of March last, Dr. Lebourcher sums up what is known of this drug. He quotes from M. Proust's account of the drug the following symptoms as the effect of *lathyrus cicera* in addition to those mentioned by Allen: pains in the lumbar regions; affections of the genital organs and bladder; formication of the limbs or a sensation as of serpents running across the muscles, under the skin, biting the muscles cruelly; incontinence of urine and temporary impotence. Dr. Lebourcher comments on the striking resemblance between *lathyrism* and *beriberi*. Both appear to be determined by exposure to cold in hot countries, and by bad alimentation; and the paralytic symptoms are almost identical. The anæmia, dropsy, and general degeneration of muscular tissue, and the drowsiness of *beriberi* do not appear in *lathyrism*, nor the dyspnœa. It is said, however, that *lathyrus* causes in animals "roaring," a condition as of suffocation; and on this has been based the only experience of its homœopathic use I have seen recorded. In the practice of M. Blanc, a homœopathic veterinarian, several horses were cured of "roaring" (*cornage*), by *lathyrus cicera* in the 6th trituration, given three or four times a day.

I will now relate the cases I have treated with the drug.

#### CASE I.—SPASTIC SPINAL PARALYSIS.

Susannah M., 46, cook, medium size, rather dark. Admitted June 26, 1884, complaining of paralysis. She is single. Never had rheumatics, never had sore-throat, or lost her hair. Her mother died suddenly at the age of 45, her father of some disease unknown to her, at 61; three sisters have died of phthisis.

Her illness began 12 years ago. She first felt a sensation in the right thigh, and on the right side, about the level of the umbilicus, a feeling as if bound round with a cord. When she tried to walk she suffered from pains in the back. She was laid up for four or five days with what she calls a bad cold; her limbs were not affected. She felt very weak and used to tremble in all her limbs. She did not have sore-throat or headache. She did not hurt her back.

Since that time her limbs have gradually got weaker. She has a great deal of difficulty in walking. The limbs drag, and shake a great deal when she puts much pressure on them; and if she walks far she feels them numb. She has never suffered from any shooting pains in the limbs; they only ached when she tried to walk.

She has had difficulty in retaining her water for the last eight or nine years; this is sometimes worse than others; it has been worse lately. The bowels are rather costive, otherwise no difficulty.

The pulse is regular; the arteries are prominent. No cardiac bruit; the second sound in aortic area rather accentuated.

She has no cough or expectoration. The lung sounds are normal.

There is no dribbling of urine; it is simply that she cannot retain it long; if she tries, it gives her pain. There is no pain on pressing over the pubis.

She has no headache. She sleeps well now, but at one time she did not.

*Locomotory System:* Muscles in fairly good state of nutrition; no atrophy. She has no pain in the limbs though they ache and burn much when she walks. Sensation quite normal. When she walks she drags her limbs, and the toes are slightly turned in. The feet—especially the right—seem to cling to the ground. The knee reflex is much exaggerated on both sides, especially the right. Ankle clonus very well marked on the right side, much less on the left. She says she sometimes feels a cold sensation in the right side, and a trembling in the back when she tries to walk.

She has no pain in the back on percussion. On sitting up she feels as if she cannot sit up. There is no pain, but a feeling as if compelled to lie down. She used to feel tight there as if she could not bend.

Two days after admission she was put on *lathyrus sativus*

3, two drops four times a day. For a time there was general improvement; she said she felt better, less of the tight pain in the right side, and there was less difficulty in retaining the water. But on the 9th of July she was not so well again. She complained of a sensation as if pails of cold water were poured over her right side. After this she improved again, and on the 12th was free from pain; was taking her food much better than she had done before. Sleep good; walk tremulous. This continued until the 23rd; there was no noticeable improvement in the walk, but there was no pain, and the general condition was very good. On the 23rd there was a return of the pain in the side. *Merc. cor.* 3x one drop four times a day was given in place of *lathyrus*. On the 26th these two were given in alternation. The pain improved under the *merc. cor.*, but did not entirely leave her. On the 30th there was still pains and tightness. She complained that after each dose of the *lathyrus* she had tingling in toes and fingers. On the 2nd of August she complained much of the pains; she said it was very tight, and made her quite sore across the abdomen at the level of the umbilicus. She was now put on *potassium iodide*, three grains three times a day in alternation with *merc. cor.* The tightness improved, and the tingling in the fingers and toes ceased. Since she left the hospital I have heard from her. She has again taken *lathyrus sat.* in the 1st dilution, and though the walking has not improved she has felt better in the body.

CASE II.—MULTIPLE SCLEROSIS; MUCH IMPROVED.

A. W., a governess, aged 28, admitted November 1st, 1884. Her illness had lasted 7 years, and for 6 years before admission she had not walked. Her manner was rather foolish and her intellect apparently not very bright, but there was no mental aberration. Her illness began with weakness of the left hand, this was followed by the right becoming affected as well. Then the hands got better and the legs became paralysed. Her bowels, which were always costive, had become very much worse since her illness; and for a period, she did not remember how long, she had been unable to retain her urine. For three months her sight had been bad, especially of the left eye. In other respects her health was good. The family history was unimportant. She was dark, stout and heavy.

State on admission: There is diminution of power in the hands, especially the left. Motion of the limbs is jerking. She can bend both knees, but raises the right higher than the left; knee-jerk is increased on both sides; front cap phenomenon also on both sides; the ankles are stiff; slight ankle clonus on both sides, especially the left. She can stand and walk a little with assistance, but she drags the left foot; she steps on her toes and trembles very much. She was given *lathyrus sat.* 3, one drop every two hours. She made steady improvement; was soon able to walk about unassisted except by chairs and tables, and could walk a little even without them. She gained control over the bladder; but the constipation did not improve. With the exception of a few days, when she received *gelsem.* on account of facial neuralgia, she had *lathyrus* all through. For the last fortnight she had *opium* 3, one drop night and morning, but that had no influence on the constipation. She left the hospital on the 9th of January, 1885, much improved as compared with her state on admission, but still not well; and during the latter part of her stay she had remained stationary. I regret to learn that since her return to her home in the country she has gone back to much the same condition as she was when admitted.

CASES III. & IV.—*Two Cases of Paraplegia, of the pathology of which I am not certain.*

Two children, Ethel S., aged 4, and Dora S., aged 3, sisters, were admitted to the hospital on the 3rd of September, 1884, both suffering from paralysis. The history was not very definite. The mother said that there were several children older than these in her family, and one younger; that the older ones were all strong and healthy, and that Ethel (the elder of the two patients) became affected whilst she was nursing her. She said that whilst nursing, she poisoned her hand whilst making a gooseberry tart; her hand became much inflamed, but she continued to nurse; the child got inflammation of the bowels and wasted. She nursed Dora, and she also became affected. The infant younger than Dora threatened to go in the same way, and so the mother left off nursing it. On admission both children were found affected in the same way, but the elder (Ethel) much the more severely. Both their heads were curiously shaped. The back of the head was as if crushed in at the occipital partition, and bulged out on both sides of this,

giving a large, flat surface behind. It communicated a most unnatural feeling to the hand. In the elder, whose head was proportionably the larger, this was more marked. Dora had a very violent temper; Ethel's temper was just the opposite.

The condition of the body was much the same in both, only more marked in the elder. All the joints were supple and lax; the foot could be laid back on the leg, and the hand laid back on the fore-arm. The limbs were not absolutely powerless, but when the children were held up to walk they were thrown about in every direction, as if there was no power of co-ordination. The lower extremities were much more severely affected than the upper. At the same time the reflexes were all exaggerated—knee, elbow, ankle and wrist: and when laid on their faces, and the finger run up the spine, the muscles of the back were seen to contract and move the trunk.

At first they were put on no medicine, but left to see what the hospital care and dietary would do for them. They improved in general health, but not perceptibly in regard to the paralysis. On September 18th they were both put on *lathyrus sat.* 3, one drop every two hours. The younger child began to improve rapidly. On the third of October she could almost stand when helped. The joint was still "double," and the patella reflex was very marked. There was no ankle clonus. The legs were thrown out in a helpless kind of way when she tried to walk. The improvement continued, and she left the hospital able to walk quite well on October 22. She had no medicine but the *lathyrus sat.* all the time she was in the hospital.

Ethel, who was the worse all through, did not make such good progress. She grew, and became fatter, but did not gain power in her legs. From the first she had had difficulty in swallowing. She drank badly, and food often returned. On September 20th, two days after receiving *lathyrus*, she had an attack of sickness and diarrhoea, and the swallowing became worse. She received *calc. c.* 6, one drop every two hours for six days, when the *lathyrus* was resumed, and continued until Nov. 9th, fifty-four days. On October 3rd, her condition was noted as follows;—Cannot stand, collapsed; when held up to walk left leg is thrown out as if there was loss of co-ordination; patellar reflex on left side sometimes appears increased, at other times absent; sometimes continuous contraction of

left leg is felt by quick repeated tapping; no increase of reflex on the right side; no ankle clonus, but ankles can be moved round in every direction. On the 15th the knee jerk was still exaggerated; and the tendo achillis reflex was pronounced. There was no ankle clonus; the calves were very flabby. On the 27th there appeared to be a little more power in the left limb. She was much brighter and more intelligent than she used to be. From the 9th to the 19th no medicine was given. There was no improvement in the walking powers. Neither at this time nor subsequently was she able to use the go-cart. She collapsed under a fraction of her own weight. There was now noticed internal strabismus of the right eye. She was given *picric acid* 3, one drop four times a-day. On December 2nd she was noticed to be much livelier, she having more strength in her legs. After this she had diarrhœa very frequently, for the treatment of which the *picric acid* was stopped, and no special treatment was again adopted before she left the hospital. She went to a convalescent home where she was, I regret to say, neglected, and has since returned to the hospital in a worse condition bodily than on her leaving. The condition of the limbs is unchanged. She can sit and use her arms as she could when she left, but can bear no weight on her legs and cannot use the go-cart. At present she is under treatment for general ailments. She has now gone to Margate for change.

Dora has recently paid a visit to the hospital and is perfectly well—as strong, handsome, well-made, and active as one could wish to see. Unhappily her temper has not improved in corresponding ratio.

#### CASE V.—RHEUMATIC (?) PARALYSIS.

John W., Sheerness, 58, boat-builder, consulted me at the London Homœopathic Hospital, on Sept. 10th, 1884. He was rather a large man, dark, with grey eyes. He had been ill for nine months and under allopathic treatment.

Nine months before, the ring finger of the right hand swelled, and the day following he lost the use of his legs; for 10 weeks was confined to bed. He had always been a temperate man, drinking as a rule a pint of ale a-day, and when he took spirits it was only a small quantity of whiskey. He enjoyed good health generally, and even in this illness had never lost appetite. According to the patient, the

doctor who had attended him at Sheerness had pronounced his illness to be rheumatic gout, and had said that he "could not get his water right." I found the urine normal on testing.

During the time that he was confined to bed his left leg swelled from the knee to the ankle. This subsided with application of hot solution of soda; but I found slight pitting just above the ankle when he came to me. He has never felt as if a band was tied round the loins, and has never had numbness. He has gone very grey since his illness began, and his sight has failed. He cannot read small print now, but he can see to work.

He complained chiefly of his knees and hips, which are stiff, weak, and have a soreness in them. They have never swelled. In the knees the weakness seems to be in the knee-caps and under the knees. Walking is very difficult, and going up or down steps he finds almost impossible. He is so stiff that for two or three minutes he cannot take a step. The stiffness is worse after sleeping; if he sleeps for a quarter of an hour only his knees become exceedingly stiff. Sometimes he cannot lie on the left hip at night from soreness. For a fortnight has had a curious affection of one of the fingers of the right hand; the first phalangeal joint catches, and when he bends it the action is jerking as if worked with a spring. There is no pain, and the hand is quite strong. The left hand has never been affected.

The muscles of the limbs were well developed and well nourished. There was no obvious affection of the joints. The tongue was furred; appetite good; bowels regular. The pulse was 76, rather irregular; heart sounds normal. He had no headache.

I gave him *lathyrus sativus* 3, one drop four times a day. He came back in a month and reported that there had been no improvement until the last three days, during which he had noticed that he had more strength, and could step up and down with more ease and comfort. His thighs felt as if they had been pounded; his hip-joints were sore, and his knee-caps were sore on the under side. One peculiar thing had happened, that whereas his bowels were always regular before, they had become very constipated. He had only had three motions in the four weeks, and had taken salts to procure them. The medicine was repeated. When he returned in another month there was great improve-

ment. His legs were much stronger and freer in motion. The bowels were quite regular. The hands were unchanged.

December 10th. Can now walk a good distance without feeling any discomfort. Can go up stairs easily, but still finds it difficult to go down stairs, it causes sore feeling in the knees. The pulse was full, regular, frequent and soft; tongue furred and brown; bowels regular. The patient was intensely delighted with the improvement in his condition. I gave him another supply of *lathyrus*, and have not seen him since. I have little doubt that he felt it unnecessary to make further journeys from Sheerness to see me.

This, gentlemen, is about the sum of my experience with *lathyrus*. It is not much, but I think may be sufficient to be worth your consideration. I have published in the current number of the *Homœopathic World* a case of spastic paralysis, practically cured with *iodide of potassium* and *merc. cor.* It may be well to compare this with some of the above; if the members have no experience in the treatment of spinal paralysis with *lathyrus*, I would suggest that the discussion should turn on the treatment of spinal paralysis in general.

#### DISCUSSION.

Dr. DUDGEON thought the paper was a very good illustration of the utility of the *Cyclopadiæ of Drug Pathogenesis*. *Lathyrus* was a very hopeful remedy in paralysis judging from the effects in cases of poisoning. He had had several cases of paralysis of the lower extremities lately. One where there was simple loss of power and no pain *agaricus* was the medicine prescribed, and gave very good results; bowels, bladder and sexual functions were not impaired; the last was increased. In lightening pains, too, *agaricus* is of great service.

Dr. HUGHES had had no experience with this remedy. He referred to the falling of the front part of the foot in natives of India poisoned by the drug as a useful indication in similar cases. He thought the results were quite such as to encourage us in its use. He related a case of spinal paralysis seen in America last year, where *agaricus* was tried with complete success. He also praised *gelsemium* in congestive affections of the spine, coupled with burning pain.

Mr. BLACK-NOBLE thought the two last cases were cases of infantile paralysis. He related a case of disseminated sclerosis treated with some success by *bell.* and *gelsem.*, at least the symptoms are not increasing.

Mr. DYCE BROWN thought that where there was actual organic change in the cord, we could only hope for improvement up to a



certain point; cases which get quite well are simply those of functional disorder from temporary congestion. He (Dr. Dyce Brown) remarked upon the absence of spasmodic affections in the cases related. In a case of spasmodic spinal paralysis seen lately he had found *conium* of great service (4 drops of mother tincture three times a day). A case of paraplegia which had been in hospital some time ago recovered completely under *conium*, and also a case of multiple sclerosis.

Dr. E. A. NEATBY thought it very difficult to determine how much improvement was due to medicine and how much to mere rest, and related a case in point.

Dr. GOLDSBROUGH narrated a case of syphilitic paraplegia, which was treated by *conium*; it aggravated the symptoms even in the 6th, 12th and 80th dilutions.

Dr. BAYNES noticed the similarity of cases of poisoning with *lathyrus* and the effects of excessive doses of *coca*.

Dr. MACKECHNIE (in the chair) related an interesting case of locomotor ataxy treated by *phosphate of strychnia* (1 to 200) where complete recovery took place, lasting some years. After a relapse he again recovered almost entirely under same medicine.

Dr. CLARKE (in reply) said he could have wished his cases had been more conclusive; but, at the same time, he thought that they did exemplify the action of the drug to a certain extent. He considered that in the last case the action was quite clear.

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### WHAT SHOULD BE THE BEARING TOWARDS HOMŒOPATHY OF THE YOUNG MEMBERS OF THE MEDICAL PROFESSION.\*

By JOHN W. HAYWARD, M.D.

GENTLEMEN—This is a question of vital and immediate importance to the recently qualified, and those who are about to become qualified, and, perhaps, of scarcely less urgent importance to advanced medical students. How should these comport themselves towards this method of medical practice, seeing that it differs so radically from that which has just been learnt from their books and instilled into them by their teachers, and from that which is practised in the principal hospitals in the kingdom, to which they have to look for appointments as a means of professional advancement; and seeing that it is so disliked and objected to by the hospital professional staffs, to whom, as their seniors and the men already in position, they have to

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\* The Presidential Address at the opening of the Twenty-ninth Session of the Liverpool Homœopathic Medico-Chirurgical Society, Oct., 1st, 1885.

look for encouragement and help, if not patronage, in the early part of their professional career? Should they study this "method of practice"? Should they adopt it? And if they should, should they study it openly or secretly; and should they practise it openly and avowedly, or without acknowledgment and secretly? These are questions which are to them of vital importance, professionally; and not only professionally, but socially and financially also; for as professional men their pecuniary success and social position are dependent upon their professional success.

I wish, therefore, to put this question, viz. :—Even if they should become convinced of the truth of the homœopathic theory and of the superiority of homœopathic practice, should they, in the present temper of the profession, openly avow their belief in, and show their preference for, practising under the guidance of the law of similars?

I have frequently asked myself this question, having been prompted to do so by having observed and felt some of the results of such open avowal. What some of these results are I will mention presently.

On first thought it must appear strange that there should be any question whatever of the propriety, indeed necessity, of every young member of the medical profession studying and openly adopting any and every "method of practice," as well as any and every "remedy" that would be at all likely to contribute to the benefit of his patients, as patients, notwithstanding any objections made by his seniors and colleagues.

On first thought there would appear to be no room whatever for question on this matter, because of the personally responsible as well as the sacred and solemn character of the physician's calling—dealing, as it does, with the health and disease and the life and death of his fellow creatures, and laying, as it does, all responsibility on the individual practitioner himself, without reference to his colleagues. And it does appear to be absolutely incumbent upon every medical man, not only to use his best efforts and abilities when called to the bedside of his patients, but also in his study, in preparing himself for the demands of his bedside calls, and to assist him to meet successfully the many and grave responsibilities he has taken upon himself by becoming a medical practitioner. He should at any rate make himself so acquainted with every apparently

established method of practice, and every fairly approved remedy, as to be able to judge for himself of their appropriateness or otherwise for contributing to the success of his management of his patients. Of this there ought to be no question whatever, and seeing that homœopathy has prevailed so long<sup>1</sup> and extensively<sup>2</sup> and has commanded the acceptance of so many of the best men in the profession<sup>3</sup> and that it professes to be based upon natural law<sup>4</sup> and practical success,<sup>5</sup> at the very least it is incumbent upon him to make himself acquainted with the homœopathic

<sup>1</sup> & <sup>2</sup> First announced by Hahnemann in 1796. Introduced into this country by Dr. Quin in 1827.

In 1846 Sir John Forbes, the then editor of the *British and Foreign Medical Review*, and one of the most celebrated physicians of the day, wrote of it: "We have not been unaware of its claims to attention, nor regardless of its remarkable progress in every country of Europe, both as a system of medical doctrine and a system of medical practice."—*British and Foreign Medical Review*, January, 1846.

In 1852 Dr. Routh wrote of it: "This system has unfortunately lately made, and continues to make, such progress in this country, and the metropolis in particular, and is daily extending its influence, even amongst the most learned, and those whose high position in society gives them no little moral power over the opinions of the multitudes, that our profession is, I think, bound to make it the subject of inquiry and investigation."—*Fallacies of Homœopathy*, by C. H. F. Routh, M.D.

In 1857 Sir John Forbes again writes of "the vast body of practitioners now following this system in all the countries of the world, and the number of public institutions devoted to the treatment of the sick according to its doctrines." And he goes on: "It cannot be denied that there are amongst homœopaths men who have embraced its doctrines from conscientious motives, and pursue its practice with the same benevolent desire to benefit their patients that actuates the followers of the ordinary system of medicine."—*Nature and Art in the Cure of Disease*, p. 159.

It has now (1885) representative physicians and journals in every country of the world, even in India and China.

<sup>3</sup> Since its introduction into this country it has been embraced by professors of universities, court and hospital physicians and surgeons, by late presidents and vice-presidents of the British Medical Association, and by hundreds of general practitioners; it has hospitals or dispensaries in almost every large town in the kingdom; and there are now scores of places seeking homœopathic practitioners.

Since its introduction into the United States it has spread into every State of the Union, and has now medical societies, hospitals, colleges, and licensing boards that compete successfully with those of the old school; and it numbers its practitioners by thousands. See Note 14.

<sup>4</sup> The natural law or rule of nature as to the action of medicines in the cure of disease is expressed by the formula, "Let likes be treated by likes," or, "*Similia, similibus curentur.*" See Hahnemann's *Medicine of Experience in Hufeland's Journal*, vol. ii. The general rule or natural law in astronomy is expressed thus: "Two bodies attract each other directly as the mass and inversely as the square of the distance." And that of storms thus: "They move in circles."

<sup>5</sup> In support of this assertion many statistics might be instanced, but

use of drugs, which, as a student he was not able to do, for in his books, lectures and hospital attendance, the young

it will perhaps be best to give some collected by a writer against homœopathy, namely, Dr. Routh, who, in his *Fallacies of Homœopathy*, already referred to, tabulates a large number, which he collected from allopathic and homœopathic hospitals, of which the following are some of the results:—

	HOMŒOPATHIC TREATMENT.		ALLOPATHIC TREATMENT.	
	Death per cent.		Death per cent.	
Pneumonia...	5.7	...	...	24.
Pleuritis ...	3.	...	...	13.
Peritonitis ...	4.	...	...	13.
Dysentery ...	3.	...	...	22.
All Diseases ...	4.	...	...	10.5

In anticipation of its being objected that these statistics are unfair, as not representing the results of the *present* state of the practice of the old school, we will add a comparison of the results obtained quite recently in the public hospital of the city of Denver, in the State of Colorado, U.S.A.:—During the year 1881 this hospital was under the medical care of a physician of the old school, and during 1882 under that of a physician practising homœopathy. The statement is taken from the public records of the Board of County Commissioners of Arapahoe, the county in which Denver is situated:—

	YEARS ENDING MARCH 31st.	
	1881.	1882.
	Treatment Empirical.	Treatment Homœopathic.
Number of patients on hand		
April 1st ...	49	82
Admitted during the year	711	926
Discharged...	597	859
Born ...	10	13
Died...	91	74
Remaining March 31, 1881	82	89
Total cases treated	982	1,358
Cost per patient ...	\$ 5.25	\$ 2.35
Hospital death rate	9.2 per cent.	5.5 per cent.

See "*Monthly Homœopathic Review*," vol. xxix. p. 609

And we may also add an abstract from an Address on the "Homœopathic Treatment of Germ Diseases," by Dr. Hayward:—

"We will take three of the most deadly of the diseases referred to, viz., cholera, yellow fever, and typhus.

*Cholera*.—In this disease, 1836, comparisons were made in Vienna, where the mortality was: under old school treatment, 66 per cent.; and under homœopathic treatment, 33 per cent.

"In 1849 comparisons were made in Liverpool, where the mortality was: under old school treatment, 46 per cent.; and under homœopathic treatment, 25 per cent. In Edinburgh, where the mortality was: under old school treatment, 68 per cent.; and under homœopathic treatment, 25 per cent.

"In 1853 comparisons were made in Newcastle, where the mortality was: under old school treatment, 50 per cent.; and under homœopathic treatment, 20 per cent. In London, where the mortality was: under old school treatment, 51 per cent.; and under homœopathic treatment, 16 per cent. [*Vide Brit. Jour. Hom.* xli. 321—Dudgeon.]

"In 1866 comparisons were made in Liverpool, where the mortality was: under old school treatment, with astringents, 71 per cent.; with castor oil, 30 per cent.; and under homœopathic treatment, 15 per cent.

medical man is taught the use of drugs only from allopathic and antipathic indications, except perhaps from hints and inuendoes by such men as Phillips, Ringer, Brunton, Murrell and Bartholow; and he is taught comparatively little of the uses of medicine at all, for the principal part of his learning and teaching is in anatomy, surgery, chemistry, physiology, pathology and diagnosis. The treatment of disease with medicines forms such a small and unimportant part of the medical school curriculum, that most medical students on becoming qualified know so little about it that they affect to despise it, and regard surgery as the more important, the more useful and the more honourable part of a medical man's work. And not only does it form a subordinate and neglected part in the curriculum of most medical schools, but in some of them it is even despised and degraded, and expectancy or nihilism in medicine is taught in its stead. The future practitioner is taught that he must rely mainly on hygiene, with rest, warmth, comfort, baths, poultices, stimulants and mental influences, leaving the use of medicines to quacks and old women!

[*Vide Med. Chir. Trans.*, l., p. 127—McCloy and Robertson; and *Brit. Jour. Hom.*, xxv., 90—Proctor.]

"*Yellow Fever.*—In this disease, in 1850, in Rio de Janeiro, the mortality was: under homœopathic treatment, 7 per cent.

"In 1853, in Philadelphia, the mortality was: under old school treatment, 80 per cent. In New Orleans, the mortality was: under homœopathic treatment, 6 per cent. In Barbadoes, on board H.M.S. Dauntless: under old school treatment, 50 per cent. [*Vide North Amer. Jour. Hom.*, iii, 503.]

"*Typhus Fever.*—In this disease, the average mortality is: under old school treatment, 21 per cent.; and under homœopathic treatment, 10 per cent. Or, excluding complicated cases: under old school treatment, 10 per cent. [Murchison]; under homœopathic treatment, 0 per cent. [Hughes, i., 72.]

So that, taking three of the most deadly of the germ diseases, homœopathic treatment with infinitesimal doses is: in *Typhus*, 11 per cent.; in *Cholera*, from 21 to 43 per cent.; and in *Yellow Fever*, from 46 to 73 per cent. more curative than ordinary treatment!"

Referring to the statistics furnished by writers on Homœopathy, Sir John Forbes writes:—"I do not think the truth of these results, as far as regards mortality and recovery, ought to be or can be denied."—*Nature and Art*, p. 160.

"Armed with these two tests" (lessened mortality and greater rapidity of cure), says Dr. Inman, author of *Foundation for a New Theory and Practice of Medicine*, and Lecturer on Medicine in Liverpool, "the student proceeds to read the books of rival authors and rival sects, he finds, to his profound astonishment, that Hahnemann and his early followers were able to demonstrate that they had the advantage over the older school of medicine, both in reduced mortality and duration of illness." Preface p. xi.

Hence, on obtaining his license, the young medical man is very imperfectly qualified to undertake general medical practice—to take charge of the health and life of his fellow creatures—for it is not enough for this purpose that he be skilled in anatomy and surgery, physiology, pathology and diagnosis. It is not enough that he know anatomy and surgery, for instance, because the most common and frequent sufferings of the human body are not surgical but medical. Nor is it enough that he know the physiology of health and the pathology and diagnosis of disease, for his province is not only to learnedly discourse on these, and to talk about germs, but it is to cure and prevent disease. If he would qualify himself for taking charge of the health and life of his fellow creatures he must, *nolens volens*, give up his medical nihilism, and not only admit the power of drugs to act on the human body to cure as well as cause disease, but he must make himself acquainted with this power, and learn what diseases different drugs will cause and cure. It is not enough that he know that dietetics and hygiene, rest, warmth, comfort, baths, and mental influences can be made to contribute towards the cure as well as the prevention of disease, he must accept the fact that in the cure of disease the use of medicines plays, and must play, a very important, if not the most important, part. Nor is it enough that he know that drugs will act as poisons and produce morbid states such as vomiting, purging, sweating, narcosis, anæsthesia, paralysis, &c., for a medical man is not simply a physiologist or pathologist to produce and watch morbid processes, but he is also a physician, whose province is to cure disease and restore health; he must therefore know the power of drugs to cure diseases and what diseases particular drugs will cure. Nor is it enough that he know the allopathic or substituting, and the anti-pathic or suppressing action of drugs, which are merely palliative, such as the use of purgatives to relieve headache, of aperients to meet constipation, of astringents to check discharges, of *nitrite of amyl* to relieve angina pectoris, of the *salicylates* and *antipyrin* to bring down fever heat, of the *bromides* to suppress epilepsy, of *quinine* to suppress ague, of *chloral* to enforce sleep, of *morphia* to benumb in cases of pain, and so on; he must know also the far more important and far more generally useful homœopathic or similarly-acting operation of drugs, which is truly curative, viz., that drugs will cure (in the proper

meaning of this word) the morbid states that correspond with those that they will produce, such as that *ipecacuanha* will cure as well as cause vomiting,<sup>6</sup> *podophyllum*<sup>7</sup> and *rhubarb*<sup>8</sup> cure as well as cause purging, *opium* cure as well as cause drowsiness, *jaborandi*<sup>9</sup> cure as well as cause sweating, *mercury* cure as well as cause salivation, *aconite* cure as well as cause fever, *belladonna* cure as well as cause sore throat, and so on. Nor, again, is it enough, that he know that drugs will cure concrete forms of disease that correspond in a general way with those that they will produce, he must know also that the correspondence must be in the peculiarities<sup>10</sup> of the morbid states, as, for instance, that *aconite* will produce and cure some kind of fever, but not any and every kind, and that the fever it will cause and cure corresponds, not with that of the toxæmic fevers, but with that symptomatic of inflammation; also that *belladonna* will not cause and cure every kind of sore throat, not that marked by pustulation and ulceration, for example, but that marked by dryness, vivid redness and heat; and that, as the vomiting caused by *sulphate of copper* is not marked by much nausea, so it is vomiting unmarked by nausea that *sulphate of copper* will cure, whilst vomiting accompanied by much nausea requires for its cure some other medicine, such as *tartar emetic*, which produces vomiting with nausea, and so on.

This knowledge of the power of drugs is quite as necessary to the medical practitioner as is a knowledge of anatomy and surgery, of inflammation and fever, and far more necessary and important than a knowledge of the use of the stethoscope, the laryngoscope, the ophthalmoscope, the catheter, the sound and the speculum, and of the indications afforded by the pulse, the tongue, the skin, and the excretions—as much more necessary and important, indeed, as is cure of disease than is its mere diagnosis. And no medical man destitute of this knowledge should be considered to be qualified for practice, whatever diplomas he may possess. A medical man destitute of a knowledge of the homœopathic use of drugs is no more qualified for practice than he would be were he ignorant of the antidotes to the

<sup>6</sup> See *Handbook of Therapeutics*, 10th ed. Sydney Ringer, pp. 422-3.

<sup>7</sup> *Ibid.*, pp. 441-4. <sup>8</sup> *Ibid.*, p. 620. <sup>9</sup> *Ibid.*, pp. 605-8.

<sup>10</sup> *Manual of Pharmacodynamics*, 4th ed. Richard Hughes, p. 108.

<sup>11</sup> Ringer, *ibid.*, p. 423.

different poisons, or of the uses of emetics and purgatives, of chloroform and ether, and of the stethoscope, laryngoscope, ophthalmoscope, microscope, catheter, sound and speculum; in fact he is not a fully qualified practitioner, though he may be able to add M.D., F.R.C.S., &c., &c., after his name.

To the question, then:—Should a young medical man study the homœopathic theory, and adopt homœopathic practice? there can be but one answer, viz.: Yes, certainly he should. In view of the personal, and the sacred and solemn nature of his responsibilities, and of the avowed success of homœopathic treatment,<sup>12</sup> and of the acknowledged inefficiency of what is known as allopathic treatment,<sup>13</sup> that he should do so in some way or other there can be no room for question; openly or secretly, with or without acknowledgment, he should do so. This should be accepted as an unquestionable fact.

But, it may be rejoined, admitting all this to be as stated, and admitting that allopathic treatment is as inefficient as it has been asserted to be, and that homœopathic treatment is as effective as has been claimed for it; and admitting that it is a duty the young medical man owes to his conscience to study homœopathy, and a duty he owes to his patients to give them the advantage of it in

<sup>12</sup> See <sup>5</sup> ante.

<sup>13</sup> "The medical art," says Sir John Forbes, in the work already referred to, "does not possess the power of curing diseases in a direct and positive manner. . . . The medical art, even when exerting its powers most successfully, can, in strict language, hardly be said to cure diseases at all." (p. 256). . . . "In the more violent inflammations and fevers, the most energetic means are often powerless in staying the progress or changing the event; insomuch that it becomes a subject of rational inquiry, not merely to what extent, but whether to any extent at all, these dangerous diseases are modified, in regard to their mortality by the medical art."—P. 258.

"One cannot think," says Dr. Adams, "of the change in professional opinions since the days of John Hunter without the most painful feeling of distrust in all modes of treatment."—*Translation of Hippocrates*, vol. i., p. 278.

The College of Physicians, London, possesses one of the most complete collections of *Materia Medica* in Europe; and Dr. Paris, when President (1854), lecturing on them before the College, exclaimed: "Glancing at the extensive and motley assemblage of substances with which these cabinets are overwhelmed, it is impossible to cast our eyes over such multiplied groups, without being forcibly struck with the palpable absurdity of some, the disgusting and loathsome nature of others, the total want of activity in many, and the uncertain and precarious reputation of all."



practice ; yet, is it wise for one who has his position to win and his livelihood to earn to do anything at all likely to jeopardise these objects ; and especially as the study of homœopathy involves considerable extra labour, time and cost, which not to do would avoid, and himself yet be considered an average practitioner ? In view of the opposition to homœopathy by the majority of the profession would it be wise policy, would it be worldly wisdom, in a young medical man to run the risk of it being known that he is studying the homœopathic method ? This is a question worthy of consideration ; especially in these hard times, and times of severe competition.

We may assume that the great majority of the men who have qualified as medical men, whilst fully recognising the sacred and solemn nature of the responsibilities they have thereby taken upon themselves, have two principal objects in view, viz., to become successful members of an honourable profession, and to obtain thereby the social and pecuniary results of such success. Now, as the pecuniary and social rewards depend upon the professional success, it is of course important he should not only take all opportunities and means of attaining professional success, but should avoid all conduct and means likely to interfere therewith. This is only common sense ; only proper prudence. But, it may be asked, would studying the homœopathic theory and adopting homœopathic practice be at all likely to interfere with his professional success ? This is a legitimate question ; and on first thought one would feel inclined to answer it in the negative, seeing that the profession of medicine is a scientific and liberal profession, whose object is the relief of human suffering and prolongation of human life, rather than a trade or a selfish calling, whose object is the acquirement of distinction and wealth ; and seeing that its members are men of education and culture, and who should therefore be open to accept every scientific truth and to investigate every so-called scientific discovery that bears upon their profession.

But is this so ? Is not the contrary the fact ? Is not the medical profession very conservative, and jealous of any innovation ? And are not most of its members opposed to the study and acceptance of new proposals ? And does not a young medical man, by studying homœopathy, incur the displeasure of his seniors and of the majority of his colleagues, and even of his late fellow-students and many of

his intimate friends? Do these not then give him the cold shoulder, pass him by with a nod or without notice; object to his entrance into medical societies, oppose his attempts to obtain hospital and other medical or official appointments, refuse him professional assistance in difficult cases, and discount his abilities and question his honesty, integrity and motives, even though they had previously praised these?

It is, unfortunately, a fact that a medical man, whether young or old, known to be studying homœopathy becomes a man marked for ridicule, jealousy and opposition, and to be shunned by his colleagues. And should he be found also prescribing medicines on homœopathic indications, though up to that time considered a most honourable man and a worthy member of the profession, he is henceforth excluded from professional clubs, societies and gatherings, refused to be met in consultation, and, indeed, in society; called ignorant, fool, knave, quack and rogue; and endeavoured to be ruined or driven from the neighbourhood; his writings are refused admission into the professional journals, and any professional and even scientific book he may write is ignored, and is refused review and even advertisement in the professional journals; so that the works of such men as Drysdale, Dudgeon, Russell, Black and Hughes, in this country; and of Dunham, Hering, Hale, Lilienthal and Raue, in America, remain unknown to the general medical profession, and the scientific, professional and patient worlds are defrauded of the advantage of much valuable literature. Thus, the practical results of openly studying and honestly making use of the homœopathic action of drugs are—positive professional ostracism, possible social degradation and probable pecuniary loss! Such is the penalty for daring to step beyond the limits of ordinary professional study and practice; he who does so goes beyond the majority, becomes a non-unionist and must be lynched by medical trades-unionism!

Should, then, a young medical man of the present qualifying generation incur these disadvantages and disabilities? Should he brave these risks and persecutions, and openly study and honestly adopt homœopathy? That it is his bounden duty to study, and, if convinced of its truth and superiority, to adopt homœopathy, we have already determined, and the only other questions are: Should he study it openly or secretly, and should he adopt it openly and

avowedly, or without acknowledgment and secretly? I ask for a candid opinion of the members of this society. What advice are we to give our young friends and the sons of friends in this matter? If each of us had a son just qualifying what advice would he think it best to give him on this matter?

Whilst awaiting your reply I will myself assume that the answer to this question must depend upon circumstances, upon the young man's own character, education and training, whether he has the stamina and has had the education and training to fit him for the ordeal he may have to undergo, and to prepare him for such sacrifices and endurances as I have mentioned, whether he has mental stability, bodily vigour, and capacity for and love of work sufficient, and what estimate the young man himself places upon honesty of purpose and uprightness of conduct.

What I myself have to say on the matter is this:—If he is bodily weak and mentally timid, if he is weak-kneed or wanting in backbone, either bodily or mentally, if he needs support and cannot walk by himself in the struggle of life, if he is indolent and dislikes work, if he is deficient in courage, self-sacrifice and true charity; if wanting in true nobility, honesty and uprightness; if lacking in true professional spirit and endowed mostly with tradesman ideas; if, in fact, he is of low organisation, and likely to make only a mediocre practitioner, then let him not venture on the bolder alternative, but let him choose the smooth path—let him study homœopathy in secret and adopt it without acknowledgment; let him use its medicines and doses, repudiating the source of his inspiration and materials; let him pilfer from the homœopathic *Materia Medica* without acknowledgment, explaining the action of the remedies on what he calls “physiological grounds”; let him be a homœopath and say he is not; in fact, let him be a hypocrite and a thief in medicine, and—well, let all honourable practitioners shun him!

But if, on the contrary, he has a good physique and a strong mental endowment, takes a pleasure in work, and has been trained to endurance; is sufficiently robust to walk alone, to fight for himself in the struggle of life, to think for himself and to insist on his rights and liberties; if he is endowed with honesty, uprightness and independence, courage, perseverance, self-sacrifice, charity and common-sense; if he has scientific tastes, a professional

spirit and a love of his profession ; if, in fact, he is a physician of Nature's own making, then let him take the bold, straightforward, honest and upright course, and study homœopathy openly, and, if convinced of its truth and superiority, practise it honestly and without concealment, thus showing his colleagues that he not only appreciates the sacred and solemn nature of his responsibilities, but recognises his duties to his conscience and to his patients to study and adopt every method of practice as well as every remedy likely to contribute to his successful management of those whose health and life are entrusted to his care.

And let him at the same time bear himself towards his colleagues with friendliness, geniality, and dignity, and rather pity their deficiency than assume superiority in consequence of his own extra acquirement ; let him show them that though he has learnt the homœopathic use of drugs in addition to the allopathic and antipathic acquired during his pupilage, he has not thereby taken up anything dishonourable, put himself outside the profession, or made himself into an antagonist or opponent—that he has, in fact, merely learnt an additional way of using medicines, probably the true, and perhaps the only truly curative, way, as distinguished from that which is merely perturbative or palliative. And let him not of himself voluntarily, or of his own act, omit to put in his claim to all the privileges of a gentleman and a medical man, such as recognition in the street and in society, friendly professional intercourse, admission to professional clubs and societies, the right to hospital, military, naval, parish, ship and other medical appointments ; the admission of his papers, and the review and advertisement of his books, in the professional journals ; and his general recognition as an honourable member of a noble profession.

Such a young medical man of the now qualifying generation, acting in such a manner, will certainly have cause not to regret his action. The incoming and future generations, if they will only uphold their rights and conduct themselves with gentlemanly dignity, will see a very different state of matters from that which the present and outgoing generations have had to endure. The fight is coming to an end, even in this country : it is already nearly over in America ; there the homœopathic method of practice has become so prevalent, homœopathic medical

societies so numerous," and homœopathic hospitals and colleges so flourishing and successful" that the old system practitioners are themselves moving for reconciliation; they are ceasing the persecutions and withdrawing the disabilities, and appealing to the homœopathic practitioners that the gulf between the two schools may be bridged over, and bygones be bygones. The principal medical society in the United States—that of New York—began to show the change by first refusing to enforce its law to expel members who became homœopathic, and then that to exclude homœopathic candidates, and it has now (at least a majority of its best members have) formed a "New Code" of laws designed purposely to admit homœopathic practitioners<sup>14</sup>. Even in this country the old school practitioners are throwing up the sponge, not only by wholesale adoption of medicines homœopathic and doses infinitesimal, but the British Medical Association is moving in the same direction as the American<sup>15</sup>; it has already arrived at the stage of refusing to enforce its laws of expulsion—not unanimously of course, but by a large majority, and that composed of its best men; and the next move must be the refusal to enforce its law of exclusion, and then, perhaps within only a few years of the present time, doubtless the complete removal of all disabilities and perhaps overtures for union after the manner of their American *confrères*.

And then will the originator of homœopathy be spoken of with reverence throughout the profession, as the founder of scientific therapeutics; and his immediate followers and those who have developed homœopathy, established its practice, founded its hospitals, its dispensaries and its literature, written its *Materia Medica*s, compiled its repertories and edited its journals will be accorded their well-earned position of fathers of scientific medicine, and benefactors of the human race; and those who are now openly adopting homœopathy will be able to claim the position of leaders in medicine, whilst those who have opposed and endeavoured to obstruct the progress of homœopathy, the Alexander Woods, the J. Y. Simpsons,

<sup>14</sup> In 1884, there were in the United States—Societies: 1 National, 3 Sectional, 29 State, 102 Local. Medical Clubs: 26. Hospitals: 23 General, 81 Special. Dispensaries: 49. Medical Colleges: 15. Special Schools: 4. Medical Journals: 18.

<sup>15</sup> For a summary of the changes see *Monthly Homœopathic Review*, August, 1885, vol. xxix., pp. 496-509.

the Rouths, the Brodribbs, the Toogoods, the Barr Meadowses, and their initiators, will be looked upon as having been obstructors of the progress of truth, and enemies of the human race.

This is, however, not yet; and the young medical men who are now openly adopting homœopathy will have to bear some obloquy and suffer some persecution, perhaps rather severe and trying; yet not at all equal to that of those who have gone before them, who have stood in the front rank and borne the onset and force of the attack of the enemy. Like the "reserve forces," they will come in at the end of the battle; but, like them, they will reap the advantage and share the glory of victory.

To every young medical man, then, of noble character and good abilities, with a love of his profession and no fear of work, desirous to study homœopathy and to adopt it if convinced of its truth and superiority, I would simply say: Study it openly and adopt it honestly, and fear not. Truth will reward her votaries, and honesty is the best policy.

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#### REMINISCENCES OF A VISIT TO PERUGIA.

WITH NOTES OF THE PROCEEDINGS OF THE ITALIAN CONGRESS OF HYGIENE HELD THERE, FROM THE 14TH TO THE 20TH SEPTEMBER, 1885.

By M. ROTH, M.D.

BEING a corresponding member of the Royal Italian Society of Hygiene of Milan, I received an invitation to be present at the Congress of Hygiene, held this year at Perugia, at which I was, with the exception of the medical representative of *La Semaine Medicale* (Paris), the only stranger. All visitors to the Congress were provided with tickets giving them the privilege of going and returning home for a single fare. On arriving at Barbadona, on the Italian frontier, our luggage was examined by the Custom-house officials, and the passengers were at first put into a small room without windows—so far as I remember—and after remaining there a few minutes, gentlemen accompanied by ladies were ushered into another small room, constructed of wood, where Dr. Desmaison, of Turin, and three other officials, examined each passenger as to the state of his or her health, where each had arrived from, and the age and occupation of each. This programme was instituted to prevent

the invasion of Italy by cholera. Dr. Desmaison having been the general secretary of the Congress, held at Turin in 1880, recognised me when I gave my name, and at once handed me a card instructing me to present myself, with my ticket of health, on my arrival at Perugia, at the office of the mayor. It being the duty of these commissioners to notify the authorities in Perugia of my arrival, on the evening of my reaching Perugia I received an invitation to present myself at the office of the Syndaco, in the Palace of the Municipality. The next morning, after the opening meeting of the Congress, I went to the office, where I met an official who, with a medical man, was to watch us for three days in order to assure themselves that I and my daughter were in good health. Dr. Lodelli was extremely courteous, and rendered a further visit to the office unnecessary by calling upon us at our hotel.

Instead of the precautions, against a cholera invasion, of fumigation and quarantine, to which all travellers were subjected on entering Italy last year, each passenger is medically examined, and, if he presents any suspicious symptoms, he is either retained at the frontier, and placed under medical care until he is better, or, on arriving at his destination, he is attended by a medical man. At the time of our visit there had been a few cases of cholera in various parts of Italy, especially in Sicily, but these regulations were not in force when cholera was actually existing.

#### *The Opening of the Congress.*

This Congress was the first in which the Italian Societies of Medicine, of Surgery, Obstetrics, Ophthalmology and the Royal Italian Society of Hygiene met together, the various societies forming sections of it. The opening took place at 11 o'clock on the 14th September, in the Municipal Palace, a beautiful monument of the 14th century, where the Syndic (mayor) placed the splendid salon of the notaries at our disposal. In this grand room, which contained old frescoes of the Perugian school of painting, a large band of music was stationed in one corner, and opened the proceedings with a beautiful piece of orchestral music; after this, the Professor of Surgery, Madruzzo, president of the local committee of Umbria, welcomed the members and thanked them for the support they gave to the centralisation, which is an historical and geographical necessity for Italy. Mr. Berradi, the Syndic of Perugia, who welcomed the

Congress in the name of the town, said that they were very proud of the honour of having amongst them, for a few days, the great Italian authorities in medicine and hygiene; Perugia, he said, offered all her artistic treasures and admirable panorama to the inspection of the members. He was followed by the Prefêt of the province, Mr. Marametti, who delivered an address in praise of science and liberty. The honorary presidents were afterwards elected, the various delegates of many Italian municipalities and provinces presented their credentials, and a congratulatory telegram was sent to His Majesty the King of Italy. The writer of these notes then stated that he was commissioned by the English Ladies' Sanitary Association and by the Society for the Prevention of Blindness to present copies of their publications to the Congress. Another piece of music closed the opening meeting of the Congress.

*The Petrification and Preservation of Organic Bodies.* By  
Prof. ANGELO COMI, of Rome.

On the 18th September, 1885, the venerable and illustrious Professor Comi, of Rome, made public his process of preserving anatomical preparations and of petrifying corpses, of which he has possessed the secret during the last 50 years.

In the grand amphitheatre of the University of Perugia he exhibited, in the presence of the provincial and communal authorities and a large number of members of the Congress, a splendid collection of anatomical preparations, the state of preservation and hardness of which are most remarkable. The Professor said: "I am old, and I don't wish to be accused of having retained my secret. Before I die I wish that my process for the preservation of corpses should be known to science, and that all my colleagues should thus be able to improve them." These fine and modest words were received with extraordinary applause, and Professor Toscani, of Rome, in reply said: "At a period when the adoration of the god money is so general, this generous and spontaneous revelation deserved our encouragement and our fullest admiration."

The following is the description of

*Professor COMI's Process for Obtaining Artificially a Stony Induration of Organic Bodies.*

The materials used are boiled linseed oil and the deto-chlorure (bichlorure) of mercury rubbed together in a mortar



with oil till they form a soft paste. In this oily paste the parts of the animal are immersed. This immersion is continued for several months, the length of time being in proportion to the volume of the part which is to absorb the material in which it has been placed.

When the induration is sufficient the part is carefully washed and exposed to the air till it is completely dry, when it must be well rubbed and polished with an agate stone, in the same way as is done when wood or metals are silvered or gilded.

These operations necessarily require a long practice and a certain amount of mechanical skill to ensure success.

If the part which is to be preserved has any cavity, it must be first filled with a mixture of equal parts of a finely powdered cement, and of the bi-chloride of mercury. If it is desired that the corpse should have the eyes open, artificial eyes of Venetian enamel are placed under the eyelids before the body is immersed in the oily mixture.

*Dr. Comi's Process for Preserving the Body in a state of Softness and Flexibility.*

To preserve organic bodies during several months in a state of softness and flexibility for the purpose of an anatomical dissection without any danger to the anatomist or the operator, the parts are placed in a vessel and then covered with the thickest and purest honey that can be obtained. If a whole body is thus to be preserved by this simple and economical process, the cavities of the head, chest and abdomen must be carefully filled with a sufficient quantity of tannine.

This proceeding, if well applied, gives admirable results, and during several months the body seems to sleep. Professor Comi believes that the alcoholic fermentation which takes place serves as an aliment (food) to the corpse, and thus preserves its softness and flexibility. After the fermentation has finished the induration begins, and the artistic forms of the body are shown to the fullest advantage.

As a mere description of similar proceedings cannot be perfectly understood without the help of a practical demonstration, Professor Comi offered to prepare, in the presence of his colleagues, birds and mammiferæ, while he would at the same time preserve the plumage and the fur.

Professor Comi was born in 1812, in Rome, and he has devoted his whole life to the discovery of various modes of

preserving animal bodies. On the 30th May, 1883, he had already obtained some results which encouraged him to pursue his researches, but want of means and all kinds of obstacles, caused by the jealousy of others, prevented him for many years from completing his inventions. Finally, in 1879, the body of a carbonaro, who died in the hospital of San Spirito, was entrusted to him for the purpose of preserving it. The result was beyond all expectations, and this body was the object of curiosity and admiration of all the members of the Congress.

*The Obligatory Medical Inspection of Schools.* By  
Prof. SOLMANI.

This subject, to which at present the attention of hygienists in all countries is directed, was very ably treated by Professor Solmani, who was prevented by indisposition from being present. He entered into the details of the sanitary state of school buildings and the necessary accessories—warming, ventilation, light and furniture; he also dilated on the health of the pupils, the so-called school diseases, as well as such as are infectious, which are propagated through the school, and he also referred to the little pamphlet on this subject by the author of these notes. The Professor regretted the absence of all hygienic instruction in schools, and expressed the desire that the Minister of Public Instruction would reform the sanitary state of all Italian schools, and that an obligatory medical inspection of all schools should be established. The hygienic section of the Congress unanimously supported the recommendation of Professor Solmani's appeal to the Minister.

*On Hygiene in Education.* By. Dr. SIMONCINI.

The author of this paper entered into a very minute criticism of the prevalent modes of teaching the various subjects in schools, and gave an outline of his ideas how children and youths should be taught—the amount and character of the teaching being in proportion to the gradual development of the intellectual powers. The section approved the resolution that popular schools should be organised in such a manner that in the education of children account should be taken of all physiological laws, in order to ensure a healthy and good development of all psychical and physical manifestations.

*An Orographic and Hydrographic Study of the Cholera.*

By Prof. PAGLIANI, of Turin.

The Professor, who had studied the spread of the cholera in the northern part of the valley of the Po, as well as in the adjacent hills and mountains, gave a general outline of his researches, with statistical data, and finished his paper with the following conclusions:—

1. The mechanical structure of the soil has a powerful influence on the greater or lesser degree of local predisposition to the development of an epidemic of cholera.

2. Localities having an argillaceous or calcareous soil are as little disposed as compact rocks to be invaded by cholera.

3. Diluvial and alluvial soil are very susceptible to epidemic influences.

4. Sandy and argillaceous soils in the plain, especially when traversed by a stream of water, the level of which is higher than or equal to that of the land, are those where an epidemic influence is the most marked.

5. Running water in the sub-soil, as well as on the surface, has a very strongly marked influence in the development of cholera.

This source of epidemic influence acts—*a.* As a cause of that humidity of the soil which is indispensable for the development of cholera germs. *b.* As a vehicle for spreading cholera germs throughout the soil. *c.* As a means for transporting the cholera germ from the soil to men through drink. *d.* As a transmitter of the cholera-producing germs from sick persons to healthy ones, by being the medium of washing soiled linen.

6. Cholera does not occur spontaneously even in localities which are most suitable for its development; its germ must be first introduced.

7. Linen, clothes, and other objects which have been soiled by choleraic matter, as well as by sick persons, form an efficient medium for transmitting the cholera, germ to a long distance.

The following are the conclusions relating to the prevention of cholera as adopted by the section:—

1. It is desirable to ascertain in all localities attacked by the disease the orographic and hydrographic conditions, which will throw much light on the knowledge of the development of the epidemic.

2. All local authorities should be invited to study the conditions of the soil in their respective districts, and

especially those relating to the direction of waters flowing through them; that they should prevent, as far as possible, the building of houses on low soil where inundations are frequent and widely spread.

3. Pipes for drinking water, and the necessary branch pipes, should be constructed in towns and villages where the running water is used as drinking water, or where the wells are very near to the inhabited houses.

4. The greatest care should be taken in the washing of objects infected by cholera matter; for this purpose special water supplies should be used.

#### *A Sunset in Perugia.*

On the 13th September, 1885, we visited an old Etruscan tomb at the bottom of the hill on which Perugia is built, which has been found near the railway, at a distance of half-an-hour from the town, and for the last 80 years has been known as *Il Sepolcro dei Voltunni*. Five or six chambers are cut in the tufa, in which the grave of a family, with the cinerary stone cases with inscriptions, has been found. On the covers of the urns the stone effigies of the father, mother, son and daughter-in-law have been found, and many other relics of the adjoining necropolis have been collected in this remarkable tomb, which dates about 1500 years B.C. While returning from this wonderful 3400 years old tomb, and ascending the hills on which the road leads in zig-zags up to the town, we were on the shady side of the hill, when, on suddenly turning to the other side, at about a quarter to seven in the evening, we saw for many miles, on the tops of the highest hills in the west, extraordinary layers of the most intensely shining gold-coloured light rising from the hills to 10 or 25 deg. As we continued our drive upwards this most splendid and intense golden light changed, within a few minutes, into a red light—a red which can be only compared to a brilliant blood-red hue; this red had taken the place of the yellow, and continued as long as the last rays of the sun were visible on the horizon. When artists use similar colours in painting similar sunsets it is believed that they are only the results of their imagination, and it is impossible to believe in the reality of such a picture except for those who had an opportunity of seeing it on that remarkable 13th of September. The inhabitants of Perugia, themselves, have but rarely opportunities for seeing such a sunset, and believe it was due to a kind of aurora borealis.

*(To be continued.)*

## HOMŒOPATHY IN GREAT BRITAIN.\*

By J. P. DAKE, M.D., Nashville, Tenn.

DURING a recent visit to some of the old countries, I have had opportunity for noting the progress of medical reform, especially in the British Islands.

To an American, accustomed to institutions comparatively new, and to lines of progress unobstructed by the antique and venerated structures of the past, it is not easy to comprehend the indirect march that is gradually advancing the discoveries of Hahnemann in Great Britain. Such advancement is not marked by governmental appointments from the ranks of the outspoken practitioners of the gentle *similia*, nor yet by the authoritative recognition of institutions bearing the homœopathic name. But, nevertheless, the teachings of Hahnemann and his followers are bearing fruit in the literature as well as in the clinical practice and apothecary shops of the old school. Some little observation reveals the fact, all over England, more especially in the large cities, that apothecaries, obedient to the demands of the people, are beginning to keep and even to advertise, remedies hitherto quite unknown in the old school pharmacopœia. Nor is this all, the old school pharmacopœia itself, and even its text-books on *materia medica*, are being changed and extended to suit the demands of the times. The latest work on *materia medica*, that of the distinguished Dr. T. Lauder Brunton, brings forward remedies, for a knowledge of which recourse must be had to our homœopathic books on *materia medica*.

Let us note the argument suggested by these facts. The orthodox medical profession, especially members in high places and those having the ear of governmental authority, have closed their eyes persistently against all proofs of the superiority of homœopathy, refusing to recognise merit and to award praise as deserved; and its professors have tried to withhold diplomas from students preferring the new school, and even to withdraw those formerly given to men converted to the medical heresy. The London Homœopathic School, based on hospital privileges, patronised by nobility, with lecturers of the highest order, teachers not surpassed in scholarship and medical acumen in the oldest schools, is denied official recognition and power to confer diplomas

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\* From the *Hahnemannian Monthly*, December, 1885.

because its therapeutic teachings are homœopathic. This want of recognition, and denial of authority continued year after year, is just as bitter and unyielding to-day as forty years ago ; except, as I have mentioned, in the domain of authorship, where the voice of the people has been heard.

The public, convinced of the superiority of the new school by its practical work in the sick room, calling for its remedies at the shops of the apothecary and for its literature at medical book stores, has induced the former, by such business hints, to keep on hand what customers call for, and the latter to discover the coming of a new current, that must be taken advantage of by an extension of medical literature in the direction of homœopathy.

My late observations, added to those formerly made and to my knowledge gained through the *British Journal* (now of blessed memory) and the *Review* and *World*, through many years of careful reading, compel the conclusion that very little has been gained in the past and very little may be gained in the future for the new school in Great Britain, except by an *appeal to the people*. When the old school medical journals refuse to exchange with ours, and receive complimentary copies of our books without a word of acknowledgment ; when they refuse all communications at all favourable to our therapeutics, and never mention our teachings except to misrepresent and belittle them, what is the sense in continuing an appeal to *them* ? Royal favour may avail much when properly gained, and an acquaintance with members of the royal family may be of some service ; but the former has not been gained by the most decorous professional behaviour and the most exalted talents devoted to homœopathy ; and what good may be expected to come from the latter can be seen by reference to the career of our late Dr. Quin, who was on the most friendly, if not intimate, terms with the Prince and Princess of Wales, and with personages high in the ministry of England.

I am satisfied that the recognition and final triumph of medical truth in Great Britain, as in America, depends upon the enlightenment of the public as to the serious defects, the dangers of the old practice, and the great superiority of the new. I hope I am not improperly "telling tales out of school" when I mention that this matter was the subject of conversation between Drs. Dudgeon, Dyce Brown, Clarke and myself, at a dinner given me by Dr. Dudgeon, and that it was the opinion of all

that the highly conservative course, the deferential attitude toward the old school authorities, the fear of doing something that they might characterise as unprofessional, had failed to gain what had been deserved in the old countries. And it was considered essential that efforts should be made to popularise homœopathy by lectures, tracts, books, &c.

I confess to a feeling of mortification on seeing but a handful of listeners at the opening address of Dr. Dyce Brown, in the London Homœopathic Hospital, and that a yet smaller number of students were in attendance upon the regular course by Dr. Clarke and others. I was greatly pleased with the address of Dr. Brown, and consider him and his associates as worthy of lectureships in the largest and best schools in Great Britain. I can but feel that our brethren in the older countries have been too conservative—too much afraid of stepping beyond the line fixed by old school medical etiquette—in their efforts to advance homœopathy. They must do as we have been doing in America—make a direct appeal to the people who, after all, must be served and pleased by medical attendants.

As the people advance in a knowledge of homœopathy they will call for the remedies and the book, and the shopkeepers will not be so blind to their own pecuniary interests as not to supply them; and the bookmakers will not be slow in learning what they have to do to meet a popular demand. And the voice of the people will be heard in parliamentary halls and ministerial circles, and before long the bars will be broken that now prevent the legalisation of homœopathic teaching and diplomas in England and other old countries.

In America the people have come to our aid, so that in all efforts to mistreat our institutions and our practitioners, the thousand tongued press is on our side, legislators are on our side, and "the powers that be" guard us with jealous care; and, as a result, we have hospitals and colleges equal to the best in the world and endowed with all necessary privileges and powers.

I trust our British brethren, with their learning—the light of which has long been shining grandly in their books and periodical literature, much to our advantage but all in vain upon the authorities of England—will turn directly to the people, giving them lectures and tracts and books, and gathering their energies together in support of hospitals, dispensaries and schools, till their influence is felt where laws are made and executed. Few countries are blessed

with such finely educated and noble advocates of homœopathy as Great Britain—only let them be more aggressive and less regardful of the good opinions of the old school.

The timely appearance of *Ameke's History of Homœopathy*,\* under the auspices of the British Homœopathic Society, showing the transcendent abilities and charming character of Hahnemann, and his successful appeals to an intelligent public after a most ungenerous and savage reception on the part of the orthodox profession, may serve as a lesson to his followers now. When medical faculties and journals and societies are open to free discussion, when they allow investigation and expression on all medical topics, without abuse and without a resort to the repressive arm of civil government to check the progress of improvement and reform, it may be proper to discuss medical questions only in medical journals and societies. But that auspicious day for medical truth has not yet dawned, and the contest must go on in the public arena.

There is a sense of right among the people and a desire for the truth that will make them not only willing listeners and readers, but good judges as well. In their hands the reformer may be safe and his cause respected, according to its reasonableness and practical results. To the people let us go.

## REVIEWS.

*A Cyclopædia of Drug Pathogenesis.* Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by R. HUGHES, M.D., and J. P. DAKE, M.D. Part II. Agaricus—Arnica. London; Published for the British Homœopathic Society by E. Gould and Son, 59, Moorgate Street, E.C. 1885.

THE second part of this truly great record of the pathogenetic action of drugs has followed the first with a degree of rapidity which is highly creditable to the editors.

As our readers are aware, the symptomatology of the various drugs is set forth in this cyclopædia in a natural manner. The symptoms of disordered health, which constitute the provings, are here presented in the order of their occurrence, and the cases

\* *Ameke's History of Homœopathy*, translated into English by Dr. Alfred E. Drysdale, and edited by Dr. Dudgeon. E. Gould & Son, London, 1885.



of poisoning are described in the words of those who originally related them. We have therefore a series of pictures, as it were, of drug diseases, from the study of which the physician will infer the natural diseases to which they are homœopathic. With such materials, and with the law of similars to guide him in the use of them, the study of *Materia Medica* becomes one of the deepest interest. When an index or repertory has been constructed from the details now collected the physician will be still further assisted in making a clinical use of them. In the meantime, we cannot suggest a more useful or fruitful method of employing this work than that of studying it side by side with one on the practice of medicine.

The majority of the medicines, the properties of which are herein set forth, are such as are in frequent use, *agaricus*, *ailanthus*, *aloe*, *nitrite of amyl*, *anacardium*, *antimonium tartaricum*, *apis*, *argentum* and *argentum nitricum*, and *arnica* are all remedies of considerable value. In addition to them, we have placed before us all that is at present known respecting a few others of less importance.

To the student of a *Materia Medica* who proposes to clinically apply the action of drugs from the homœopathic point of view, this *Cyclopædia* will prove invaluable. The greatest care has been exercised in the selection of provings and cases of poisoning, and every confidence may be placed in the reality of the connection between the symptoms given and the drug taken. This being the case, we have little doubt but that it will prove to be—what its enthusiastic editors, Dr. Hughes and Dr. Dake, originally designed that it should be—the *Materia Medica of the Future*.

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*A System of Medicine Based upon the Law of Homœopathy.*  
Edited by H. R. ARNDT, M.D. In Three Volumes. Vol. ii.  
Philadelphia: Hahnemann Publishing House. F. E. Boericke.  
1885.

THE second of the three volumes of this important and useful work, the first of which was reviewed in our July number, has come before us with a promptitude which deserves our highest commendation. It is occupied with the consideration of diseases of the blood-glandular system; of the spleen and thyroid; together with diabetes; diseases of the urinary organs; those of generation, of the nervous system, and of the organs of locomotion.

Its contents, we may as well remark at once, do not appear to us equal in merit to those of the first volume. There is in many of the essays more of the work of compilation than of that of clinical observation and original pathological study. That they have been carefully prepared, and represent with a varying,

but still fair degree of accuracy the present state of our knowledge of the subjects with which they deal we readily admit, and that they will prove useful to the student and the practitioner is also indisputable, but they lack the freshness which appears in all original work.

The best articles, and they are very good, are, to our thinking, those on diseases of the kidney, by Dr. McClelland, of Pittsburgh; and on diseases of the bladder, by Dr. Doughty, of New York. These will each repay careful study. Those by Dr. Ludlam, on ovarian and uterine diseases, are also, as might be expected from so keen an observer, so well-read and experienced a physician and surgeon, excellent. On the other hand, the articles on diseases of the nervous system are decidedly weak, and those on the blood-glandular system are unsatisfactory. In lympho-sarcoma Dr. Gatchell advises the pushing of *arsenic* "until symptoms of arsenical poisoning appear"! This is not only unnecessary but distinctly bad practice. If *arsenic* is capable of doing any good, it will accomplish its end without the development of any physiological action. Neither is *arsenic* the only medicine which the symptoms of the disease would lead us to study in the treatment of it—*phosphorus*, *iodine*, the *iodide of sulphur*, *lachesis* and *crotalus* may, one or other of them, be indicated, and therefore ought to have been mentioned, and their differentia pointed out in such a work as this. To state that *arsenic* is the "only remedy" is misleading. To the article on diabetes the *xizygium jambolanum* requires to be added.

In that on tetanus, we notice that *strychnia* is mentioned as an occasional cause of the disease, but here, in a system of medicine "based on the law of homœopathy," while the indications for *belladonna*, *cicuta*, *conium*, *gelsemium*, *lachesis*, *physostigma*, *phytolacca* and *stramonium* are given with average fulness, *strychnia* is merely mentioned as one of twenty-three medicines which should be consulted—and of these twenty-three very few have ever given rise to anything like tetanic symptoms!

Then again, under catalepsy, *cannabis indica* is omitted altogether.

In sun-stroke, "cold water upon the head," and "drachm doses of the aromatic spirits of ammonia" constitute, we are told, "what, in the main, we attempt to do in private practice." To this it is added that "*belladonna*, *gelsemium* and *glonoine* are the three remedies most frequently of use, and may be given according to their well-known "indications." This is true enough, as far as it goes, but in "*A System of Medicine Based upon the Law of Homœopathy*," these "well-known indications" ought to have been clearly stated. How much more valuable they are than aromatic spirits of ammonia, reports of recent experience in Egypt and in India have assured us.

In describing the therapeutics of Menière's disease, *salicylate of soda*, which has proved to be so useful a remedy, is not mentioned, neither is *quinine* alluded to. In the article on hysteria, which is a very full one, we are told that "ischuria can be relieved by the catheter." Of course it can; but, in hysteria, no such attempt ought to be made until every alternative has been tried and failed. We have known a patient by whom the urine had been obstinately retained for 36 hours, in spite of considerable apparent suffering, placed in a position to empty the bladder naturally and kept in it for two hours, when, finding that no one had any sympathy with her, and that she would not be released until the urine was voided, her temper gave way, and the sphincter vesicæ relaxed at the same time. Had the catheter been used here it would probably have been required daily for some time thereafter, whereas no further retention occurred.

We are somewhat surprised to find that in the treatment of rheumatism no mention is made of *actæa*. We would refer the writer to Dr. Sydney Ringer's *Handbook of Therapeutics*, where he will find the kind of rheumatism to which *actæa* is homœopathic, as accurately described as the most thorough student of the pathogenesis of the drug could desire.

While taken as a whole the volume is a useful one, we trust that the third will show more life, a greater therapeutic fulness, and reflect not only the extent of the reading of the respective authors but their clinical experience.

The issuing of such a work as this is a matter of great importance, and the labour it imposes on the editor must be both considerable and anxious. We feel, therefore, that while we cannot avoid regretting such spots and blemishes as those we have referred to, we are none the less very greatly indebted to Dr. Arndt for placing within our reach such a collection of essays on practical medicine as he has done—essays which will materially assist us in our daily work.

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*The North American Journal of Homœopathy.* Third Series.  
Vol. I. New York: The Journal Publishing Club (Limited),  
10, East Thirty-sixth Street.

We have before us the first number of a new series of our old friend *The North American Journal of Homœopathy*. Its editors are changed, its appearance is changed, its bulk is diminished—but the same earnest desire to cultivate therapeutics on the only scientific basis known in the art of medicine is present as prominently as ever it was wont to be. Drs. Dillon, Willcox, Leal, Beebe, Sterling, Porter and Shelton now fill the editorial position Dr. Lilienthal has so long occupied alone. It being intended to put in a monthly instead of a quarterly appearance, 66 pages

complete, the number. It has a handsome look externally, and the printing and paper are alike excellent.

The contents are interesting and instructive. The first article, by Dr. T. F. Allen, is a demonstration of the fact that the provings of *borax* by Dr. Anton Fischer, numbered 8 in the *Encyclopædia of Materia Medica*, are simply copies—more or less altered to suit the exigencies of the plagiarist—of those of Shreter and Hahnemann. Like some persons of the empirical school of physicians, who publish, as their own observations, therapeutic facts derived from the study of some work on the practical application of homœopathic remedies, Dr. Fischer evidently desires to pose as a self-sacrificing “prover.” Dr. Allen shows that he is simply a plagiarist.

Dr. Nott, of New York, follows with a paper showing that dysmennorrhœa is often neuralgic in its origin, and not, as is stated in Quain's *Dictionary of Medicine*, rarely so.

Dr. Norton, of the New York Ophthalmic Hospital, comes next with a paper pointing out and illustrating the cases of ulceration of the cornea, in which *potassium chloride*—or *kali muriaticum* according to German terminology—is indicated.

“Ulcers of the cornea” he says, “in which *kali mur.* will be required are clearly asthenic in their nature. The inflammation is of a low degree and usually tedious in its course. The conjunctival redness is not excessive, and the photophobia, lachrymation and pain are very moderate or entirely absent. The ulcer may or may not result from a phlyctenule. It may be in any part of the cornea, but more commonly begins in or near the periphery, and extends gradually towards the centre. Its base is dirty white or yellow, often very vascular, and the infiltration into the cornea around the ulcer is generally well marked. The discharge is very moderate, and of white mucus. In some cases the infiltration will become more purulent in its character, extending between the layers of the cornea (*onyx*) or into the anterior chamber (*hypopyon*), but even then the inflammation retains its asthenic type. Sometimes the disease will be more like an abscess, breaking down later into an ulcer. The tongue will usually have a thin white coating.”

The succeeding paper, by Dr. Schley, gives a report of a fatal case of pyæmia from mastoid abscess, a case which doubtless would have proved fatal under any circumstances, but in which the treatment employed does not appear to have had much connection with homœopathy.

Dr. Helmuth, in the last of the original articles, traces the progress made by supra-pubic-cystotomy in the esteem of American and European surgeons; and records three cases in which he has performed this operation since the publication of his book on *Supra-pubic Lithotomy*; two of these recovered, one

in spite of the very serious complication of double pneumonia, the patient being 70 years of age. In the fatal case, *post mortem* examination showed that the whole of the right and half of the left kidney had undergone fatty degeneration.

The record of some interesting hospital cases concludes the first part of the journal.

A well written leading article, *In Salutation*, some reviews, reports of the State and County Homœopathic Medical Societies of New York, a Record of Medical Progress, and a few paragraphs of *News and Comments* bring us to the last page.

We can only hope that our old friend appearing in a new form will have a long, useful and successful career, and that its editors may be the means of extending the knowledge and hastening the time of the complete triumph of scientific therapeutics.

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*Reminiscences of Berlin during the Franco-German War of 1870-71.* By SHEPHERD THOMAS TAYLOR, M.B., Lond., Physician to the Norfolk and Norwich Hospital, &c. London: Griffith, Farren, Okeden & Welsh. 1885.

THE members of the Homœopathic Congress, which met this year at Norwich, will remember the author of this book, who was their guest at the dinner which closed the proceedings of the Congress, and who expressed such cordial feelings towards his colleagues and such rare appreciation of their honest endeavours to advance the therapeutic art, though their method differed from that with which he himself was familiar. Instances of this catholic and liberal feeling are too rare among those whom we are accustomed to term our opponents to allow us to pass without acknowledgment Dr. Taylor's example of a truly collegial spirit, and we can only hope that it may be soon more generally followed by others of his school.

Medicine, which is as yet far from having attained to perfection, will be much more likely to be advanced by the frank intercourse of all its exponents than by holding aloof from one another, and remaining apart in sects and coteries, practising a jealous exclusion of all views respecting the treatment of disease which do not conform to particular shibboleths!

The book before us has nothing to do with medicine, but is a genial and interesting account of Berlin during that eventful period when Prussia, having by the victory of Sadowa extinguished the pretensions of Austria to supremacy in Germany, and assumed by general assent the leadership of the Teutonic races, overthrew the European dictatorship of France, wrested from it the German Provinces which had been fraudulently filched from the Fatherland by Louis XIV., and became the supreme

power in Europe, the arbiter of peace and war, and for the time at least, an insurmountable obstacle to the revolutionary meddlesomeness of France on the one hand and to the autocratic despotism of Russia on the other.

The capital of the newly constituted German Empire during this eventful period was, without doubt, the most interesting spot in the world, and Dr. Taylor was singularly fortunate in having been a resident there at that precise time.

Dr. Taylor arrived in Berlin in the beginning of 1869. He was there when Napoleon the Third's emissary, Benedetti, deliberately insulted King William, and fired the spark that led to the war which proved so calamitous to the French Emperor and so humiliating to France. He witnessed the excitement of the Berliners during that Titanic war, and saw the triumphal entry of the doughty old King, now become an Emperor, on the conclusion of peace.

Dr. Taylor was not accredited to Berlin as an attaché of the embassy, as a government emissary, or even as a newspaper correspondent, but he was there for the purpose of finishing his studies, especially in regard to organic chemistry, so that he only describes things from the outside as it were; nevertheless, he has managed to write a pleasant and instructive book, which tells us much more about Berlin and its inhabitants and environs than we are ever likely to obtain from more pretentious authors. He tells us precisely what steps the intending student has to take in order to get admitted to the university as a student, and he gives us a graphic description of the student life in Berlin, not forgetting the punishments inflicted on students for transgressing the laws of the university. He has many amusing anecdotes to tell of the professors, one especially delicious of Professor Frericks, whose family were regaled on a morbid liver which Frericks had sent home for careful investigation, but which was by mistake delivered to the cook.

But what specially delights us in Dr. Taylor's work is his graphic descriptions of the environs of Berlin.

When the present writer was a student in Berlin, some 44 years ago, Berlin might be said to have no environs. The wide expanse of sandy desert which surrounds the city offered an insuperable obstacle to excursions in the neighbourhood before railways existed. But now, what used to be a wearisome and dusty journey by horse, or carriage, or on foot, is traversed in comfort and rapidity by the numerous railways which run out of Berlin in all directions, and excursions to delightful rural scenes are now possible without any trouble.

Among the places described by Dr. Taylor, the Spreewald, a track of forest land inhabited by the remnant of the original inhabitants of the country, the Wends, who were nearly

extirpated by Albert the Bear, the first Margrave of Brandenburg, is the most interesting. Dr. Taylor is an excellent cicerone, and he describes with happy facility everything that came under his observation in and around the Prussian capital. He gives us also capital pen and ink portraits of the celebrities who inhabited Berlin during the time of his residence there, from the kindly old Emperor and his *alter ego*—“*ego et rex meus*,” he might say—Prince Bismarck, down to Scholem *nomine* Brühl, the illustrious dealer in old clothes. He has a chapter on the dogs of Berlin, and shows what a deal of hard work these useful animals perform. Having ourselves witnessed the ability of dogs as draft-beasts in many countries of Europe, we have always thought that our legislators committed a great mistake in abolishing their use in that capacity in this country. To see the brisk alacrity with which the faithful animals start off, with their tails erect, and now and then a joyous bark, dragging after them, without much apparent labour, the small cart containing milk, bread, vegetables or other useful commodities; to watch the fidelity with which they guard their load when their master has to leave them for a while; and to observe their general willingness and obedience, we cannot help feeling that as beasts of traction they are the right animals in the right place. But *dis aliter visum*, our omnipotent rulers put down the useful employment of dogs, and thereby inflicted a great hardship on the poorest tradesmen, who had thenceforth to employ the more expensive donkey or drag their barrows themselves.

We take leave of Dr. Taylor's book with the consciousness of having derived much amusement and instruction from its perusal, and we can heartily recommend it to our readers. We forgot to mention that it is filled with excellent woodcuts of many of the scenes and persons he describes.

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*Otis Clapp & Son's Visiting List and Prescription Record.* Perpetual. Boston & Providence: Otis Clapp & Son. Price, \$1.60.

*The Homœopathic Physician's Visiting List and Pocket Repertory.*  
By R. Faulkner, M.D. Second Edition. New York:  
Boericke & Tafel. Price, \$2.

We have received copies of these excellent, comprehensive and useful visiting lists, especially adapted to the uses of physicians practising homœopathically.

In the first, in addition to the usual spaces for the names of the patients and the days of the week, there is a space left for the medicine prescribed on each day, with one at the end of each week for “remarks or charges.” It is also so arranged as to enable the physician to commence its use on any date. It contains

an "Obstetrical Calendar" with remarks on the pulse, respiration, bodily temperature, dentition, and disinfectants; a list of poisons and their antidotes, an account of the Marshall Hall and Sylvester methods of treating asphyxia, and a list of remedies commonly used in the practice of homœopathy—a glance down which before prescribing will, we venture to say, be exceedingly useful to the most experienced. At the end of the book arrangements are provided for keeping memoranda regarding obstetric practice and engagements, vaccinations, addresses of nurses, &c.

The second differs from the first, in that it contains a Repertory, occupying 80 pages, well calculated to refresh the memory. The Obstetric Record is also fuller. The Prescription Record and Visiting List are here on opposite pages—a plan which does not appear to us quite so convenient as that adopted by Messrs. Clapp. While, on the other hand, the accompanying Repertory renders Dr. Faulkner's more useful than that issued by their competitor for the patronage of the public.

They form very convenient pocket-books for the physician, and we strongly recommend their adoption by our colleagues.

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## NOTABILIA

### DR. WILKS ON MEDICAL TREATMENT.

DR. WILKS, one of the consulting physicians to Guy's Hospital, and largely engaged in consulting practice in London, has been enlightening or endeavouring to enlighten the minds of the members of the medical profession at Birmingham, on the treatment of disease. The address is published in *The Lancet* of the 14th ultimo from which we extract the following very enlightening paragraphs. They are instructive, in a sense, but unfortunately, they are so only in the sense of "how not to do it."

"After considering these primary and important functions of the medical man, we eventually come to treatment by means of drugs and other agents. Now this method arose, no doubt, in superstition. If any part of the body was in pain, it was to be relieved by rubbing or applying something to it, something especially which could be felt, like heat or cold, and at the same time a liquid was put into the mouth. We see the process repeated every day in the streets; if a poor man fall in a fit or from faintness, he is pulled up on his legs or set up, shaken, rubbed, and various things, especially spirits, are forced between his lips. I feel some sympathy with these well-wishers, for every one of us must constantly find himself in a similar position and rather sorry plight when called to a house to witness a patient



die of apoplexy, and the wife and daughters beseech us to do something to save his life. To get rid of their importunity and to occupy them, we set them all to work to make mustard poultices and such-like trifles. Old books on medicine or herbals will show how every known plant was dragged into the service of the *Materia Medica*, and very often a very large number of them were combined together for medicinal use. There is no account ever given to show that their value depended on strict observation, but it is rather too evident that they were administered for the most fanciful reasons, as the colour of the flower, the shape of the leaf or fruit. It required the era of Bacon to discard all these fancies, and bring into force the method of observation and experiment. It would be interesting to know at the present time how many medicines are given from a knowledge of their use, and how many because we consider them likely to do good by simply following the dictates of our minds. I mean, when, for example, all of us, without exception, as far as I know, write down on a piece of paper, measuring six inches by four, some drug for every trouble which the patient presents himself with, it would be rather difficult for us to give always a good reason for our action. I think it is not difficult to see that our art had not a scientific basis, but, on the contrary, was, like all other arts of ancient times, formed out of the fancies of the human mind. What we have been doing since was not to begin afresh, but to take this huge *Materia Medica*, and gradually purge ourselves of the worthless articles, and endeavour to preserve those which time has proved valuable, and further, to endeavour to discover, by observation and exact experiment, the true nature of their action. Of a large number of the most valuable of these drugs there is no history of their introduction into medicine. Many, however, still keep up their fame, though probably valueless, because of some physiological action which accords with a purely imaginary notion of the nature of the disease in which they are given.

“As regards therapeutics as a science I will not say much, because opinions seem to differ as to the true method of investigation. Those who are the most esteemed cultivators of this branch of medicine believe that the method is first to observe the action of a drug on a healthy animal, or on man, and then make the result applicable to pathological states; and they thus raise pharmacology to a branch of science. For my own part, although not denying it, I have been reluctant to hold this view in its entirety, because the method has seemed to me to have so often failed when put into practice, and so brought discredit upon the therapeutic art. I speak with hesitation, because pharmacology is a branch of medicine above all others the most difficult to pursue, requiring a large amount of labour, of intense

application, and a rigidly scientific mind, for the record of results, and I know how few are equal to the task. The select number who are engaged in it I regard as the most scientific men in the profession, and whether I look to London, to the provinces, or to Scotland, I admire them for the devotion they give to so abstruse a subject. Perhaps one ought not to impute blame to such men for all the inferences which have been drawn from their observations, and the applications of these to treatment. There is the well-marked example of Dr. Brunton's where a correct application of a known action in a drug was made serviceable in the very first trial. I mean the use of *nitrite of amyl* in angina pectoris, owing to its ascertained antispasmodic qualities; but what other examples of a like kind come to mind? It is true that experiments with *digitalis* show similar results to those observed when it is given as a remedy in disease of the heart, but it is quite another thing to assert that the results obtained in the first place by experiments on animals would have suggested its successful use in the case of the feeble, irregular heart of mitral disease. But take other well-known drugs, especially those which the physiologist has found to have a well-marked effect on the animal system—as for example, *strychnia*. This excites the spinal cord and throws the creature into movement; therefore it must be a remedy for paralysis. A human being cannot move his arms or legs, but this drug shall throw them into action. Now, I have seen hundreds, many hundreds, of persons with paralysis take *strychnia*, and I never remember to have seen it of any service. I should regard it as almost a useless remedy in this disease. On the other hand, it is most valuable in gastric and intestinal weakness, but I am not aware that its administration in these disorders was due to any suggestion of the physiologist. Take another drug, *conium*; the experimenter showed how it rendered inactive the motor columns of the spinal cord, and therefore it was a remedy for chorea. It was given largely, even to poisonous doses, and then put aside as valueless. It might have been anticipated that a disease which was not to be arrested by such powerful sedatives as *opium* or *chloroform* was not to be subdued by *conium*. Then, again, there is *phosphorus*; this was a scientific remedy because the brain contained it, but doomed soon to become ridiculous when the public believed their minds were being invigorated by swallowing zedone. I never remember seeing more than one patient the better after taking *phosphorus*, and therefore I am bound to look upon this as a coincidence. In my private pharmacopœsia I have attached to the word *phosphorus* the name "humbug." Another good example is the use of *digitalis* in disease, owing to its supposed physiological effects. I have within the last week seen it given in pericarditis, typhoid fever, and pneumonia in

order to lower the rapidity of the pulse, and on different occasions in, I believe, every known disease where the action of the heart is quickened. No remedy at the present time seems more popular amongst medical men, but I have failed to learn that in a single instance it has had any marked effect. It seems to me, on theoretical principles, not possible that a remedy should act in the manner hoped for, when the rapidity of the heart's movement depends upon so many different causes; the only true way to discover its value is to make clinical observations of its action in the different diseases in which it is administered. The application of a physiological result to morbid processes, to my mind, in this and in many other cases, has been fraught with harm, and I cannot regard the method as truly scientific. Do not mistake me. I do not decry the knowledge obtained by an experiment on an healthy animal, for we ought to be in possession of this in order to compare it with the results observed in states of disease. It is one thing to deny that the action of *bromide of potassium* on a healthy animal would ever have led to its use in epilepsy, and another, to deny that its action on a healthy animal could assist us in explaining its use in epilepsy and other disorders. Or again, although experiments with *arsenic* would never suggest its great power in neuralgia and anæmia, they might throw a light upon its action when these effects are known. If it be, then, that we give medicines, not because their value has been proved, but because we think they ought to be useful, we have only got a few steps beyond the method of our forefathers, and have scarcely, I should say, reached the scientific standpoint. But I apprehend that human nature remains much the same; and therefore, when people are ill, they must take something. If there be any difference of treatment from past times, I may for a moment say that this is not due to any change in the constitution of human beings. There is not a single fact to support so preposterous a supposition, the only suggestion for it being that some senile doctor found that his patients did not necessarily die under his old treatment any more than they do under his new.

“The difference of treatment from a former age is due, partly to an advance, but more to a change in fashion. Then it was thought that disease implied some over-activity in the part of the body affected, and it was to be knocked down by depleting measures—such as bleeding, general or local, assisted by medicines of the nature of purges, emetics, and salines, combined with low diet. Now, the theory of modern medicine can be best exemplified by turning to the advertising pages of the medical journals, in which you will perceive that there is no insertion of any medicine of a lowering nature, and, if there were, not a single dose would be sold. Every patient is too low, and all the chemist's powers are exercised to produce strengthening remedies. After

the clever combination of quinine and iron had existed for some time, *strychnia* was successfully added to them, and large was the number of people swallowing the compound. This continued until someone suggested the addition of phosphorous, so necessary for weak brains. As a fortune seems to be soon made with these invigorating compounds, we need not lament that it was soon to be superseded by a similar mixture combined with cod-liver oil. Then some wary rival found that these would not digest without *lactic acid* or *pepsine*, and a new compound was framed. Then, the articles of diet are all made on the same principle; the strongest essence of meat is sold, so that a spoonful is equal to a chop or pound of beef, and a little maltine is as invigorating and less injurious than a pint of beer. To prove the value of these things, I propose that a healthy chemist be taken and made to live for a month, if possible, on his own essence of meat and maltine, with perhaps a few peptones thrown in. If he gets into a bad way, he should then be revived by chemical food—such as the lactophosphates, Siegel's syrup, or some good blood-restorer. I have intended to imply, as you no doubt comprehend, that we are too much in the hands of the chemists and druggists; and that, instead of administering simple remedies of known effect, we have been content, through laziness, to prescribe these popular strengthening compounds. In this way the therapeutic art will assuredly not advance; and it is equally evident that, if placed on a scientific basis, nothing could be more conducive to the death of all quackery. The latter could not exist if the prescribing a medicine implied a knowledge of its action and the proper occasion for its employment."

In destructive criticism of current therapeutics, the various addresses have of late abounded. If someone would but propound something of a constructive character the general practitioner would, we should imagine, be very grateful. He knows the weakness of his art only too well—he looks to his leaders for a source of strength, and receives none! Neither, we can assure him, is he likely to hear of any until these said leaders point him to the law of *similars* as that which will enable him to select his medicine with a good chance of its proving remedial. Those whose knowledge and experience of the practical application of this therapeutic principle could assist him is not available because they cannot obtain a hearing through the ordinary medical press, or through any generally read organ of literature. The only really successful and safe method of using drugs is, at present, effectually boycotted on all sides! How long is this conspiracy of silence, so injurious to the public health, to endure?

## THE HOMŒOPATHIC PHARMACEUTICAL ASSOCIATION OF GREAT BRITAIN.

THIS association is one which, were it but properly supported by those engaged in the business of pharmacy, as adapted to the practice of medicine homœopathically, might be an important and useful body. As Dr. Galley Blackley stated, in his paper on *Doctors and Chemists* at the recent Norwich Congress, in the early history of homœopathy in England our chemists rendered great service in promoting the extension of a knowledge of it. Upon their integrity and skill we have to place implicit reliance when prescribing, for the most carefully selected medicine will fail to do good if it has been improperly prepared. To our chemists we must look for improvements in pharmaceutical processes, for such a careful study of the natural history of medicinal plants as shall afford the knowledge requisite to derive from them their active properties in their greatest purity; upon them must we depend for a strict adherence to the processes described in our pharmacopœia, and for the most scrupulous honesty in making our dilutions.

Commercial instincts and trade jealousies stand, we fear, too much in the way of that union which ought to subsist between the members of so important a vocation as that of pharmaceutical chemists in connection with homœopathy. Were it but felt that the success of one member of the body ultimately tends to that of all the rest, we should hear less of the influence of these thorns and briars of human nature than we do.

It would be a good thing for homœopathy were all the homœopathic chemists in the country to join this association, to work for it, to endeavour to improve pharmacy through the discussion of pharmaceutical subjects at its meetings, to promote good feeling among those engaged in the business, and to cultivate friendship thereat, and by associating together every quarter to diminish the friction of trade rivalries.

Mr. Foster, of Scarborough, at the last meeting of the Association, expressed himself as anxious for Government protection; Dr. Blackley, at Norwich, also hinted at something of the kind. We confess that we do not see what kind of protection is required. According to existing law, no man can open a shop as a chemist and druggist, who has not given evidence of possessing a fair amount of the kind of knowledge required to conduct such a business with public advantage. Beyond this we do not think that a Government can well be expected to go. The additional information needed by a chemist, devoting himself to the pharmacy of homœopathy is comparatively slight, and can easily be procured by such a study of the *British Homœopathic Pharmacopœia* as a man, who has passed the examination at the Pharmaceutical Society, ought to be well able to give to it.

As an illustration of what he desires, Mr. Foster said :—

“ A short time ago, an allopathic chemist who had procured a supply of homœopathic medicines from London was found to be in the habit of re-filling his customer's vials at a lower rate than was usually charged by homœopathic chemists. To enable him to do so, he simply filled the bottles with spirits of wine, and nothing else. It was needless to say how much such a fraud upon the public was fitted to injure the reputation of the homœopathic system. He regretted that this Association, in consequence of not having Government recognition, was not in circumstances to prosecute such persons. He believed the executive were aware of such dishonest practices being carried on in various parts of the country, but they were helpless to prevent them.”

Whether the fraud could be detected in such a case would depend entirely on the dilution which the allopathic rogue represented the medicine to be. The difficulty of detection would be great in most instances, and absolutely insurmountable in many. That many worthless preparations are palmed off upon the public as genuine homœopathic medicines by allopathic druggists, both here and on the Continent, is, we know, but too true. Neither is this surprising, for that homœopathic treatment should fail is directly to the interest of the allopathic druggist ; and those who are desirous of medicines in order that, with the assistance of a handbook of domestic medicine they may treat their ailments homœopathically, and go to such an one to supply them, place before him a temptation, which his hatred of homœopathy may induce him to yield to.

Our practice has always been to direct patients to invariably procure their medicines from chemists who are known to us as trustworthy homœopathic pharmacutists and honourable tradesmen ; and never to obtain them from a person who has so strong an interest in deceiving them as the allopathic druggist undoubtedly has.

The question of prescribing, which was discussed by Dr. Blackley, is one which might quite appropriately be entertained and debated by the Homœopathic Pharmaceutical Association. It is a very difficult one, inasmuch as it depends so largely upon local customs. In many towns—indeed in most—patients have been accustomed to have their medicines given to them by their medical attendants. There is really no reason why they should be given to them gratuitously ; but custom very generally overrides reason, and the doctor is often not strong enough to insist on the distinction between advising and supplying medicine. There is, however, one plan, very commonly adopted now by medical men, which, in the event of prescribing being rendered impossible by local custom, does to a considerable extent subserve the interests of the chemists, while it relieves the doctor of a good

deal of trouble and expense. It is that of an arrangement being entered into between the doctor and the chemist for the latter to dispense all prescriptions at a low price, keeping each patients' supplies in a separate account, and sending it in to the doctor, who adds it to his professional charges when making out his bill to the patient.

The practice of mixing medicines at a patient's house has its conveniences, but it is not in all respects desirable. The tumbler is apt to get uncovered and the medicine spoiled; the sight of the medicine in the familiar tumbler does not increase the patient's respect for it, and this leads to carelessness in the management of it by nurses and others. The time and trouble spent in dispensing, or the expense and often annoyance of an assistant and an errand boy, are avoided by such an arrangement as we have described.

On the side of the chemist the advantages are obvious. Though his profits, so far as the dispensing and book-keeping are concerned, may be small, yet it brings customers to his shop who deal with him in the thousand and one articles, outside of medicine, which now constitute the stock-in-trade of the druggist.

The objection to it is, that the chemist is as much entitled to his full profit for carefully and neatly dispensed medicine, as he is to that on any other article he sells. We therefore much prefer the old-fashioned plan of writing prescriptions; but, as we have said, there are towns and districts where custom renders this impossible, and in such places the general practitioner and the chemist will each consult their own interests by some such arrangement as we have suggested.

We desire that all should prosper to the fullest extent, whether they are engaged in the practice of medicine or that of pharmacy. A really sound and trustworthy chemist may be a great help to a medical man, and has many opportunities of introducing homœopathy to the public which he has not; while, on the other hand, the physician can render the greatest service to a competent chemist in extending his business.

We should like to see a well-informed, well-educated homœopathic chemist in every town where homœopathy is practised, and believe that, with a proper understanding between the representatives of medicine and pharmacy, real success would be assured and mutual interests consulted.

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#### THE SUSSEX COUNTY HOMŒOPATHIC DISPENSARY.

We have heard, with much pleasure, that this institution has recently received a legacy of £200 from the estate of a late patient of Dr. Belcher's. The Dispensary is flourishing, and it is expected that, at the end of the year, it will show a balance, after payment of all accounts, of £800.

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### THE AMERICAN OBSTETRICAL SOCIETY.

AN association of medical practitioners has been organised in, and incorporated under the laws of, the State of New York, to engage in the study of the art and science of obstetrics in a systematic manner, having the title of *The American Obstetrical Society*. It is to include within its membership every physician who is especially interested in the development of this department of medical practice. Dr. Winterburn, of New York, has been elected the president, and seventy-nine members, residing in twenty-one different States, have already joined. The first meeting is to be held on the 10th of this month, and the first annual meeting at Saratoga, in connection with the American Institute of Homœopathy, next June. The transactions of the society, including reports of the discussions, will, for the present, be published in the *Homœopathic Journal of Obstetrics*. Dr. Hasbrouck, of 253, Thirteenth St., Brooklyn, N.Y., is the secretary, and he will be happy to receive the name of any medical man, interested in the objects of the society, who may feel disposed to join it. The subscription for the first year is two dollars (8s. 4d.), and for subsequent years, one dollar (4s. 2d.)

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### THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

At the half-yearly meeting of this society, held at Boston on the 14th October, Dr. Dudgeon, of London, Dr. Drysdale, of Liverpool, Dr. Hughes, of Brighton, and Dr. Pope, of Tunbridge Wells, were proposed as, and unanimously elected to be, honorary members of the Society.

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### A DOCTORS' QUARREL.

SHALL homœopaths be admitted to the International Medical Congress? The hottest fight ever known in the medical profession is in progress. The thing fought over is the question whether homœopaths shall be admitted to the International Medical Congress, which is to be held in Washington in 1867. The scheme is to make this gathering the most remarkable and productive Convention of physicians yet held, surpassing the famous one of Copenhagen, and to give ample time for the preparation of valuable papers by specialists; the organisation was intended to be effected this autumn, with a competent presiding officer for each of the many proposed sections. The American Medical Association, which is the allopathic regular body, was the inviting party from which issued the letters to distinguished scientists throughout the world, asking them to contribute their presence and papers on appointed themes. The code question



scientific world as a new method, and the *Apologia* had to be written. For the space of one generation this work was done mainly by the two quarterly journals, and that it was well done needs no attestation here. The curtain has fallen on the first act. We find our medicines entering in considerable numbers into standard works of the other school, and although they are at present smuggled in, the fact shows there is a demand for the articles, and we may fairly hope that in a short time they will be honestly brought into the market, duty paid, and having the right brand and trade mark stamped upon them. Our future efforts will take the form not of self vindication, but of amplification and development. It is impossible to read the remarks of Dr. Drysdale, at the presentation dinner in April, without feeling their truth and appreciating his sagacity in forecasting the direction which the further development of homœopathy will take. In one word it will consist of the elucidation of the physiological action of medicines by every method of experimental research. It was hoped that some action would have been already taken to give effect to his suggestion. In the last number of the *Lancet*, an International Journal of the Medical Sciences is projected, but as it is apparently in allopathic hands, we can hardly hope that it will supply our wants. The idea suggests itself whether a similar scheme is not practicable on homœopathic lines. Internationalism is the order of the day, and will doubtless largely characterise the literature of the future. It is true that both the English and American Journals died of insufficient pabulum, which justified the observation that their purpose had been accomplished, and that a new departure must be taken. As the material for future work in the direction indicated will be provided by physiological and clinical research all over the world, we shall not be dependent simply on the labours of our school; besides this, by the assistance of our American *confrères*, it may be hoped that the labour will not fall so heavily upon the shoulders of two or three as it has hitherto done. If the former editors of the journals with their coadjutors could be induced to put their shoulders to the wheel the thing might be done. Had I been able to get to the Congress at Norwich it was my intention to bring this matter forward; and, as it appears, the occasion would have been a favourable one, for Dr. Lillenthal was one of the visitors and his co-operation might have been secured. As it is, I bring the matter forward now in the hope that some of those interested in the scientific work that lies before us, and who have proved themselves competent for the task, will take up the subject and carry it to a successful issue.

Yours, &amp;c.,

Birkenhead, Nov. 18, 1885.

P. PROCTOR.

## NOTICES TO CORRESPONDENTS.

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

Dr. DUDGON'S admirable letter to the *Medical Press and Circular* would have appeared in this number of the *Review*, but was, we regret to say, mislaid. We hope to publish it next month.

We have heard with much pleasure that Dr. ROTH, of Wimpole Street, has returned to London from his Villa on the Lake of Geneva in excellent health.

Communications, &c., have been received from Dr. DUDGON, Dr. BLACKLEY, Dr. ROTH, Dr. MORRISON, and Mr. CROSS (London); Dr. PROCTOR (Birkenhead); Dr. FLINT (Scarboro'); Dr. HAYWARD (Liverpool); &c.

## BOOKS RECEIVED.

*Special Pathology* by Dr. RAUE. 3rd Edition. Philadelphia: Bœricke & Tafel. 1885.

*A Cyclopædia of Drug Pathogenesis.* By Drs. Hughes and Dake. Part ii. London: Gould & Son. 1885.

*Periodic Drug Disorders.* Part i. By L. Salzer, M.D., Calcutta. Beigny & Co. 1885.

*Small Pox and its Prevention.* By T. Nichol, M.D., Montreal.

*On the Position of Therapeutics as a Science and an Art.* By H. Nankivell, M.D. London: Gould & Son. 1885.

*The Basis of Therapeutics or Science in the Application of Remedies.* By E. W. Forster, M.D. Darlington: Harrison Penny.

*Bath and Its Waters.* By G. Norman, M.B.C.S., Eng. 1885.

*Shall the Homœopathic School Represent True Progress in Medicine?* By M. O. Terry, M.D. Rochester, N.Y.: St. John & Fleming. 1885.

*Notes on the Deafnesses.* By R. T. Cooper, M.D.

*The Climate of Llandudno.* By James Nicol, M.D. Manchester: Heywood.

*Victories and the Martyrs of Utopia.* London: Foulger & Co. 1885.

*The Homœopathic Physician's Visiting List and Pocket Repertory.* By R. Faulkner, M.D. Second Edition. New York: Bœricke & Tafel.

*Otis Clapp & Son's Visiting List.* Boston and Provinces, U.S.A.

*The Homœopathic World.*

*The Hospital Gazette.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*Once a Month.* Melbourne: Inglis & Co.

*The Calcutta Journal of Medicine.*

*The New York Medical Times.*

*The American Homœopathist.* New York.

*The North American Journal of Homœopathy.* New York.

*The New England Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The Medical Advance.* Ann Arbor.

*The St. Louis Periscope.*

*The Medical Era.* Chicago.

*Bibliothèque Homœopathique.* Paris.

*Revue Homœopathique Belge.* Brussels.

*Allgem. Hom. Zeitung.* Leipsic.

*Populäre Zeitschrift für Homœopathie.* Leipsic.

*La Reforma Medica.* Mexico.

*Revista Argentina de Ciencias Medicas.* Buenos Ayres.

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# Homœopathic Review

EDITED BY DRs. POPE & DYCE BROWN.

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