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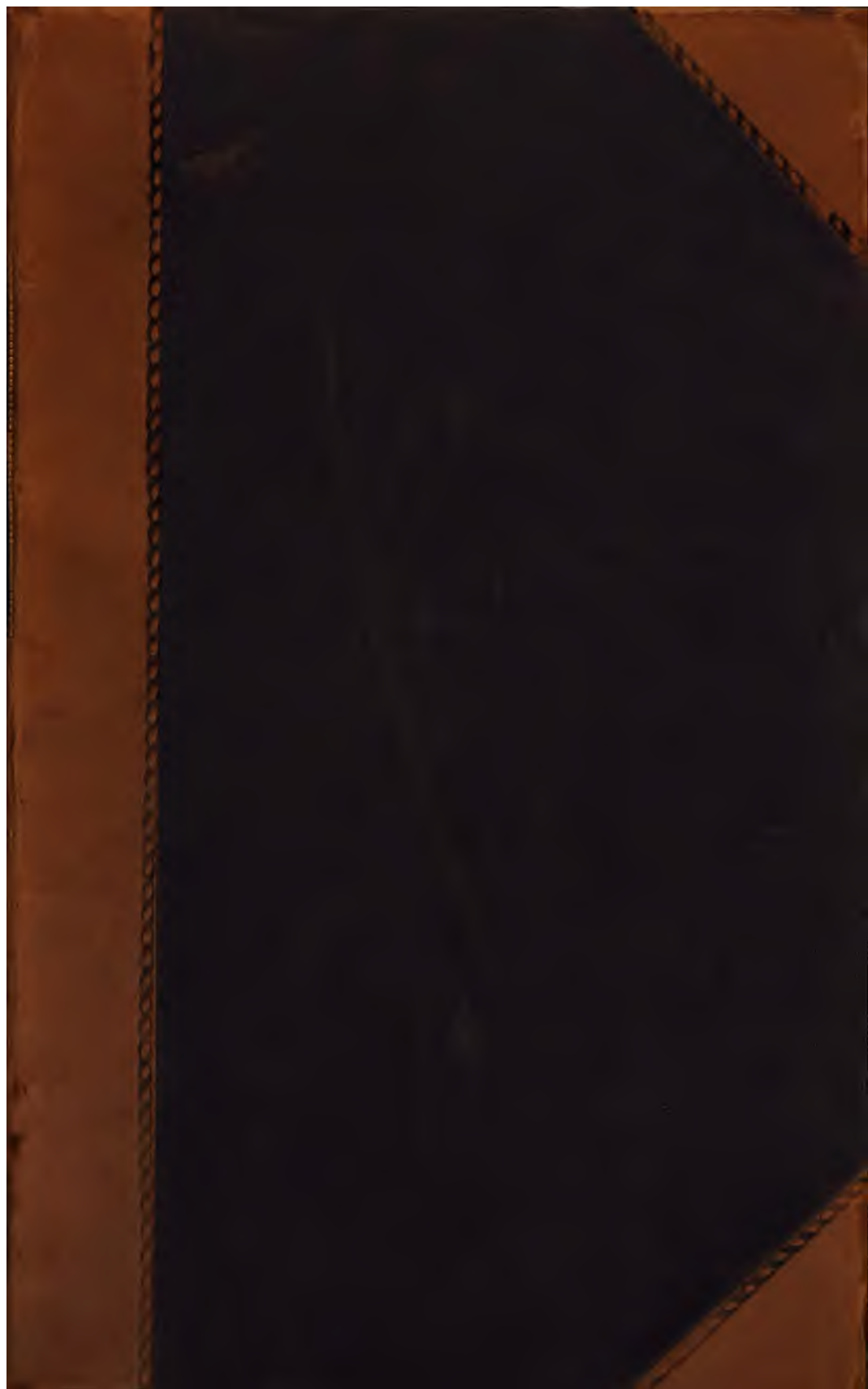
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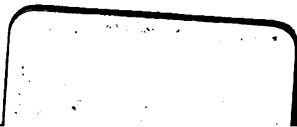
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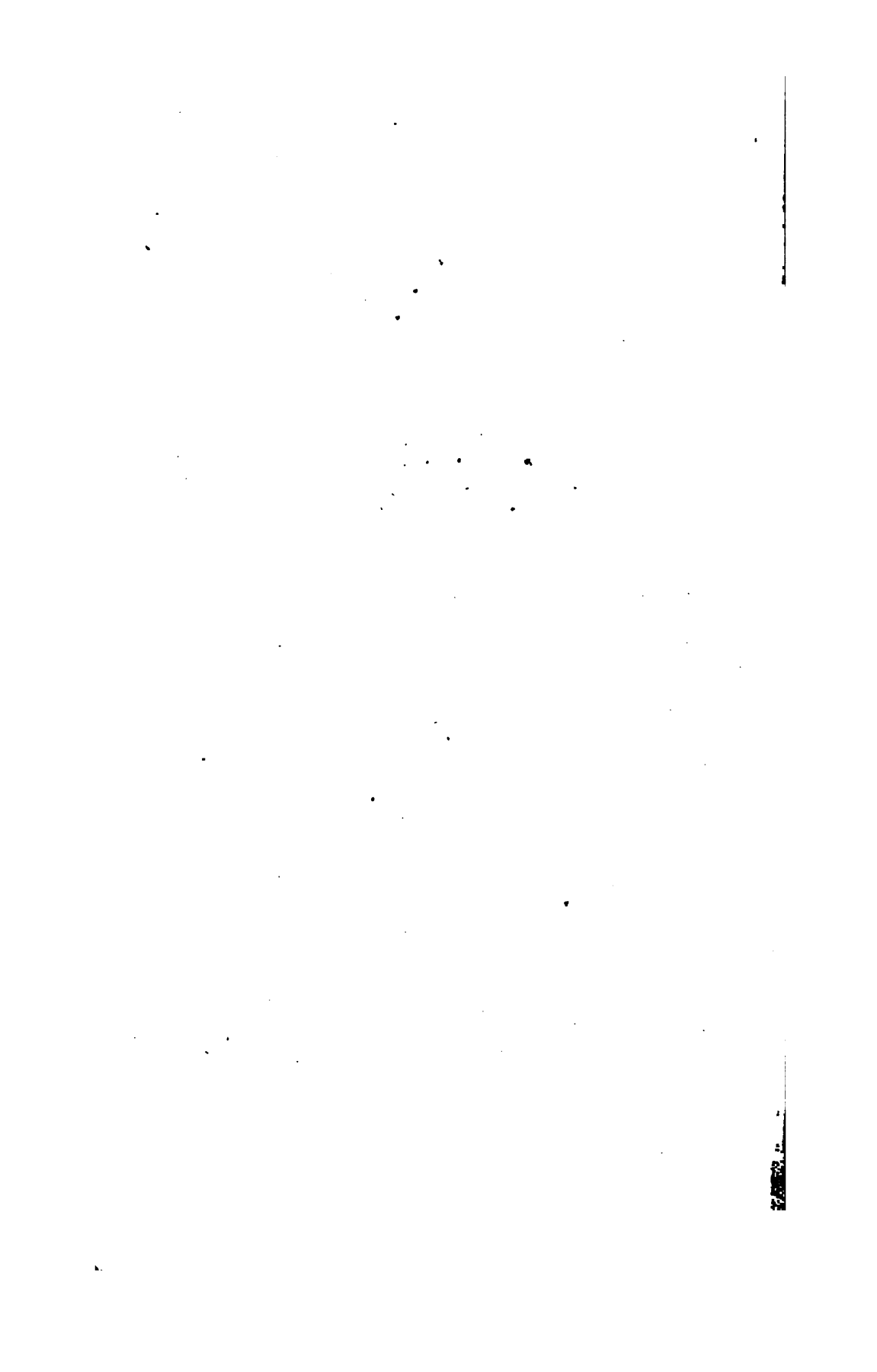


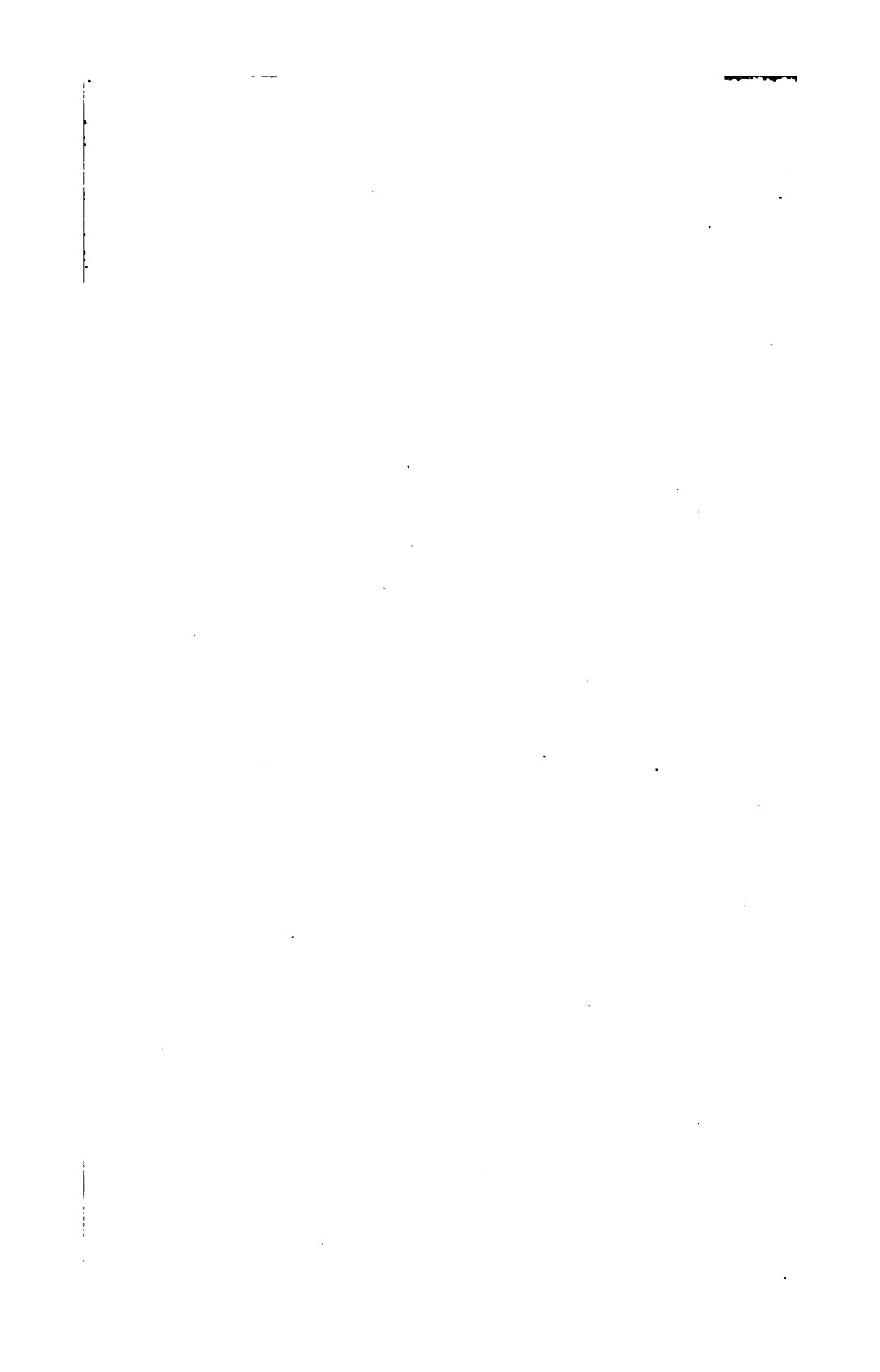
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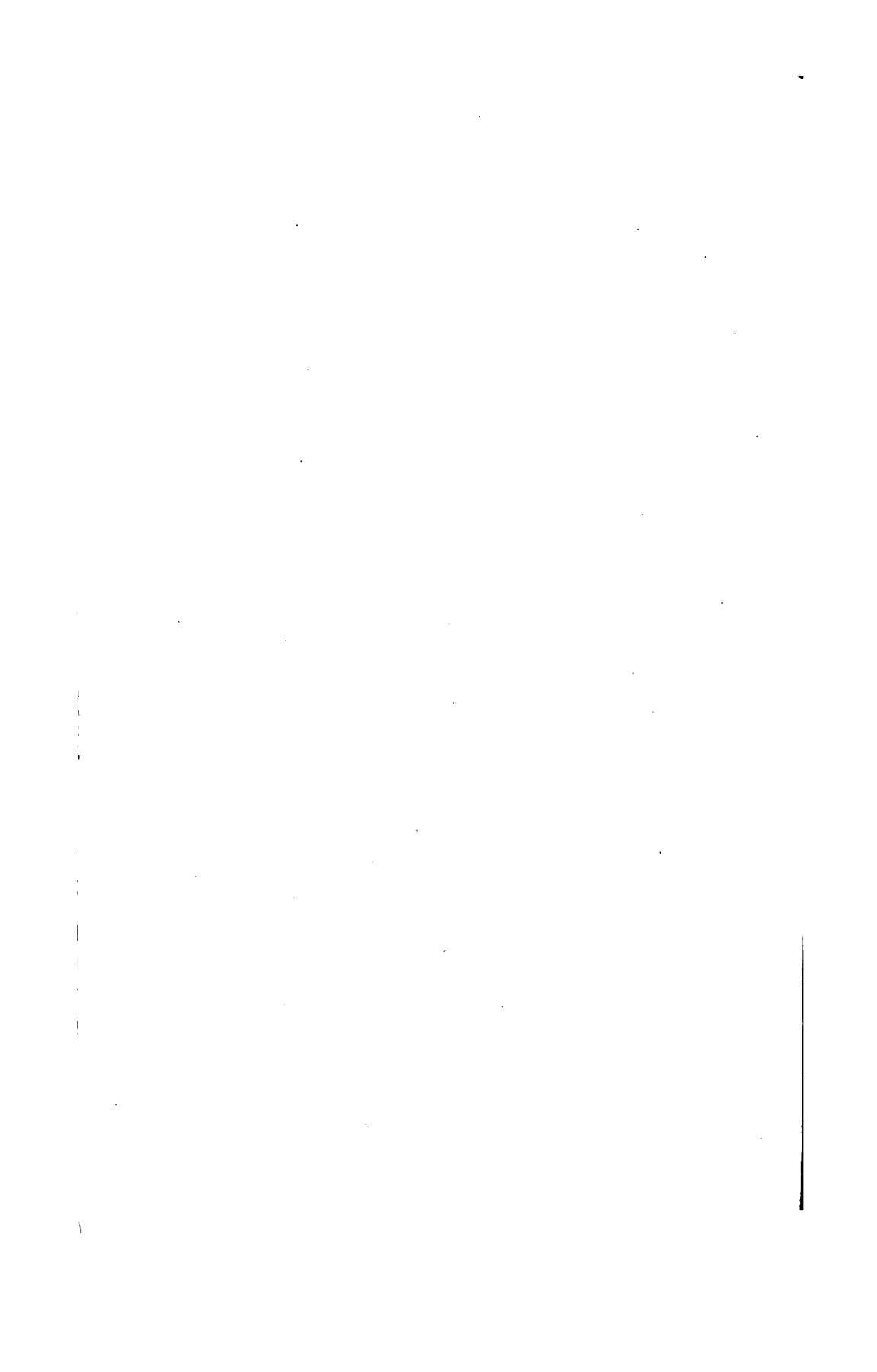
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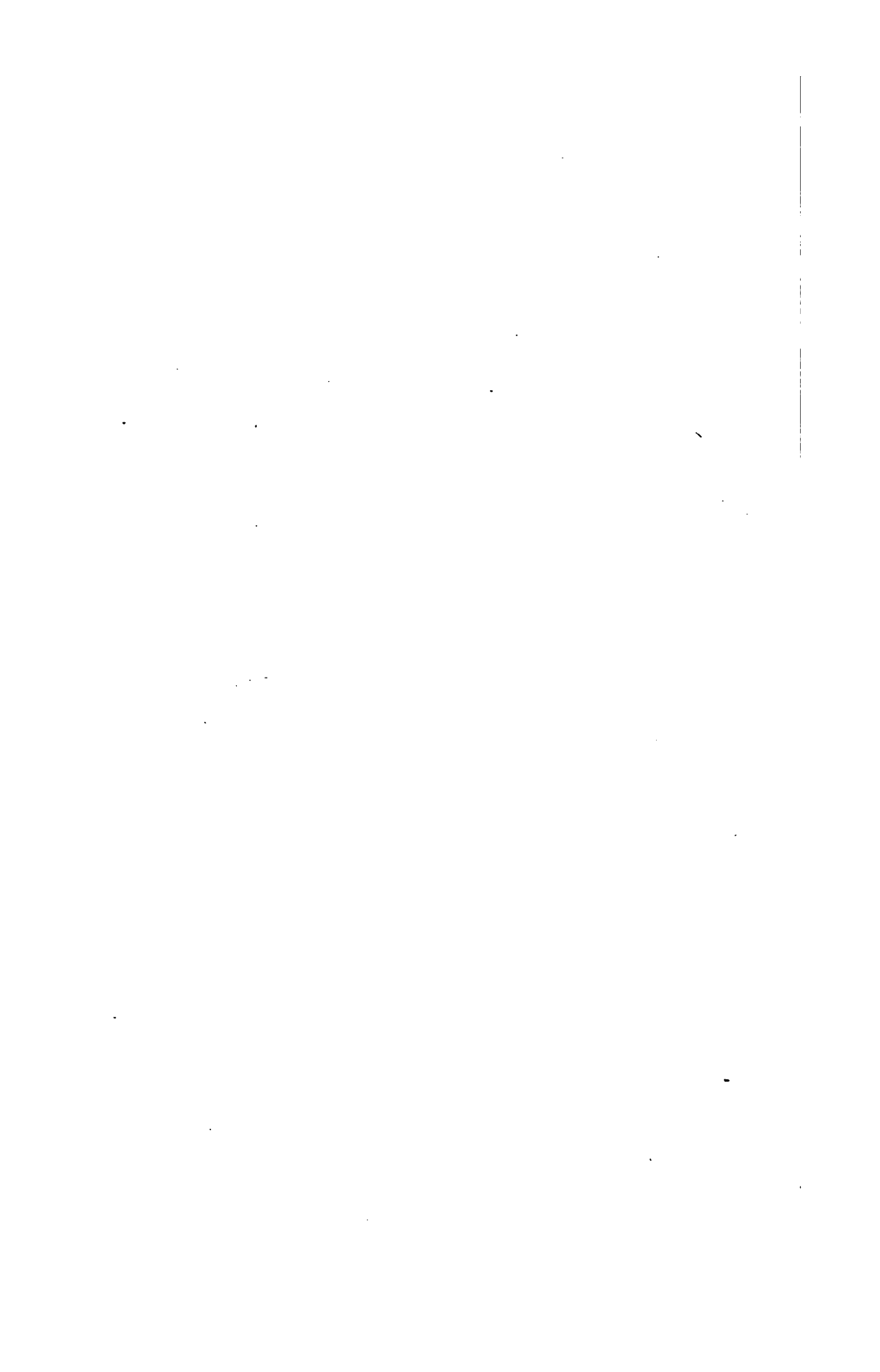
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THE
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OF
HOMŒOPATHY.

EDITED BY
R. E. DUDGEON, M.D.,
AND
RICHARD HUGHES, L.R.C.P.

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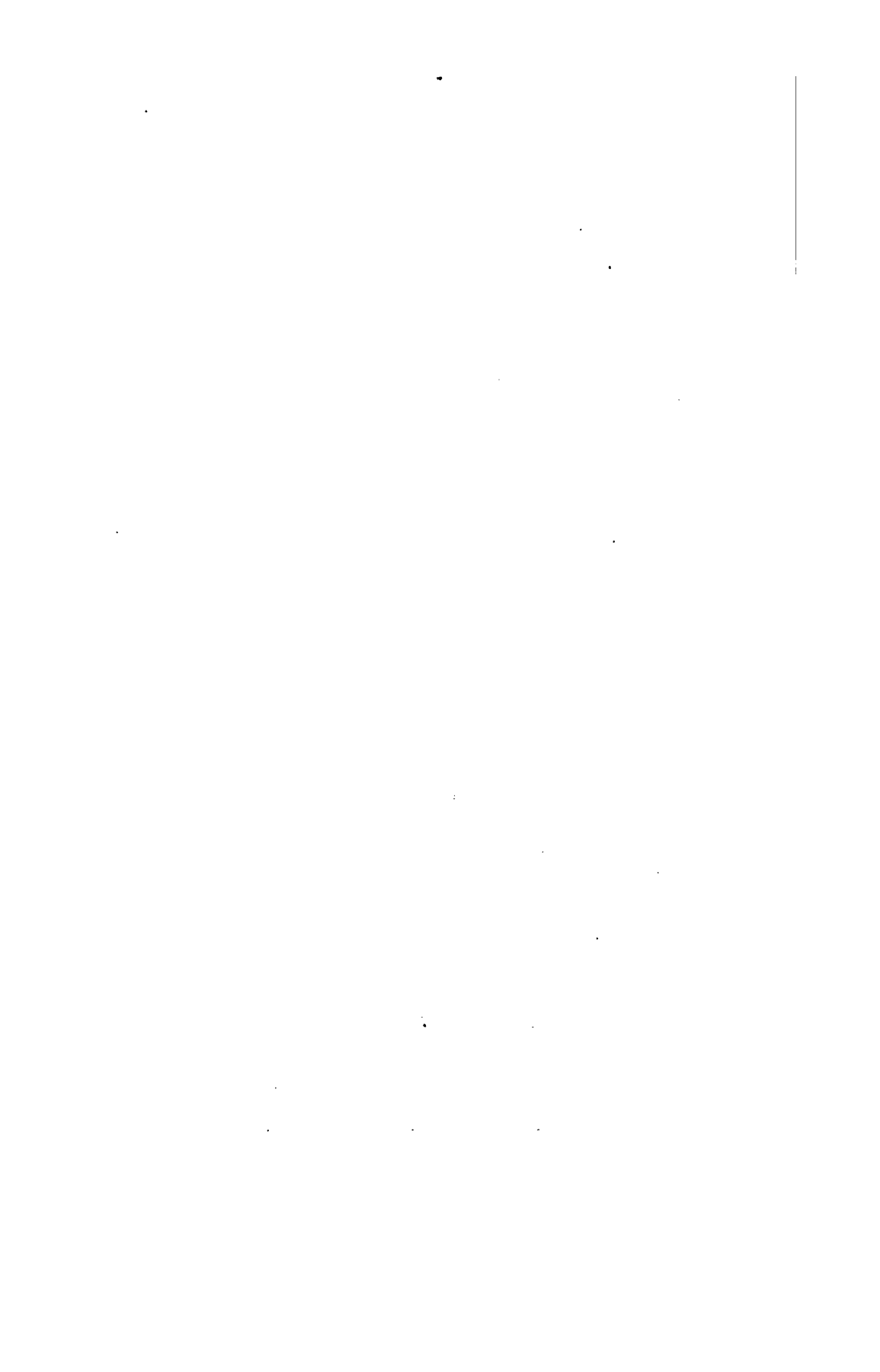


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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HOMŒOPATHIC POSOLOGY.

An Introductory Lecture to the Winter Course of Materia and Therapeutics, delivered in the London School of Homœopathy, Oct. 7th, 1878.

By Dr. RICHARD HUGHES.

THERE is one topic on which I must enlarge ere we begin again our detailed study of the *Materia Medica*. I have spoken of the modifications imposed upon this course of instruction by the fact of its being delivered in a School of *Homœopathy*. But I find that I have omitted any special notice of what, to many minds, would seem the most peculiar feature of that which I shall say. I refer to the minute dosage with which I shall so often have to deal. The pharmaceutic processes I have described as characteristic of homœopathy have for their main object the reduction of the drug to fractional proportions, of which the third degree already represents the millionth part of a grain or a drop, while I shall have to speak familiarly of the sixth, the twelfth, and even the thirtieth. You will be warranted in demanding of me some explanation and vindication of such unwonted dosage; and it will be my pleasure, as well as my duty, to give it you.

Now the first and chief reason of my dealing with these minute quantities of drugs is, that their use is a fact in the history of homœopathy. I have already told you how Hahnemann early followed up the enunciation of his new principle by a reduction of the dose of medicines given in accordance with it, and how in later times he pushed the attenuation of his remedies to the elevated degrees I have just mentioned. If any of you desire to follow him step by step in his progress, from 1796 to 1839, you will find the means of doing so in the article on the subject contained in the *British Journal of Homœopathy* for April, 1878. As it was not till after 1811 that he began to make professional converts to his system, it came to them all with the infinitesimal dose as a part of it, and was by them all carried out therewith. Most of them, moreover, went on with their master in his further developments of attenuation, and some have since pushed far beyond him in the process. The result is that the great bulk of the homœopathic experience on record has been obtained by means of minute dosage, and no little of its pathogenesis owns a similar origin. I, as a teacher in a School of Homœopathy, have to deal with it historically—as it actually is and has been; and, whether I myself approved of them or not, infinitesimals must necessarily play a large part in the lessons it is my duty to give.

But I am fully prepared to maintain the tenableness in itself of the homœopathic posology, and to advocate it as a most important and beneficent part of Hahnemann's therapeutic reform.

In the first place, comparative smallness of dosage is the logical and obvious corollary of *similia similibus curentur*. It needs no argument, as I have said, to show that the ordinary doses of Arsenic, against which even a healthy stomach needs to be shielded, would increase the irritation of one already inflamed, for which, nevertheless, the homœopathic principle would direct its being given. The quantity administered must be reduced accordingly. Nor are Hahnemann and his avowed followers the only witnesses to the practical necessity of this proceeding. Whenever a

piece of homœopathic practice has been borrowed by the practitioners of the old school, the small dose has always gone hand in hand with the similar remedy. Drops of Ipecacuanha wine were unknown to the ordinary posology until the drug began to be used to check vomiting instead of to cause it; and similar novelties in the way of dosage abound in the *Therapeutics* of Dr. Ringer, and in the like-minded communications of Dr. Dessau to his New York colleagues.* I may appeal to such facts as the best answer to the argument lately advanced by Dr. Decaisne in France, and Dr. Barr Meadows in this country, that the aggravation caused by similarly-acting remedies in the ordinary quantities proves their unsuitableness, and that the diminution of dose merely evades the difficulty by reducing their action to nullity.

But this argument, valid as it is, establishes only the relative smallness of the homœopathic dose. We must go farther to ascertain what its positive littleness may be, and to warrant any measure of the astonishing exiguity it has actually attained.

Now I would here suggest that dose is, to begin with, a mere arbitrary matter. There is nothing in nature corresponding to drachms and scruples and grains, and there is no reason why that particular number of molecules which go to make up the last-named quantity should be designated by a whole number, while all below it must be expressed by fractions. Yet the result of its being so is that in the grain we seem to have got to the *ultima Thule* of ordinary smallness, and any further division strikes us as strange. Again, it is evident that all our notions of dosage are derived from the quantities of drugs it has been found necessary to give to produce their physiological effects on the system—to set up purgation or emesis, the sedation of an aching nerve or the relaxation of muscular spasm. If the so-called “alterative” medication had attained a larger place in therapeutics, these notions might have been modified. It has always been recognised that a different posology holds good with regard to remedies of this kind; that, as

* *New York Medical Record*, July 28, 1877.

no physiological effect was sought, but only a gradual extinguishment of the morbid state, the dose necessary to be given was purely a matter of experience. Now it cannot be too clearly recognised that all homœopathic remedies are "alteratives" in this sense; and hence that any standard of dosage taken from such medication as aims to produce physiological effects is inapplicable to them.

Further, it is obvious that, even without taking such distinctions into account, dose is a shifting quantity. It varies, as every one admits, within certain limits, according to age and sex, the strength or weakness of the patient, and the amount of medicinal susceptibility he possesses. It varies through a still wider range with the different drugs we administer. Take, for instance, two remedies renowned of old in the treatment of cutaneous disease—Dulcamara and Arsenic. Carrère, the introducer of the former, administered it in tablespoonfuls of a decoction made in the proportion of an ounce to a pint, while the latter is given in small doses of a solution (Fowler's), which contains only 1 part in 120, sometimes requiring (as in a case of Mr. Hunt's) that even minims of this shall be broken up into fractions, which yet prove curative. So, when another potent substance—Phosphorus—is introduced (as lately by Mr. Ashburton Thompson) into the ordinary practice, no one is surprised at his recommending its employment in hundredths of a grain. With the alkaloids we get further still in the realm of minuteness, even as regards physiological action. Take the influence of Atropia in dilating the pupil. The "atropised gelatin" prepared by Savory and Moore under the direction of Mr. Ernest Hart purports to contain but $\frac{1}{100000}$ th of a grain in each disk; yet it answers its purpose excellently well. Professor Donders (cited in the fourth edition of Pereira's *Materia Medica*) finds that in dogs the attenuation of Atropia may be carried up to $\frac{1}{700000}$ th before the effect becomes doubtful; and it is possible, from the experiments of Rossbach and Fröhlich, that the doubtfulness arose from contraction being produced by the drug when reduced below the dilating point. Professor Donders, moreover, adds:—"The sensitiveness of the eye to Atropia, indeed, excites

astonishment, when we consider that of the single drop of attenuated solution which suffices to produce dilatation probably not a fiftieth part is absorbed." Nor is it the pupil only that these dilute applications to the eye can effect. Dr. Harley records an observation of "congestion of the entire conjunctiva, with dryness of the membrane and dull aching pain in the eyeball, lasting for several hours," occurring after the instillation of twelve drops of a solution of one part in 400,000 of water. We have only to go somewhat lower in the scale of fractional minuteness to see the drug affecting the whole organism from within. Dr. Ringer finds the 300th of a grain of Atropia, subcutaneously injected, sufficient to dry up the whole surface of the body, even when freely perspiring in the Turkish bath; and Dr. Harley writes of this substance—"An infinitesimal quantity—a mere atom—as soon as it enters the blood originates an action which is closely allied to, if it be not identical with, that which induces the circulatory and nervous phenomena accompanying meningitis, enteric, or typhus fever." Aconitine carries us a step farther. The 300th of a grain of this alkaloid was found by Dr. Milner Fothergill sufficient actually to kill a rabbit of 3 lbs. weight; while guinea-pigs are so extraordinarily sensitive to its lethal influence that one weighing a pound died in three hours and a half after the administration of $\frac{1}{1130}$ th of a grain. After these experiences you will not be surprised to hear that Professor Arnold, of Heidelberg, found tetanus readily produced in frogs by $\frac{1}{10000}$ th of a grain of strychnia. Even the $\frac{1}{1000000}$ th caused increased reflex excitability; and in one of these creatures, which the day before had been tetanic for some hours, after $\frac{1}{10000}$ th had been administered to it, but had quite recovered, a slight attack came on in half an hour after receiving the $\frac{1}{1000000}$ th, which ended, after some hours, in its death.

With these poisons and alkaloids, then, we have clearly got far on the road to another standard of dosage. The French *milligramme*—i. e. $\frac{1}{65}$ th of a grain—is found the most convenient unit for them, and even this (as M. Gubler has announced in regard to Aconitine) has to be further divided. We have

got a long way towards infinitesimals, even for the production of physiological effects; and it would be very unwise if we refused to look ahead, and see what further reduction may be necessary when we seek for pure therapeutic results on the principle of similarity. If drop doses of Ipecacuanha wine are sufficient to check vomiting, while drachms are needed to cause it, then, if "an infinitesimal quantity—a mere atom" of Atropia will originate the pyrexial process in the blood, how minute must be the quantity which, on the same principle, will be appropriate to extinguish it!

Yet again. There are many substances which are inert in their crude state, but which, when rubbed up with some indifferent vehicle so as to ensure a fine division of their particles, become active enough. We have a familiar instance in Mercury, which as pure quicksilver may be swallowed by the pound, but which, when intimately mixed with confection of roses or with chalk, becomes a potent drug. It is now recognised that the amount of oxidation which takes place in the preparation of blue-pill and grey powder is very small, and that minute subdivision is of the essence of the process. Now Hahnemann, as you are aware, has largely developed this mode of preparing drugs, introducing the improved method of a graduated trituration with sugar of milk. The metals—gold, silver, platinum, zinc, together with such neutral substances as charcoal, flint, and lycopodium, are wakened to energy by this potent process, and show themselves capable of no little influence upon the organism. It is obvious that since in this way a real development of power is effected, there must be a certain stage in the process at which the drug, inert in its crude state, begins to be active, and another at which this newly-awakened energy is at its height, after which all further attenuation must have a contrary effect. At this second stage the triturated substance stands on the same level with a medicine of similar character which is active from the first; so that a grain of Silica 2 may be equal to one of Hepar sulphuris ϕ , though in actual quantity of the drug the latter is to the former as 10,000 to 1. Thus, with the medi-

cines made such by trituration a very minute fraction may be the unit of their strength and the standard of their physiological activity; while a still more infinitesimal quantity will be appropriate when they are used as remedies upon the homœopathic principle. I have mentioned the second trituration here because it was in those from the first (as Aurum and Argentum) to the third (as Carbo) that Hahnemann proved medicines of this kind.

We have arrived, then, at the conclusion that when administered in conditions similar to those which they cause, medicines must be given in smaller doses than would be necessary for such causation; and that the exiguity thus required may, from the natural activity of the substance, or from the degree of attenuation at which its energies begin to appear, be very considerable, reaching sometimes to such fractions as the thousandth, the ten-thousandth, and even the millionth of a grain. It may have to go thus far, but it need hardly go farther. To attenuations of this degree Hahnemann was led when first (in 1799) he began to use infinitesimals, and for some years after he seems to have remained at the same point, more often descending below it than rising above it. To such potencies, moreover, a number of his followers—and these not of least eminence—have confined themselves, when they have found it necessary to ascend above the mother tincture or the crude drug. Drysdale and Kidd, Yeldham and Black in this country; Trinks and Arnold in Germany; Cretin in France; Gray in America—these are homœopaths of no small note, who tell us that in the first six decimal potencies they find all the attenuation they need, *when they need any at all*. On the other hand, the reasonableness of so far diluting potent drugs, when homœopathically employed, is denied by none. Dr. Ringer may recommend his hundredth-of-a-grain doses of corrosive sublimate in dysentery, and Mr. Hunt may come down to the 480th of a grain of Arsenic in psoriasis, and no one will gainsay them. One of the latest critics of Homœopathy—Dr. Rogers, in his *Present State of Therapeutics*, says:—“I can well imagine that certain energetic remedies may act more or less in doses of the 1st, 2nd, or

3rd dilutions of the decimal scale," *i.e.* in the tenth, hundredth, or thousandth of a grain.

So far you have, I imagine, followed me without difficulty. There is nothing in reason, nothing in the nature of things, to render doubtful the apparent testimony of experience, when it speaks of the efficacy of similarly-acting medicines in the attenuations from the 3rd or 2nd downwards. If homœopathic posology had only taken this range, I should have had nothing further to urge, and could now have left the subject in your hands, confident of your acceptance of my position. I wish indeed that I could have done so, and that the method of Hahnemann had not been weighted with anything in the way of dosage less defensible than the thousandths and millionths with which I have been dealing. But here again I must remind you that my duty is not to express my own preferences, but to teach you homœopathy as actually existing and historically developed. I must, therefore, take into account that from 1808 onwards, Hahneman is found raising the potencies of several of his medicines far above the 3rd, dealing with billionths, trillionths, quadrillionths, octillionths, at length reaching the decillionth, and in 1829 fixing this last proportion as most suitable for all drugs. I must recognise the fact that the majority of his disciples have followed him in the employment of these higher fractions, and are using them more or less largely in their practice at the present day. Nor can I shut my eyes to the later development of attenuation up to the 200th dilution; and to the knowledge that potencies of this strength, of undoubted pharmaceutic reality, have been warranted as active by such men as Bönninghausen, Dunham, Tessiér and von Grauvogl, and by the first two at least esteemed of more efficacy—both in acute and chronic disease—than any lower dilutions. I cannot ignore these facts; and more, I do not feel justified in presenting them to you as a mere recorder, with such unsympathetic reluctance as to influence you against their acceptance. Much as I regret the necessity of employing the higher infinitesimals, I cannot but acknowledge it. The testimony in their favour is overwhelming; the evi-

dence of their efficacy undeniable. My own experience of such dilutions as the 6th and 12th, and (with some remedies) of the 30th, is such as to make me join with unquestioning acclamation in their praise. I have no practical knowledge of the 200ths; but if I had no other fact before me than their constant use by so scientific and successful a physician as Carroll Dunham, I should be content to acknowledge their legitimacy.

But here, too, we must inquire how far the apparent testimony of experience is supported by reason, by science, by observation.

1. I fear that reason has nothing to say in our favour. We have good logical ground for reducing our dose below the point at which it can aggravate the existing malady, or injure healthy parts; but we have none for carrying our attenuation further than this. We seem, therefore, to have effected all reasonable ends, even with the most potent poisons, when we have reached the thousands and millionths of which I have hitherto spoken; and the same may be said of the inert substances whose properties are first elicited by trituration and dilution. Unless some evidence should be brought before us to prove that we actually develop power, as we go on attenuating after the Hahnemannian method, reason must certainly frown upon the higher potencies. I shall examine presently the theories of "dynamisation" which have been put forward to support this conclusion, and I fear I shall not be able to endorse them. I must, then, for myself at least, give up any countenance from the side of reason for this part of my position.

2. The relation of science to us, however, is at first sight very encouraging. No one can have followed the researches of the last thirty years, and considered the sizes dealt with in thermal and luminous undulations, and in the molecules and atoms of matter, without feeling that infinitesimals of a most minute character are acquiring undoubted place and reality in the world of being. All the work of the universe, all the actions of life, are seen to be carried on by these tiny existences; in their little micro-

cosm forces of all kinds play, and in them begin all changes whether normal or morbid. It seems at first sight, I say, that we are only following in the same track when we present our drugs in a state of the finest molecular subdivision, when we seek to counteract abnormal motions of the ultimate particles of matter by vibrations as minute as their own.

And to a great extent we are, I think, quite justified in claiming the support of science for our proceedings. The existence and the energy of the infinitely little have been substantiated thereby, and no one is now warranted in rejecting effects because their supposed causes are inappreciable by coarse sensation. But I fear that if we make too much of the analogies of the minute quantities with which scientific speculation deals, we shall find we have enlisted a dangerous ally, one who will leave us when most we need assistance. It must be remembered that the conception of the atomic constitution of matter, while suggesting how infinitesimally small are its ultimate particles, implies also that it is not infinitely (in the strict sense of the word) divisible. You must come at last to atoms (α , $\tau\acute{\epsilon}\mu\nu\nu\iota$)—particles which can be divided no farther; and then any subsequent attenuation can but reduce their number until all trace of them disappears from the vehicle. Now molecular science has so far advanced that it has seemed practicable to estimate approximatively the size of the ultimate atoms of matter. Sir W. Thompson, Clerk-Maxwell, and others have attacked this problem, and, though their solutions of it differ pretty widely, none have gone further than the affirmation that a trillion of such atoms may be contained in a space of $\frac{1}{1000}$ th of an inch cube.* Now, making all allowance for the molecular contraction which, as Jolly as shown, attends upon all attenuation of chemical solutions,† this will hardly carry us beyond our 12th potency. At higher degrees than this the presence of any atoms of matter whatever must become increasingly doubtful.

* See *Monthly Microscopical Journal*, March, 1876, p. 113.

† See v. Granvogl's *Text-book of Homœopathy*, pt. ii, § 221.

This is the latest word of theoretical science on the subject, and its practical observations point in the same direction. Chemical tests, applied to those substances which are readily recognised thereby, follow them up with decreasing clearness to the third attenuation, and there—or thereabouts—lose them. The spectroscope carries our vision further still; but the 9th dilution is the highest point from which any response has been forthcoming to this potent detector. The microscope, used upon the triturations, has yielded similar results. Under a power of 300 diameters, Dr. Mayrhofer has traced metallic particles up to the 10th, 11th, and (in the case of precipitated tin) even the 13th and 14th attenuations, but no further. “Moreover, the visible particles of the substances,” he says, “become gradually smaller and fewer as the triturations advance, and at last cease altogether.” Up to a certain point, then, we gain by this process. “A patient who takes a grain of the 3rd trituration of tin or arsenic, swallows no less than 576,000,000 particles, each of which possesses all the properties of the metal, and from their minute size can freely penetrate to all parts of the organism, and develop their peculiar effects on every part.” But, if trituration is carried on, “the atoms becoming always smaller and more mobile, at length come to be so much so that they elude the triturating force.” If, on the other hand, they are (according to our usual plan) mixed from this point with a fluid menstruum, either they are suspended therein, when it is obvious that their number must decrease a hundredfold with each successive dilution, or they undergo a true solution, when they are as divisible as matter itself, but no farther.

When now we turn to observations on the animal body, corresponding conclusions have to be drawn. M. Davaine, in experimenting with septicæmic blood, was led to try in what fractional proportion it still retains its virulence. He found that by employing the graduated Hahnemannian method of dilution, he could reproduce the disorder by inoculating other animals (rabbits) with the millionth, the billionth, the trillionth, and at last the ten-trillionth of a drop of blood. Above this point, however, no effects were pro-

duced. Again, therefore, science goes a long way with us. It shows that matter can be carried by the homœopathic process of attenuation above the 9th centesimal degree without ceasing to be present or losing the activity proper to it. But at this point it leaves us in the lurch, and—without denying it—gives no warrant to the supposition that the same thing will hold good at further stages of the process.

From Science as such, then—Science unconnected with Medicine—we receive countenance for our infinitesimals so far, that up to about the 12th centesimal dilution we can depend upon the presence of some particles, however few or small, of the original drug. But the very support which it gives us up to this point turns into opposition when we go beyond it; for, if every test finds less and less response as it mounts higher in the scale of dilution, it implies that there is a progressive diminution in the quantity and energy of the matter present, and that we must at last get to an end of it. And, again, if when we have reached the ultimately visible particles of matter, we see them diminishing in number as we attenuate farther, must it not be so with those still smaller particles into which matter is ultimately divisible? At the 12th dilution we are a good way off from the 30th, and there is a great gulf between us and the 200th. How are we to bridge it over? how fill up the yawning void? Now at this point come in the theories of “dynamisation” which have attracted so much attention in the homœopathic controversy—much more, indeed, than their intrinsic importance deserves. They imply that the processes of trituration and succussion with which our attenuations are made more than compensate for the reduction of the mass of the medicinal substance, that they actually develope power, and this to an indefinite extent, so that the higher dilutions are more potent as medicines than the lower, the 30th than the 3rd, the 200th than the 30th, and so on *ad infinitum*. By some of Hahnemann’s followers, who are more imaginative than philosophical, this dynamisation has been supposed to result from a transference of the whole thing from the realm of matter to that of spirit.* I can

* I must admit that his own language in later days favours the same idea,

only say that I know nothing of such conceptions as applied to natural things; they are to me alike uncongenial and unintelligible. Others, with a more just idea of the matter in hand, have endeavoured to apply to it the doctrine of the correlation of force, and have argued that the energy put forth by the triturator or succusser must be converted into increased force on the part of the drug so treated. But they have not shown, on the one hand, that it may not be accounted for by the heat and electricity developed in the process, and on the other, that the power of drugs to affect the organism is a "force," in the sense that heat and light and such like are forces, so that it has equivalence and correlation with other modes of motion. It seems rather to be a fixed and inalienable property, peculiar to each substance possessing it. The same objection holds good to the hypothesis advanced by my friend Dr. Allen,* that the energy of the drug is transferred to the vehicle, so that although no particles of the original substance remain therein the medicinal force is not lost. If, moreover, it were so, it is obvious that no further potentisation would be possible when once the drug had attained its ultimate subdivision, and, parting with its force to the surrounding menstruum, disappeared from the scene. From about the 12th to the 18th dilution, then (if the calculations I have specified are correct), all capacity of change must cease, and we have in hand nothing but a medicated water or spirit, incapable of further dynamisation. Dr. Allen refers to the French observations with septic blood as illustrating this transference of energy to a vehicle. But he forgets that after the ten-trillionth (*i.e.* 19th decimal) dilution had been reached, which is about the estimated extent of the divisibility of matter, no further effect was manifested.

I may refer you to a short but able paper by Mr.

but I think that he used the term "spiritualisation" metaphorically. He supposed matter to be infinitely divisible, saying in the last edition of the *Organon* (1833): "A substance divided into ever so many parts must still always contain in its smallest conceivable parts *somewhat* of this substance, and the smallest conceivable part does not cease to be *some* of this substance, and cannot possibly become nothing."

* See *New York Journal of Homœopathy*, ii, 1.

Proctor in the thirty-first volume of the *British Journal of Homœopathy*, on "The Theory of Dynamisation," as a complete examination and, I think, refutation of these ideas.

You will observe that I have said nothing about the potencies lately employed in America, in which the 1000th becomes a new unit, and the scale is ~~run~~ rapidly up until now the millionth and ten millionth are supposed to have been reached. I must reject these, not upon the grounds of science and reason, but upon those of pharmacy. They are simple impossibilities. It is easy to calculate that, if Hahnemann's directions are followed, upwards of 2000 gallons of spirits of wine would be required for making the millionth potency of a single medicine, to say nothing of a million clean bottles; and, as not more than four potencies could be made in a minute, each receiving its due number of shakes, that incessant labour at the rate of twelve hours a day, and six days a week, would yet occupy more than a year in the process! Even if machinery be employed, the time taken could not be reduced much more than one half, and as power of some kind must be supplied, considerable expenditure would be incurred. Whenever, accordingly, we are able to learn the process by which these potencies are prepared (and the tendency is to keep it a secret), we always find it other than that recognised among us, and illegitimate in itself. Jenichen's preparations, which first broke ground in this new field, are now known to be simply succussions of an ordinary attenuation without further dilution—ten of such shakes being reckoned as producing a potency one step higher in the scale. The preparations which go under the names of Fincke and Swan are manufactured by what is called "fluxion," *i. e.* by allowing a stream of water to be propelled with some force into a phial containing a hundredth part of a drug, each emptying of which is reckoned as diluting it one step farther in the centesimal scale. Even in this way an immense time must be taken to produce such potencies as are named;* and how utterly untrustworthy is the

* Jenichen, purported to produce the 60,000th potency. Dr. Dudgeon has

result !* My advice to you, therefore, is to keep altogether clear of these obscure and objectionable practices, and to set down any results which seem to have been obtained by medicines so prepared to their being other than what they assume to be.

Putting these, then, out of sight, and limiting ourselves to such attenuations as have been, and can be, prepared in a proper way, our conclusion must be that while we are fully warranted in expecting action from those below the 3rd, and are not without countenance in similar hopes from those up to the 12th, beyond this range we have nothing to depend upon but observation and experience. While we are not, therefore, to ignore curative results obtained from 30ths and 200ths; we must be wary about admitting them, requiring the warrant either of the capacity of the observer, or of a full statement of the facts of each case. Upon these principles I shall act in dealing with the materials of my present course.

MEDICAL AND OTHER NOTES COLLECTED ON A
HOLIDAY TOUR TO ARCAÇON, BIARRITZ,
PAU, AND OTHER PRINCIPAL WATERING
PLACES IN THE PYRENEES.

By DR. ROTH.

THE following notes, made for my own use, are published at the wish of several of my friends; they have been collected partly from my own observations and partly from shown that, working five hours a day, and allowing a second for each shake, it would take him five weeks to raise—according to his method—a single drug to this height.

* Dr. Burdick, of New York, who has eminent scientific qualifications, has lately shown, by calculation and microscopical investigation, that the potency which Dr. Swan represents as m.m. (*i.e.* thousand thousandth, or millionth), “cannot exceed the tenth centesimal of Hahnemann, and is liable to be much lower” (*Hahn. Monthly*, Nov., 1877).

the interviews which I had with my professional brethren, who, without any formal introductions, answered all my inquiries with the greatest promptitude, and I have much pleasure in thanking them herewith publicly for their kindness; I have also taken extracts from several pamphlets, the titles of which I have named, in order to enable those wishing to know more, to obtain the required information.

After the labours of the Great International Congress of Hygiène at Paris were finished, I proposed visiting the watering places of the Pyrenees, which in general are very little known to the majority of English practitioners, who, therefore, make very little use of them, although many of their patients might be benefited both by the waters and climate. French physicians practising as consulting physicians at the numerous French watering places object to *faire la reclame* as many German medical men do, many of whom yearly visit England in order to introduce themselves and their waters to the profession; if the French would only imitate the practice of their German colleagues there is no doubt that the present prevailing ignorance regarding French mineral-waters and watering-places would be considerably diminished. Only very few English practitioners visit the watering-places in the Pyrenees, and this is another reason why such a small number of English patients are sent there; English continental residents resort more frequently to these waters.

We left Paris in the evening and arrived two hours later at Orleans, made the tour of the town in the morning, and having seen the statue of the Maid of Orleans, and the houses of Agnes Sorel and some other celebrities, we continued our journey through one of the most fertile parts of France, including the interesting towns of Blois and Angoulême, to Bordeaux, where we arrived the same evening in time to take a drive and have a look at this apparently very rich town; its flourishing state, I was told, is owing principally to its commerce with England, and its large export of Bordeaux wines.

ARCACHON.

AN hour's railway journey from Bordeaux brought us to Arcachon, where about 100,000 people resort annually for the sea bathing, while a considerable number of patients suffering from asthma, consumption, bronchial catarrh, and other complaints, pass the winter in the pine-forest, which has an average temperature of 10° C. in winter, and 26° C. in summer; on the seacoast the winter average is 8° and the summer 20° . Besides the Grand Hotel there are many other hotels, private houses, and in the forest beautiful villas ready for the accommodation of visitors; a beautiful casino, built in oriental style and standing in its own grounds, provides various amusements as well as hydro-pathic treatment and baths of sea and ordinary water, also resinous baths, water mixed with the sap of pine trees. By chance I got an introduction to the present proprietor of the renowned villa Pereira, the grounds of which are beautifully laid out; I here had an opportunity of meeting an asthmatic patient who is only well in Arcachon; the uncomfortable symptoms returning when leaving the place. Dr. Hamean, who has been acting for many years as *Médecin Inspecteur*, told me that he has only seen one real cure of a consumptive in this place, which he has described in his pamphlet on Arcachon; but many patients with asthma and chronic catarrh of the bronchial mucous membranes, and all with *erethistic* temperament have been frequently relieved and cured; Dr. Hamean was kind enough to give me a copy of his pamphlet, from which the following notes are taken.

The climate of Arcachon,* comprised in the Girondin climate, is analogous to that of Bordeaux as regards general influences, but with peculiarities which are owing to—

1. The proximity of the sea, from which Arcachon is separated, due west, only by a series of *dunes* covered with pine forest, and by the large harbour of the *Bassin*, which has its opening to the south.

* 'The Climate of Arcachon,' by Dr. S. Hamean, an English translation, by J. Radcliff, published by King & Co., London, 1874.

2. The obstacle which this forest opposes to the force of the west, south-west, south south-east, and east winds.

3. The extent of the *Bassin* over which the north and north-east winds must pass in order to reach Arcachon, being thus charged with a certain degree of moisture, tending to correct their parching action, which cools them in summer, and warms them in winter.

4. The temperature of the sea, which is higher than that of the air during the cold season and lower during the hot.

5. The evergreen shelter of the pine-forest, a shelter quite insufficient to ward off the heat of the sun when shade is sought, but which rather augments its intensity by the calmness of the air both in winter and summer.

6. The hygrometric state of the atmosphere, which would present a disagreeable humidity did not the extremely porous soil render any stagnation of water impossible.

7. The very remarkable ozonometric state, which reaches the highest degree of Bérigny's scale, in the forest during the winter.

8. The vegetation rich and green at all times.

9. The presence of resinous emanations.

10. The slight elevation of the ground above the level of the sea, and consequently the greatest possible barometric pressure.

Like all maritime climates, especially those of the west coast of Europe, near which the Gulf Stream passes, the climate of Arcachon is not extreme. Less hot in summer than that of countries in the same latitude, it is less cold in winter. This latter difference, very marked on the shore of the *Bassin* in calm weather, may even amount to two or three degrees above the temperature of the forest itself. But when the wind blows, recourse must be had to the shelter of the trees and the protection of the *dunes*. Nevertheless, the prevailing winds, north-west, west, and south-west, are not cold, since they have passed over the immense extent of the ocean in order to reach Arcachon; but they are sometimes violent, and chill by reason of their violence. When they prevail, from December to February, for several consecutive days, they do so continuously, night

and day, without interruption; therefore we do not experience in the south-west that phenomenon, so common on the shore of the Mediterranean, of a sudden transition from the temperature of the day to that of the night. . . .

Residence in the heart of the resinous atmosphere of Arcachon is suitable in phthisis of the irritative form, with predominance of the nervous temperament, either primitive or acquired; and is unsuitable when the lymphatic temperament of a torpid form predominates. Whence we get the final and more general formula—*the action of a pine atmosphere is sedative to the nervous system.* . . . Thus, children affected with chronic bronchitis have generally derived benefit from their sojourn at Arcachon. But here, again, it is especially among those who were of a nervous temperament that the quickest and best results have been observed. . . .

But in the management of children affected with chronic bronchitis, and frequently even in the case of adults, Hamean insists on following the example of Buchan, on the discontinuance of the constant wearing of flannel, never to cover the chest with flannel for any length of time, and to withdraw it in the case of those who are in the habit of wearing it. In this latter case it is necessary to take great precautions against the dangers of too sudden a change; the best plan is to replace the flannel waistcoat by an ample and thick over-all woollen garment. That, however, is not enough, but we must aim at freeing the patient, as soon as possible, from all superfluous weight of clothes. The same day that the flannel is taken off vigorous friction on the body and arms is commenced with a towel soaked in very cold water, giving four or five brisk rubs in every direction. The patient then dries himself immediately with a very dry, but not a warm, towel; dresses quickly, in a thicker suit than usual the first few days, then gradually resumes his ordinary dress, and a healthy reaction soon produces a sensation of comfort. This practice, borrowed from the northern nations, our masters in comfort, not only replaces flannel with great advantage, but is also the best preservative against colds and chills. It is to be desired that it should be domesticated among us, and that it should become as

indispensable as the ablutions of ordinary cleanliness. . . . Still less can it be admitted that the vicinity of the sea air goes for anything in the beneficial action of a sojourn in the forest, since it has been so frequently observed that it was only necessary for the invalids who have derived most benefit from their residence in the forest to walk occasionally on the shore in order to endanger the improvement that had taken place. . . .

At the outset of the malady, where there is only a threatening of disease (unless the temperament absolutely requires a residence in the forest or on the shore), the passing from one district to another is advised, avoiding, on the one hand, the violent shore winds, and, on the other, the extreme heat of the forest. . . .

The most favorable countries are precisely those in which, as in the South of Europe, variations of temperature occur every day, without very great extremes, and in which the seasons are clearly defined. . . .

A short walk on the shore has sufficed, in the case of some eminently nervous and impressionable invalids, to bring back accidents which would have been extinguished in the sedative atmosphere of the forest. . . .

At Dr. Hamean's investigation and that of the municipal body, the Compagnie du Midi commenced, in the year 1862, the erection of its elegant winter villas, now forty in number. The spot chosen was in the region of the *dunes*, which are the warmest sheltered spots in the forest, protected from the force of the wind, and presenting the maximum of resinous emanation, and consequently of sedative action. . . .

In other places pleasures have, it may be, their utility; but here, for natures which must be tranquillised at any price—which must be guarded against every drain on the nervous system—the quiet amusements which will spring up naturally among acquaintances, as the colony of strangers augments, will always be sufficient. . . .

It is because we do not meet with consumption in those numerous families of *resiniers* whose profession is transmitted from father to son from time immemorial, and because they have attributed this remarkable immunity

to the resinous air, that physicians have thought of using it as a therapeutic agent. . . .

“The *resiniers* differ much from the other inhabitants. Less intellectual and less active, they are nowise inferior as regards frankness and gentleness of character, and they excel in sobriety. It is principally in physique that the difference is striking; they are small, thin, of a swarthy complexion, and they have a certain appearance which renders them easily distinguishable.” . . .

“The *resiniers* are eminently of a *bilious phlegmatic* temperament. If, in the flower of their age, a predominance of the sanguineous system can be perceived in a few subjects these cases are rare, and are, as it were, only a transient gleam which scarcely forms an exception. Their maladies rarely have an acute character, and when they have they always present themselves under a bilious type,” and . . . they are subject to very few diseases. . . .

All the facts confirm the sedative influence of the atmosphere of the pines.

Dr. Hamean's final conclusions are—

1. That the climate of Arcachon is sedative to the nervous system.
2. That it places certain consumptives in a medium favorable to the cure of their disease, and always to some degree of amelioration at least, when there is a predominance of the nervous system.
3. That it favours the cure of chronic bronchitis in the same conditions.
4. That it is unsuitable to every disease of the chest in persons of a torpid lymphatic temperament.
5. That it is suitable to most asthmatics.

I may mention that in the middle of the so-called basin of Arcachon nine to ten millions of oysters are yearly produced on the Bird Island—*Isle d'Oiseaux*.

BIARRITZ.

From Arcachon we travelled for five hours in the train through the *Landes*, a flat, sandy country, previously covered

by the sea, but now planted with pine forests, which have improved both the sanitary state of the country and the material condition of the previously very poor inhabitants. Since the American civil war, when the importation of turpentine was prevented or diminished, the price of this article, which is to a large extent produced in the Landes, has contributed to the improved state of the inhabitants. The majority of the trees are *bled*; that is, a large incision is made and a part of the bark removed, in order to permit the sap to be collected in earthenware jars, which are fixed below the incision. This sap, when concentrated, is the turpentine.

A few miles before Bayonne the vicinity of the Pyrenees changes the character of the country, and this change continues as far as Biarritz, which is mostly built on the cliff facing the Atlantic Ocean.

This place, which only a few years since was the habitation of fishermen only, and almost unknown, now presents, to patients as well as to tourists, all that is wanted, either for pleasure, comfort, or for cure.

A mild, invigorating sea, an even climate, a radiant sun, and a splendid shore, unequalled, as the inhabitants believe, in Europe, are to be found at Biarritz, which is at present one of the most frequented watering-places in France. Many English visitors are to be found here at all seasons.

The first visitors arrive at the end of May, and from that time the season begins in all its splendour. According to the guide of Biarritz, the sky is pure without a cloud, the air mild, the sun warm, and all fruits and flowers appear. In fact all nature is clothed in its summer garments, and decked with fresh and lasting colours.

Biarritz has two seasons, viz. summer and autumn. The first season lasts from May to July, and is specially adapted to those who require special comfort and rest.

From July to the end of October is the season for strangers, tourists, children, and the upper classes. The number of Spanish visitors is very great at this season.

At Biarritz there are three sea-bathing places.

The Porte-Vieux is the resort of the morning bathers.

There the sea is calm, protected from the wind, and washed on to a smooth and sandy shore.

The bathing at the Grande-Plage is suited for those lymphatic and strumous children and adults, and all those who require the tonic and invigorating effects of the strong and powerful waves which follow each other in quick succession, and often knock the bather down, even when he is only up to the waist in the water; the sea being quite open on this Grande-Plage, the length, the quickness, and the shock of the waves, cause a very strong reaction.

The bathing hours here are from 6 till 10 to 11 a.m., and from 4 to 6 p.m. It is very often the case that people bathe twice a day, a large number of spectators standing or sitting on the beach, and the groups of bathers, usually concentrated in smaller or larger patches, form a most amusing spectacle, which is often interrupted by the shouts of the bathers as they are knocked down by the waves, and by the merry laughter of the spectators. Before the bathers return to the dressing cabinets they dip their feet in small tubs of water to get rid of the sand, and in the cabinets they can have for a penny a warm foot bath, which contributes, as I know by personal experience, to the comfort of the bather, prevents shivering, and thus assists the reaction of the body. It is desirable to have this warm foot bath introduced in our watering-places. There are also in the hotels and other houses appliances for hydropathic treatment, and the various warm and artificial mineral water baths.

The Casino contains reading- concert- ball- and refreshment-rooms.

Some English families, who like the mildness of the climate and its even temperature, remain at Biarritz during the winter, form quite a community, and return every year, at the same time to seek the calm and fresh air of this shore, and pass several winter months without frost or snow.

I must refer those interested in the various beautiful excursions which make a sojourn at Biarritz very agreeable, to the English and French guide-books. I had three addresses of good hotels, viz. *Maison Rouge*, *Grande Hôtel*, and *Hôtel Gardères*, and, to my surprise, found on my

arrival that all three are the names of the same house. The family Gardères appear to be very well known in the South of France and the Pyrenees, because, besides the large hotel at Biarritz, another brother has the great Hôtel de France at Pau; and a daughter of this Madame Tavern is the proprietress of the Hôtel de France at Eaux Bonnes. In my capacity of a London Physician I was very well treated, and can recommend all these houses to those of my colleagues who visit the Pyrenees; but during the season it is desirable to telegraph in time for rooms. The winter prices for the *pensionnaires* at the Hôtel Gardères at Biarritz are very reasonable.

After a stay of four days we left, much invigorated, for *Pau*.

PAU.

“This well-known winter residence is on the top of a slope insensibly inclined towards the north, and sharply cut on the south, as by a cliff of 150 feet in height, at the foot of which flows the Gave, and presenting at this side the spectacle of a splendid circle of lofty mountains, at a distance of from 20 to 25 miles.” . . .

“According to Sir Alexander Taylor, the order of the frequency and duration of the winds is thus summed up—

“North-west . 112 days.	East . . . 31 days.
West . . . 55 „	North-east . 24 „
North . . . 52 „	South-east . 24 „
South . . . 44 „	South-west . 23 „

“The Atlantic currents cause the frequent rain at Pau during 140 days, and about 43 inches annually.” . . .

*The hygrometric table of Pau during the decade 1853—64
according to Dr. Otley.*

	Hygrometer.	Rainy days.	Rainfall. Inches.
Winter	81	33	7.3
Spring	75	43	16.9
Summer	72	30	9.0
Autumn	79	34	10.3
Annual	77	140	43.5

“The invalid is irritated at the least wind as a deception, and regards each sunless day as a fatality which must be detrimental to him.” . . .

“The altitude above the sea-level is nearly 700 feet.” . . .

“The climate of Pau is damp in the meteorological sense of the word, but this dampness has not the disadvantages ordinarily dreaded, because the soil is gravelly, very porous, and as the oscillations of temperature are never very great in one day, the condensation of the vapour of atmospheric water need not be dreaded as in the Mediterranean region.” . . .

“According to the physicians who have studied the country, the inhabitants, the Béarnais, have a certain slowness of circulation, and their diseases affect the sub-acute type. Rheumatism, however, is frequent there. Longevity is remarkable in this population. One in 45 of the inhabitants die annually, whereas the mean in France is one in 39. In a period of twenty years (1822—1842) there were—

“Deaths at from 65 to 70 years of age	...	...	347
70 „ 80 „	...	...	720
80 „ 85 „	...	...	320
85 „ 90 „	...	...	161
95 „ 100 „	...	...	103 ”

Pau has 20,000 inhabitants, is a chief town of a department, and offers to its fluctuating population all the pleasures of large towns. Its inhabitants are warm and hospitable towards strangers, and, being very desirous to retain them by making their residence agreeable, omit nothing that might contribute to their comfort and their amusement. Therefore, the winter colonists there are always numerous, always satisfied.

During the winter of 1867-1868, Dr. Lahillone was struck by the effect caused by some meteorological phenomena on several patients suffering from diseases of the respiratory organs; he had already previously observed that when he was called to one of his tuberculous patients in consequence of an aggravation of the symptoms, he had either on the same or following day to see several more of his tuberculous patients. The symptoms of all were more or less similar,

either a return of a catarrh, of a cough, of a slight hæmoptisis, or of some streaks of blood mixed with the expectoration, or some derangements of the digestive organs, or some special symptoms of the nervous system, which have no connection with the pulmonary affection.

All the patients, although in various degrees, appeared to be under the influence of some general atmospheric causes which produced analogous effects.

The patients did not suffer from the prevalent *medical* constitution, but from an *atmospheric* constitution; therefore, the principal meteorological signs, viz. the pressure of the air, the relative moisture, the temperature, the state of the sky, the time and period of rain and fog, &c., have been registered.

Finding that the various numbers of the above named data did not give the desired result, it was finally, and after many previous failures, decided to make use of two graphic lines in order to make the meteorological changes more evident and useful for practical purposes. Dr. Lahillone in one of these lines represents the geometric plan of the daily barometric averages, the other line represents the daily average of the relative humidity. The different curves of these two lines show the equal or unequal state of several days, the length of the various periods during which the variation of the atmospheric changes take place; if these different periods are compared with the coincident changes of the morbid symptoms most interesting and very useful data for regulating the hygiene of the patients might be collected. My aim is only to call the attention of my colleagues to the excellent idea of Dr. Lahillone, and those who are more interested on this important subject will find the details in his work on Pau, *Étude de Meteorologie Medicale au point de vue des maladies des vois respiratoires*, Baillièrè, 1869.

In the same pamphlet the doctor finds fault that the patients do not go to Pau before November and December. The majority remain with their families till the variations of the autumnal seasons aggravate their symptoms, and till they find themselves thus reminded that they must be off. The autumn is usually very agreeable at Pau, and in No-

vember there is what is called the summer of *Saint Martin*. Preceding the colder season patients who arrive after the new year are usually more seriously ill than those who come early.

"*We have left too late*" are sad words often repeated by the patients; one week's delay has frequently sufficed to aggravate the disease and make it less liable to be relieved by curative means, especially by the climate.

Another mistake is leaving Pau too early, during the first fine days in March and April, although the atmospheric variations are frequent and very irregular; before the first fortnight in May people cannot rely on the weather. The patients going too soon north, are always exposed to meet with the end of the winter, and thus to lose in the course of a few cold days the full benefit obtained during six months of sacrifice and patience.

Others encouraged by the improvement and strength they have gained are anxious to make excursions into the mountains, to the sea-side, or to Spain; these voyages undertaken during the variable spring season, are frequently the cause of a serious return of the scarcely improved illness, or of the loss of the strength just obtained.

All persons suffering from chronic respiratory diseases, as tubercles, bronchitis, pulmonary congestion and inflammation, require, with very few exceptions, to remain in the south during several winters, and afterwards to pass in an intermediate station one or two winters; otherwise there is not much chance of a lasting recovery if they are too soon exposed to a rough and cold winter in the north.

Pau is suitable for patients who want a calming and soothing influence, and it happens frequently that patients with an irritable temperament, unable to bear another climate, arrive in February, March, and April, and have thus lost the best part of their time.

Finally, patients should be reminded that they visit Pau for the sake of their health, and not merely for their pleasure. Moderate and not fatiguing amusements and distractions are most useful, but dancing, hunting, and other exhausting exercises are not suitable for persons whose

mode of life, whose hygiene, and daily exercise, and amusements are to be as strictly attended as any medicinal prescription.

In fine weather it is all right to be in the open air, but there is no excuse for patients accepting an invitation to the theatre or an evening party, especially as the exposure to the much cooler night air is most dangerous to patients suffering from pulmonary diseases.

I hope that Dr. Lahillone will, as he told me, soon publish a short and practical work on the watering places in the Pyrenees; as he has passed for almost ten years the summer season in Cauterets, we have reason for expecting much practical information.

THE WATERING PLACES IN THE PYRENEES.

At Pau the railway journey ceases, and Mr. Gardères kindly provided me with a tourist map of the Pyrenees as proposed by himself, and with addresses of the best hotels. After passing in an open carriage through a beautiful country with numerous villas, we passed after two hours the hills near Seignac, where the splendid valley of *Ossau* begins, and the Pic du Modi is first seen. This lovely valley extends for 16 kilomètres to Laruns, where the splendid road ascends towards Eaux Bonnes and Eaux Chaudes in large *zig-zags*. The most beautiful views of the valley d'Ossau and of the high mountains are constantly seen, and add to the charm of the lovely scenery.

With the exception of Bagnères de Bigorre and of Bagnères de Luchon, all the other principal watering places in the Pyrenees are situated in smaller or larger glens or valleys, everywhere surrounded by more or less high mountains, which shelter those places against the cold winds; everywhere the air is mild but still refreshing, and more or less invigorating according to the various heights, which are at—

Eaux Bonnes	748 mètres = 2244 feet.	In the four larger
Eaux Chaudes	675 " = 2025 "	places, viz. Eaux Chau-
Cauterets	992 " = 2976 "	des, Cauterets, Bigorre,
St. Sauveur	770 " = 2310 "	and Luchon, casinos,
Bareges	1232 " = 3696 "	theatres, concerts, con-
Bagneres de Bigorre...	551 " = 1653 "	tribute to the amuse-
Bagneres de Luchon...	629 " = 1887 "	ment of the visitors.

These watering places have beautiful walks in the immediate neighbourhood, with very fine views, and all patients who have sufficient strength make excursions either on horseback or in open carriages to the various fine spots in the Pyrenees; they are usually accompanied by experienced guides, who look very picturesque in the Basque dress with the red coat.

EAUX BONNES.

The *Etablissement Thermal* is situated at the top of the principal street, which is steep; in the drinking hall I saw two rows of persons standing one behind the other, and while forming *queue* approaching the principal spring, where two persons were constantly filling the drinking glasses of the patients, who with their glass in hand filed up to the right and left, the majority of them mixing their mineral water with some syrup. The various bottles of syrup with the names of the patients on them were placed on long shelves on both sides near the spring. There are six springs which give about 75,307 litres of mineral water containing principally *sodic* and *calcic sulphur*; 130,000 bottles are yearly exported, and about 8 to 10,000 patients and tourists visit the place yearly; the waters are used for drinking, bathing, and gargling. There is a special room in the *etablissement* for gargling, and at the first moment I did not know what the people were doing when I saw them standing each in a small compartment, and their hind aspect only visible; the gargling process appears here to be in vogue in the various chronic throat complaints, which in the other watering places are treated more by inhalations and pulverisation. Dr. Pidoux, an old practitioner and author of a

well known work on consumption, and on Eaux Bonnes, is the medical inspector, who very kindly told me that at least 60 per cent. of all the patients at Eaux Bonnes are consumptive, that the rest suffer from chronic pharyngitis, laryngitis, and bronchial catarrh. He told me that the combination of *sodic* and *calcic sulphur* is only to be found there, and to this combination many cures are due. The patients are advised to return for several seasons and to drink at home the waters about the end of December. Although the majority of the patients leave in August, the doctor told me how fine September and even October are in this place. In his medical report for 1873, "Un aperçu sur les cures preventives des maladies de poitrine par les eaux minerales d'Eaux Bonnes," he mentions that chronic diseases can be treated prophylactically, because in many cases it is not impossible to know beforehand to which chronic disease there is a special disposition; hereditary tendency, and the complaints from which a child suffers, more frequently might give a clue for finding out the special disposition. Dr. Pidoux admits the existence of *three* chronic diseases, which cause all the other chronic diseases—scrofulosis, arthritis (including gout and rheumatism), and syphilis are these *elementary* chronic diseases.

Herpetismus, the fourth elementary chronic disease added by Bazin, is for Pidoux only a *transition* disease with innumerable forms. Herpetismus is thus considered the original cause of all internal and external chronic diseases, which degenerate and combine, and with the three fundamental diseases give rise to a host of *mixed* chronic diseases, which finally are the connecting link between the capital chronic diseases and those organic and ultimate diseases, which cause death. By observing other laws of this natural or artificial process of degeneration, fusion, and mixture of diseases, science would arrive to the prevention of chronic disease in infancy and youth, and thus a *new social medicine* could be created, which is the medicine of the species, and the highest branch of therapeutics. I have just alluded to the views of Pidoux (which were admitted twenty years ago by Professor Küss, of Strasbourg, who also sought

the transformation of chronic diseases, especially of syphilis, through hereditary causes), because they are only a modified view of Hahnemann's idea of psora, syphilis, and sycosis, being the causes of chronic diseases. Pidoux does not exclude saline and chlorinated mineral waters in his preventive treatment, but he considers their action less deep, and believes that sulphur-waters, especially the old spring (*vielle source*) of Eaux Bonnes, is more stimulating and more tonic and that its effect is more *intense*. It is his conviction that to this spring belongs the most suitable means for counteracting the effects of arthritic degeneration (degenerescence), and of preventing many pulmonary consumptive diseases; he considers this spring as the most complete, or rather that it contains the maximum of the good qualities of all the sources belonging to the same family.

It is strange that a theory propounded by Hahnemann, and given up by most of his followers, should find, although in another form, an advocate in one of the most eminent physicians at the watering places in the Pyrenees.

The waters of Eaux Bonnes are in their physical and chemical properties very similar to those of Eaux Chaudes, and having collected more notes on the latter, I refer my friends to the next article.

Besides the reading rooms in the large hotels there are a casino, small theatre, beautiful walks and promenades in the immediate neighbourhood of Eaux Bonnes, and excursions in all directions contribute to the amusements of patients and tourists. A number of goats are brought every evening into the village, as many of the Spanish visitors and patients like goats' milk for supper and breakfast. In the large open place, where a good music band plays every afternoon, I saw something like a gymnastic apparatus for a basque game played on Sundays; there is a tub filled with water moving round a horizontal bar fixed by two vertical stands; the player has, while running under the tub, which is about eight or nine feet high, to place a long rod through a hole; if he misses the hole, the contents of the tub procure him an involuntary shower bath, which causes much merriment among the public.

EAUX CHAUDES.

From Eaux Bonnes we made an excursion to Eaux Chaudes, which is about one hour distant; the road leads down towards Laruns, but before coming to this place it branches off into another fine glen (gorge), amongst high mountains, where the village forms one long street as there is scarcely enough space for the houses, which are all let to the visitors. The *Etablissement Thermal* is the most conspicuous building and contains the reservoirs for the mineral waters, the springs for drinking, the swimming and other baths as well as douches. Dr. Lemonnier, who has been here for many years, gave me kindly all the information I wished regarding the principal complaints which are treated here. To these belong the majority of uterine diseases, especially sterility and amenorrhœa, rheumatic complaints after metastasis, various forms of neuralgia, and the effects of mental overwork and over excitement, some kinds of dry eczema. Besides the fine air and some beautiful walks, and the casino, which is not too much frequented, there are no special amusements provided for the patients; and in the negative effects of the absence of amusements, Dr. Lemonnier finds an accessory means in many cures of overworked brains. With regard to the quantity of sulphur the waters of Eaux Chaudes belong to the weakest in the Pyrenees. No consumptive patients are to be sent to this place, where the sun recedes at 3.30 p.m. behind the high mountains.

It is situated nearly on the frontier of France, at an altitude of 680 mètres, and at the extremity of the Valley of Ossau, which forms one of the most picturesque parts in this chain of the Pyrenees. The Eaux Chaudes constitute, from a geological point of view, together with the Eaux Bonnes, to which they are closely related, a family distinct from the other sulphurous sources of central France. In fact, whilst most of these latter flow from the same bed of granite rocks, the springs of Eaux Bonnes do not appear until after having traversed beds of limestone, and the springs of Eaux Chaudes at the point of junction of the limestone with the granite, in a fissure nearly parallel to the bed of the river

of Ossau, from the spring of Rey to that of Clot, whence it happens that in the springs of Eaux Bonnes and Eaux Chaudes the proportion of the lime salts is always greater than in the sulphurous springs, which have their origin solely in the granite rocks.

The *springs* at Eaux Chaudes are divided into warm, temperate, and cold, viz. :

			Ce.		F.
Hot springs	{	1. Le Clot	36·25	...	97·25
		2. L'Esquirette (<i>warm</i>) ...	35·	...	95·
		3. Le Rey	33·5	...	92·3
Temperate springs	{	4. L'Esquirette (<i>temperate</i>)	31·50	...	88·7
		5. Baudot	32·50	...	90·9
		6. Larressec	24·35	...	75·83
Cold springs		Minvielle	10·60	...	51·08

Le Clot is used for baths, douches, and drinking.

Esquirette is the only spring which has a large amount of gas escaping by an intermittent effervescence.

Rey is less used for drinking, but more for baths and douches.

Baudot and *Larressec*, especially the latter, are only used for drinking.

Minvielle is the coldest, and mostly used for drinking.

*Physical Properties, &c.** — At the moment that the Eaux Chaudes gush forth, whatever their temperature may be, they are always perfectly limpid and colourless ; but when seen in a large volume, as in the bathing tubs, especially in the "Piscine," the swimming baths, where the mineral waters are only very slowly renewed, they have a slight bluish tint, which proves, without doubt, the absorption of the surrounding carbonic acid, the partial decomposition of the alkaline silicates, and, finally, the formation of a small quantity of the higher poly-sulphides of sodium.

The three principal springs of, Le Clot furnish 39,600 litres in 24 hours.]
 L'Esquirette ,, 39,600 ,, "
 Le Rey ,, 56,160 ,, "

The temperature of the waters does not vary except to the extent of one or two degrees.

* From *Étude Physique et Clinique sur les Eaux Chaudes*, par MM. Mialhe et J. Lefort.

It has been noticed that the spring of Minvielle has lost its heat a little since 1866. All the springs of the *Eaux Chaudes* contain much more mineral matter than those of a higher temperature.

Hydrochloric, nitric, and sulphuric acid mixed with these waters, do not give rise to any gaseous action, the odour of these waters becoming only more intense by the evolution of hydric sulphide at the expense of the alkaline sulphides.

With the water of Minvielle there is a slight whitish deposit on adding basic acetate of lead.

With the mineral waters sulphate of copper gives a slight brown precipitate.

Tartar emetic gives a clear yellow colour with the water, but with that of Minvielle the colour is hardly visible.

The sulphurous property of the *Eaux Chaudes* is such, that if some of the water is placed in a bottle, sealed up, and sheltered from the rays of the sun, it is remarked, after a few months, that the odour of hydric sulphide is much stronger than even in the waters themselves.

The quantity of carbonic acid or carbonate contained in these waters is in a direct ratio to their temperature and the amount of mineral matter that they contain (see Table below).

These waters contain also silicate of potassium $3(\text{SiO}_3\text{KO})$, but a *little* of magnesian silicate.

The springs of Baudot and Larressec contain nearly as much chloride of sodium as those of Le Clot, Le Rey, and L'Esquirette.

These springs contain many calcic salts, and only traces of magnesia and oxide of iron.

Alumina is found in the waters at all temperatures.

			Temperature. C.		Saline Residue. per litre.		Carbonic acid. per litre. at 0° and at 760.
Le Clot	...	...	36.23	...	0.348	...	2.43
L'Esquirette	...	...	35.00	...	0.342	...	2.43
Le Rey	...	...	33.50	...	0.338	...	2.05
Baudot	...	...	25.50	...	0.334	...	1.28
Larressec	...	...	24.35	...	0.328	...	0.81
Minvielle	...	...	10.60	...	0.270	...	0.53

Dr. Filhol has analysed the waters of Eaux Chaudes, which contain in a litre—

Sulphide of Sodium	...	...	...	0.0087	grammes.
Carbonate of Sodium	...	...	...	0.0350	"
Sulphate of Calcium	...	...	...	0.1030	"
" Sodium	...	...	...	0.0420	"
Chloride of Sodium	...	...	...	0.1150	"
Silicate of Calcium	...	...	...	0.0050	"
" Magnesium	...	...	...	} traces	
" Aluminium	...	...	...
Glairine and Iodine	...	...	...	traces	
				0.3087	

According to Dr. Lemonier, the following is a list of the percentages of sodic chloride and sodic sulphide at the various springs :

		Sodic Chloride.		Sodic Sulphide.	
Le Clot	0.097805	...	0.007930
L'Esquirette	0.092100	...	0.008086
Le Rey	0.120627	...	0.009174
Baudot	0.114106	...	0.008397
Larressec	0.114106	...	0.008086
Minvielle	0.088025	...	0.004043

Messrs. Mialhe and Le Fort's table, showing the proportion of simple bodies of acids and of bases contained in a litre of water of the various springs at Eaux Chaudes.

	Le Clot. gr.	L'Esquiritie Chaudes.	Le Rey.	Baudot.	Larressec.	Minvielle.	
Sulphur	0.003625	0.003753	0.003565	0.003565	0.003575	0.001607	
Acids. {	Chlorhydric	0.0561	0.0556	0.0555	0.0559	0.0554	0.0339
	Sulphuric	0.0811	0.0807	0.0793	0.0817	0.0776	0.0653
	Silicic	0.0550	0.0546	0.0540	0.0531	0.0526	0.0520
	Carbonic	0.0048	0.0048	0.0040	0.0025	0.0016	0.0010
	Iodhydric	traces	traces	traces	traces	traces	traces
Borique	?	?	?	?	?	?	
Potash	0.0079	0.0071	0.0069	0.0066	0.0061	0.0042	
Soda	0.0922	0.0920	0.0874	0.0881	0.0869	0.0611	
Chalk	0.0284	0.0280	0.0273	0.0267	0.0265	0.0239	
Ammonia and lithia, magnesia and alu- mina, oxide of iron, organic matters	traces	traces	traces	traces	traces	traces	
	0.329125	0.326553	0.317965	0.318165	0.310275	0.243009	

Messrs. Mialhe and J. Lefort's quantitative table of salts contained in a litre of the springs of Eaux Chaudes.

	Le Clot.	L'Esquiritte Chaudes.	Le Rey.	Baudot.	Larressec	Minvielle
Sodic sulphide	0·00882	0·00913	0·00868	0·00868	0·00870	0·00391
Calcic	traces	traces	traces	traces	traces	traces
Hydric sulphide	traces	traces	traces	traces	traces	traces
Sodic chloride	0·0899	0·0891	0·0889	0·0895	0·0887	0·0543
Chloride of lithium	traces	traces	traces	traces	traces	traces
Iodide of soda	traces	traces	traces	traces	traces	traces
Carbonate of soda	0·0119	0·0119	0·0097	0·0058	0·0038	0·0024
Sulphate of soda	0·0718	0·0725	0·0715	0·0773	0·0706	0·0053
" ammonia	traces	traces	traces	traces	traces	traces
" lime	0·0690	0·0680	0·0663	0·0648	0·0643	0·0580
Borate of soda	?	?	?	?	?	?
Silicate of potash	0·0307	0·0275	0·0267	0·0255	0·0237	0·0163
Silicic acid	0·0322	0·0342	0·0343	0·0342	0·0350	0·0399
Organic matter	traces	traces	traces	traces	traces	traces
Total	0·31432	0·31233	0·30608	0·30578	0·29480	0·18011

1. The springs of Eaux Chaudes have an identical composition and a common origin.
2. The spring of Minvielle, although having the same origin as the others, receives continually soft waters, which reduce its mineralisation and temperature.
3. The hotter the springs, the greater the quantity of mineral matter.
4. They differ according to the part of land from which they rise.
5. Besides sodic sulphide all these waters contain calcic sulphide and sulphuretted hydrogen.
6. The waters of Eaux Chaudes are of the same nature as those of Eaux Bonnes.
7. Their mineralisation and temperature are not always constant; nevertheless, the variation is not much.

The following notes are taken from *Études Cliniques et Physiologiques sur les Eaux Chaudes*, par le Docteur Lemonnier. Paris, 1870.

The physiological and therapeutical action of the waters of Eaux Chaudes is, in some cases, very complex, and appa-

rently so contradictory in others, that it is very difficult, in fact hardly possible to describe it under a general heading.

Whilst they promote the appearance and increase the flow of the menses and the bleeding of piles, in other cases they retard and moderate these flows; they constipate or loosen the bowels, increase or diminish the quantity of urine, produce or diminish perspiration, cause and cure eruptions of the skin, increase or diminish mucous secretion, bring on and relieve coughing, cause sleep or restlessness, relieve pain, and finally increase or diminish the deposit of fat.

This diversity of action depends, it is true, very much upon the constitution of the patient, as well as on the manner of using the water.

The most general and complex effects which are shown in the majority of cases amongst those who reside at Eaux Chaudes, whilst undergoing a more or less protracted treatment, are, increase of appetite, sleep, and a longing for exercise; diminished desire for study and intellectual occupations; leanness rather than stoutness, especially in the beginning; increased stoutness follows a cure or amelioration.

Action on the Skin.—A darker pigmentation of the skin as well as of the nails and hair, and its rubbing off in scales, which makes many patients say that their skin comes off like bran, are very general. The same effect takes place, even on those parts which are not bathed, as the face, neck, shoulders, and hands—parts which are more frequently exposed whilst moist to the action of the air, thus causing a disintegration of sulphuretted hydrogen. The healing powers of the waters are well shown by their quick healing action on ulcers when applied in the form of a poultice; neither the blistering nor cauterising of the skin can be kept up during the use of the bath, because the waters heal the sore surface so soon. Formerly the bather had often to pay very much for a few pieces of *Glairine*; experience has now shown that poultices damped with the water have the same beneficial effect in the cicatrisation of wounds. These poultices are especially beneficial in cases of eczema, having, besides, the advantage of relieving the lancinating pains and

violent itchings. After a few baths the skin becomes more moist, the perspiration more abundant; the patient digests better, feels less the heaviness of the head, but, above all, the feeling of weight on the chest.

How is it that profuse perspiration is arrested and modified by the employment of the same bath? A cure of this kind occurred last season at the baths of le Rey and at the same temperature, 32° C.; the patient was sent to a doctor at Bayonne, who returned for the third time (she had not been seen for the last two years) to lessen her copious and exhausting perspiration. Another patient was a woman attacked with rheumatic nodes on both arms and wandering rheumatic pains, which did not diminish until she perspired freely by the sole use of the waters for the first few days. Later on she took douches, which caused her to perspire more; she was relieved by the sole use of the bath. She had a similar perspiration from the internal use of the waters. Thus, under the influence of the same agent two constitutions reacted physiologically in two opposite directions.

It was mentioned above that the tingling caused by eczema often disappeared during the bath, and under the influence of compresses soaked in the sulphurous water. But a lively pricking of the skin and eruptions, which are not always very easily classified, are often suddenly, and sometimes a few hours later, developed in the same bather.

The case is mentioned of a lady who, in consequence of the bath, got red spots on the back and shoulders similar to measles; half an hour after the third bath these spots diminished, and within a week they disappeared entirely without any other influence on her complaint, which was enlargement of the neck of the uterus. It often happens that persons in good health complain of being stung during the bath, although no marks are to be seen; this does not happen when the water has become desulphurised by exposure to the air during the night, which thus proves that this peculiar action is due to the sulphuretted hydrogen, which possesses the double property of soothing and exciting under certain unknown conditions.

Action on the Mucous Membranes.—The waters have

been used for the nose and pharynx in the form of injections and gargles; as they cause a sensible quickening of the capillary circulation as well as a thick and abundant secretion rich with epithelial débris and give a healthy colour to the tissues. Excoriations of the neck of the uterus cicatrise quickly but are generally accelerated by the application of lunar caustic or tincture of sodine. A case is mentioned where the granulations of the cervix uteri entirely disappeared under the influence of the bath, without pharmaceutical means, after a very long treatment; at the end of ten or twelve days the leucorrhœa nearly entirely ceased, the cervix, previously gorged, diminished in weight and volume, while the uterus ascended and got into its proper position. Similar results are obtained in the treatment of pharyngeal and palpebral affections, the secretions of which are increased, after which a reaction takes place and the cure is complete. The internal use of the waters frequently produces flatulence and gives rise to wind of a sulphury nature. In many cases the liver is acted upon, causing a copious secretion of slaty and bottle-green coloured stools. A large number of people are constipated by the water; in these cases a febrile state is manifested and the fœces of the patient are of a deep brown colour, owing, no doubt, to the formation of a sulphide of iron. Colics and diarrhœa are produced by the use of the waters if exposed to the air only for two or three hours.

When the liver is acted upon by drinking the desulphurised water, *i.e.* solely by its alkaline element, it never produces alkaline cachexia, and the urine does not become alkaline,—it loses its acidity, that's all. Under the same influence acid eructations and acidity of the stomach cease.

These desulphurised waters can be drunk with impunity without either weakening the constitution or impoverishing the blood, even after drinking two or three litres a day; it thus forms a good purgative and liquefies the blood.

The water causes gravel composed of urates in the urine.

The case is mentioned of a merchant from Orthes who had never passed gravel, but who, under the influence of a quantity of desulphurised water, passed three calculi one

centimètre long and 4 mm. broad, which were cut in facets corresponding with each other so exactly as to leave no doubt that they formed one large stone.

Dr. Lemonier experimented on himself by drinking during four successive days, eight tumblers of the water of the source of Clot, and on the fifth day he collected the urine, which amounted to 845 c. centimètres. The urine was strong acid and very little red gravel was deposited on the base of the vessel. The weight of the gravel, which was separated by filtering, was 0·75 gr., that of the urea 13·25 gr. The same experiment was made a week later under the same circumstances and same temperature, with this difference, that the ordinary drinking water was substituted for the eight tumblers of the mineral water; in this second experiment, the weight of the gravel was 0·70 gr., and that of the urea 13·50. The sulphur waters appear to expel and not to accumulate the urates.

Effects on Innervation.—The waters and the climate appear to act rather as a soothing than an exciting effect on the intellectual functions; but on the animal functions they certainly produce a vivifying effect, especially on the digestion, locomotion, sexual power, capillary circulation, on the process of assimilation, dissimilation, the action of the skin and the mucous membranes.

The immediate effect of a bath of 32° or 33° C. produces on the majority of patients suffering actually from pain, a sudden sensation of their pains.

Cases similar to those mentioned by Bordeu have been also observed by Lemonier.

It is the custom of the country to place patients suffering in consequence of a fall or of contusions into the bath, and to leave them there for an hour.

A young Englishman who was violently thrown out of the carriage suffered horribly from pains in the whole body, especially of the left temple and left shoulder; a tolerably copious hæmorrhage through the ear caused a suspicion of a fracture of the base of the skull. The patient was about ten minutes in the bath, began to talk, and scarcely complained

of any pain, and two hours later he continued in his carriage his journey to Pau as if nothing had happened.

Two working men, one of whom fell from a high poplar, and the other who was suddenly crushed by the sudden rolling down of large stones, suffering very much, and shrieking terribly, are placed in the bath; a quarter of an hour later the pains almost entirely disappeared, and they afterwards, without any assistance, returned to their inn.

Numerous cases of neuralgia—for instance, one of a shoemaker of Pau and of a peasant woman from Oleran are named who were placed in the bath at the time of pains, and these disappeared as if by magic.

Toothache is often relieved successfully by using the waters for drinking or gargling. Many such patients are relieved or apparently cured while they are in the bath, and the real cure is obtained by the longer period of rest which is obtained by the use of the bath till the intermission of the pain after twenty-four hours.

Thus, sciatica, lumbar-abdominal-neuralgia, eyebrowache, and temporal neuralgia are relieved and cured. Dr. Lemonier mentions also the case of a young lady who had a scar of a wound caused by the explosion of a percussion cap; she came to use the waters in hopes that the foreign body which was still buried in the middle part of the right thigh would be thrown out. She could absolutely not walk, because the slightest movement caused very sharp pain. After the second bath she began to move the limb slightly without too great a pain, and after twenty baths and douches walked without pain and without support, although the foreign body was not removed. This hypostenic action is not always without reaction if the bath and the douches are too long used. A more or less febrile state follows and the patient is obliged to suspend the treatment, and herein consists the great difference of the pure waters and desulphurised waters. These last having a smaller analgesic effect never produce the febrile reaction; they are absolutely soothing either by the loss or by the modification of the sulphuretted hydrogen, which appears to be the principal agent in the pure waters. The drinking of

these waters causes a sort of drunkenness, and their power of curing "migraine" depends on the special power which makes them a cephalic remedy. The source Minvielle seems to have the most powerful effect in this respect, and it is this which, as was mentioned before, permits the sulphuretted hydrogen mostly to escape, although it contains less sulphur. This kind of drunkenness is more frequent at the bath and at the douche; very sensitive persons feel at the moment they enter the bath room this sensation, which seems to have an effect similar to that produced by anæsthetic substances, and it was necessary to supply better means of ventilation in all the "cabinets" where baths and douches are given, in order to counteract this influence.

The physiological as well as the therapeutical action of the Eaux Chaudes is shown by—

1. The effect on the epidermis and the epithelium of the mucous membrane, which causes greater activity of the capillary, lymphatic, and subjacent blood-vessels, which is manifested by a tendency to suppress mucous and purulent secretions, and to bring on cicatrisation of ulcers and the resolution of chronic stoppages and passive congestions.

2. By an increased action of the liver, which can be modified by the use of desulphurised water.

3. By an anæsthetic power, followed, if the action is prolonged, by a reaction in a contrary direction.

4. By the expulsion from the organism of the superabundant plastic and thermogenic substances, and expulsion which is specially increased by the internal use of the desulphurised waters.

5. By a reconstituent effect due both to climate and the use of the waters.

(To be continued.)

NOTES ON DIABETES.

By FRANCIS BLACK, M.D.

THE treatment of diabetes has been ably discussed by Dr. Hughes in this Journal, and fully considered by Dr. Neatby in a paper read to the Brit. Hom. Society.* My object in contributing these notes is, not that I can give anything new, but that I wish to add my experience of a disease which is comparatively rare,† and which presents great difficulties in its pathology, and therapeutics. The investigation of diabetes involves so many details hinging on accurate views of the most difficult points in physiology, and the most complex problems in organic chemistry, that when we add to these our imperfect acquaintance with the drug pathogenesis of glycosuria, one cannot but feel that we have not yet reached the first step in all scientific inquiry, a knowledge of our own ignorance.

In giving such a sketch of the history of diabetes as may facilitate the examination of the question as to the nature of this disease, it is sufficient to commence with the work of Dr. Rollo (1797), who attributed this affection to a morbid change in the powers of digestion and assimilation. He supposed that the sugar of the disease is formed in the stomach chiefly from vegetable food. He therefore advised the cutting off all the supplies of vegetable matter taken as food, with the use of emetics and narcotics.

In 1837 Dr. Macgregor detected sugar in the blood, also in the vomit of a diabetic patient, who had been fed for three days on roast beef and water. He concluded that what ought to be converted into healthy chyle was changed into saccharine matter, and thus entered the circulation.

* "On Diabetes," by Dr. Richard Hughes, *Brit. Journ. of Hom.*, vol. xxiv, p. 108; Dr. Neatby, *Trans. Brit. Hom. Soc.*, 1864, vol. iii, p. 432.

† According to Dickenson there occurred in England and Wales from 1861—1870 one death from diabetes to every 3509 inhabitants, and to every 632 deaths from all causes; and in Scotland one to every 4895 persons, and to every 916 deaths from all causes.

Bouchardat (1841 to 1846) continued these views, and held that the quantity of sugar contained in the urine was in direct ratio to the quantity of starchy aliment and sugar taken by the patient. He considered that in the diabetic patient the transformation of amylaceous matter was rapid, and took place in the stomach, whilst in the healthy person the transformation was slow, and took place in the intestines. Bouchardat introduced, in a more perfect form, the dietary recommended by Rollo, and invented a gluten bread which in France still goes by his name.

But, in spite of such diet, sugar still appearing in the urine, it was evident that there was some other source than the starch and sugar taken as food. Then various theories appeared, such as Mialhe's, who said that sugar was destroyed in a sound organism by the alkalinity of the blood, but that in a diabetic patient the blood is too little alkaline, so that the sugar could not be destroyed; on this view, though the theory was soon proved to be wrong, was founded the alkaline treatment.

In a few years later (1848) Claude Bernard attributed the origin of diabetes to nerve lesions, and announced that sugar was formed in the liver as a normal process in all animals, and that this formation occurred, independently of diet, in carnivorous as well as in herbivorous animals, and that its production was confined to the liver. He also showed that, by wounding the floor of the fourth ventricle, a temporary glycosuria could be produced; also, by pricking a little higher up, an increase only in the quantity of urine was often excited; thus demonstrating not only cerebral influence in producing glycosuria and polyuria, but also how these two diseases may exist separately. In 1851 he discovered, in the liver, the matter from which the sugar was formed, calling it glycogenic matter. Considering, therefore, diabetes to arise from a natural and physiological function of the liver, either from direct irritation, or indirectly from irritation of the nerves, the treatment he recommended was at one time sedatives, at another by means capable of acting upon the nervous system, such as setons, *Bromide of potassium*, electricity, &c.

The views of Bernard were held as established facts until the appearance of Dr. Pavy's work, on the *Nature and Treatment of Diabetes* in 1862. By a series of very careful experiments he shows that this power of the liver to form sugar is a post-mortem result, the nervous system during life preventing its formation; he therefore objects to the term 'glycogenic matter' as incorrect, and calls this sugar-forming substance amyloid matter.*

In an appendix to this paper I have given an abstract of the arguments and experiments supporting Dr. Pavy's views which I am inclined to regard as the most probable explanation of diabetic phenomena. In accordance with Dr. Pavy's theory diabetes is due to some cause which destroys the inhibitory power of the sympathetic nerves over the liver, so that sugar passing into that organ is no longer converted into amyloid matter (the glycogen of Bernard), but passes unassimilated into the circulation, and thence is discharged by the urine. Diabetes, according to these views, may be stated as due to two causes—*first*, the assimilative power of the liver is diminished, so that sugar which arrives there is not converted, or only in part converted, into amyloid matter, and thus passes into the general circulation, and is thence discharged by the urine; *second*, the inhibitory power over the glycogenic function of the liver is impaired, and thus permits the amyloid matter being converted into sugar.

Under the first kind of diabetes there may be two different conditions—one where the disease is primarily in the digestive organs, being, in fact a form of dyspepsia, where an abnormally small proportion of sugar is converted into lactic acid, and thus more saccharine matter enters the portal vein,† and is

* Pavy, *Nature and Treatment of Diabetes*, 2nd edit., 1869, p. 59.

† Senator says *also into the chyle* as well as into the portal vein. He draws attention to a remarkable case, which has been almost passed in silence in recent literature, reported by Andral (*Comptes Rendus*, 1856, xxxiv, p. 468), where diabetes had existed with complete obliteration of the portal vein, as proved on post-mortem examination (*Ziemssen*, vol. xvi, pp. 952 and 955). The general view being that sugar, being very soluble and diffusible, readily passes from the alimentary canal into the blood-vessels in compliance simply with the law of osmosis; it passes not into the general circulation as in the case with matters absorbed by the lacteals, but through the portal veins to the liver. (*vide Appendix*).

carried into the liver, than this organ can assimilate. The other condition, where no abnormal quantity of sugar is carried to the liver, but where the powers of the liver are defective, and allow the sugar to pass without being converted into amyloid (glycogenic) matter.

I shall now report a few cases which have come under my own care.

CASE 1.—A clergyman, æt. 48, who for more than twelve years has been a martyr to gout, which has distorted most of his joints, and rendered him unable to walk, consulted me in December 1874 for diabetes. It has been present ten months, and of late has increased, causing emaciation, loss of strength, and great mental depression. The urine varies in quantity from three to four quarts a day, and the sp. gr. has for long averaged from 1032 and is now 1040, and giving a very deep stain when boiled with *Liq. Pot.*

The digestion is weak, and easily disordered; the bowels are generally constipated, but often this alternates with an exhausting diarrhœa of a mucous character, mixed with bile and attended by flatulence. With such attacks he experiences great exhaustion and mental depression. The feet, knees, joints of hands and elbows, are much distorted by gouty swellings.

The patient has for years been in the habit of taking much and a great variety of medicines, and especially of late for the diabetes, the last being *Opium*.

As the rigorous diet he has pursued seems to keep up and increase the gouty diathesis, I ordered a relaxation of it, allowing the free use of lemons, oranges, and grapes, and more green vegetables at dinner; also maccaroni and a little bread. He was ordered to take *Phos. ac.* ϕ gtt. iij, at noon, and *Trit. leptandrine* 1, gr. iij, morning and evening. As soon as the biliary disturbance passed away the *Lept.* was stopped, and the *Phos. ac.* continued, with now and then an occasional dose of *Ignatia*.

At the end of a fortnight the urine fell to between two and three quarts, the sp. gr. 1030, and at the end of six weeks to two quarts; sp. gr. 1026. These remedies were

given at longer intervals until March, interrupted occasionally by the occurrence of biliary disorder and diarrhœa, for which *Iod. merc.* ʒ, followed by *China* ʒ, were found efficacious; the *Lept.* lost its effects.

In March, from some undiscoverable cause, the amount of sugar in the urine and the quantity increased; *Uranium*, in various doses, from 3x down to 1x, was tried for two weeks with no benefit, and with a decided loss of strength and flesh. *Phos.* 3x gtt. ij, was then given once a day for some time, and then at longer intervals; soon after its commencement improvement in strength and spirits set in, followed by a marked change in the urine, so that by the end of May it rarely exceeded two quarts, sp. gr. 1022 to 1024, and no trace of sugar, the high sp. gr. being due to urates. For a period of six months no sugar was present, and since then, owing to marked imprudence in diet, it returned twice; but, after care in diet and a few doses of *Phos. ac. φ*, it disappeared in both instances within ten days.

For several years the urine has always deposited a dark, cayenne-looking sand (uric acid*), in addition to lithates of ammonia. When the uric acid increased much it was always the precursor of an acute attack of gout, and the treatment of these, after the diabetes had passed away, was often very troublesome.

In the gouty paroxysm I found *Acon.*, *Bry.*, *Colch.* of little use; in its more chronic state, with considerable effusion into the knees and ankles, *Led.* ʒ seemed of service; but the relief was very decided when I commenced the treatment by giving on the first day a mild aperient in the shape of half a Tamar lozenge; then for two days *Iodide of potassium* 4 gr. morning and evening. On the third day the improvement was always most marked. The dose of the *Iodide* was latterly reduced to 2 gr. The patient's old experience convinced him an aperient was needed, and probably in this

* Lithic acid gravel is often found in saccharine urine in greater or less quantity; and in favourable cases of the disease the quantity of this acid is often very considerable. Its absence and then its reappearance with lithate of ammonia is a good sign. (*Prout on Stomach and Renal Diseases*, 5th edit., pp. 25 and 546.)

case the *post hoc* was the *propter hoc*. He is now (1878) able to move about with more freedom than he has done for years, he is freer from gout, with improved digestion, and no sugar in the urine, the diet being unrestricted.

Remarks.—This case is satisfactory as regards the disappearance of the diabetes and the great improvement in the gout. In estimating the amount of credit to be placed to the drugs, deductions must first be made in the benefit arising from stopping the amount and variety of physic which the patient had for long been taking; second, the advantages due to the ordinary diet for diabetics, and this further increased by the addition of certain fruits.* After these deductions there remains a fair balance to the drugs administered, and I am induced to attribute fully as much, if not more, to the *Lept.*, *Iod. m.*, and *Ign.*, than to the *Phos. ac.* As regards the *Phos. ac.*, he had taken that previously as a slightly acidulated drink without any benefit, and when, on account of exhaustion, I gave *Phos.* he always found a very speedy benefit from that, which he was never conscious of while taking the *Phos. ac.* The *Uranium* had no apparent action. The combination of inveterate gout and diabetes led me at first to form an unfavorable prognosis, but the experience of this case, and the further knowledge that glycosuria is more common in connection with gout than is generally supposed, leads me now to consider such cases as fairly amenable to treatment; the probability is that such glycosuria is due to causes traceable to abnormal digestive processes. For instance, the conversion of sugar into lactic acid in the stomach may be restricted, and, further, the impaired action of the pancreas and small intestines may allow of its absorption in greater quantities than the liver can assimilate, there may also be a change in quality as well as quantity.† This patient, when the diabetes first showed

* According to Luchsinger and Salomon *inuline* and *levulose* (fruit-sugar) increase the amount of glycogen in the liver, but, as Kuelz has observed, they may be taken by various diabetics with impunity, *i. e.* without any effect upon the proportion of grape-sugar in the urine. (*Ziemssen, Cyclop. Med.*, vol. xvi, p. 953.)

† Dr. Jules Cyr (*Traité de l'Alimentation*, Paris, 1869, p. 373) quotes M. Marchal (de Calvi), whose theory is that gravel, albuminuria, and diabetes,

itself, was stout, as gouty patients often are. Some writers give corpulence as a special predisposing cause of diabetes. In Case 2 the patient was stout during the whole course of the disease. Gout, corpulence, and diabetes existing together present the conditions in which exercise and hot-air baths are so useful, for they tend to get rid of non-azotized products.

CASE 2.—A lady, æt. 50, dark complexion, well made, and of average constitutional strength, who has long led an active, intellectual life, was, after great fatigue and mental exertion, attacked by cold in the early spring of 1874. Her medical attendant from various symptoms feared the existence of diabetes, which the high specific gravity and examination of the urine confirmed. The ordinary diet of diabetics was enforced and various remedies prescribed. At first the relief was decided, then as summer came on the ailment increased, and general health suffered. The last remedy tried was *Codeine*; this disagreed with her and she consulted me on September 21st, 1874. The patient has lost muscular strength to a great extent; any mental exertion is painful; a distressing want of decision, great emotional susceptibility. Great susceptibility to cold and damp; an absence of sunshine renders her most uncomfortable. Sight weak; cold perspirations affecting generally one side of face and neck, excited by slight depressing causes. Appetite good, comfortable while eating, but a quarter of an hour after the tongue gets dry, great thirst and general discomfort, with great sinking feeling at the epigastrium; bowels constipated; motions often pale, with a sense of uneasiness in hepatic region. Urine varies from 3 to 4 pints, sp. gr. 1036, giving a very dark tint when boiled with *Liq. pot.*

The diet she has followed consists in a great exclusion of amylaceous and saccharine substances. She finds it necessary to take a little porter at dinner, other stimulants disagree.

No change was made in the diet; the patient was warned to avoid all attempts at mental exertion, and to be very are merely varied manifestations of the uric diathesis; hence the powerful influence to be expected from diet in these ailments.

careful as to exercise. *Ign.* 1, 2 drops morning and evening, was prescribed from the 17th September until October 2nd. The depressed state of the nervous system was improved, the thirst less, the bowels more regular, no change in urine. *Phos. ac.* 1x, gtt. iij, afterwards increased to gtt. vj, was given night and morning, with occasionally a dose of *Ignatia*. This was steadily continued until the end of December, except when intermitted for a few days on account of the motions being pale, and uneasiness being experienced in hepatic region; these symptoms yielded readily to *Dig.* 1. A threatening of bronchial and hepatic congestion was checked by *Kal. bich.* and *Hep. s.* During this time there was a gradual improvement in general health, the thirst disappeared, the urine generally about 2 or 3 pints, the sp. gr. from 1020 to 1028, giving a faint amber shade when boiled with *Liq. pot.* In this state the patient continued gradually gaining ground during the spring and summer, taking occasionally *Phos. ac.*, sometimes *Dig.* 1, at other times *Ign.*, but often weeks without any medicine. In October she complained much of sharp pain in instep, extending outside right ankle up leg; no swelling or redness, but the pain prevents walking. In December she began to complain of rheumatic pains in arm; various remedies, *Kal. bich.*, *Actea*, *Rhus*, *Led.*, &c., had no effect in relieving the pain. As the cold weather set in, especially during damp and sunless days, the sp. gr. varying during January from 1030 to 1034, giving a dark colour when boiled with *Liq. pot.*; the quantity rarely exceeded 3 pints. During this month sharp strangury showed itself. Remedies, *Canth.* of no use, *Acon.* useful.

In February suppuration took place in the axilla with swelling of axillary glands; and though the sp. gr. fell on the 4th to 1022, it gradually, day by day, rose again to 1032. *Hep. s.* 3x, then *Iod.* 1x.

February 28th.—Great mental exhaustion, and sudden and frequent loss of vision, so that she cannot while it lasts read or write; the gums bleed easily and several teeth are loose. The urine in quantity about $3\frac{1}{2}$ pints, of sp. gr. 1028; dark colour when boiled with *Liq. pot.* *Iod.* 1x. and *Phos.* 3x were given night and morning on alternate days.

March 10th.—The blind attacks have ceased, feels better, axillary swellings gone, urine sp. gr. 1020. Continued.

After March 22nd, the weather being cold and damp, there was indigestion, pale motions, return of cold perspiration and nervous depression, which led to the use of *Dig.* lx, alternated now and then with *Ign.*

After this state passed away there was no improvement in the urine, and a trial of *Uranium* in various dilutions having no results, I urged the patient to go to a warmer and sunny climate, recommending a course of the waters at Vichy to be followed by a winter at Mentone.

The course at Vichy, drinking a pint of the Puits *Chomel* in the morning, and one of *l'Hôpital* in the afternoon, with baths every day, had a very decidedly good effect, and this in spite of the weather being cold and damp. The heat of mouth, the thirst and headache, which in England were very constant, disappeared; in the course of three weeks the sp. gr. fell from 1033 to 1025, and the quantity of sugar from 35 grammes in the litre to 6 grammes. She travelled to Mentone during wet weather in October, caught cold, and on her arrival was attacked with severe strangury; the urine diminishing to 2 pints, sp. gr. 1015. She remained in bed, applied hot fomentations, and finding no relief from *Acon.* or *Canth.*, she took *Dig.* lx; soon after commencing this the urine rapidly increased, amounting to 8 pints in twenty-four hours, and with relief to the general oppression. During November she took *Ign.* alternately with *Dig.**

* The following table gives the medicines and state of urine during November:

Medicine.	Date.	Sp. gr.	Quantity.
	Nov.		Pints.
<i>Dig.</i> 1 ^x gtt. iv ...	4	22	1½
” ” ...	5	21	1½
No medicine	6	25	1¼
”	7	21	1½
<i>Ignatia</i> 1	8	18	1½
”	9	15	2
No medicine	10	18	2¼
<i>Dig.</i> 1 ^x	11	18	2¼
”	12	18	2¼

This lady returned in June to England, having passed the winter and spring with great comfort at Mentone; the urine during that time keeping normal in quantity, sp. gr. averaging 1020. She began to enjoy life, regained mental vigour, and was able to ride for hours on a donkey without fatigue. She was able to do without stimulants and followed little or no restriction on her diet. Rarely taking any medicine, an occasional dose of *Ign.* when depressed, or of *Dig.* when liver was inactive, and motions clay-coloured.

She had not been in England five weeks (though this was in July) before the thirst returned, the bowels became costive, the depressed mental powers and muscular weakness returned, the amount of urine increased to between 6 and 7 pints, the sp. gr. rose from 1020 to 1034. This relapse was attributable partly to mental causes, but especially to wet weather. No remedies seemed to have any effect; in September the sp. gr. had risen to 1040, with great constitutional disturbance, and the formation of an abscess in the vulva. Then for a fortnight *Hep. s.* 3x was given, and as soon as the patient could travel, I advised Vichy, and the winter and spring at Mentone. This was followed by results not so good as in the previous year. This patient is so sensitive to damp and absence of sunshine that she has wisely determined for the present not to return to England; but even in the more favoured climate of Italy, the influence of a damp atmosphere combined with absence of sunshine speedily tells on her. She is able to follow nearly ordinary diet, and finds doing so have now no influence on the urine. The condition which is now most troublesome is occasional attacks of burning and itching of urethra and surrounding parts, sometimes violent prurigo confined to

No medicine	13	...	15	...	2½
<i>Ignatia</i> 1	14	...	15	...	1½
”	15	...	18	...	2
No medicine	16	...	15	...	1½
<i>Dig.</i> 1 ^r	17	...	22	...	1½
”	18	...	15	...	2½
No medicine	19	...	15	...	2
”	20	...	15	...	2½

the internal surface of thigh. Warm hip baths of bran tea give relief, varied occasionally by glycerin with almond emulsions. *Rhus, Dulc., Ars.* give little relief.

Remarks.—The disease in this case may be said to be at a standstill, even considerably diminished, the danger for the future being not in errors of diet, but the malign influence of emotion, mental strain, and cold or damp weather, especially the last. Her age is much in her favour, for after fifty the disease runs generally a much milder course, and the subject is better able to bear the disturbances of nutrition due to the presence of sugar in the blood.

This patient, who is very intelligent, attributes her improvement first, and principally, to a change in England from a moist to a comparatively dry atmosphere, to adherence to the strict injunction to avoid rigorously all mental and emotional exercise, to live, in fact, like a mere vegetable; secondly, to the waters of Vichy and the climatic influence of Italy; then, in last order, come the drugs, of these she gives first rank to *Ign.* and *Dig.*; *Aconite* she found often relieve the thirst, and sometimes the bladder symptoms. The diet was at first a factor in the amelioration, but latterly a freer use of amylaceous substances was indulged in. In this case *Dig.* is well indicated by the pale motions, the feeble pulse, the palpitation of heart, and general weakness. If the present views of diabetes are correct, the liver may fairly be considered an organ whose condition will be often expressed by symptoms, though many of its post-mortem appearances may be put down as results rather than as causes of the disease. For practical uses the condition of the liver may be considered as one of excess of action, shown in increased biliary secretion. Medicines found useful—*Lept., Iod. m., China*; and a diminished action shown in pale stools—*Dig., Kal. bich., and Hep. s.* Friction over the liver and wet compress seemed useful in both conditions. *Nitric acid*, a very valuable remedy, was not required in these cases.

The sinking at the epigastrium, and the general emotional susceptibility were good indications for *Ignatia*, strengthened by the circumstance that preparations of

Strychnine have produced glycosuria (?). The *Phos. ac.*, though at first useful in a measure, latterly lost all beneficial action.

The patient, until decided improvement had been established, felt it absolutely necessary to take a small amount of stimulant, and after various trials she found good porter, a pint a day, suit her. I tried an experiment with claret, but it failed. In France some practitioners have great faith in good Bordeaux wine, given freely, even to the exclusion of any other liquid. Bordeaux wine thus taken, combined with exercise, carried to slight fatigue, is reported as being sufficient to bring about amelioration without any medicine. In this case exercise was proposed, but the muscular weakness so common with diabetes prevented a proper use of this means; but when a certain improvement allowed of donkey rides the benefit was manifest. Bouchardat was the first to advocate exercise, and his experiments show that sugar in the urine decreases, and even wholly disappears, under the influence of muscular movements.

The use of stimulants is a disputed point; my decided inclination is to do without them; but cases will occur, such as this one, when in small quantities they are beneficial. Dr. Prout, a good authority on such a point, writes, "I have seen more relief from thirst, and more support given by porter in diabetic cases, than by any other similar means" (loc. cit., p. 41).

The malt used in making porter is heated almost to charring, which modifies the saccharine principle, and gives the dark colour. It is owing probably to this that many diabetic individuals can assimilate porter with whom ales disagree.

Of all the remedies recommended in diabetes there seems to be a great consensus of opinion in favour of certain alkaline mineral waters, *e. g.* Carlsbad and Vichy. Their utility as baths and taken internally is confirmed by general experience. The presence of gout or much liver derangement is a further indication, especially for Carlsbad.

In Case 3 the friends of the patient were desirous to try Vichy; but the feverish condition and weakness of patient,

with suspicion of grave nervous disorder as exciting cause, led me to forbid its use. No satisfactory reason has been given for the efficacy of these waters. If they often fail to cure, they at least very often retard the disease.

CASE 3.—A delicate-looking lad, *æt.* 15, one of a highly nervous family, had, when he consulted me, been suffering from diabetes for six months; the disease had been recognised for the last seven weeks, when the patient was placed on a strict diabetic diet. This and such remedies as *Sulph.*, *Ver.*, *Calc.* have produced no effects on the urine, the average quantity of which is about seven pints; *sp. gr.* 1045, giving a very dark stain with *Liq. pot.*; for the last ten days the *sp. gr.* has varied from 1040 to 1042, and one day fell to 1038; no albumen to be detected. He has greatly lost muscular power; after slight exercise the eyes become bloodshot. He flushes readily, the cheeks almost purple, the nose pale; easily fatigued mentally; the sleep is fair, and he rarely requires to pass urine during the night; great thirst; tongue generally pale with red tip, sometimes a dirty fur; bowels costive, occasionally clay-coloured motions, sometimes relaxed; the skin dry, the palms of the hands hot; the pulse 100, weak; temp. 99·4°. The physical signs, as regards lungs, heart and liver are normal.

I recommended immediate change to a warmer climate, and advised great caution as to fatigue in travelling. The steady use of *Phos. ac.* *lx* was prescribed, and if that in three weeks failed to try *Uran. nit.* *3x*.

He was furnished with the following directions:—*Phos. ac.* *lx*, to be taken, with more or less intervals, for three weeks. If by that time no change, then *Uran. nit.* *3x* to be tried. *Gels.* to be taken at night when there was feverishness. *Dig.* *lx* when liver became in active and when chest is involved, to take *Kal. bich.* *3x*. The diet to be the ordinary one of diabetics, but milk, which had formerly been forbidden, to be taken. Tepid baths occasionally and spinal washing. This patient tried various places in the Riviera, the journey to which proved most fatiguing, and at last he fixed on Mentone.

In two months the result of several reports was, no im-

provement. The urine while taking *Phos. ac.* varied from three to five pints, the sp. gr. from 1039 to 1045; some days the quantity was even less than in health, but with no diminution of thirst and exhaustion. Under the use of *Uranium* the average quantity was about four pints, sp. gr. ranging from 1042 to 1046; the quantity of sugar being then from 6 to 8 gr. to the ounce of urine, which was about the amount when he left England.

There being no improvement in the general symptoms, and such a condition of the urine, I advised the patient to place himself under direct medical care. A year has elapsed since then. He has consulted various medical men practising homœopathically, and has tried various climates, but the result has unfortunately been a slow but steady increase of disease.

Remarks.—Diet, favourable climate, and various remedies have had no effect in checking the disease. These circumstances, combined with the age of the patient, point to a very unfavourable prognosis; this is rendered still graver when the probability is that a profound change in his nervous system is the source of the diabetes. The quick pulse (100) and high temperature $99\cdot4^{\circ}$ are not common in diabetes, its characteristics being rather absence of fever, and generally a low temperature $95\cdot9^{\circ}$ to $97\cdot7^{\circ}$ being met with, and it has fallen as low as $93\cdot2^{\circ}$ in axilla in advanced cases. This case presented in a marked degree the inability to stand the fatigue of travelling, a condition very common in diabetes, and to be carefully remembered; the need of this precaution was impressed on me by the experience of case 2.*

In this case and in the others the question needed to be answered, how much water or other liquid may be safely taken. The answer was as much as the thirst actually demands, provided it is not taken in large quantities at a time,

* "As illustrations of the frail tenure of life, and fatal results from slight causes in diabetes, I may mention that within the last few years no less than four individuals have died from the fatigue and excitement incidental to a journey from the country to consult me. In all these different cases it may be observed that the individuals were in their ordinary state of health when they left home, and their deaths could only be ascribed to the fatigue incidental to travelling."—Froux, loc. cit., p. 32.

and hardly any during meals or for an hour after, and with the caution to the patient that thirst increases in proportion to the immoderate indulgence in the use of water. Water is an absolute necessity in order to aid in carrying the sugar through the blood to be eliminated by the kidneys; if the direction be given to sip it in small quantities at all times, especially during dinner, the digestive powers are not injured, a point of consequence, as the use of green vegetables is useful to diabetics, and their digestion is generally easy, provided the patient abstains from drinking while taking them. Drinks acidulated with lemon juice or currant juice, and water charged with carbonic acid, are grateful and relieve thirst. As a simple diluent, Prout thinks highly of distilled water. Milk, whey, buttermilk, and cold beef tea are substitutes for water, they diminish thirst and at the same time afford nourishment. The use of tea and coffee must depend on each individual case; the prepared cocoas and chocolate are to be avoided.

There is a circumstance forgotten in the history of this case,—as a child he was subject to eczema, and for about a month (the first he spent at Mentone) a papular and itchy eruption appeared on the back and various parts of the body, but without any relief to the diabetes. I mention this as some of his medical attendants held strongly with Hahnemann's psora theory.

Dr. Prout says, "Were I permitted to draw a general inference from my experience, I should say, that diabetes usually *follows* cutaneous affections, and accompanies (perhaps *precedes*) the affections of the cellular tissue. Thus, I have several times heard patients observe, that they were formerly subject to eruptions in various parts of the body, but that such eruptions disappeared after the diabetic complaint became established. Nor do I remember more than three or four instances in which diabetes actually accompanied a severe cutaneous affection." (Loc. cit., p. 34.)

CASE 4.—A young gentleman, æt. 14, small but well and strongly made, and of a healthy family, began to complain in the early summer months of a sense of dulness and weariness, and with the increasing weakness, he experienced

diminished vision. These symptoms existed for about six weeks before medical advice was sought in August. The medical attendant pronounced the case to be one of diabetes; he ordered no medicine, but a strict diet, consisting in the exclusion of saccharine and amylaceous substances. The result was soon very marked, the patient began to feel lighter, the sight improved, the urine diminished from 9½ pints to 5½, and the thirst abated. He came under my care in September, when the urine averaged about 6 pints, pale and flocculent looking, owing to the presence in large quantities of earthy phosphates, giving a deep stain when boiled with *Liq. potassæ*, sp. gr. 1035. The skin very dry, general weakness, and a dull heavy look. *Phos. ac.* lx gtt. v, morning and evening for four days, two days' rest, and so continued for three weeks.

October 19th.—The average sp. gr. and quantity of urine remains unchanged, giving a deep stain when boiled with *Liq. pot.* No diminution of phosphates. The general strength and appearance have improved; less thirst; bowels regular. He has gained since September 11th, 6½ lbs. in weight. Repeat, *Phos. ac.* lx, increasing after ten days the dose to gtt. viii. Ordered flannel clothing and a hot air bath twice a week.

November 8th.—The skin is much moister, thirst varies, but the appetite is not voracious as formerly. Pulse 108. The urine as before, giving by the fermentation test 12 gr. of sugar to the ounce. *Uran. nit.* 3x, gr. i, night and morning; continue hot air baths three times a week.

26th.—Sleeps better, general appearances improved, skin moister, perspires much more freely in baths than he at first did; feels better after the bath. Pulse 106. The urine one day fell to 4½ pints, the average is 5 pints, sp. gr. 1032, giving by fermentation test 15 grains of sugar to the ounce. Phosphates diminished.

The patient is getting tired of gluten bread, to be allowed Prout's bran and egg cakes, almond biscuits, more milk, grapes and oranges. Repeat *Uran.* 3x, and then 1. Hot air baths.

December 11th.—Appearance slightly improved, skin

moist, still thirst, pulse 96, weight 71½ lbs. Urine averages 4½ pints, sp. gr. 1029, giving a deep stain with *Liq. pot.* Less phosphates. Repeat *Uran.* 1 every second day.

January 7th.—He continued in his usual state, when I heard from his father that his son towards the middle of December lost his appetite and complained of nausea and vomiting. No assignable cause. On the 21st he had epistaxis; on the 22nd and 23rd great exhaustion and rapid pulse; on the 24th "difficulty of breathing, but no pain, and on Christmas morning he passed gently away as if he were asleep." The fatal event occurred at a distance, so I was unable to have an examination of the urine, which in quantity continued the same. No post-mortem examination was made.

Remarks.—Yielding readily to diet is considered a very favorable sign; but it cannot always be depended on, as these mild cases not unfrequently cease to present this character, and run slowly or rapidly into the graver forms where diet has no influence. But in this case the value of this favorable sign was considerably diminished by the age of the patient and the condition of the pulse; the presence, also, of so much phosphates in the urine tended to render the prognosis a serious one. Age is all important in the prognosis, for a confirmed case under 20 rarely if ever recovers. The lives of all diabetics are very uncertain, and in this instance, even with a certain amount of improvement, and the fair promise of more, a sudden and unexpected death took place. Death was due to *diabetic coma*, a combination of nervous disorders, to which Prout attributed the deaths of those cases already alluded to (p. 56) as arising from fatigue. The sudden accession of such deadly symptoms has as yet met with no satisfactory explanation. Agitation, over exertion and fatigue, are the usual causes of such a seizure, but in this instance no assignable cause can be given.

CASE 5.—A well-grown boy, æt. 14, whose mother is healthy, but whose father died of phthisis, has for at least a year suffered from confirmed diabetes. He has been subjected to a restricted diet, and he has taken a variety of

sedatives and tonics, but without any amelioration of his symptoms.

When he came under my care there were no subjective symptoms of stomach derangement. The tongue is swollen, fissured, and red at tip; the bowels are costive. He complains of great thirst and feebleness; the appetite is almost voracious. The urine varies from 6 to 8 pints, with a sp. gr. ranging from 1030 to 1040, and giving a stain deep as treacle when boiled with *Liq. pot.* This patient was under my care six months, during which time he took *Ars.*, *Cupr.*, *Plumb.*, *Phos. ac.*, and *Nux vom.* in various doses and dilutions. I varied the restricted diet, I tried milk, cod liver oil, glycerin, &c. I used various hydropathic appliances but all in vain. At the end of the six months he was, with the exception of a slight gain in strength, in the same condition as when I first saw him.

He was induced, while using my last prescription, by a follower of Dr. Coffin's, to take *Lobelia* in emetic doses; this was continued for a week, then violent diarrhoea with prostration set in and he sank in a few days.

Remarks.—No cause could be assigned for the diabetes, there was no hereditary predisposition, and the patient had all the advantages which affluence can procure. I did not give *Uranium* because at that time this remedy was unknown. I could add a few more cases, but I attach no importance to them as affording therapeutical data, for either they were cases in the last stage, or only a few weeks under my care.

(To be continued.)

NOTES ON THE MORE RECENT CHAPTERS OF
THE *CYPHER REPERTORY*.

By Dr. DRYSDALE.

THE welcome addition just made by Dr. Dudgeon to the *Cypher Repertory* calls for our hearty acknowledgments of its immense comprehensiveness and minute bee-like accuracy of details. These are not to be appreciated at their just value by merely looking at the book; but, to be fully understood, and to feel full gratitude to the author for his enormous labour, we must use it daily in practice with the earnest desire to cover accurately the symptoms in actual cases. No one who does so will, I am sure, be disappointed. When, therefore, I proceed to make a few criticisms it must be understood they apply, not to the correctness of the work, but to certain deviations from the original plan, which I think can be shown, instead of being a help, as the author intended, throw, in reality, difficulties in our way, not only in using this new part, but in the use of those parts already in our hands.

In the first place I regret to find that the order and contents of the sections are altered. Section II is given to concomitants, and Section III to conditions, instead of *vice versa*, as in the rest of the *Cypher Repertory*. Again, the general order of pains is put into Section IV instead of preceding the classes of pain in Section I; and Section V, instead of containing peculiar symptoms not susceptible of arrangement elsewhere, is occupied by the complete symptoms of scalp, which properly might have gone into Section VI, or into a new chapter. The reason given for these changes is that Dr. Dudgeon thinks them an improved and a more natural arrangement. It is not necessary to dispute this position in order to condemn it. If it were a thousand times a better plan that would be no justification for changing one that we were accustomed to, and if each person adopts a new plan with each new chapter of

the work it will simply become useless, for it is impossible to work with arbitrary symbols if they are capriciously changed in each chapter. When the whole is finished and a new edition is called for it may be desirable for the then managing committee to change many things, and settle what is to be the uniform plan for the next edition, but till then no change ought to be made, and I trust that the *Repertory* and the publishing committees will make it imperative that the plan should be uniform with the original one before any future part is accepted for printing. As each part requires a certain discretion in the plan within the fundamental limits, it would be well that workers should send in their plan before the execution of it proceeds farther than enough to make the plan obvious. Otherwise much labour may be wasted if the plan be found out too late to have transgressed the limits of the system, and to be, therefore, inadmissible. In respect to the particular alterations of the sections, although it is not necessary to discuss them, I may say that, for my part, I see no advantage in them, and in case of a new edition would vote for the old mode. In the next place Dr. Dudgeon has not only made new abbreviations for the new medicines, but has altered some of the old ones. This surely must be from mere inadvertence; but to prevent such in future the *Repertory* committee should make, or superintend the making, of all new abbreviations, and let no worker use any new abbreviations until it has been submitted to and approved of by the committee. While on this subject I may say that Dr. Hayward, Dr. Clifton, and I have gone over the various lists of abbreviations and made them uniform, and we recommend that, on the printing of the next list, the medicines should be arranged in the alphabetical order of the abbreviations instead of that of the medicines, in order to facilitate the finding of the meaning of the less familiar abbreviations.

To come to matters of detail, I regret that Dr. Dudgeon has deviated from the rule that each special character symbol of the chapter should be indicated by its own Old English letter. For in Part I of Chap. I \mathfrak{a} stands for "apathy, indifference," &c., while in Part II \mathfrak{a} stands for "increased intel-

lectual powers." It may be said these form in reality two different chapters, and thus the similarity of symbols does not matter. But it does matter very much, for the boundary between mental and moral symptoms is not at all clearly defined to the average medical or patient mind, and we may not know to which part the symptom belongs; hence the symbols should have been different. For example, we find at p. 41. Part I, \mathfrak{U}° has a list of medicines which dispose the patient "to kill some one," which does not contain can.—sec.—str., while these medicines occur in Part II: \mathfrak{C}° contains them under the heading "desire to kill."

To a certain extent it may be truly said that this is unavoidable, as Part I contains more headings than there are letters in the alphabet; but supplemental letters are added in Part I, and it perhaps would have been better to make all the few headings of Part II of supplemental letters.

The paragraph in the preface (p. ii) explaining the meaning of the small letter in the character symbol is nothing new, as that is the plan of the rest of the *Repertory*.

At p. iii of the preface is indicated an addition to the old repertorial plan, which, as it does not conflict with it, is admissible, viz. the small letter above the line under the list of pains in regions indicating the particular spot, *e. g.* "men^g," in the burning pains of the forehead, means that the pain is seated over the left eye. However, it adds to the confusion introduced in the next paragraph, for here there is an alteration against which we must protest, viz. when he uses the small letter previously employed for varieties of character for symbols for locality—*e. g.* at p. 269, under "k^d. Boils," we find "led^fk^l," which means that the seat of the symptoms is "f," *i. e.* the forehead, and that, besides boils, there are pimples, which precisely reproduces the symptom of the proving, "Pimples and boils on the forehead."

Now, at Chapter VII—Face—the method of indicating such a symptom is already given, *e. g.* "F. sul^{gn}," which means "red spots and elevations on the forehead." The alteration in the new chapter is, therefore, superfluous, and

can only cause confusion and needless trouble to one using the *Repertory* as a whole.

I do not at present see any objection to indicating the general character and distribution of the pains by the letter added to the pain instead of to a separate I (the symbol of "pain"). But, as above said, I see no advantage in removing that heading to Section IV, and I see a great defect in making the lists incomplete. At Section IV, p. 264 *et seq.*, there is a symbol which is not explained, and which I failed to discover the meaning of, viz. two strokes between different cyphers, thus: "trn. p. = V^l. ign^{an}. = VI," &c. &c. On asking the meaning from Dr. Dudgeon, he explained that it was merely used to separate the different kinds of pain from one another. If this means that the different kinds are separate symptoms I do not know why the semicolon used throughout the *Repertory* is superseded by a new and unexplained symbol.

But the greatest defect of all, and one which is shared in by Dr. Nankivell's chapter, *i. e.* "Stools," is the want of the proper "collective" headings, as they are directed to be made in the original introduction. For example, we find a heading pain "undefined," or "so stated" or "generally," which, instead of being a collective in the proper sense, is merely an arbitrary list of some ill-observed symptoms. Thus, at p. 153, under "Pain undefined," there follows a list of eighty-nine medicines ending with "&c." Among these eleven have an adjunct of one character symbol. According to the principle of the collectives and selects, this should mean that these are all the pains in the head, including all its subordinate parts, which have any character symbol in addition to pain. If it does not mean this the list is perfectly useless. But surely this cannot be correct. Accordingly I find, in looking through the *same page only*, in subordinate headings, the following medicines omitted in above list, or standing without adjunct, lyc. p.—ph-x. q—sil. i^a—mr-s. q; and on subsequent pages quantities of similar instances. Hence, just as in Nankivell's chapter, we have a number of perfectly useless lists instead of the most valuable true collective lists, which are the only modes of

finding the concomitant symptoms within the chapter. The concomitants in their proper section belong exclusively to symptoms in other regions. There should, of course, be no such worthless headings as "pain" or "coldness" or "congestion," &c., so stated, or "undefined" or "generally," but in every instance a true collective, into which all the symptoms are sifted with the character-adjuncts alone, and none of the subordinate varieties, conditions, or concomitants.

I have gone over the headings "coldness," "congestion," &c., and find the same defects. I cannot but object to the heading "general" pain in the head, which occurs so often. In nine cases out of ten in the *Materia Medica* this merely expresses the same as "undefined," and shares in the errors of that word. In the tenth case it really means pain all over or through the head, and in that case it should come under I' of the general character and distribution of pains, which is here erroneously relegated to Section IV, and there the variety I' is omitted, so that we cannot ascertain the medicines which really produce the pain all over. They are swamped in the flood of "general" pains. Not only does this omission of true collectives impair extremely the utility of the whole new chapters, but it adds enormously to the cost of printing details, which are not only of no use, but are actual incumbrances. To show this, I may go through a part of the heading p—"Heat of the head"—and write it out as it ought to be, according to the original plan, which is followed in the *Repertory* elsewhere.

"Heat of head" written as directed in the original plan :—
 abi.—ac-x.d^b.—aco. ; g. ? [I can only find g. as increased growth of hair, but aco. is not there*] æsc.—æth.—aga.hh. ;
 q.—alo. ; x.—alm.q. ; w.—amb.—am-m.i^a.—aml.VIII⁴.—
 ang.—ant.VI⁴.—ap-a.—ara.—ag-n. ; i^a.VII⁵. ; i^a.q.—ari.—
 arn.—ast.q.VIII⁴.—au-n.q.—bap.—bad.d.I.—ba-c.g^b.VI³.—
 bel. ; aa. [This should be "redness of scalp," but bel. is not found there.†]—ber. ; hh.—bis.—bor.—bry.—ceu.—ca-c.d. ;

* [*Mea culpa!* the g ought to be preceded by "β," denoting "small feeling of head."—R. E. D.].

† [The symptom of the original proving, "Heat and redness only on the

q.—c.—cs.—c.—ph.I.—cln.I.—cam. ; VI⁴.—cn-i.VI².—can. VIII⁴.—cthI.—cb-a.—cb-v.I. ; II¹.—ca-x.III¹.—car.—csc.—cau. ; VI³. ; d.—cep.—cr-b.—chd. ; I.—chi.q. VIII³.—cn-s.—cmf.i².VIII⁴. &c. In this way we may go through the whole list of two columns, eliminating all adjuncts except character-symbols, including pain. By this means we shall have a clear list, not difficult to look through, of all medicines having heat combined with any other character-symptoms in the head, but without the minor varieties, conditions, and concomitants, all of these being found in full in their proper places. Besides making it more easy to look through, this plan would save the expense of printing 597 letters and figures—many being Greek and the figures double—in this short space.

Besides the above list of adjuncts being superfluous, it is not even complete, and thus it does not give a complete reference to the character symptoms of its own chapter.

Again, in Section IV the “course and progress of symptoms” are omitted and only the direction of pains given. This is surely a great mistake, even if the facts are given scattered through the other sections, although I have not found them yet. It is most convenient to find all narratives of change of symptoms collected in one section.

Section IV is also omitted altogether in Chapter II, which is a great loss. Where are we to look for say vertigo, followed or preceded by headache, loss of sight, nausea, or any other symptom?

I cannot but conclude with an expression of regret that the above changes of plan have been made, for even if they had been improvements unquestionably, it would have been wrong to have made any change which impairs the facility of working the plan of the *Cypher Repertory* as a whole till a new complete edition is brought out. But the majority of the changes are not improvements, and on the contrary impair very much the efficiency of the present part, besides adding enormously to the cost of it by unnecessary printing of the complete adjuncts in the imperfect collective tests. head” (*R. A. M. L.*, S. 184), is so vague that I did not feel called on to enter it anywhere except here.—R. E. D.]

I therefore propose that, besides the tests at present imposed, before receiving any chapter the Repertory Committee should inspect the actual plan and working out of the chapter, and refuse to pass any fundamental deviations from the original plan. And to avoid the hardship of the rejection of such a laborious work as the complete chapter, that it should be a rule to send in each chapter to the Committee as soon as sufficient is done to show the nature of the plan of the chapter.

Remarks by Dr. DUDGEON.

I can have no objection to a searching criticism of my work in this new part of the *Repertory*, especially by Dr. Drysdale, the original inventor of the *Cypher Repertory*, and I think I may be able to show that I have not deviated needlessly or thoughtlessly from the plan pursued in other parts of this work. That I have not done so in ignorance will be obvious to any one who considers that the first two published chapters of the *Repertory*, those, namely, relating to the eye and ear, were my work, and that these parts were executed rigidly on the original plan.

But I found in working at the head that I could not adhere to the original plan without great difficulty nor without adding greatly to the labour of the practitioner. My sole idea has been to render the search for symptoms as easy as possible, and I believe no one who uses this part will find any difficulty in discovering whatever symptom he wants, provided it be among the pathogenesies analysed in this part.

I was limited to three chapters, already fixed as Disposition and Mind, Sensorium, and Head, because the next part of the *Repertory*, "Eyes," is Chapter IV. Otherwise I could have made one chapter of "Disposition," and another chapter of "Mind." I have got over this difficulty by dividing this Chapter into two Parts, which are equivalent to two Chapters. These two Parts are indicated by separate signs, thus, Part I, "Disposition or Moral Symptoms," has for its sign the Greek " α ," whereas Part II, "Mind, or Men-

tal Symptoms," has for its sign "a¹." Attention to this will at once show the unteuableness of Dr. Drysdale's criticism about the special character-symptom being indicated by its own old English letter. The two Parts must be considered as two distinct Chapters, and each Part has its own old English letters, but no confusion can result from this, for except in its own Part each old English letter is invariably preceded by the special sign of that part. Thus, p. 23, second col., l. 8, clo. $\text{ḡ}.\text{a}^1\text{ḡ}^{\text{p}}$; this will read in full "*Chlorine*, Fear of losing senses, depression of spirits, loss of memory." In this case the "ḡ" not being preceded by a sign signifies that it is a symptom of this Part, but the "ḡ^p" being preceded by the sign "a¹" shows that it belongs to Part II, of which this is the sign. Take another example from Part II. At p. 55, second col., lines 2, 3, we find under "ḡ^b *Inability to fix thoughts*." "ang. a^o.af^b.æ^r.4. This will read "*angustura*, inability to fix thoughts, increased inventive faculty, uneasiness, pleasant anticipations, in the afternoon." Here it is obvious that the symbol "a^o" refers to this Part, whereas the symbols "f^b.æ^r." being preceded by "a," refer to Part I, so that, *pace* my critic, there is no possibility of confounding the symbols of the one part with those of the other.

Again, the "Violence that disposes the patient to thrash or kill some one" in Part I is not necessarily a symptom of mental derangement, whereas the "Desire to kill" in Part II is a maniacal symptom, and consequently is properly placed in this Part. There are only three medicines which have the murderous propensity in Part I, viz. chi., hep., and hyo. Of these the last only might perhaps have been included in Part I.

Objection is made to my transposition of Sections II and III of Chapter III, and of course generally to my placing concomitants first and conditions last, but I fail to see how that can create any confusion, as the concomitants (so-called) are, as a rule, subject to the same conditions as the main symptom, and as the signs remain the same as in other parts of the work, it can make no difference to legibility whether we say "Headache in the evening with giddiness,"

or "Headache with giddiness in the evening;" though as the giddiness is equally in the evening, the latter arrangement seems the more correct.

Dr. Drysdale objects that I have no section for "Peculiar symptoms not susceptible of arrangement elsewhere," but that I conceive is a merit, for I have not met with any peculiar symptoms that could not be naturally placed under appropriate headings throughout the part. The multiplication of sections cannot surely be held to be advantageous, I would rather say the contrary.

In like manner I have saved another Section—Section VI—in other parts of the work devoted to "Anatomical Regions," owing to the peculiarity of this part, which enabled me to give the seat of the pains or symptoms all throughout Chapter III. Had I unnaturally dissociated the anatomical regions from the first section, I should have been unable to make Sections II and III, "Concomitants" and "Conditions," as complete as they are, and the practitioner would have had to turn the leaves over backwards and forwards in a most aggravating manner, whereas by my simple contrivance he can at once lay his finger on any condition or concomitant connected with any part of the head or any minute subdivision of that part.

The two entries I have thus saved have been utilised by being devoted to Scalp and Hair, which, had not the plan of the work been already fixed, would have demanded separate chapters.

The alterations I have made in the abbreviations of the medicines may be less justifiable, but they are very few, and seemed to me to render the abbreviations less liable to be confounded with one another. As far as I know they are only three in number.

The original abbreviation of *Allium cepa* was "a-ce." I have it "cep." that of *Allium sativum* was formerly "a-sa.," it is now "all." My reason for making this change was that the abbreviation of *Alcohol sulphuris*, "al-s.," might readily be misread as standing for *Allium sativum*, whereas "all." would never be mistaken for the other; and "cep." is certainly as suggestive of *A. cepa* as the former sign, "a-cp."

I have also made "cca" the abbreviation for *Erythroxylon coca*, in place of "ery." As the drug is usually called "coca," and many might forget its generic name, I thought the abbreviation "ery." might lead to confusion, and readers might easily, without referring to the index, mistake it for one of the two *Eryngiums*, or, if not strong in orthography, even for *Erigeron* or *Erecthiles*.

However, if my trivial alterations are not considered improvements—for improvements I intended them to be—I am willing to cry "*Peccavi!*"

One real error has been pointed out in my list of abbreviations, and that is that I have used the same abbreviation, "mel.," for both *Melastoma* and *Melilotus*. The abbreviation for the first should be "mls.," the other may remain as it is. This will involve the correction of only two entries, viz. at p. 190, first col., line 10, for "mel." read "mls.," and the same alteration should be made at p. 274, first col., line 9 from bottom.

Dr. Drysdale makes a very vigorous protest against my method of dealing with collective headings. I have designedly deviated from the directions in the introduction, and I believe without disadvantage to those who consult this part. If I had adhered to the original plan I must have had long lists of medicines with nothing to indicate where the pain or character was seated, and no indication of the precise character of the pain, but attended by some other character, which would have added but little to the precision of the symptom. Thus, one of these lists would have contained a number of medicines, perhaps some 60 or 70, with such a symptom as "Headache and heat," but without a hint as to what kind of ache it was or where in the head it was seated. Now, on turning to the heading, "Heat of head" and casting the eye over the list of medicines, those medicines which have these symptoms in connection with headache will be at once seen, and the character of the headache also. The same with the other headings, such as "Congestion," "Fulness," "Heaviness," &c. But not only this, the attendant pain is repeated in each anatomical or local subdivision of the character, and among the pains

themselves, even when vague, like "undefined pain," or "aching pain," the attendant character of *heat, fulness, congestion, &c.*, will always be found.

If I had stuck to the original plan of "collectives" and "selects," the practitioner would certainly have seen at a glance what medicines had combined "pain and heat of head," but he could have learned nothing further from the list; he could not have seen what kind of pain nor where precisely it was seated in the head. Now, by my plan the practitioner can see at a glance, not only what medicines have pain and heat, but he sees under "heat" the precise character of the pain, and if he knows what part of the head the pain is in he will in an instant see the anatomical seat of the pain, what medicines have "heat" connected with pain of that particular part, and the kind of pain too. The same information he will get under the different pains in the great regional divisions of the head. Surely the precision gained by this plan would be cheaply purchased by a little extra trouble on the part of the consulter of this part, but as it is actually attended by no more trouble than there is in consulting a vague group of "collectives" and "selects" on the old plan, the advantages of my plan are obvious. I do not know why Dr. Drysdale says my list of adjuncts to "Heat" is not complete. I believe he will find it quite complete, as well as the adjuncts to all the other character-symptoms, with the exception of "q. Heaviness," p. 139, where curtailment was necessary.

The lists of medicines in Chapter III terminated by an "&c." are made up chiefly of medicines of which a symptom is recorded without any adjunct, and which symptom could not appear unless placed in this list. The "&c." is used to indicate that there are many more medicines which have the same kind of pain, but which, having adjuncts or conditions or concomitants or a more defined anatomical seat that precisionise them, will be found in their appropriate section or under the portion of the chapter that refers to the precise locality.

It is objected that I have not indicated, either by a sign or a heading, "Pains all over the head." If there are any

such pains, they will be among the "Pains in the head generally," and repeated, if they have concomitants or conditions, in Sections II and III under the rubric "GEN." But the fact is I was unable to discriminate among the recorded symptoms of the *Materia Medica* what symptoms were fairly entitled to this description. In very few instances, indeed, does the prover say that the pain involved his whole head; but possibly when he describes his pain or symptom as "in the head," without further specification, he often means in the whole head; otherwise, surely he would have said if it was in the forehead, temples, occiput, or other part. Therefore I have done what I believe to be the best, and entered under the heading of "Pain in the head generally" all those pains which are not ascribed by the prover to any special part of the head. It may be that some of those pains were not all over the head or did not involve the whole head, but in the absence of any localisation by the provers I could do no more with those symptoms than refer them, as they do, to the head "generally." If such pains do not involve the whole head—as most likely many of them do not—the indefiniteness is the prover's fault not mine.

Dr. Drysdale is mistaken in saying that the heading "General pain" occurs frequently. It does not, in fact, occur at all. There is a frequent heading of "undefined pain," which is quite *en regle*, and includes all pains not otherwise specified; but the heading "GEN.," in Sections II and III, does not refer to the pain but to its seat, which is stated by the prover to be in the head, but not further localised.

Dr. Drysdale is again mistaken in saying that the "Course and progress" of the pains is omitted in Section IV, Chapter III. On the contrary, this is given in full detail in that section.

Dr. Drysdale says the omission of a Section IV—*i. e.* a "course and progress" section from Chapter II—is a "great loss." If he had investigated the matter more closely he would have found that the loss of such a section is not very great. On looking through the

Materia Medica I have only been able to discover six medicines which possess symptoms of vertigo that could have been referred to such a section, and it is very doubtful if even these few symptoms could have all been appropriately so placed. There is first, under "ber.," a vertigo with several other symptoms said to be followed by rigor, but it is, at all events, doubtful if the vertigo stopped when the rigor came on, so I have placed the rigor among the concomitants. 2. Bov. has vertigo preceded and followed by headache. 3. Pho. has "vertigo, then nausea," and "vertigo, thereafter hypochondriacal humour." 4. Rn-b. has "v. followed by headache" and "v. in forehead, immediately afterwards transient pressure there." 5. Sel. has "almost constant vertigo, followed by nausea and vomiting." 6. Tep. has "vertigo and headache, immediately afterwards vomiting." I think any one will agree with me that all these symptoms may equally well be registered, as I have done these, among the concomitants of vertigo. In short, had I endeavoured to make a section in Chapter II corresponding to Section IV, it would have been something like Herr Anderson's famous chapter on "Snakes in Iceland."

The sign "=" which seems to have perplexed Dr. Drysdale is only employed in Section IV of Chapter III to separate the varieties of pains in that portion of the section devoted to "general character and distribution of pains," the lists being arranged by *pains* and not in the alphabetical order of the medicines. All the medicines following a Roman numeral as far as the sign "=", have the same pain as that indicated by the Roman numeral. It is perhaps not the best sign that could be adopted, but I could not find a better, all others being engaged in other ways.

Throughout this part all the changes I have made do not in the least affect the facility of using the work by those accustomed to use the other parts, for there has been no introduction of arbitrary symbols different from those employed in other parts of the work. The alterations have been necessitated by the peculiarities of the region. In constructing the repertory of different regions a certain

licence should be allowed the worker to introduce any alterations in matters of detail that seem to be required by the region he is engaged on, provided always that the same system be retained as regards the general plan and the symbols originally adopted. As each chapter has its own peculiar symptoms, so also has it certain elements that differ from any other chapter, and any deviation in matters of detail rendered necessary by the peculiarities of the chapter should be explained. I have endeavoured to do this in the prefatory "explanatory remarks" to this part of the *Repertory*, and I believe that a practical employment of the work will convince any one that my alterations have increased the utility of the work and the facility with which any symptom may be discovered, while no material alteration has been made in the plan of it; and I am sure that those accustomed to use the other parts will find no difficulty whatever in using this one.

In a work of this complexity no doubt some typographical errors have escaped my notice. Some have been pointed out in the subjoined critique, and I will mention here a few others that have escaped my corrections while the work was going through the press. At p. 192, in the "Anatomical seat" of "Crown," the letters a, b, c, d, indicating the precise locality, should have been preceded by a capital C; thus, C^a, C^b, C^c, C^d. Again, at p. 253, 1st col., line 7 from bottom, "a_g^{cc}." should be "a_g^d." At p. 271, 2nd col., line 16, "k^b." should be "k^p." At p. 282, 2nd col., line 18, "aco^r." should be "aco.g."

The following review is by Dr. Berridge, and will be published in *The Organon*. The author is a very competent judge of repertory work, as he has laboured assiduously in the same field :

"Excepting, perhaps, in the case of those remarkable phenomena who try to carry the whole *Materia Medica* of our School in their heads, Nature having kindly provided them with skulls of extra thickness in order to withstand the expansive force set up by the fermentation of symptoms which must be continually going on within, a *Repertory* or *Index* to the same is a necessity.

If Hahnemann deemed it needful to append an Index to his first *Materia Medica*, the *Fragmenta*, though but twenty-seven medicines were referred to therein, with how much more reason should we demand the same, now that our proved remedies may be counted by the hundred. The most difficult question to solve, however, is the *arrangement* of such a work. The law of *Similaris*, like all Nature's laws, is indeed simple; but to apply it successfully in every case,—*hoc opus, hic labor est!*

“Most symptoms are *complex, i. e.* they consist of two or more elements; therefore, as it is impossible to say beforehand under what rubric the physician may look for a symptom, it is necessary that *each* symptom should be referred to under *every* heading where it can be looked for, that is, under the heading of *each* of its elements. This, however, is not all. Were our *Materia Medica* absolutely perfect, *i. e.* had we elicited *every* possible symptom from *every* possible medicinal substance, such a plan would suffice; as the case stands, however, we often find gaps in our provings which we need to fill up by *Analogy*, till further knowledge enables us to act with greater certainty. For example:—We lately met with a case of rheumatism of the heart, with marked aggravation about 3 a.m.; the character of the pain was fairly described under *Kali*, but no aggravation of *that particular pain* at 3 a.m. has been hitherto observed. Yet, as such aggravation has been recorded in connection with so many other symptoms of the drug that it is accepted as a *characteristic*, we selected that remedy from *Analogy*, and effected a speedy and permanent cure. Another patient complained of a pain in the right side of the loins, like an instrument going straight through to the right side of the abdomen, on the head of which some one knocked. We could not find such a symptom in the *Materia Medica*, but knowing that *Sulphuric Acid* produces a similar pain in the head, we reasoned from *Analogy* that it would be found to be the *Simillimum* to this symptom also, and the result justified our conclusion. These cases—and we could quote many more—prove without a doubt that, in addition to a simple verbal Index, we need *Collectives* of symptoms which may agree in any particular point, either as to *Locality, Specific Character, General Character, Sequence and Direction, Conditions, or Concomitants*. Yet, when all this is done, there is still one thing wanting; such a work would be merely a *reference* to the

symptoms—a mere skeleton—and therefore in many cases insufficient at the bedside of the patient for lack of the *Materia Medica* itself. How is this problem to be solved? Can we ever obtain a Repertory which shall be at once complete and handy—a *Materia Medica* arranged Repertorially in fact—or must we for ever remain in the dilemma of the celebrated old lady who for years tried in vain to procure the smallest Bible in the largest print?

“This problem is one to which we have given our attention for some years, and the only practicable solution seems to us to be that *two* kinds of Repertories are needed. Fortunately, Nature herself helps us here, those cases which are most perplexing through paucity or obscurity of symptoms, in which therefore we chiefly need to resort to Analogy, being for the most part *chronic*, allowing us leisure to refer to our *Materia Medica* at home; while, on the other hand, the symptoms of acute cases, where a delay of a few hours might be fatal, are usually so clear, that a Repertory more simply constructed, but yet containing the full symptomatology, is sufficient.

“The typical forms of these two classes of Repertories are that of Bönninghausen (including his *Pocket-book*), and Jahr’s *German Repertory*. While both these works have much in common, as any two Repertories must have, there is one important difference, which will be seen by comparing the respective sections on the Chest. Bönninghausen’s *Repertory* shows the ‘skeleton’ form thereof, abounding in invaluable collectives of conditions, sensations, and localities, but without the *Materia Medica* itself; on the other hand, Jahr’s work contains a condensed *Materia Medica* in sections, followed by a Repertory, which, however, lacks the completeness of its predecessor. On the basis of these two works have most subsequent Repertories been compiled. Our own, of which only the volume on the Eyes has yet been published, is based on the former of these two models, but with greater fulness and detail; the latter plan was followed in the *Pathogenetic Cyclopædia*. The latter work, however, proved too cumbersome for clinical use, while for consulting practice the addition of the *Materia Medica*, already contained elsewhere, was unnecessary. A new and most ingenious system of cyphering the symptoms—first we believe resorted to by Dr. Mure, of Brazilian fame—was adopted, by means of which,

while the bulk of the *Repertory* was kept within reasonable limits, the entirety of each symptom could be given.

“The plan of cyphering is briefly this. The *symptoms* (with the exception of the *pains*) are cyphered by Roman letters; the *pains* by Roman numerals; symptoms necessarily belonging solely to special sections by old English letters; *conditions* by Arabic numerals (ameliorations being signified by the numeral being bracketed, the same being implied also when the name of a medicine is in Italics); *concomitants* by Greek characters; and lastly, the abbreviations of the medicines always consisting of *three* letters, they cannot be confounded with the cypher itself. To give an example: At page 149, under ‘w. Motion in brain,’ we read ‘w^{cc}. Rising and sinking. F. bel. I. 31 (12),’ which means that *Belladonna* has ‘Rising and sinking in forehead, with undefined pain, worse in walking, better by pressure.’ This symptom is repeated under *each* of its various elements, *with the remainder of the symptoms in cypher*, so that under whatever rubric it is looked for, there it is found *in full*.

“In the present chapters some improvements of detail have been introduced; especially we like the transference of ‘Complex pains’ to a separate rubric, thus bringing into clearer light those medicines which produce the symptoms in an uncomplicated form. The author also has informed us that the original sources have always been referred to, and no symptoms (except those of Houat, which he seems—we think unnecessarily—to distrust) have been intentionally omitted.

“We would just make one suggestion, namely, that future chapters should be more condensed. In a Repertory we do not need to give the merely verbal differences of the *Materia Medica*; ‘Confusion,’ and ‘Dull stupid feeling,’ might advantageously have been united, and we certainly should not have separated ‘Confusion, as if intoxicated,’ from ‘Dull stupid feeling, as if intoxicated.’ Space would have been saved, without sacrifice of accuracy, had the three symptoms, ‘Head feels as large as a bushel,’ ‘Head feels as large as a barrel,’ and ‘Head feels enormously large,’ been comprised under *one* rubric. Neither do we think that Dr. Dudgeon should have separately registered and cyphered the variety of laughter, ‘Laughter to death,’ unless prepared to verify its practical utility by a cure; and with all due respect to his skill, and in spite of the dictum of a Professor

of Homœopathic (!?) *Materia Medica* in America, who recently described certain *post-mortem* changes as a condition which 'called for *Hepar*,' we doubt whether he has ever performed *that* feat! These are, however, only trifles, and we merely mention them because an observance of trifles constitutes perfection, and perfection is no trifle.

"The *Cypher Repertory* is now published from the Mental symptoms to the Stools, and other chapters are in progress. We cannot conclude this notice better than by advising all to procure the work at once, *and use it*. Doubtless a difficulty in using the cypher will be felt at first. The plan we adopted was first to use it like the 'skeleton' Repertories, without the cypher; then by degrees the latter, the meaning of which can always be ascertained by reference to the index, became clear, till now we are so conversant with it that we often use it as a species of shorthand. The present volume is, without exception, the most complete of any yet published on the same subject, and as such is an indispensable addition to our libraries.

"We will take this opportunity of correcting a few errors which have crept in. At page 34 the symptom, 'Very sensitive disposition, she weeps at receiving thanks,' belongs to *Lycop.*, not *Lachesis*. In the *Pathogenetic Cyclopædia*, pp. 355, 420, we read, under *Sabadilla*, 'Constant headache, tension; the first day only in the forehead, the next day in the whole head, *relieved* by looking fixedly at something or thinking of something.' Hempel gives the same. Allen gives it, *as revised by Hering*, thus: 'Constant headache, like a *heaviness*; on the first day it was felt only in the forehead, on the following day in the whole head; *less violent* when staring or reflecting.' These symptoms are taken from Stapf's *Beiträge*, published in 1836, p. 177, symptom 41; but in the *Archiv*, published in 1825, 4th volume, 3rd part, p. 125, symptom 26, we read, 'Fortwährend Kopfweg, ein Spannen; den ersten Tag nur in der Stirn, den folgenden Tage im ganzen Kopfe; wenn er starr wohin sieht, oder uber etwas sinnt, wieder stärker;' *i. e.* *again stronger*, not 'minder stark,' *less strong*. This proves the absolute necessity of always referring to the *originals*. Lastly, at page 259, last line, for 'nit.' read '*nit.*'"

As regards the symptom of *Sabadilla* alluded to above, I may say that Dr. Berridge is quite right as to his facts, but it is not quite so easy to determine which of the two

readings of the symptom is the correct one, as he seems to think. The original proving of *Sabadilla* by Stapf appeared in the *Archiv*. A revised and considerably enlarged proving of it, also by Stapf, was published in the *Beiträge*, and this symptom, observed by a young doctor, indicated by the letter H, is altered not only in the manner indicated, but a palpable mistake in the same symptom is also corrected, viz. "Tage" to "Tag;" nevertheless, on consideration, I am inclined to agree with Dr. Berridge in thinking that the first reading of the condition may be the more correct, as the same prover contributes another symptom—S. 39 (*Beitr.*), "Headache caused by continued attention;" and yet another—S. 14 (*Beitr.*), "Thinking is difficult, and causes headache." So that it is quite possible that Stapf might have made a mistake when he corrected "wieder stärker" of the first copy into "minder stark" of the second. Still there is room for a difference of opinion on this subject; and, on the whole, I am inclined to let the symptom stand as Stapf gave it in his last edition.

REVIEWS.

Eruptive Fevers: Scarlet Fever, Measles, Smallpox, &c.
Being a Course of Lectures on the *Exanthemata*, delivered at the London Homœopathic Hospital, by
WILLIAM VALLANCY DRURY, M.D., M.R.I.A., &c.
London: Gould and Son, 1877.

WE sincerely apologise to Dr. Drury for the long time that has elapsed between the receipt of his book and this notice of it. The omission was entirely accidental, and is to us a matter of regret.

These lectures are marked by a consummate acquaintance with the diseases treated of, and much practical skill, derived from the author's great experience and rare powers of observation.

The description of the various forms of scarlatina, its complications and sequelæ, is fully up to the mark of the

science of the present day. We can completely endorse his remarks upon the latent form of scarlatina, which is a more frequent form of the disease than is commonly suspected. We, too, have seen cases of undoubted scarlatina which could only be recognised as such by the characteristic sequelæ, such as desquamative nephritis and anasarca. We can also bear testimony to the truth of his remark about the danger attending slight wounds in a person infected by malignant scarlatina, even before the exanthem has manifested itself. A remarkable case of this sort occurred in a young gentleman of our acquaintance, who, without being aware of it, had been exposed to the infection of scarlatina, and before any symptom of the disease had appeared had the trivial operation of snipping the frænum preputii performed by Mr. Syme, of Edinburgh. This was followed by extensive sloughing of penis and scrotum; and it was only after this that the scarlatinal rash appeared. The case terminated fatally.

The therapeutics of scarlatina are laid down in a most satisfactory manner, and the indications for the various remedies are given with clearness and precision. Some interesting illustrative cases enhance the value of the author's treatment.

Dr. Drury is not very certain about the value of *Belladonna* as a prophylactic of scarlatina. The truth of this question seems to be that *Belladonna* is really preventive in some epidemics of scarlatina, but not in others. Hahnemann says it is only prophylactic of the form of scarlatina attended by a smooth eruption. The scarlatina attended by a rough or measly eruption is probably a different disease; perhaps that exanthem which has of late years been distinguished by the German name *rötheln*.

Dr. Drury's observations on measles, roseola, *rötheln*, and chicken-pox, are interesting and instructive.

In his treatment of erysipelas he does not mention *Arnica*, a remedy most conspicuously homœopathic to severe forms of the disease, and which has been strongly recommended by Dr. Cooper. We have seen it very useful in cases of erysipelas with a tendency to the formation of bullæ.

The chapter on smallpox is well written and eminently practical. This is followed by an account of inoculation, interesting chiefly in a historical point of view, as it is illegal to resort to the practice in this country.

The volume concludes with a chapter on vaccination; and we are glad to perceive that Dr. Drury is a staunch upholder of the efficacy of vaccination as a prophylactic of smallpox, though he does not like the present compulsory enforcement of the operation, and would "prefer persuasion to force in a matter of this kind."

Natrum muriaticum: as test of the doctrine of Drug Dynamization. By JAS. COMPTON BURNETT, M.D., F.R.G.S. Gould and Son.

Dr. BURNETT tells us that he has published this little book as a history of the steps by which he was led to a belief in the doctrine of dynamization, and as a help to others in attaining the same faith. We think, however, that he is under a little misapprehension as regards the attitude of homœopathists towards this doctrine. They do not, as we understand it—at any rate with few exceptions—question the facts out of which the theory has grown; they merely reject that interpretation of them which supposes any new force or property to be developed by Hahnemann's graduated attenuation, with trituration or succussion. Fine subdivision, extension of surface, and thorough solution are the results obtained by such processes; and these seem to them *veræ causæ* sufficient to account for the energy acquired. Dr. Burnett does not discuss the theory from its scientific side, as his follow-townsmen Mr. Proctor did not long ago in this Journal;* he merely brings forward another body of facts of the kind which the theory was designed to explain.

As facts, however, many of the cases related by him are of much value,—convincing to opponents, instructive to

* See vol. xxxi, p. 445.

friends. While confirming our previous knowledge of *Natrum muriaticum* as a potent medicine in promoting healthy nutrition when defective, and checking chronic intermittents, it adds several spheres of usefulness to the drug. Deficient excretion by bowels, kidneys, and skin seems helped by it; and lithuria, polyuria, and chronic hic-cough brought on by *Quinine* have disappeared under its use. One of the most interesting points made is its value in morbid *chilliness* of the system. A remedy which promotes the calorific as well as the nutritive processes of the body is one highly to be prized. Dr. Burnett gave, in nearly all his cases, the sixth trituration, in six-grain doses pretty frequently repeated.*

We have only two suggestions to make in taking leave of this publication. The first is, that Dr. Burnett should take a little more pains with his style. One who can think and speak with so much vigour should express himself in a less slipshod manner. His bits of translation, moreover, are crabbed to a degree. Our second point is, that our esteemed colleague must be warned against too great a tendency to appeal *ad populum*. We have noticed a little of this in his previous publications, and there is rather too much of the *ad captandum* character in the style, to say nothing of the appearance, of this *brochure*. We hope that Dr. Burnett will take these hints in good part, as made because we think too highly of his powers to be content to see them diverted from their proper exercise in the path of truly professional literature.

The Germ Theories of Infectious Diseases. By JOHN DRYSDALE, M.D. London: Baillière, 1878.

No subject bearing on matters medical or pathological

* He will hardly please hereby those with whose views his may otherwise harmonise. A very moderate representative of the Hahnemannian school—Dr. Hawkes, of Chicago—relates how, when a student told him that he had been taking *Natrum muriaticum* 6 for an intermittent without success, he replied that he might as well have taken a pinch from a salt barrel.—*Amer. Homœopathist*, Sept., 1878, p. 93.

has of late years exercised the minds and taxed the ingenuity of scientific men, medical and other, than the possible origin of diseases, especially infectious and epidemic diseases, from minute microscopic or ultra-microscopic organisms, presumably floating—they or their seeds—in the air we breathe or lurking in the folds of the dresses we wear.

The subject of the germ origin of diseases has been popularised in this country by the essays and lectures of Tyndall, who has a wonderful way of impressing on his hearers and readers that he knows more about any subject on which he discourses than any one else. Not long ago we came upon a striking proof of the extent to which the subject has been popularised by reading in some novel of a Scotch doctor who was constantly boring his hearers with his views upon what he called the "*jurrum*" theory.

So much has been written about the germ theory that inevitably a good deal of nonsense has been said about it; sweeping inferences have been drawn from insufficient data, and many things stated as facts which subsequent research has proved to be myths. But as so many long-headed savants have been devoting their minds and their researches to the subject, it is inevitable but that much light has been thrown on the subject, and it needed only the advent of an acute and logical mind fully conversant with all sides of the controversy, and himself a practical student of the subject, to make order out of the chaos of discordant opinions.

No man could be better fitted for this task than our former co-editor Dr. Drysdale. The subject has been familiar to him before many of the existing controversialists were born, as it already occupied the attention of Fletcher, whose great work on pathology was edited by our friend more than thirty-five years ago. He is further fitted for the task by being himself one of the most zealous and successful inquirers into the life-history of the minutest organisms, as his numerous contributions to the *Microscopical Journal* testify.

In the work before us he gives a most masterly view of

the whole question, stating with fairness and circumstantiality the theories of those from whom he differs, as well as of those with whom he partially agrees. It is but a small pamphlet of seventy-four pages in which he does this, and we trust that all who are interested in the matter, and that will include all medical practitioners and many others, will possess themselves of this essay and give it a careful perusal.

We may give a brief summary of Dr. Drysdale's conclusions, but our space will not allow us to give the arguments by which he enforces his views ; for these the reader must go to the essay itself.

Dr. Drysdale does not altogether deny that some infectious diseases may be carried by organised germs of the nature of bacteria ; but, he says, there are only two diseases where there is anything like satisfactory evidence for this origin. These are anthrax or malignant pustule, which seems to be always connected with a minute organism termed *Bacillus anthracis*, and relapsing fever, which has hitherto been always found to be attended by the presence of a *spirillum* in the blood.

The other infectious diseases are caused by the grafting of degraded bioplasts into the healthy body.

This statement will not convey much meaning to those not conversant with the literature of the subject, so we may give a brief explanation of what is meant. In health the mucous corpuscles secreted from the mucous epithelium when thrown off are either dead or cease to live after a short time. Similarly the white corpuscles of the blood soon lose their vitality when out of the blood-vessel. But in disease, especially those of a febrile character, these bodies, which are minute masses of protoplasm, or bioplasm as Beale calls them, become degraded, and in this condition, generally under the form of pus-corpuscles, they maintain an amœba-like vitality for a considerable time—as any one may convince himself by examining microscopically the urine from a patient affected with cystitis. He will there find numerous corpuscles projecting processes in all directions, just like amœbæ. Now these degraded bioplasts are

capable of living on and propagating and reproducing themselves when transplanted into an appropriate living body; they flourish and maintain a peculiar existence in that body, just as the grafted bud does in the tree.

There is no need in supposing any other than protoplasm masses, the degenerated secretion of animals or vegetables, are the exciting cause of infectious and malarious diseases.

We have only given the merest hint of the contents of Dr. Drysdale's essay. We must refer the reader to the essay itself for the reasoning by which these views are supported and, as we think, convincingly proved, and for the interesting illustrative facts adduced.

The theory, supported with such logical reasoning by Dr. Drysdale, has its practical uses. By it the infectious diseases are removed from the department of natural history, to which the parasitic germ theory would have consigned them, and restored to the domain of medicine proper, thereby affording some hope of their extinction or mitigation by the medical art. This hope lies in the employment of the morbid poisons themselves as curative or prophylactic agents. Two examples of such employment are known to us: viz., the prophylaxis of smallpox by the employment of vaccination, and the cure of pannus by the inoculation of the secretion of purulent ophthalmia into the diseased eye. This cure was discovered by Jaeger, of Vienna, in 1812, and successfully employed by Piringer in a large number of cases. It was first successfully employed in this country by Dr. Dudgeon in 1844, and the case was published in the *London and Edinburgh Monthly Journal of Medical Science* for May, 1844, and will be found in the 2nd vol. of this Journal. Dr. Drysdale gives the following *rationale* of the cure of pannus by this method:—"The plastids of the conjunctiva and cornea are in a state of germinal degradation, with so great a loss of formative power that they cannot produce the compact, transparent, healthy form of these tissues. Then the infective partial bions inoculated unite with them, exciting a temporary increase of similar protoplasmic matter and profuse non-living secretion. When this subsides, the effect of the stimulus to the

fixed plastids is seen in rejuvenescence or regeneration of their full germinal faculty and formation of healthy tissue anew. The result of this operation does, indeed, strike the observer as in reality a renewal of youth, or a new birth of the part. The tendency of the plastids in a state of germinal degradation or, in fact, variation, to revert to their original state, which is the cause of spontaneous as well as all other cures, seems to be here wanting, even to the extent that ordinary medicinal stimuli specifically adapted fail to rouse it, and the more powerful stimulus of living matter seems to be required. Here, also, in the cure, we have an analogy with the influence of the stock in grafting. With these splendid examples before us, one of the chief aims of medicine should now be to turn these fearful engines of power into agents of protection against, and cure of, the very evils produced by their uncontrolled natural operation. * * * * Happy they who, with intellectual ability, have the leisure and the opportunity to devote themselves to experimental research directed towards this object. For some among them is, assuredly, reserved a place in the temple of Fame, beside the name of Jenner, as benefactors of the human race!"

Clinical Lectures upon Inflammation and other Diseases of the Ear. By ROBERT T. COOPER, A.B., M.D. Trin. Coll., Dublin. London: The Homœopathic Publishing Company, 1878.

THIS little volume contains the lectures delivered by Dr. Cooper to the students attending the class of the London School of Homœopathy during the winter session of 1877-8, the author occupying the post of Aural Physician to the London Homœopathic Hospital. If we are not mistaken

this is the first attempt at a treatise on any special diseases of the ear that has proceeded from the pen of one of our school, and we give it a hearty welcome.

Dr. Cooper first gives a definition of the words used to express the different regions of the ear, and lays particular stress on the importance of understanding the term *middle ear*, which he defines to include the cavity of the tympanum with its closing membrane and ossicula, the Eustachian tube, and the mastoid cells, the *external ear* including the auricle and meatus externus, and the *internal ear* being the labyrinth, consisting of the vestibule, semicircular canals, and cochlea. We may observe that by some oversight the running title of the book throughout is "Inflammation of the Middle Ear," which is not strictly correct, as Dr. Cooper treats of diseases of the internal and external ear also, some of which are not inflammatory. Perhaps it is owing to the poverty of our homœopathic literature on the subject of maladies of the ear, or perhaps it may be because Dr. Cooper's experience of their homœopathic treatment has not been of very long duration; but whatever the cause, we detect in this treatise a decided allopathic flavour. We mean that the treatment in many cases savours more of the operative character of the ordinary aural surgery than of the careful homœopathic drug-selection we should expect to meet in a work by our colleague, who is so well known by his judicious selection of the homœopathic remedies for diseases of other parts of the human frame. Thus, he says, in cases of suspected inflammation of the middle ear, when the auditory canal is red and tender, and there is earache, if on examining the mastoid process there be tenderness on pressure there and inflammatory redness, we may be pretty sure the mastoid cells are involved in the inflammation, and that purulent matter is endeavouring in vain to make its way out through the external skin, and so we should "cut freely down to the bone, so as to divide the periosteum as well as the occipital fascia, and thus give exit to the pent-up discharge."

Now, it strikes us that we would have to cut a little further in order to reach the mastoid cells, and perforate

the bony shell in which they are encased in the mastoid process, and we doubt if we should give much relief even by such an operation. Surely Dr. Cooper has never performed the operation he advises. For our own part we have treated numerous cases of inflammation of the middle ear—otitis media purulenta—and we have never seen one instance where the purulent secretion contained or believed to be contained in the mastoid cells was discharged externally through the mastoid process. Of course, we do not deny the possibility of such a catastrophe, but we doubt that it could occur without accompanying necrosis or ulceration of the mastoid process.

Again, we doubt very much the pathognomonic value of the sensitiveness of the small lymphatic gland over the mastoid process as indicative of inflammation of the mastoid cells. If such inflammation exists very probably the gland there—if the patient happen to have one—is likely to become painful and swollen; but a gland in that situation is often swollen, painful, and inflamed, from quite other causes.

“Acute otitis generally always commences with earache,” says Dr. Cooper. We think the “generally” might be omitted here with advantage to the grammar and as more consonant with the facts; at the same time earache, even of the most severe type, is no certain sign that otitis is present. But practically we have found Dr. Cooper’s remedy for earache depending on inflammation, viz. *Aconite*, very efficacious in earache of the severest type where there is no sign of inflammation.

“When we place a watch or a tuning-fork upon the mastoid process the non-transmission of vibrations would imply, if acute inflammation be present, complete blocking up of the cells, and therefore the necessity for operative procedure in the shape of incision over the mastoid process, while from the partial transmission of sound we might augur the retention of, at all events, some air in the cells. This non-transmission of vibrations may in this way often determine us as to whether we are to operate or not” (pp. 21, 22).

We cannot help thinking that Dr. Cooper is here wrong

both in his acoustics and his surgery. That deafness—consequently inability to perceive the vibrations of a tuning-fork or the ticking of a watch applied to the mastoid process—often accompanies otitis media is well known, but it is not likely that the condition of the mastoid cells would prevent the transmission of vibrations, and it is an error to suppose that the perception of these vibrations is in any way dependent on the mastoid cells being filled with air. The bony structure of the mastoid process it is which conducts the sounds so well, but they can be conducted, though not equally well, by the soft tissues, and less well by fluids. So, as in otitis the bony structure still remains, the conducting power of the mastoid process is unaffected. A stethoscope conducts sounds equally well whether hollow or solid, and the hollow stethoscope is unaffected in its power of transmitting vibrations by being filled with cotton or water. In pneumonia, when the lung is hepatised and its air-cells filled with fibrin or viscid fluid, the vibration of the voice is heard with even greater distinctness than when the air-cells are filled with air. On the other hand, when there is fluid in the pleura the vibration of the voice is transmitted much less distinctly or even not at all. We would rather ascribe the deafness in otitis to some change in the auditory nerve, produced by the inflammation causing temporary paralysis, and hence would not base on this symptom an indication for cutting down on the mastoid process. Most religious people, it has been said, are better than their creeds, so we believe Dr. Cooper to be less sanguinary than his teaching would lead us to suppose, and we do not believe that he whips out his knife to cut down on the mastoid process when his patient with otitis fails to perceive the vibrations of his tuning-fork.

Dr. Cooper gives a case of acute otitis from Wilde's *Aural Surgery* to show how bad the orthodox treatment is, and he says: "Allow me to give in a case like this two or three drops of mother-tincture of *Pulsatilla* in a little water, every third or fourth hour, and I undertake to say all evidence of inflammation would at the end of twelve hours be slight, and that in all probability the shooting pain

would have altogether disappeared" (p. 24). We think Dr. Cooper would have produced a better impression had he given from his own practice, or from the records of homœopathy, an actual case where the virtues of *Pulsatilla* were shown in this way. But we doubt much if Dr. Cooper could have found in our homœopathic literature any cases to justify his sanguine expectations relative to the curative power of *Pulsatilla* in otitis. He would certainly find some instances in which it had cured otalgia with the rapidity mentioned, but we fear that is all. The series of cases of otitis media purulenta treated by Professor Rafael Molin, of Vienna, and recorded in our thirty-fourth volume, p. 141, *et seq.*, are the best recorded examples of this disease homœopathically treated we are acquainted with, and *Pulsatilla* was not one of the medicines employed in the treatment. Of course Dr. Cooper has a right to say that had *Pulsatilla* been employed the cure would have been effected sooner, but he could do so more effectively could he show a case or cases in which *Pulsatilla* did actually remove the inflammation in twelve hours. Our own experience of this very severe disease is that the inflammation, under the most favourable circumstances, lasts from two to three days, and at the end of that time the accumulated pus bursts through the membrana tympani, and the patient rapidly recovers, generally with unimpaired hearing, though more or less impaired hearing, or even perfect deafness, may have been present during the inflammatory stage. The membrana tympani usually soon repairs the injury inflicted on it by the escape of the pus. Dr. Cooper speaks highly of the value of paracentesis of the membrana tympani in inflammation of the middle ear, and we will not deny that it might be advisable to perform this delicate operation in cases of otitis media purulenta, but if we consider the amount of fever (often with delirium) and prostration that generally accompany this disease, the operation is much more simple to prescribe than to perform. Then as relief is obtained naturally in a day or two it seems hardly worth while running the risk of injuring the patient permanently by attempting one of the most delicate operations

on a restless, tossing, delirious patient. If the paracentesis could be performed safely we admit it might be advisable, but as it seldom can, we think the risk of doing harm outweighs the advantage to be derived from a somewhat earlier exit to the pent-up secretion.

Dr. Cooper has a very ingenious theory respecting the action of glycerine in the cure of certain cases of deafness, which he ascribes to its power of effecting endosmosis and exosmosis through the membrana tympani.

In speaking of Menière's disease, Dr. Cooper is very severe on some imaginary practitioners "who, despising pathology, would look upon the tinnitns and vertigo of cerumen as an indication for drug administration equal in importance with a like symptom arising from exudation within the vestibules." He inveighs against the teaching of those "who would have us depend upon symptoms alone as our guide to treatment" as "utterly fatuitous" (whatever that may mean—something awful, no doubt). Now we would observe that until the last few years we knew absolutely nothing at all respecting the tinnitus and vertigo dependent on changes occurring within the labyrinth, and as regards this very disease (Menière's) it is only by the symptoms that we can infer its pathology, and its symptoms alone can be our guide to its treatment. We do not see that it is so very scientific first to infer from the symptoms that the disease is Menière's, and then to prescribe *Salicylate of Soda* or *Quinine* for the pathological name. Nor does it seem utterly unscientific to collect the symptoms, vertigo, tinnitus, deafness, &c., and, comparing them with the known pathogenetic effects of these two drugs, select that one which reproduces these symptoms with the greatest similarity. We suppose Dr. Cooper's lectures were delivered before Dr. Dyce Brown's admirable lectures on Menière's disease,* and hence no reference to them was possible in the text, but we think Dr. Cooper might have called attention in a note to the observations of his fellow-lecturer. We think it not very likely that a practitioner of ordinary capacity would attach any value at all to the "tinnitus and vertigo of

* Reported in the *Hom. Rev.* for September and October, 1878.

cerumen as an indication for drug administration." He would doubtless look upon them as an indication for using the syringe, for of course he would naturally look into the patient's ear before forming his opinion, and would then discover the cause of the symptoms. If he will not or cannot examine his patient's ear with the speculum, he cannot be considered a practitioner of ordinary capacity, and any mistakes he may make would not excite our wonder.

Dr. Cooper describes at length and gives woodcuts of several ingenious alterations he has made in ear specula and syringes, and his book terminates with some interesting cases, from which we learn that he has seen considerable advantage in the treatment of chronic aural catarrh and of noises in the ear and deafness from *Hydrastis*, and from *Calc. phos.* in deafness depending on enlarged tonsils.

On the whole we can strongly recommend Dr. Cooper's work as a very interesting and important addition to our homœopathic literature, and if it does not show in every part a very profound knowledge of the pathology and therapeutics of ear diseases, it shares this defect in common with most of the works on the ear with which we are acquainted. Where Dr. Cooper can rely on his own experience and observation he is, as usual, very original and practical.

MISCELLANEOUS.

The London School of Homœopathy. By Dr. BAYES.*

1. Dr. Drysdale and his party having again attacked the "School," this time, nominally on a question of finance, I deem it but right to reply on the whole questions of difference between Dr. Drysdale and his friends on the one hand, and the managers of the School on the other hand.

2. The whole question lies in this, Dr. Drysdale and his friends, on the one hand, have formed their ideal of what the School ought to be; they contemplate a school without any distinctive name (but teaching homœopathy *sub rosa*), and they desire that the School should be wholly detached from the Hospital.

3. The managers of the School, on the other hand, desire to adhere to the programme laid down from the first in their prospectus, under which they appealed for support, viz. that the School should be founded for the express purpose of instructing medical men and students in homœopathy, both theoretically and practically. Theoretically by lectures, practically by clinical teaching in the London Homœopathic Hospital, or in some other hospital in which homœopathy should be practised to the satisfaction of the committee.

4. Dr. Drysdale and his friends desire to make our lectures take the place of the ordinary courses of lectures on the same subjects, and to obtain state recognition for them, so that attendance on our lectures on *Materia Medica* and *Therapeutics*, and on *Principles and Practice of Medicine* shall count in a student's course of study, in place of those given at the ordinary schools.

5. The School management have taken a more catholic

* We have numbered the paragraphs for the purpose of reference.

view, and desire only to provide *additional* instruction in homœopathy until it becomes an integral part of a liberal medical education in the other schools.

6. Dr. Drysdale and his friends' scheme, if carried out would force us into a sectarian and opposition scheme, necessitating the formation of a new medical school, and possibly the establishment of a new medical diploma. We hope to so teach homœopathy as to break down the prejudice which has hitherto excluded its teaching from the ordinary schools.

7. Finally our scheme is easily accomplished with the funds at our disposal; theirs would need at least ten times what we have been able to obtain.

8. It is greatly to be deplored that Dr. Drysdale and his friends have taken the means of outside agitation and opposition in place of arguments within the council of the School (on which two of their number have seats). By this agitation a grave direct loss has accrued to our funds, and Dr. Drysdale now goes the lamentable length of still further directly attempting to injure our financial position by an appeal to his friends to cease their subscriptions until he and they gain their point, and over-ride the wishes of the majority.

9. His present pretence is that our payment of three hundred and fifty guineas to the Hospital is bad in policy and injurious to the true interests of the School. He would divide the School from the Hospital, or at least he would have us obtain the clinical advantages from the Hospital *without paying for them*.

10. The managers of the School, on the other hand, maintain that clinical instruction is a very necessary part of the School's teaching. That since the funds of the Hospital are insufficient to support half the number of beds which it can supply (in all, the Hospital contains sixty-five beds, but can only support thirty with the funds at its disposal) the School should set apart as large an amount of its funds as it can afford to open a larger number of beds for clinical teaching. On the calculation that thirty-five guineas a year support one bed annually, the School has hitherto paid 350 guineas a year to the Hospital, and thus kept open ten beds a year, which would otherwise have been closed.

11. I leave the question now to the good sense of the readers. If we are to carry out our original idea, which was to educate

medical men in homœopathic medicine and surgery, practically and theoretically, in order to supply the homœopathic public with reliable practitioners, I do not see how we can spend the funds entrusted to us better than by subsidising lecturers until the School becomes large enough to be self-supporting, and by paying a reasonable sum to the Hospital for the use of its beds and dispensary.

12. The Liverpool Homœopathic Medico-Chirurgical Society wrote a letter to the committee of our School in the same strain as that adopted by Dr. Drysdale. I do not see how the London School of Homœopathy could in any way submit its concerns either of finance or management to another society. We must act in accordance with our own rules and with the wishes of the majority of our subscribers and donors, whose wishes I am sure I have fairly represented above.

Remarks on the foregoing,

By Drs. DRYSDALE, BLACK, and DUDGEON.

§ 1. WE have not attacked the "School," but we are at present endeavouring to defend its very existence from the present managers, the committee of the School, who, mainly composed of hospital officials, are diverting the funds from the proper purpose of the School.

§ 2. We do not propose to teach homœopathy *sub rosa*, but desire that the same lectures should be given by the same men in the same words, under a title analogous to the most successful school in America, the Boston University.

§ § 3 and 4. We desire both to teach homœopathy and to have our lectures recognised now, just as will ultimately happen when the truth of the homœopathic law of therapeutics is universally acknowledged in medicine. This question is too large to be reargued in the present place. Dr. Bayes' remarks are merely a repetition of his former appeal to the popular and superficial view of the subject, which we have shown to be an anachronism in the present state of things. To this Dr. Bayes gives no reply, and we therefore refer the reader to our former letter.

§ 5. We do not understand the "catholicity" of the plan which would add a new school, with a sectarian title, to the

already existing school. We desire, on the contrary, to teach the truth in a school of medicine simply.

§ 6. We do not at all desire to get up a "sectarian and opposition scheme necessitating the formation of a new medical school, and possibly the establishment of a new medical diploma," on the contrary, our earnest wish is that the School should be so conducted, that its lectures should count in the ordinary examinations required by the existing Examining Boards. The only occasion when we have ever heard of the recommendation of a separate school and new diploma, was in a paper read lately before the British Homœopathic Society by Dr. Bayes himself, which met with almost unanimous condemnation from the members in the discussion that followed it.

§ 7. We do not pretend that our plan is easy to accomplish, and we grant that the present plan of spending one half of our funds on the Hospital's ordinary expenses, and the other half on lectures delivered to a few qualified medical men who may happen to be in London, is very easy to accomplish, but what is the value of the accomplishment?

§ 8. Our appeal to the subscribers to suspend the payment of their subscriptions is forced upon us by the refusal of Dr. Bayes to grant a fair discussion of the subject. We warned him that this must be the necessary effect of his refusal, but he persisted in telling us that the appeal to a committee, composed mainly of hospital officials and others already pledged to take the subsidy, was a perfectly satisfactory proceeding. How the plan answered Dr. Bayes' expectations was shown by what actually happened this year (1878). A sub-committee, consisting of certain members of the council and some other gentlemen, was appointed to discuss certain points having special reference to the contemplated New Medical Act Amendment. This sub-committee, at which were present, if we remember rightly, Drs. Bayes, Drysdale, Black, Dudgeon, Hughes, and J. Jones, met on May 13th, 1878. A proposition that the subsidy from the School to the Hospital should be discontinued, was proposed for discussion at the next meeting. No meeting was called until the 5th November. At that meeting were present, Dr. Bayes, Mr. Vaughan Morgan, who holds the double office of Treasurer to the School and Treasurer to the Hospital, Drs. Kidd, Black, and Dudgeon. A majority of those present, viz. Drs. Kidd,

Black, and Dudgeon, supported a recommendation that the subsidy from the School to the Hospital should be discontinued after 1879, Dr. Dudgeon expressing the opinion that it should be discontinued at once. This was opposed by Dr. Bayes and Mr. Vaughan Morgan. The Committee of Management of the School met on the 11th November, and unanimously resolved not to adopt the recommendation of the sub-committee.

It is a great mistake to suppose that we are opposed to clinical instruction in the School, on the contrary, we deem it of essential importance, but we believe it can be obtained, and is obtained, at the Hospital independently of the subsidy from the School. The clinical instruction given by Drs. Hughes and Cooper is entirely confined to out-patients; that given by Drs. Dyce Brown and Galley Blackley is partly out-patients and partly in-patients. Were there even only thirty beds, and were these divided between two clinical teachers for a certain period, say six months, in place of being shared by four at the same time, each clinical teacher would have fifteen beds for the purpose of clinical instruction, a number of beds equal to that at the command of several of the best teachers in University College Hospital. Fleischmann's Hospital in Vienna, which has furnished such admirable statistics, and which has told so powerfully on the profession, did not contain more than thirty beds. With the handsome legacy left to the hospital by Dr. Quin, the number of beds in the Hospital can easily be kept up to the requirements of the clinical teachers, without drawing upon the scanty resources of the School. One of the arguments used at the above meeting was, that by giving 350 guineas to the Hospital, the Treasurer of the School (who is also the Treasurer of the Hospital) would possess an equal number of votes for use at the general meetings of the Hospital, the advantage of which we were unable to appreciate.

§ 9. The School was originally founded as separate from the Hospital, and if we use the Hospital by paying its staff for teaching, we confer the greatest possible benefit on the Hospital, thereby giving its managers the advantage of being able to appeal for subscriptions for a hospital with a school. This Dr. Bayes calls taking clinical advantages without paying for them!

§ 10. No school could be expected, or ever was expected, to devote half its funds as a subsidy to the ordinary expenses of a

hospital. The pretext for taking them in this instance was that ten additional beds could be opened. No such addition has been made, and now we are told that the subsidy is to prevent ten of the present beds being given up.

§ 11. Nevertheless, Dr. Bayes goes on to say that we cannot spend the School money better than by subsidizing the lecturers until the School becomes self-supporting. That is precisely our own contention, only we do not make use of the word "subsidize," but simply say that the School money was subscribed to pay the teachers and nothing else, and that it should not be squandered in the attempt to supply the deficiency of the Hospital subscriptions. There are surely other and better means of doing that, and certainly the presence of a good staff of teachers kept there by the school must be the greatest possible assistance for getting subscriptions to the Hospital.

§ 12. As regards the action of the Liverpool Medico-Chirurgical Society, we do not feel called upon to make any remark. They are a body of independent gentlemen, and have done what they think best for the welfare of homœopathy, and we trust the general body among us will follow their example.

The late Madame Hahnemann.

OUR short obituary of the widow of the illustrious founder of homœopathy, in our July number, has apparently excited some angry emotions in the breast of one of her admirers, who has addressed to us the following letter and would-be refutation of our assertions regarding the deceased lady. The original is in French, but we give a literal translation :

" To the Editor of the British Journal.

" Sir,—A notice in your Journal of the 1st July last contains some utterly erroneous statements respecting Madame Hahnemann, whom science and humanity have had the misfortune to lose.

" Whilst she was alive such assertions could never have been ventured to be made.

" On behalf of the illustrious widow of the immortal founder of homœopathy, her friends remain to expose falsehood and calumny, and to unmask them to the eyes of those who venerate truth.

“Appended are some refutations which I submit to your loyalty, begging you to be so good as to publish them in your next number. I send along with them the pamphlet relating to the process instituted by M. Orfila, Dean of the Medical Faculty of Paris, where you will find evidence of the respect and admiration felt for Madame Hahnemann, not only by her friends but by her enemies.

“By a letter dated the 4th of November, Dr. Pitet, editor of the Journal entitled *Bibliothèque Homœopathique*, and general secretary of the Federal Hahnemannian Society, No. 6, Rue St. Georges, Paris, expressed to me his wish to join his protest to mine, sharing my hope that your feeling of justice would lead you to repair as soon as possible the flagrant injustice done to an unassailable memory, but a sudden and cruel death has just removed him from his numerous friends and clients.

“I beg you, sir, to accept the assurance of my sentiments of esteem.

“SANCHES,

“Homme de Lettres, attaché à la

“Prefecture de la Seine.

“Paris, 22nd November, 1878,

“77, Rue de Vangirard.”

The following statement accompanies the above letter.

“Mlle. Marie Mélanie d’Hervilly only changed her feminine garments for male attire when she was an artist, and when she went alone into the country to sketch some beautiful views and landscapes.

“The wearing of male attire by lady and girl artists when they go to set up their easel in solitary places, in order to pursue their artistic studies, is not only a recognised habit in France, it is in a manner obligatory on them. It is a protection that saves them from the regards of the curious, and which delivers them especially from the persecutions to which a lone woman would be exposed if found in complete solitude, and perhaps far from assistance ; it is a warranty of high morality.

“Mlle. d’Hervilly went to see Dr. Hahnemann not so much on account of her own health as that of her mother, who had been given up by the principal physicians of Paris.

“It was Hahnemann who wished to leave Germany, where he

had suffered so much from the intrigues, the calumnies, and the wicked acts of his medical *disciples*, who were all jealous of him. Madame Hahnemann sacrificed everything for his sake, even her beautiful country, which she would have left for ever, had he preferred remaining in Coethen.

“It was at the reiterated entreaty of his new wife that the doctor consented to divide his fortune among all his children, and to accept the sacrifice of her renunciation of the half of this fortune which was hers by right, which sacrifice Hahnemann characterised as *fabulous disinterestedness*.

“Moreover, Madame Hahnemann placed her own fortune, which was considerable, at her husband’s disposal.

“Hahnemann’s patients in Paris were very numerous. True, but they were chiefly composed of a great number of poor people, *all of whom he treated gratuitously*. The immense number of patients who flocked to him caused it to be thought that he made a great deal of money. This was a mistake!

“When the doctor died, on the 2nd July, 1843, Madame Hahnemann continued to treat patients, *but without any remuneration whatever*. (This is corroborated by the accompanying pamphlet about the prosecution she underwent by the Medical Faculty of Paris, incited by the Dean, M. Orfila, and which, contrary to the expectations of this gentleman, was a moral triumph for the accused.)

“If the funeral of Hahnemann was on a modest scale, that was certainly not from any parsimonious spirit, but solely in obedience to the last wish of the deceased, and if there is nothing to distinguish his grave the reason of this is that it was wished to protect it from posthumous outrages on the part of jealous physicians, seeing that, even during his life, his bust in his own drawing-room had been insulted.

“It is incorrect to say that after his marriage, and during his residence in Paris, Hahnemann, under the influence of his wife, ceased his intercourse with the chief representatives of his system. On the contrary, he always corresponded continuously with all the homœopathic physicians, good and bad, throughout the whole world; with the former to applaud and encourage them, with the latter in order to set them right. (This is proved by the numerous letters he received, as also by his replies, which still exist in manuscript.)

“When about the end of last year Dr. Bayes wrote to Madame Hahnemann on the subject of the *Organon* and some manuscripts, she replied to him that she was quite willing to give them up, but that having, like so many others, lost her fortune owing to the war of 1870-71, she required, in return for the cession she might make of these precious documents, that there should be made among the homœopathic physicians of London and their patients a subscription sufficient to *recompense* her. But Madame Hahnemann never indicated to Dr. Bayes what sum should be subscribed. If she delayed the publication of the *Organon*, that was by the express orders of Hahnemann, who shortly before he died advised her to wait until men’s minds should be settled, in order that his method might not be exposed to controversies and discussions which he should not be there to reply to. So he left it to her to determine the opportune moment for the publication.

“Hahnemann’s second marriage was of great advantage to homœopathy, for it prolonged his life for eight years, and this gave him time to complete his work.

“Hahnemann often said to his friends and children (the letters of his daughters and of all the members of his family bear witness to this) that he owed the prolongation of his life to this sublime angel of devotedness sent by God to reward him for his labours, to make him forget the sorrows and deceptions of all sorts he had endured during his long career, and to give him a preliminary taste of the future life.

“Here is a letter, among hundreds of others, which he wrote to Dr. Mauro on the 4th October, 1840:

“‘M. LE DOCTEUR,—I received with an inexpressible feeling of gratitude Mr. —’s poem which you had the goodness to send me. I am grateful, not because this poem exalts my public merits, but on account of the justice it renders to homœopathy. The sentiments of attachment you kindly express touch my heart. I am very sorry I have not your personal acquaintance, but I trust that at some future time you will give me the pleasure of embracing you. I am thankful to the writer who takes an interest in my dear Mélanie; it is to her I owe my happiness and my life. God, in granting me this treasure, desired to fill the measure of His benefits, for in her He has also given me the most able and zealous of my disciples in homœopathy, which she practises among the poor with an unheard-of success. She is my

assistant in all my labours, and in order to follow me she gave up painting and poetry, in which she excelled. *She left heaven in order to follow me to the abode of suffering*; but her whole happiness is centred in me. She says God rewards her sufficiently by my invulnerable health. She is an angel on earth.'

"This moral repose, this paradise on earth, *with his guardian angel*, chiefly contributed to maintain the spirit of Hahnemann in all its lucidity, thereby permitting him to bring his work to the highest degree of perfection."

We willingly give the above documents all the publicity their author desires for them; the more so, as far from being a refutation of what we said in our July number, they distinctly corroborate many of the facts relative to Madame Hahnemann there recorded; and where we differ we can easily prove our correspondent to be mistaken.

We mentioned the well-known fact that Madame Hahnemann travelled to and from Coethen in male attire as a pure piece of history, and without any idea of insinuating that there was anything improper in the disguise. We might have related a little comic anecdote in connection with Mlle. d'Hervilly's gentlemanly appearance on her arrival at the hotel, which is too good to be forgotten. The barber attached to the hotel, as was the custom at Coethen, presented himself the following morning to inquire if the gentleman wished to be shaved, but on entering the bedroom was struck with consternation on finding, in place of the supposed gentleman, an elegant lady lacing her stays. We are quite willing to believe on M. Sanches' authority that the assumption by a French lady of the masculine costume is "une garantie de haute moralité," but as we never implied that it was immoral, we are inclined almost to regard M. Sanches' eagerness to defend it as an illustration of the old saying—*qui s'excuse, s'accuse*.

We accept with pleasure the explanation that it was not her own health, but that of her mother, that rendered a daily consultation with Hahnemann necessary; and yet this assertion hardly agrees with that of her advocate, M. Chaix d'Est-Ange, at p. 22 of the pamphlet alluded to, which says that Mlle. d'Hervilly went to Coethen to consult Hahnemann about her own health, and says nothing about her mother. But we are unwilling to believe, without further evidence, that Hahnemann desired to

quit Germany in consequence of the "intrigues, calumnies, and wicked acts of his medical disciples, who were all jealous of him." We find no trace of this in the history of his relations with his German disciples; but, on the contrary, nothing but respect and veneration of the disciples for their great master.

The account we gave of the division of Hahnemann's fortune among his family is not invalidated, but, on the contrary, confirmed by that given in the above document.

The shabbiness of the funeral obsequies is not denied, and if it was in obedience to Hahnemann's express desire, we have nothing to say.

The reason alleged for erecting no monument of any sort to distinguish his grave appears to us rather far fetched, for we presume that the guardians of the cemetery of Montmartre could easily prevent any "outrages posthumes de la part des medecins jaloux" had any one been so foolish as to desire to commit such an indecency. We have a better opinion of his medical countrymen than our correspondent seems to have.

We do not doubt that Hahnemann kept up a lively correspondence with many of his disciples, but this does not invalidate our statement that he was not very cordial in his intercourse with many of his most scientific disciples during the period of his sojourn in the French capital.

The account given above of Madame Hahnemann's proposal to Dr. Bayes is inconsistent with the statements in her letter to our colleague. In that letter she said that the German invasion had deprived her of her property, and that she was now totally dependent on her practice for her livelihood—which does not look as if she practised entirely gratuitously as M. Sanches asserts—that in order to edit the last edition of the *Organon*, which Hahnemann had bound her by a solemn promise not to entrust to other hands, she would have to withdraw from practice. If she did this she would require a sum to be raised by the English partizans of homœopathy that would yield her an income equivalent to that she sacrificed by giving up her practice. She did not name any specific sum; the sum we mentioned was our estimate of what would be required to be raised in England in order to comply with Madame Hahnemann's conditions. We do not think we over-estimated the sum that would be required, rather the reverse.

We cannot reconcile M. Sanches' statement of the reason for delaying the sixth edition of the *Organon* with a letter written by Hahnemann himself to Dr. Hirschfeld on the 16th March, 1848, and quoted by Madame Hahnemann's advocate at the trial. He there says: "I have resolved to retire from practice before I am forced to do so by the weakness of old age, and by God's grace I will bring out the sixth edition of my *Organon*, which will be more complete than the others." This does not look as if he wished the publication to be delayed for thirty-five years.

We have not a doubt that Hahnemann's life was rendered very pleasant for him in Paris by his second wife, and we distinctly said so, so on this point we are quite at one with our correspondent, though we did not speak of the lady in M. Sanches' high-flown Gallican hyperbolic style as "un ange sublime de dévouement." Translated into plain English this probably means that the lady took great care of her octogenarian husband.

That Hahnemann lived eight years after his migration to Paris does not necessarily imply that his life was prolonged by eight years in consequence of his second marriage, as M. Sanches asserts, for we might just as reasonably assert that he would have lived sixteen years longer had he not been subjected to all the excitements of his second nuptials and subsequent Paris life.

That the last eight years of his life were advantageous to homœopathy we altogether doubt. His literary activity ceased after quitting Germany, and as Madame Hahnemann refrained from publishing his latest alterations of the *Organon*, we cannot judge whether he made any improvements in it or not. Judging from the little value of the emendations he made in the fourth and fifth editions of the *Organon*, we do not anticipate that homœopathy will gain much by the publication of the sixth edition.

Our readers will now be able to judge for themselves if our notice of Madame Hahnemann, published in our July number, contains, as M. Sanches asserts, "des assertions complètement erronées," and if there is anything in it that can be fittingly characterised as "le mensonge et la calomnie." These epithets, had they been applied to our article by some phlegmatic Briton, we and he would have felt justified in taking no notice of the so-called refutations, but we do not attach the same

meaning to them when proceeding from an excitable Frenchman. Some of our Gallican neighbours are so much in the habit of using strong language that when they call a man "a liar and a calumniator" they only mean that they differ from him in opinion, just as they talk of a woman who marries an old man and tries to make him comfortable, in place of flirting with younger men, as "un ange sublime de dévouement envoyé par Dieu," and as they term the comfort thus enjoyed by the old man "un avant-gout précurseur de la vie future." The redundancy of the expression "avant-gout précurseur" is worthy of remark. Unless we saw the actual letter in Hahnemann's handwriting, we should doubt the expression, "Elle a quitté le ciel pour me suivre dans le séjour des douleurs," being his. As his faithful Mélanie acted as his secretary and wrote most of his letters, we think we may put down this elegant expression to her credit. Whatever Hahnemann desired to say, his angelic amanuensis would, no doubt, take care "que cela fût tourné gentiment."

Medical Liberality Tested and found Wanting.

WE had not been without hopes that liberality of thought and feeling in the medical profession had been growing of late years, and that nothing but opportunities were wanting to bring to light a very different spirit from that which prevailed twenty years ago. The action of the Birmingham practitioners with reference to membership of the Midland Institute some two years ago strongly encouraged our hopes, and we have not abandoned them as regards our own country. Two recent occurrences, however, show that in the United States and in British India the practitioners of medicine are still living in the dark ages of prejudice and intolerance, and must be left to grow yet awhile ere we can hope to associate with them as brethren.

The story of what has recently occurred in Calcutta was fully told by our *Monthly* contemporary for December, and we need not repeat it in detail here. It is sufficient to state that Dr. Sircar, a graduate and fellow of the Calcutta University, a physician of unblemished character and recognised zeal for science, was considered by the authorities of the University a suitable person to be placed on the Senate, and, as every member

of that body should belong to one or other of the Faculties they naturally placed him on that of Medicine. Hereupon arose a loud protest on the part of the other members of the faculty, ending in their resignation (with a single exception) in a body. On inquiry being made as to the ground of this action on their part their reply was "that they were unable to associate themselves as a faculty of medicine with a member who professes and practises homœopathy." Dr. Sircar thereupon wrote a letter asking why this simple exercise of his medical freedom should disqualify him for professional fellowship, and anticipating the only tenable ground of complaint by showing that he had never "professed or practised homœopathy as an exclusive system," so as to bind himself to no other, but had simply gone somewhat further in recognising its value than Hippocrates, Hufeland, Liston, and Brunton, whose words he quotes. To this the members of the faculty make the following astonishing reply:— They "do not, in the very faintest degree, desire to impose restrictions upon the most perfect freedom of opinion and practice in medical science, nor do they pretend to condemn a professional brother for entertaining views divergent from their own: they simply maintain that homœopathy is based upon principles and methods of inquiry which are diametrically opposed to what they believe to be the true principles and methods of sound, logical, inductive reasoning, and careful, and thoroughgoing research, and, entertaining such a belief, they necessarily feel that there can be no common meeting ground of thought and opinion between themselves and individuals who profess and practise homœopathy." That is to say, in plain words, you may believe and practise what you think reasonable so long as it is not something which we think unreasonable. What prospects are there for liberty, for truth, for progress, in such an attitude as this?

Dr. Sircar has borne himself admirably through this contest, and may be assured of the sympathy of his colleagues everywhere, as he has had that of his fellow-citizens (expressed through the press) and of the Senate, which has sustained its action.

The American incident to which we have referred is best related in the following leading article from the *New York Medical Record* for August 10th, 1878. We have recently been

receiving this excellent journal as an "exchange," and are pleased to find in its columns the same courtesy and liberality which have led to its being sent to us.

"Homœopathy and Exclusiveness.

"The Medical Society of the County of New York at its last meeting had a question brought before it by the Comitia Minora (Executive Committee) which involves many important considerations. It appears that one of the members of the Society had requested the Comitia to inform him officially whether the recent action of the Homœopathic Society of the State of New York released its members from the ban of exclusiveness as regards consultations which has heretofore been placed upon them by the profession. It will be remembered that this action of the Homœopathic Society was reported in our columns some months ago.

"The Code of Ethics of the American Medical Association upon this point reads as follows :

"' But no one can be considered a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession and the aids actually furnished by anatomy, physiology, and organic chemistry.'

"The exclusive dogma referred to at the time when this code was formulated was probably that of Homœopathy, viz. that all diseases should be treated in accordance with the proposition *similia similibus curantur*.

"It has long been notorious that many professed homœopaths have not as a fact treated their patients exclusively in the manner indicated. For years many of them have selected their remedies upon allopathic and antipathic as well as upon homœopathic indications. In view of the fact that at all their colleges, anatomy, physiology, chemistry, and the other fundamental branches of a medical education are taught, it would be absurd to say that they do not avail themselves of the aids furnished by these branches of science. It is indeed quite recently that they have made a public declaration bearing upon these facts.

"Under the circumstances, then, the Comitia have been asked to state their opinion as to whether the so-called liberal homœo-

paths are really exclusive practitioners under the code. The reply was as follows :

“ ‘ That strict adherence to the proposition, “ *Similia similibus curantur*,” in the selection of medicines and the rejection of “ *the aids furnished by anatomy, physiology, pathology, and organic chemistry*,” constitutes exclusiveness.’ ”

“ ‘ Those who do not reject the aids referred to, and who do not prescribe homœopathically when better ways are known to them, are not exclusive. The only exclusives in this country known to the Comitia Minora are a minority of the Homœopathic Medical Society of the County, and the members of the Eclectic Medical Society, the constitution of whose State organisation excludes the employment of “ antimonials, mercurials, and venesection.” ’ ”

“ The adoption of this portion of the Comitia’s Report, when brought before the Society, gave rise to considerable discussion, and was finally rejected by a vote of 32 to 20, a goodly number of members present not voting.

“ There is very little doubt, on the one hand, that the report of the Comitia was technically correct, and on the other hand, there was a great deal of opposition to consulting with professed homœopaths on any terms. It was this latter feeling which undoubtedly influenced the vote. Under these circumstances, as in many others, societies frequently decide points at issue from prejudice rather than reason.

“ A careful examination of this question leads us to the belief that the Comitia could not have met it in any other manner than they did, and that the action reveals the fact that the Code is defective, inasmuch as it does not at present cover what the majority of this Society believe to be the requirements of this case. If it is the desire of the Society, or of the regular profession to exclude from professional fellowship all those who are connected with homœopathic organizations, or who practise homœopathy, then it will be obviously necessary to enact a suitable bye-law or procure a necessary amendment to the Code.

“ The importance of a strict interpretation of the facts would be readily perceived were such a case of alleged violation of the Code brought to trial. The laws which govern the profession of the State of New York confer upon the County Societies certain powers and privileges, among others that of adopting any bye-

laws they choose, so long as they are not contrary to the statutes.

“The Medical Society of the State of New York has adopted a Code of Ethics as a portion of their bye-laws, and there is little doubt if a member of their Society were convicted of a breach of the Code for consulting with a liberal homœopath, that any and every court in the State would reverse the decision of the Society on the grounds of illegality, and thus place the charter of the Society in jeopardy. The reason for this statement is obvious enough when we consider that no member of a society can be convicted of an offence that is not provided for by its bye-laws; and as there is no provision against consultations with homœopaths as such, but simply against them as exclusives, when their exclusiveness is dropped that portion of the Code necessarily becomes null and void. If it is desired to exclude them in consequence of their belief in the ability of prescribing in accordance with the law of similars, it will be necessary, as before stated, to provide for them by new enactments.”

The “if” here speaks for itself. There is no doubt that such is the wish of the majority who annulled the judgment of their own Executive Committee; and in any other profession but that of medicine its very statement would be sufficient to bring down a storm of condemnation. That it has remained without disavowal by those whom it concerns is sufficient to show the unenlightened state of the medical men of the County of New York.

In the face of such facts, we can only sigh out, “*Spero meliora.*”

OBITUARY.

Dr. F. F. QUIN.

On the 24th November last there passed from among us one whose name has been conspicuous in the annals of British homœopathy for upwards of half a century. A native of Scotland, the subject of this notice was born in the year 1799; at his death he was therefore in his eightieth year. He took his degree at Edinburgh in 1820, and was fortunate in soon afterwards being appointed

physician to the late King of the Belgians, then Prince Leopold, with whom he travelled on the Continent. We believe he first became acquainted with homœopathy at Naples, and was satisfied that it was a real advance in therapeutics. He is commonly said to have introduced homœopathy into England in 1827, and no doubt he did practise the system during his occasional visits to England, but he was not established in practice until several years later. Previous to his settlement in England homœopathy had been employed at our court; Queen Adelaide having got over Dr. Stapf to treat her for some malady, and Dr. Belluomini having enjoyed a moderate amount of practice. However Stapf's flying visit and Belluomini's limited sphere of operation exercised no influence on the spread of homœopathy in this country, and it was not till the advent of Dr. Quin, shortly followed by Mr. Leaf's importation of Dr. Curie, that homœopathy can be said to have gained a footing among the English public. For this purpose these two men were admirably qualified each in his own way. Dr. Quin's large acquaintance with members of the upper ranks of society, and his charming social manners, contributed greatly to the dissemination of homœopathic treatment among the aristocracy, while Dr. Curie's plodding zeal and painstaking devotion to dispensary and hospital work, brought homœopathy to the knowledge of the lower stratum of English life. Two such centres of proselytism soon attracted a crowd of earnest medical inquirers, and it is a moot point which of these two pioneers of our system could claim the largest number of converts. Dr. Quin survived his French contemporary by fourteen years, but his influence on homœopathy was not much felt during those years, as his poor health compelled him to retire almost completely from any prominent participation in the public acts of homœopathy and latterly forced him to abandon his private practice.

Dr. Quin has not contributed largely to the literature of homœopathy during his long career. His chief literary production was a treatise in French on the homœopathic treatment of cholera, which disease he had had an opportunity of treating in 1831, at Tischnovitz in Moravia, having taken temporarily the place of Dr. Gerstel, who had charge of the patients, during Dr. Gerstel's illness. He edited Hahnemann's *Fragmenta de Viribus* and the *Pharmacopœia Homœopathica*, and we believe translated

Hahnemann's *Reine Arzneimittellehre* into English, and even had the translation printed, but why he did not publish it we have never been able to learn. He contributed besides an interesting paper on neuralgia to the fourth volume of this Journal. But though Dr. Quin did not contribute much to the scientific development of homœopathy he was a great power in its external advancement. In addition to making our system known to a large circle of the most intellectual classes of society, he was the founder of the British Homœopathic Society and the chief promoter and supporter of the London Homœopathic Hospital. We understand he has left a handsome legacy of £200 to the Society he was so long connected with as President, and that the bulk of his fortune has been made over to trustees on behalf of the Hospital he was mainly instrumental in establishing.

Dr. Quin's intercourse with his colleagues was always distinguished by frankness and cordiality, and his acts of kindness towards many of the younger members of our profession are remembered with gratitude. Like many others who have attained to eminence, he was very fond of having his own way, and did not always bear opposition to his views with philosophic calmness, but on the whole we must allow that his influence on our homœopathic world has been decidedly favourable, and it is to the high standard he set up that homœopathy is indebted in some degree to the present respectable and respected position of its practitioners. Perhaps had he wielded the power he at one time undoubtedly possessed over his colleagues in order to induce them to take up a more aggressive attitude towards the orthodox system he might have gained for homœopathy a greater temporary *eclat*, but we doubt if such pushing strategy would have been advantageous to homœopathy in the long run. We believe he exercised a wise discretion in restraining the ardour of his young colleagues, and always insisting that they should keep well within the bounds of professional etiquette. The instances within our knowledge where these principles have not been observed do not serve to invalidate the safe tactics pursued, and enjoined by our deceased colleague.

Perhaps Dr. Quin will be remembered by a wider circle as an amusing companion and a wonderful story-teller, than as a homœopathic doctor: for to the last almost he was a welcome guest at the tables of some of the highest personages in the land

and like Yorick he invariably contrived to set their tables "on a roar." We may say of Dr. Quin, what we have no doubt he would have felt :

"Principibus placuisse viris non ultima laus est."

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The Germ Theories of Infectious Diseases. By J. DRYSDALE, M.D. London: Baillière, 1878.

Natrum Muraticum. By J. C. BURNETT, M.B. 1878.

The Nerves. By Dr. HENRY BELCHER. London: Gould, 1878.

Clinical Lectures upon Inflammation and other Diseases of the Ear. By R. T. COOPER, M.D., &c. London Homœopathic Publishing Company. 1878.

Hygienic Medical Handbook. For Travellers in Italy. By C. LIBERALI, M.D. Rome. 1878.

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St. Louis Clinical Record.

The Homœopathist.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

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L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homœopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

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The Organon.

El Hahnemanniano (a new Havana Journal).

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

NOTES ON DIABETES.

By FRANCIS BLACK, M.D.

(Continued from p. 60.)

ARTIFICIAL GLYCOSURIA.

ACCURATE diagnosis of a disease is necessary to the formation of a correct picture for which the therapeutic analogue is to be found; and for accurate diagnosis of many diseased states the characteristics of the urine are all-important, as offering direct indications in the choice of a remedy. It is now familiar knowledge that the character of the urine often gives the clue, not only to a renal lesion, but to constitutional disease. In Hahnemann's active career this knowledge was not valued; chemistry and the microscope had done little or nothing for the examination of the urine, hence in his materia medica the urinary symptoms are limited to general appearances, and seldom afford characteristic indications. Characteristic indications have the great advantage of limiting the selection of a drug to a small group of medicines, and this is still further restricted by the mode in which the disease affects the individual patient under examination; the investigation of the individual patient hinges, not on nosological

arrangements or pathological theories, but on a careful consideration of all the objective, and subjective morbid phenomena viewed with all the aid science affords. Granted all the aids of semeiology, another factor is often required, and that is experience. The law of similars suggests the remedy, but it is experience which coins the ingot, and gives the mint stamp of currency.

Independently of all theory diabetes may be considered to consist in the inability to assimilate sugar, and the majority of its symptoms being attributable to the amount of sugar in the blood, and consequently appearing in the urine, glycosuria is the characteristic symptom, and the important question is—

Under what conditions is artificial diabetes met with?

Hermann says grape sugar occurs in minute quantities in the blood, in the liver, in the muscles, and in the urine.* Bernard considers glycæmia a constant physiological fact.† Pavy agrees with him, but believes Bernard's statement of the amount too high; and he attributes this to an error in the analytic process, whereby a reducing substance is formed, and a certain amount of the reaction is due to this, and not entirely to the sugar. Bernard puts the normal proportion of sugar in blood at 1 per 1000; below that he considers that nutritive action is not carried on to its full extent; while above 3 per 1000 the limit of capacity is passed, and sugar appears in the urine.‡

Healthy urine, on the authority of Brücke (1858), and later on that of Bence Jones, contains the very slightest traces of sugar; Seagen (1872) and others contradict this.§ C. Bernard says that in man and in animals it is extremely difficult, not to say impossible, to detect directly very slight proportions of sugar. He thinks it possible it does contain it, but that it cannot be formulated as an absolute truth.|| Pavy considers there is no abrupt line of demarca-

* *Physiology*, p. 18.

† Lectures translated in *Lond. Med. Rec.*, vol. i, p. 739.

‡ "Pavy's Lectures," *Lancet*, 1878, p. 484.

§ Hermann, loc. cit., p. 110.

|| He makes a statement, which ought to be borne in mind in conducting such researches, that there are in normal urine certain reducible matters which

tion or distinction of an absolute kind between the urine of health and that of diabetes, but there is a marked quantitative difference.

All authorities are agreed that directly any notable extent of sugar finds its way into the blood (*glycemia*), the urine is sure to become correspondingly saccharine (*glycosuria* or *mellituria*).

What is the source of glycemia? Bernard answers, the destruction of glycogen, whereas Pavy and others consider glycogen a misnomer, as the substance called by that name is never normally the source of sugar, but is formed from the sugar carried to the liver, and ought to be styled amyloid matter. Glycogen or amyloid matter, whichever view be taken, is the important factor in glycemia. It is a dextrine-like substance, which is very easily converted into sugar by certain ferments.* It is met with in small quantities in the muscles, but its principal seat is in the hepatic cells, where it is always found under healthy circumstances. The hepatic cells appear to possess, in addition to their property of excreting bile, a specific glycogen-forming action.

The presence of glycogen in the liver is very much dependent on food; in proportion as the latter is rich in carbohydrates so does the former increase.†

In warm-blooded animals it has been shown by experiment that glycogen is derived in the liver from sugar by the formation of an anhydride; but if diabetes is artificially

may deceive and make one believe in the presence of sugar (loc. cit., p. 725). Pavy also alludes to the presence of lithic acid affecting the reaction. To obviate this the urine ought to be first treated with acetate of lead, and then with ammonia added to the filtrate. The lead precipitates the lithic acid. (*Lancet*, 1878, p. 448.)

* That glycogen or amyloid matter needs some ferment for its saccharine conversion is proved by Pavy and Schiff's experiments, on hibernating frogs whose livers contain glycogen, but no ferment, the sugar puncture is unsuccessful.

† Grape sugar, cane sugar, levulose and inuline, sugar of milk, and especially glycerine, are great producers of glycogen. Mannite and gum have no effect; fat causes a very slight increase of hepatic glycogen; white of egg and fibrine have no effect.

induced in these animals, feeding with sugar does not, as it normally does, cause the liver to contain glycogen.

Numerous experiments justify the conclusion that glycogen can neither pass into the blood-vessels nor be transformed into sugar under *natural* circumstances,* but that under certain *morbid* conditions this transformation takes place, that then sugar finds its way into the circulation and makes its appearance in the urine, giving rise to glycosuria,† which, if permanent and marked, is described as diabetes.

The morbid conditions which have been found to induce artificial diabetes are—1st, By puncturing the floor of the fourth ventricle with the point of a needle on the spot comprised between the origin of the vagi, and the acoustic nerves transitory diabetes is set up. The same result follows section of the medulla oblongata, injury of the inferior cervical ganglion, or of the nerves which proceed from it to the ganglion stellatum. The glycosuria is always attended by polyuria; the extreme limit in rabbits five to twenty-four hours, in dogs a little longer. A renewal of the puncture excites the diabetes. The liver is always found congested after these experiments.

2nd. Various agents which cause a suspension of the functions of animal life while the organic functions remain intact induce glycosuria, such as concussions of the brain and spinal cord, various forms of apoplexy, *Curare*, *Chloroform*, *Morphia*, *Nit. of Amyl*, and all irrespirable gases which excite anæsthesia. The same conditions can be produced

* This is opposed to Bernard's views, who considers glycogen is normally converted into sugar, and that such sugar is absolutely necessary to the maintenance of health. Shortly before his death he submitted a report to the Academy of Medicine (*Comptes Rendus*, lxxxiii, No. 6, translated in *Lond. Med. Record*, 1874), respecting his views and answering Pavy's objections. On the other side, Pavy has explained the correctness of his own experiments and deductions, and attributes Bernard's results to error in his quantitative analysis, and he points this out in a long chemical argument. I think Pavy's views are right. Pavy's latest lectures were given before the College of Physicians. (*Lancet*, 1878.)

† Continued observations show that a slight glycosuria in phthisical and gouty persons is of far more common occurrence than is generally supposed.

experimentally by pithing a dog and maintaining the circulation by artificial respiration for about an hour, the urine becomes highly saccharine.

In all these instances the liver is found much congested; these agents are supposed to affect the vaso-motor supply of the liver, causing irritation of the nerves according to Bernard, and paresis according to Pavy.

Insensibility is a necessary condition. Eckhardt maintains that the experiment with curare does not succeed unless the animal is so completely paralysed as to necessitate the need of artificial respiration.* After giving the full dose of *Curare* to a dog the urine for the first three to ten minutes before sugar appears is much diminished or quite suppressed, then polyuria sets in with the glycosuria (*Eckhardt*).

3rd. Various agents which hurry the hepatic circulation or cause hyperæmia of the liver produce thereby saccharine urine.

Bernard mentions the case of a man who received a blow on the liver from the hoof of a horse; his urine became saccharine, and continued so until the results of the contusion ceased.†

Pavy, in various experiments, has shown that impediment to the circulation produces glycosuria. Irritation of the substance of the liver with needles or passing electric currents through these needles renders the urine saccharine.

A dog becomes glycosuric if the portal vein is tied, and the animal fed on amylaceous substances; the urine becomes alkaline and the appetite voracious. If nitrogenous food is substituted for amylaceous the glycosuria ceases. Bernard calls this an alimentary glycosuria.‡ Strange to relate, the dogs recover from this operation.

Under this same head, as affecting the circulation in the liver, are to be reckoned the following list of substances which cause glycosuria when they are injected into the veins, especially the portal vein:—Dilute solutions of

* *Lond. Med. Rec.*, 1873, p. 658.

† *Leçons de Physiol. Exper.*, Paris, 1835, p. 346.

‡ *Lond. Med. Record*, i, p. 645.

common salt, various salts of soda,* such as the carbonate, acetate, valerianate, phosphate, hyposulphide, lactic acid, phosphoric acid, ether, alcohol, turpentine, ammonia, defibrinated arterial blood, corrosive sublimate, and even gum arabic. To this list is to be added salts of uranium, which were introduced, in Leconte's experiments, probably only by the stomach, and not by the veins.

Pavy attributes the glycosuria, in these instances, to interference with the functional working of the liver through the medium of the blood traversing its veins. These various solutions introduced into the veins have the effect of breaking up the blood-corpuscles, and this may exercise a marked fermentive action on the conversion of the glycogen of the liver and elsewhere, or they may act by hurrying the hepatic circulation, so that sugar brought to the liver is rapidly washed through and not converted into glycogen. It requires a deeper knowledge of the physiological working of these various substances to determine whether their influence is a specific one on the vaso-motor nerves of the liver or merely the result of chemical and mechanical action, but the probabilities are greatly in favour of the latter mode of action being the true explanation. How far these experiments help in therapeutics will be partly answered by examining more fully into two substances which have the repute of being specific remedies, viz. phosphoric acid, and the muriate or other salts of uranium.

Phosphoric acid.

Dr. Hughes considers this acid to be a "similar" to glycosuria, and gives as his authorities Dr. Ringer and Dr. Pavy.† The passage in Dr. Ringer's work (p. 118) is: "*Phosphoric acid* has been recommended in diabetes.

* These experiments of Bock and Hoffman have been lately repeated by Eckhardt; he finds that the substance supposed to be sugar, and which reduces Fehling's solution, has no action on polarised light. Grape sugar has the property of turning the ray of polarised light to the right. (*Lond. Med Rec.*, 1878).

Pharmacodynamics, p. 48.

Griesinger, who has carefully studied the action of this medicine, considers that it does more harm than good. He pushed the acid to the extent of an ounce daily, and found that this dose increased the sugar." If Dr Ringer had stated—Griesinger has carefully studied diabetes, *but most imperfectly examined phosphoric acid*, he would have expressed the opinion which seems very evident to me in reading his treatise. It gives very full information as to the symptoms, course, &c., of the disease, but very scanty teaching as to the drug therapeutics, barely two pages devoted to phosphoric acid, and this space nearly occupied by two cases.*

He reports first a case of confirmed diabetes of four years' standing, in which he had first tried rennet, according to Dr. Ott's plan; that failing he prescribed *Ac. Phos. dil. (Würt. Pharm.)*, at first in doses of ʒij, then ʒvj, and on the third day it was increased to ʒj; this dose was taken from the 24th February to March 15th. The quantity of urine and sugar slightly increased. The second case with the same doses is reported still more briefly, and with the same result. He then alludes to a case of stomach disease reported by Siebert (*Deutsche Klinik*, 1852, p. 205), who supposes a slight case of diabetes was brought on "during or after the administration of *Phosphoric acid* and *Aq. Laurocerasi*." These, with the knowledge of Pavy's experiments, in which sugar appeared after injecting *Phosphoric acid* into the blood, are his reasons for condemning this acid.

A writer in the *British Journal of Homœopathy* (vol. xxxi, p. 143), reviewing Dr. W. Roberts's work on *Urinary Diseases*, observes, "and all that is said of it (*Phos. ac.*) is the following report of the worthless experiment of Griesinger:—He prescribed dilute *Phosphoric acid* to the extent of an ounce daily. At first, and under the smaller doses, the patient seemed to do very well; but after ten days with the full quantity the volume of the urine and the proportion of sugar slightly increased, and the general state of the patient grew worse."

* *Archiv für Physiologische Heilkunde*, 1859, p. 60.

The term worthless applies here to the therapeutic conclusion; it is as applicable, on the evidence, to the pathogenesis of phosphoric acid. Orfila's experiments show this acid to be an irritant of the stomach and duodenum; is it, then, surprising that in such large doses it injured the digestive functions of Griesinger's patients, and thus rendered their conditions worse? There is a very general consensus in favour of certain alkaline mineral waters in diabetes, but because occasionally some patients are rendered worse by them, is this an argument that these waters excite glycosuria, when such a symptom is never found to arise in those rheumatic, gouty, and hepatic patients who resort to Vichy and Carlsbad?

Phosphoric acid may be capable of causing glycosuria, but it cannot be proved by the testimony of Griesinger.

Dr. Pavy's experiments with phosphoric acid were undertaken to ascertain what influence acids had on the supposed combustion of sugar in the lungs. He had previously shown that a solution of 200 grains of carbonate of soda rapidly injected into the circulation, so as to saturate the liver and render it swollen, effected a disappearance of the amyloid substance, so that the diabetic puncture had no effect.*

Desirous to see the behaviour of the mineral acids, he selects phosphoric acid because it can be injected without causing coagulation of the blood. His experiments of injecting it by the œsophagus into the stomach had no effect on the urine, for the acid was immediately vomited. He then placed various dogs under the action of chloroform, and injected into the jugular vein of some, into the duodenum of others, a quantity of acid varying from ʒiiss to ʒij and ʒij with an equal quantity of water. Half an hour was occupied in injecting. He found it necessary to push the quantity to the extreme point the animal could bear without dying under the operation. A quantity sufficient to destroy the coagulability of the blood, and to affect the liver was necessary for the production of glycosuria; a quantity short of this yielded no result.† Pavy considers

* *Guy's Hosp. Reports*, 1861, p. 195.

† *Loc. cit.*, p. 213.

that it acts apparently by the direct chemical agency of an acid on the blood circulating through the liver. He views these experiments as adding another significant fact to our knowledge, but not as yet giving any available assistance in unravelling the nature of diabetic disease.

Experiments involving so severe an operation under the influence of chloroform (which of itself produces glycosuria), and with such large doses, are of no value in illustrating the physiological action of phosphoric acid.

The *Materia Medica* of Hahnemann throws no light on this point, further than that *Ac. phos.* increases much the secretion of urine.

The only provings of this substance as regards its renal action that I can find are two, one by Böcker,* the other by Paul Sicks.†

Dr. Böcker's experiments were conducted in 1853 and 1855 with great care, and a minute quantitative analysis is given. The result was that phosphoric acid does not change the ordinary constituents of the urine, and no appearance of sugar is reported. On taking 100 drops of *Phosphoric acid* (one gramme free from water) he found the excretion of the acid as well as of potash was increased, and that in proportion to the quantity of phosphoric acid taken so the system excretes more of the acid when the *dose is small* than when it *is large*. Cl. Müller points out further that Böcker in his experiments found that the urea was increased, but the uric acid diminished.

Cl. Müller draws attention to Sicks' elaborate experiments with phosphate of soda to ascertain the relation of phosphoric acid in the urine to the amount of phosphoric acid taken into the system. "He found that not only was the whole of the phosphoric acid taken into the system again passed off, but the normal excretion of phosphoric acid seemed to be daily increased; on the other hand, during the taking of the phosphoric acid the earthy phosphates diminished in quantity. But the most remarkable thing was

* Translated in *Brit. Journ. Hom.*, xvi, 655.

† Referred to by Dr. Cl. Muller in his excellent paper in *Br. J. Hom.*, xvii, 1859, 554.

that the amount of urine increased with the additional consumption of phosphoric acid, which acted therefore as a diuretic; for by an equal temperature and amount of water consumed, the administration of one grain of *Phosphoric acid* invariably produced 168 cubic centimètres, and two grains 336 cubic centimetres more urine than the normal quantity. Sicks makes no remarks upon any other change in the urine, as the presence of albumen or sugar."

The glycosuria of phosphoric acid can only, as yet, be demonstrated by the above experiments of Pavy, and these are of a character which show that the artificial diabetes cannot be considered a specific symptom, but one due to poisonous quantities acting locally on the blood and the liver, and therefore, taken by itself, of little value in treating pathological diabetes.

Uranium.

The attention of the profession was first attracted to this remedy by a communication from Dr. F. S. Bradford in the *North American Journal of Homœopathy* (vol. viii, 1860), in which he states that he was led to consider *Uranium* as a probable remedy in diabetes from Leconte's statement of its physiological action. This statement is briefly given in a review of various works on glycogenesis.*

The passage is: "Harley injected irritating substances, such as dilute solution of ammonia or æther, into a branch of the portal vein, and after some time found sugar in the urine. Hence, it is not impossible that abnormal matters may be sometimes absorbed from the intestine by the mesenteric veins, and produce a similar effect; we may thus probably explain the fact that Leconte always found sugar in the urine of dogs slowly poisoned by small doses of *Uranium*."

The *Nitrate of Uranium* has been proved by Dr. E. J. Blake on three human subjects and nineteen animals, and his conclusion is that these experiments do not support the statement of Leconte.†

* *Brit. and For. Med.-Chir. Rev.*, xix, p. 44.

† Dr. Blake's results, physiological and therapeutic, were published, 1866,

Dr. Blake does not give a further account of Leconte's experiments than the above statement. I have looked in vain through numerous French journals, but the only notice I can find of the work is a very short review in the *Arch. Gen. de Med.**

The *resumé* of the physiological portion is, "The muriate of uranium, which has not hitherto been the subject of medical research, is an energetic poison; introduced into the stomach it penetrates easily the gastric mucous membrane. Within the three or four first days which follow its ingestion, sugar is found in abundance in the urine when it is possible to procure it, for the secretion of urine and action of bowels are suspended on the second or third days."

Even this short notice of Leconte's experiments shows a marked peculiarity in the glycosuria; it is attended by greatly diminished flow, and at last complete suppression of urine, a feature which at once distinguishes it from pathological diabetes, where polyuria is always present.

With such a condition of kidney the scanty urine may have been charged with lithic acid, and even albumen; if so, the question may be raised, was sugar really present in abundance? may not its appearance have been due to a substance which, though not sugar, has the power of reducing copper? There are several such substances. In Dr. Blake's experiments there is little indication as to the quantity of urine, but it is quite clear there was no diminution, and, above all, no suppression. In Dr. Blake's Experiment V on a full-grown tom cat there is copious salivation after hypodermic injection of one drop of 1st dec. dil.; this continued after various injections, and on the eighth day twenty drops of sat. sol. into right hind thigh. Urine is natural in quantity, and pale, turbid, *contains sugar*, with copious albumen and chlorides. This in the *Br. J. of Hom.*, and then as a valuable contribution to the *Hahn. Mat. Med.*

* For 1854, p. 728. Leconte's views are contained in a thesis presented to the Faculty of Med. in Paris, 1853, entitled *De l'emploi de l'azotate d'uranium dans la recherche des phosphates et de son action toxique et physiologique*, par A. Leconte.

is the only mention of glycosuria in the various experiments. Was it the copious albumen which reduced the copper test?

To explain the disparity between Leconte and Dr. Blake's results as to glycosuria it is alleged the former experiments were all on dogs, and the latter on cats and rabbits, and only on two dogs.

This objection has some force, but, on the other hand, it is sometimes easier to excite glycosuria in the rabbit than in the dog, and glycosuria can be induced in rabbits after the injection of some substances, but this same experiment fails in dogs. Inhalation of carbonic oxide will produce diabetes in the dog but not in the rabbit. Section of splanchnics produces polyuria in the dog, but not in the rabbit; albumen is a normal constituent in cat's urine, but not in dog's. But this objection raises the far more important question, Does the appearance of artificial glycosuria in a dog, cat, or rabbit, prove that it will arise from similar causes in man? Seeing the marked difference in these three animals it is not unlikely that in man there may be different results. Glonoine (nit. of ox. of glycol.), which acts so quickly and so powerfully in minute doses on man, appears, in cats and rabbits, to have little or no effect, even when pushed to a dose (thirty drops) that would kill a man.* Many similar instances could be cited.

The glycosuria produced in dogs by mur. uran. is of a kind not similar to pathological diabetes. Experiments in future had better be confined to men and women, and so far as they have been conducted what are the results? In Dr. Blake's proving the young female suffering from chronic albuminuria may be excluded as a doubtful subject for experiment, but in the two other cases, where the details are minutely given, and the urine scientifically and carefully examined, there is a slight increase of the urine, but no sugar.

Dr. Buchner reports a proving of nit. uran. on Dr. Koch; he took from a half to two grains, but does not say how or how long. The principal symptoms were vomiting, at first much urine, later scanty urine, dry hard motions, increase of thirst, but no desire for beer. No sugar was discovered

* Field, *Med. Times and Gaz.*, Mar. 20th, 1858.

in the urine.* These four experiments give negative results, but they have this value, that they are given *in detail*, whereas the only experiments on the positive side are deficient in these particulars.

Dr. Magdeburg, in giving his reasons for selecting nit. uran. in a case of diabetes, remarks: "I have satisfied myself by my own experiments that after several weeks' ingestion of small doses of mur. uran. or nit. by healthy persons, sugar can be found in the urine.†

It is unfortunate that Dr. Magdeburg has published no further details of these experiments, leaving nothing further than these few words embodying results of the greatest interest. It ought to be a canon in all physiological experiments, no results shall be accepted unless details of the experiment are given.

In addition to the agents already named which produce glycosuria, but in a form not likely to be indicated in pathological diabetes, attention may be directed to some substances which are said to excite saccharine urine, viz. arsenic, phosphorus, lead, strychnine, zinc. Unfortunately the details which accompany this statement are very scanty, and require verifying and enlarging.

Grauvogl writes: "In *Heller's Archiv für Chemie und Microscopie* (Feb., 1852), I found it mentioned that sugar was found in the urine after breathing any sort of ætherial vapour, after the use of arsenic, lead, antimony, mercurial salts, quinine, opium, &c."‡

Aitken says the internal use of arsenic and quinine has also been said to have induced saccharine urine.§

In a review of glycologenesis|| the writer remarks: "Dr.

* *Hirschel's Zeit. für Hom. Klin.*, Nov. 15th, 1873, p. 168.

† Dr. Dudgeon wrote last month to Dr. Magdeburg, Wiesbaden, requesting the detailed provings for publication in this Journal, as they have not appeared in any journal. The letter was returned from Wiesbaden with the notice "Adressat gestorben." Dr. Magdeburg's death excludes all chance of examining into the details of his experiments.

‡ 2-175.

§ *Practice of Med.*, vol. ii, p. 136.

|| *Brit. and For. Med. Rev.*, 1851, vol. ii, p. 44. Dr. Brydon's was the Harveian prize essay for 1856, not published at the date of the review. I can find no copy of it in three medical libraries.

Brydon is, as far as we know, the only British observer who has succeeded in confirming Reynoso's statement that the internal use of arsenic and quinine gives rise to saccharine urine."

According to Saikowsky and Lucksinger the formation of glycogen ceases when the hepatic cells are rendered incapable of performing their function by poisoning with arsenic and phosphorus, and *during such poisoning no glycosuria is present, and the diabetic puncture has no effect in inducing it*, whereas with curare poisoning the puncture succeeds.

Strychnine was injected into the veins in fatal doses by Bernard, so that the glycosuria excited may not be a specific effect.

Zinc.—Dr. von Tunzelman, in describing three cases of chronic poisoning from water supplied through zinked iron pipes, which was found on analysis by Dr. Frankland to contain no lead, but fifty-eight grains of zinc to the gallon, observes—the mother (of the two young ladies, who were also affected) has been suffering the whole time since their return from the north from pain in the lumbar and renal regions, and latterly also from giddiness and anorexia, with nausea and vomiting occasionally, also a good deal of griping pain at times in the abdomen, with tendency to diarrhoea. The urine on examination was dark amber colour, somewhat turbid, but becomes clear on boiling; odour after standing sickening and whey-like, causing a suspicion of sugar; reaction acid; sp. gr. 1023, no albumen; *sugar distinctly present*, though in small quantities, by Morris and Trommer's tests. The deposit was urate of ammonia, with a few crystals of oxalate of lime.*

Asparagus, in Dr. Harley's own case, excited glycosuria, but failed to do so in Dr. E. T. Blake's experiment.†

Aselepias vincetoxicum is said to cause polyuria in sheep, but no mention is made of glycosuria.

The results of the examination of agents which excite glycosuria, however interesting they are in a physiological sense, are not very useful as indicating remedies according to the homœopathic law. But the frequent occurrence of

* *Br. J. Hom.*, 1874, xxxii, p. 612.

† *Ibid.*, xxviii, 1870, p. 206.

artificial glycosuria and of simple pathological glycosuria gives great promise that careful experiments on the human subject will yield satisfactory results. Glycosuria does not constitute diabetes no more than albuminuria constitutes Bright's disease, but it is the characteristic symptom. It leads back to glycæmia, and that points to an unknown pathological condition which is the cause of the malassimilation. Morbid anatomy as yet throws no light on a fixed lesion as the cause of diabetes; hence specificity of seat is absent, and thus is lost a material aid in selecting a remedy. When a disease is so functional and constitutional as diabetes, when its commencement is so difficult to trace and marked by no appreciable signs, it becomes of great importance to have glycosuria well marked in the pathogenesis of a remedy. Attacking certain symptoms may often palliate, may even sometimes cure, but such practice is merely tentative, and can never impart the scientific satisfaction which the application of a true simillimum affords.

PROGNOSIS.

The question which directly interests us is—*Does the experience of the homœopathic or specific school furnish a more favorable prognosis than that of the ordinary school?* To rightly answer this question it is needful to bear in mind certain facts which, if ignored, vitiate the conclusions.

Diabetes is generally a chronic disease, and in its confirmed form usually lasts from one to three years; more than 60 per cent. of the cases collected by Griesinger terminated fatally within that time. These were principally hospital cases, and therefore occurring among the poor, but with them the disease is more rapidly fatal than in the classes where the comforts of life are enjoyed. Prout's experience, probably the largest of any observer, and drawn principally from the well-to-do class, is to this effect:

“ Within the last thirty years, I have seen more or less of nearly seven hundred instances of diabetes, and of this great number, as far as minor and concomitant symptoms

have been concerned, no two cases have been exactly alike, or have been benefited by exactly the same treatment, so greatly diversified is this apparently simple form of disease. The disease has occurred to me in one instance in a child only five years old, and about a dozen times in young persons between eight and twenty years of age, of whom four were females. Of these dozen cases not one has lived to grow up, and the greater proportion have died in various ways after a comparatively short course of the disease. With respect to the duration of diabetes, I know *at present* but two instances in which the affection was clearly ascertained to exist in its perfectly developed form ten years ago. As stated in the text, however, I believe the disease sometimes exists for many years in its incipient stages.”*

Bence Jones tells of a clergyman who was still in good health, although Prout had detected sugar in his urine sixteen years before. Dickinson describes the case of an innkeeper who had had marked diabetes for fifteen years, and who while in tolerable health was passing 200 grammes of sugar daily.

Diabetes is a disease slower in its course and subject to more intermissions after forty-five than previous to that age, and elderly people suffer much less from its effects than the young. Hence records of permanent cure or marked alleviation of cases under forty-five, especially under thirty, are of much greater value in estimating the utility of remedial measures than those drawn from persons above forty-five years of age.

There are numerous cases of well-marked diabetes where all or nearly all saccharine and farinaceous substances being excluded from the diet, the patients remain free of glycosuria as long as such diet, with attention to bodily and mental health, is observed. Such recoveries are conditional, and results drawn from drugs under such circumstances are most fallacious.

Again, there are cases of an almost intermittent character, where for months the disease seems in abeyance, and the patient is able to digest hydrocarbons, and then, from

* Prout, loc. cit., p. 36.

exposure to very slight causes, the diabetes returns. It is important to bear in mind this behaviour of diabetes, "upon which, besides diet, still other circumstances, such as climate, season of the year, mental disposition, and the like have an influence, in order that we may not hastily ascribe the favorable changes in the patient's condition to a drug, as has happened often enough."*

Cases where restricted diet and change of climate have no effect are generally serious. Those who have had experience in hospital practice agree that, no matter what the medical treatment adopted and without any change in the character of the diet, diabetics usually show signs of improvement for some time after they are admitted into the wards of an hospital.†

"There is hardly a medicine in the ordinary *Pharmacopæia*," writes Dr. Richardson, "that has not been used, and what is extraordinary, too, used with success."‡ Senator makes a similar observation.§

That sugar is much more frequently present in the urine in advanced than earlier life all inquiries fully corroborate, and the fact is not without value in estimating the duration and probable issue of the disease and value of remedies. Dr. Mac-lachlan often found sugar abundantly present in the urine of old people without any constitutional disturbance, sometimes not even diuresis.||

Bearing these remarks in mind in connection with the unfavorable prognosis given in all systematic treatises on diabetes, what conclusion but one can be drawn, and that one not favorable to drugs?

To report recoveries as cures, to attribute the cure ever

* Ziemssen, loc. cit., vol. xvi, p. 977.

† Pavy, loc. cit., p. 268.

‡ *On Diabetes*, p. 101.

§ "We may say, without exaggeration, that there is scarcely any agent among the great store of drugs of all periods and all countries which has not at one time or another been employed against diabetes, and from which a result has not been recorded, even if only at the hands of its commenders and propagandists." (Ziemssen, loc. cit., vol. xvi, p. 992.)

|| *Diseases of Advanced Life*, Lond., 1863, p. 599.

to the drug, forgetful of all other important agencies, to score all hits and omit all misses, has ever been the bane of therapeutics.

In estimating the value of drugs, especially specifics, it is absolutely necessary to bear in view these facts in the history of diabetes, so as to guard against the various errors of the therapeutic mind, not the least of which is an unconscious vanity, unduly persuading us of the reality of unreal cures.

Taking the experience of such men as Venables, Prout, Pavy, Bence Jones, Dickinson, Giersteiner, Senator, &c., the opinion is that diabetes in general is an incurable disease, since complete and permanent recovery occurs only occasionally. After middle age the disease may be protracted many years, and in assuming an intermittent form life may be enjoyed without much suffering.*

Let us now see what the authors of systematic treatises on Specific Medicine say. Jousset regards the homœopathic treatment of diabetes as still very little advanced.† Kapfa considers the prognosis always doubtful, and the homœopathic treatment is as yet without any sure and fixed foundation, and as yet there is no physiological proving which shows the presence of sugar in the system.‡ Baehr says: "Diabetes generally terminates fatally. Only a few permanent and complete cures are recorded . . . The treatment of diabetes is generally hope-

* Dechambré (*Rankin's Abstract of Med. Sciences*, vol. xvi) mentions that sugar occurs naturally and habitually in the urine of old people. Dr. Bence Jones, however, says he has failed to discover any proofs of sugar being habitually present in the urine of aged people. In the 29 cases reported by Dr. Bence Jones, 11 were above sixty years of age, and 6 of these were above seventy years old. Of these 11 cases, in 2 the disease was intermittent; in 6 the quantity of urine was scarcely, if at all, increased, but the disease *had probably existed for sixteen years*; in 1 albuminous urine was present and the diabetic symptoms very slight; in 1 above seventy the disease existed in its intensity; in 10 of the 11 cases it was so slight that the general symptoms hardly declared it. He also observed that the urine of digestion of old people is not unfrequently saccharine, while no sugar can be detected at other periods (*Med.-Chir. Trans.*, vol. xxxvi).

† *Elemens de Méd. Pratique*, 2nd edit., vol. i, p. 116.

‡ *Thérapie*, vol. ii, p. 713.

less ; indeed we must confess that, even under homœopathic treatment, patients have not been materially benefited.” * Dr. Hughes is, I think, more sanguine than these writers, at least I judge so from his expressions in the paper already alluded to, and from his remarks in his *Pharmacodynamics*, and later still in his *Manual of Therapeutics*.† I am sorry to differ from a writer who, in these admirable works, has shown so much ability, medical and literary, combined with such patient research and good discernment, but I cannot draw so favorable a comparison as he is inclined to do in favour of the specific school. His hopes are founded partly on his individual experience, but mainly on our possessing two drugs presenting the characteristic symptom of glycosuria. But these two remedies, *Phosphoric acid* and *Uranium*, do not, I fear, present glycosuria in a form which is therapeutically of value, and, taking the most favorable view, it can only be said this important symptom rests on presumption.

I cordially agree with him that to the homœopathic law we must look for real curative treatment in diabetes, but our success is yet in the future, because our materia medica is still very imperfect in the pathogenesis of artificial glycosuria, and we have yet much to learn regarding pathological diabetes. Gladly would I credit that in diabetes *Phosphoric acid* has won its greenest laurels, did I not know that in traditional medicine this remedy has been employed in diabetes long before its use by homœopathic practitioners. I can find no cases of diabetes treated by our school until after 1825, but Nicolas and Guendeville (Paris, 1803) lauded *Phosphoric acid* as a remedy ; soon after, in this country, it was recommended by Latham, and later by Venables in 1825. Since then it has been a recognised remedy in ordinary practice, praised by some and condemned by others. Homœopathic practitioners have simply in this instance borrowed from traditional medicine. With the exception of *Uranium* and *Asclepias vin.*, there is not a single remedy employed by homœopathic practitioners which

* *Science of Therapeutics*, vol. i, p. 620.

† 2nd edit., part ii, p. 341.

has not previously been used with reported success in the records of traditional medicine.*

I have carefully read, I may safely say, all the cases of diabetes reported in our publications, and taking into account the ominous omissions of failures, I think the specific school, with an occasional power to cure, but more frequently simply to control or alleviate, has its laurels still to gain. Success ought to be its fortune, for it possesses a rule to guide it in the adoption of traditionally useful remedies, and a powerful stimulus to ascertain, by provings, clear views as to the occurrence of glycosuria and its attendant symptoms.

(To be continued.)

* Dr. G. Oehme, of Staten Island, N.Y., gives in *Hirschel's Klinik*, May, 1873, p. 72, an abstract of all the cases of diabetes he has been able to find in homœopathic literature in the fifty years extending from 1822 to 1873. The following is the list of remedies:—*Ac. phos., Ac. sul., Arg., Ars., Asclep. v., Canth., Carbolio ac., China, Chin., Ars. quin., Col., Cupr., Hel., Hydrogen hyperoxid., Kreos., Lach., Magn., Mur. s., Nux v., Plb., Rat., Thuja, Sul., Uran.* To this list I may add *Calc., Calc. phos., Cham., Iod. m., Dig., Atrop., Camph., Bov., Chemeph., Erigon., Euphat. par., Geran., Hydrast., Senecio, Trillium,* and *Ver., Eucalyptus.* To conclude all these remedies are homœopathic to the various phases of diabetes because they occur in homœopathic literature would be a great mistake.

"A daw's not reckoned a religious bird,
Because it keeps a-cawing from a steeple."

It is proposed to publish in next number a list of all medicines which seem to have been useful in diabetes, and under each medicine to give an abstract of all published cures in which it has been used, together with any other cases which may be contributed. By this means it is hoped some useful clinical indications may be arrived at. The Editors will be happy to publish any communications forwarded to them. It is desired that failures as well as cures be communicated.

ON THE USE OF ALCOHOL IN HEALTH.

By R. E. DUDGEON, M.D.

THE readers of the *Contemporary Review* have no doubt been much edified by the short essays by eminent medical authorities on the use of alcohol that have lately appeared in its pages, which, if they do not teach much, at all events serve to emphasize the popular saying about doctors differing. I do not intend here to criticize these works of art, but only to give my own views respecting the drinking of alcoholic liquors by persons in health.

To many persons it would seem that there could be no doubt that the moderate and regular use of alcohol, in the form of beer, wine, or spirits, is not only not injurious, but eminently wholesome. They, and their fathers before them, and their brothers and sisters and wives around them, and their children rising up about them, have taken some alcoholic liquor as a regular ingredient of their meals all their lives, and they would as soon think of going without their diuner altogether as of dining without their accustomed liquor. Their health is good under this regimen, and they do not see why any one should question its wholesomeness. They will quote any number of authorities, sacred and profane, ancient and modern, for the propriety and advantage of drinking alcohol in some shape or other, and they are quite sure that if they left off their drinking habits they would rapidly deteriorate in health, in strength, in spirits, and in capability of working mentally or physically.

And the united testimony of universal mankind—of course I mean civilised European mankind, and exclude Rechabites, Mahommedans and savages—is in favour of the innocuousness and wholesomeness of alcoholic drinks taken in moderation. Every one, of course, has his own idea of what constitutes moderation; that is a variable quantity,

from one glass to several bottles. Wine is even credited with causing truthfulness, as in the saying *in vino veritas*, and even of eliciting virtue itself, for does not Horace say—

Narratur et prisci Catonis
Sæpe mero caluisse virtus?

Great poets in all ages and all countries, from Anacreon in Greece to Burns in Scotland, have sung the praises of alcohol. And little poets, too, down to the bards of the music halls, who, in the intervals of composing their poems to the great god Jingo, write odes in praise of every different brand of champagne, but the quality of the verse is on a par with that of the "fizz" that is sold in those places under high-sounding names. Philosophers, statesmen, theologians, sportsmen, the learned and the unlearned, humanitarians, philanthropists, workers with their brains and workers with their arms, have shown by their example their belief in the beneficial action of alcohol. Who could doubt the propriety of drinking in such good company? Doctors, too, are among the most strenuous advocates for the regular use of alcohol. Other medicinal agents may have their day and then fall into disrepute, but alcohol maintains its reputation as a never-failing resource, not only for curing disease but for sustaining strength and health. Health! do we not drink health to our friends in brimming bumpers? To be sure there may be some reason to doubt that this is regarded as a proof of the health-giving quality of wine, for we drink to our friend's health, and are not so selfish as to intend thereby to promote our own health, so the custom of health-drinking may be akin to those classic libations to the gods, where the wine was not given to the deity but poured out on the ground. If the idea was that the wine does good, we would surely give it to the person we are toasting, not drink it ourselves.

But custom, from prehistorical times to the present day, commends drinking as suitable for all occasions. If we are sad we drink wine, for does not Solomon tell us to "give wine to those that be of heavy hearts?" "Diluitur cura

mero," says Ovid, and "vino pellite curas," says Horace. If we wish to be merry we drink, and again quote Solomon, who says, what we all know, "Wine maketh merry." If we part from our sweetheart we drink :

Go, fetch to me a pint of wine,
And fill it in a silver tassie,
That I may drink before I go,
A service to my bonnie lassie.

If we welcome home a long absent friend we celebrate his return in an extra glass or two. If we have nothing else in particular to do we can always while away the hour with a glass of something. Like Anacreon we can cry—

Fill me, boy, as deep a draught
As e'er was fill'd, as e'er was quaff'd.

Or, if oppressed with the cares that wait on grey hairs, we ask with Horace—

Cur non sub altâ vel platano, vel hâc
Pinu jacentes sic temerè, et rosâ
Canos odorati capillos,
Dum licet, Assyriâque nardo
Potamus uncti ? Dissipat Evius
Curas edaces.

A very pleasant picture of enjoyment, barring the pomatum.

We clinch our bargains with a glass, we drink to keep out the cold, to keep off the heat, to protect us from the damp, to counteract the effects of a too dry atmosphere. We drink in order to help us to digest an excess of food, and we drink to supplement meagre fare. We drink at night to make us sleep soundly, and we drink in the morning to wake us up. We drink before dinner to give us an appetite, and we drink after dinner—well, I don't know why—probably because we like it. Indeed, this, after all, is the true reason for all this drinking—because we like it—the others are but excuses made in order to persuade ourselves that we do not drink for mere sensual gratification.

We drink, then, because we like it—inventing all sorts of excuses to divest our act of its selfish character—and we

like it, not only because it tastes nice, and because it makes us merry, but because the practice is recommended to us by tradition, by custom, by our doctor, and by everybody, because it is associated with hospitality, sociality, pleasant memories of happy days, and of jolly companions. With the faculty we all have of remembering the pleasant and forgetting the unpleasant, we dwell fondly on the nights when we sat round the festive board quaffing—

Reamin' swats that drank divinely,

and forget the disagreeables of the morning waking. We quote Solomon to the effect that wine makes merry, but forget that that sage also said, "wine is a mocker." "At the last it biteth like a serpent and stingeth like an adder." We enjoy seeing Falstaff quaffing his cup of sack, and we think Cassio rather a pitiful fellow when he querulously asks "why men should put an enemy into their mouths to steal away their brains." We sing with the jolly post boys that "wine cures the gout, the colic, and the tisick," and we do not stop to inquire if "cures" is not a misprint for "causes." We rather think that King Macbeth's hall porter has said the worst he can of wine, that it "provokes nose painting, sleep, and urine." Now, nothing can be better than sound sleep, nor more wholesome than a free action of the kidneys, and as for nose painting, why, a red nose is eminently respectable, and we sing about a fine old English gentleman who "quaffed his cup of good old port to warm his gay old nose," or we even join in Blueskin's boisterous song, "Jolly nose! the bright rubies that garnish thy tip are dug from the mines of Canary," as if the painted nose were, on the whole, an honourable distinction.

We like alcohol, not only because it is pleasant to the taste, but because it causes a break in the often dreary monotony of our lives, it removes for the moment that ennui which throws a sombre shade over everything, it gives us a glimpse of a brighter, more cheerful condition of things than we are accustomed to, it enables us to throw off for a while the carking cares that sadden our existence, and to forget the sorrows and miseries by which we are

surrounded. It does all this, as we know, at the expense of our health, of our bodily and mental faculties in the not remote future, and is inevitably followed by an increase of the mental ennui for which we take it; but still we take it to be rid, for even a fleeting moment, of the intolerable burden of ennui. Even those whose lines are laid in pleasant places, who have the means and the opportunity for gratifying every wish, will often long for a change, and seek it in alcoholic stimulants. This desire for a change in the daily routine, be it of play or of work, is manifested in the earliest childhood. Without apparent reason, children will be naughty, even at the risk of severe punishment; the real reason is that they find the monotony of good behaviour intolerable. This intolerance of monotony, even of a monotony of delight, is shown in the Mosaic record of man's origin, where the first human pair sinned themselves out of the perfect garden of delights, and preferred the risk of death and the certainty of punishment to the everlasting sameness of its cloying sweetness.

Is it possible that alcoholic drinks, though lauded by poets, advised by sages, allowed by theologians, recommended by doctors, and sanctioned by Holy Writ, are not, after all, good for persons in health, that their regular use is very apt to transform health into disease? "Generous wine" is but a euphemism for "intoxicating liquor." What is "intoxicating"? It is etymologically equivalent to "poisonous." Can "generous wine" taken by a healthy person in moderate quantities in a regular manner be poisonous? I do not mean drunk in the immoderate quantities sung by the poets, nor yet in the regular allowance of our grandfathers' time, when drinking set in heavily every day after dinner, and a boy to loosen the neckcloths of the guests as they fell below the dining table was a part of the regular establishment in some gentlemen's houses, when "no daylight and no heel taps" was the rule for every toast, and the toasts were numerous and in quick succession. My inquiry is directed to the more moderate drinking at present in fashion, a glass or two at luncheon and a glass or three at dinner; can that do harm, can that do good to a healthy

person? Is he the better or the worse for it? I can imagine the contemptuous smile that will arise at the idea of a man being the "worse for liquor" after a glass or two or three of wine. Why, every doctor will tell you that you will be all the better for that quantity. Well, no, not every doctor, but nearly every doctor; certainly most of those who have lately aired their wisdom in the columns of the *Contemporary*. Doctors and all agree that a healthy man runs the risk of losing his health if he drinks a large quantity of wine, if, in scientific jargon, he passes the limit of "physiological saturation," but doctors are not agreed as to what this limit is, and if they attempt to define the limit, instances will crop up to their confusion of hearty old gentlemen, approaching their twentieth lustrum, who have drunk, say, two bottles of port wine, daily as long as they can remember, or longer. Well, such instances are surely proof positive that wine, even in considerable quantities, is not injurious—is, in fact, beneficial—to a healthy person, for how else could a man attain the age of ninety odd, and be fit for travelling to "Jerusalem, Madagascar, and North and South Amerikee" (as in a case within my own knowledge), drinking daily a couple of bottles of port wine. Such cases are surely staggerers to those who would insist upon the harmful effects of the regular use of alcohol. Such cases surely prove the beneficial effects of even excessive quantities of alcohol regularly imbibed; for two bottles of port wine would be going beyond the limits of "physiological saturation." Would not the best plan to meet such cases be to deny their truth? But then "facts are chieftains that winna ding," and we must accept our vigorous two-bottle nonagenarians and make the best of them. We know how many healthy men have succumbed to a daily consumption of alcohol a long way short of two bottles of port. The fact is, there are some persons who can get used to and apparently flourish on what would be death to others. We have seen opium eaters, apparently enjoying good health, who could every day consume as much opium as would send ten ordinary persons to sleep for ever. A Styrian peasant will eat as much arsenic at a meal as would kill half a dozen

Englishmen. We all know the baleful effects of the inhalation of a small quantity of sewer gas on some people, and yet as fine specimens of healthy, rosy, muscular humanity as we could desire to see, may be seen every day issuing from those trap doors in our London streets that lead to and from the sewers, where a great part of their lives is spent. We need scarcely do more than mention the sad case of King Mithridates, who had so habituated himself to the use of poisons that when at length he wished to commit suicide he could not find a poison that had the slightest effect on him. This may be a myth, and so may also the story of the Caliph of Bagdad, or Shah of Persia, or some other Oriental potentate, who had so saturated himself with poisons that he had to get a fresh wife every night, one embrace sufficing to kill his bride, and when he wished to slay an obnoxious courtier all he had to do was to spit in his face. But, however incredible these stories may be, there is no doubt of the fact that some people may gradually accustom themselves to take enormous quantities of poisons without apparently being a bit the worse. So may people accustom themselves to the use of intoxicating drinks to such an extent as to be able to imbibe preposterous quantities, not only without getting tipsy, but apparently with no appreciable injury to their health. Like

Mynheer Van Dunk, though he never was drunk,
Sipped his brandy and water gaily,
And he quenched his thirst with a quart of the first,
To a pint of the latter daily.

But the question I have put myself to answer is not how far the human constitution can bear, as many of our ancestors did, the daily imbibition of alcoholic liquors up to the limit of "physiological saturation," or a trifle beyond it. Nor would I inquire if the more modern habit of "nipping," that is, of taking drops of wine or spirits frequently during the day, is wholesome or not; we may take it for granted that it is hurtful, *gutta cavat lapidem non vi sed sæpe cadendo*, which may be freely translated, "frequent 'wee draps' wear out the strongest constitution."

My inquiry relates to moderate drinking only. Mode-

rate! seductive word! We can all prate about the virtue of moderation. Some of us—who might be the modern representatives of that very respectable sect, the Pharisees—may even think it is our duty to show the example of moderation to our weaker brethren who are given to the vice of immoderate drinking. Abstinence they think is weak, temperance is heroic, and shows that we can control while indulging our appetite,

In moderation placing all our glory.

They point with smug satisfaction to their own example. It adds a flavour and an aroma to our daily glass—or bottle, as the case may be—to think that by our moderation we are preaching a fine sermon and giving a useful moral lesson to—somebody or other—we do not too curiously inquire whom. With such pleasant reflections the wine “goeth sweetly down,” as wise Solomon hath it, and it becomes almost a duty to drink, in order to show that we can leave off on this side of the limit of “physiological saturation,” and are not like other men—if not publicans, at all events, their customers—who drink till they become, in their alcoholic jargon, “fresh,” “tight,” or “sprung”—or whatever the latest euphemism may be—even “drunk,” if we can make out what that state really is. A few days ago we read of a clergyman who was brought up before the magistrate for singing, dancing, and preaching in front of a public house; but the constable who arrested him would not admit that he was drunk, because he was still able to sit on a chair. Others go further, and declare that no man is drunk as long as he is able to lie flat on the grass without holding on by it. But, of course, drunkenness in this, or even in any minor degree down to mere “freshness,” which we presume is the slightest degree or the incipient stage of tipsiness, is an abomination to the moderate drinker who prides himself on his temperance. He will come to look upon himself as permitted by Holy Writ to take his wine as a commendable drink, for does not David say that “wine maketh glad the heart of man,” and Jotham, in his fable of the trees, goes still further, and says,

“wine which cheereth God and man.” Again, “strong wine” was poured “as a drink offering to the Lord,” which it would not have been had it been objectionable to the Deity.

And then St. Paul distinctly discourages abstinence or teetotalism when he says to Timothy, “Drink no longer water, but use a little wine for thy stomach’s sake, and thine often infirmities,” on which occasion he omits to say, “I speak as a fool.” Incidentally it may be remarked that all amateur doctors recommend their nostrums for stomach and other infirmities without a suspicion that they are generally fools for their pains. Though regular doctors usually prescribe with a certain amount of diffidence as to the effect of their prescriptions, the non-medical adviser is never conscious of the slightest doubt respecting the curative results to be obtained from his specific. The theologian may display some modest hesitation in the interpretation of an obscure text, but he is sure of the remedial powers of his specific for rheumatism. The mathematician may not be very confident of his solution of a problem, but he knows that a certain pill will infallibly cure your stomach-ache. The mechanic will not be absolutely sure that his machine will do the work he proposes, but he will give you an unfailing receipt for your toothache. The learned Grecian will put forward his interpretation of a classical phrase with some diffidence, but he has no mistrust of his cure for your lumbago. So also the apostle; though he may allow the possibility of an error in his opinion as to the proper line of conduct for his disciples to adopt in certain cases, he has no manner of doubt that water-drinking is pernicious when your stomach is weak, and that wine will put it all to rights.

With these scriptural testimonies to the value of his favourite beverage, it is not to be wondered at that the modern christian will sometimes inveigh against water drinking as a sinful rejection of the good gifts of God, and a cowardly shrinking from his duty to practise the truly christian virtue of moderation in the use of a beverage which the consensus of mankind, and the authority of Scripture have declared to be pleasant and wholesome.

But it is not of drinking alcoholic fluids for any exalted notion of setting a good example of moderation that I would now speak. Of course I do not deny the powerful moral effect that the contemplation of the squire or the parson sipping his fine old port, and yet stopping far short of "physiological saturation," may have on Hodge at the public house swilling his adulterated gin or his drugged ale. And yet, perhaps, if Hodge stops short of "physiological saturation" that may be owing rather to the emptiness of his pockets than to the fine moral example of moderation at the Hall or the Vicarage. Nor do I care to inquire if alcoholic fluids quicken the intellect and enable us to perform greater mental feats than we could without their aid. It may be that in doing so the intellect fares somewhat like the *peau de chagrin* of Balzac's tale, and that each spirituous call upon it is followed by a sensible diminution of its integrity. Wit and humour have always been thought to be greatly promoted by alcohol, and yet the wittiest member of the present Parliament is that rollicking teetotaller, the genial advocate of the Permissive Bill, whose wit bubbles forth in an inexhaustible stream like the sparkling mountain spring, and not in the intermittent gushes elicited by the artificial excitation of alcoholic stimulants.

The question I have set myself to answer is this: Is the regular and moderate use of alcoholic drinks beneficial to the health of a healthy person? This is a simple medical question and is apart from all high moral purposes, sociability, hospitality, and other minor virtues. To answer it, we must ask what are the physiological effects of alcohol on the healthy human frame? These are somewhat difficult to arrive at, as many physiological effects have been ascribed to it, and of course its effects differ much according to the dose in which it is taken, its purity, and the constitutional peculiarities or idiosyncrasies of the provers. But the physiological effects of alcohol on the human frame that seem to be best established by experiment are that it retards digestion and reduces the temperature of the body. So that the ordinary pleas for its use, viz. that it promotes digestion and makes us warm, are not borne out by physiological

observation, and, however much they are believed in, are contrary to fact. To the healthy, then, the use of alcohol for the purpose of promoting the digestion of food is altogether a mistake. In many cases it may itself be a kind of food easily digested, but it undoubtedly interferes with the digestion of other food. In this it acts in an opposite sense to what is commonly believed of cheese, which is said (probably erroneously, like most popular dietetic maxims) to digest everything but itself, whereas alcohol suffers nothing to be digested until it is disposed of. In thus interfering with the digestion of more appropriate food, it causes a variety of dyspeptic and other ailments. If the quantity taken be slightly in excess of what can readily be got rid of, we have quickened heart's action, dry tongue at night, perverted taste, loss of appetite, and headache in the morning. Or if the quantity taken be not sufficient to cause these acute symptoms, it may yet, if regularly taken for a lengthened period, insidiously cause graver chronic maladies, such as bilious derangement, gastralgia, weakened digestive powers, gout, rheumatism, lumbago, sciatica, hypochondriasis, and many other more or less serious diseases.

That the habitual use of alcoholic stimulants greatly diminishes the digestive powers has been demonstrated lately on a large scale by the increased quantity of food consumed by sailors on temperance ships. There are morbid states, undoubtedly, in which alcohol is an appropriate pabulum, but for the healthy it is not the proper food, and they would do well to avoid its habitual use, and even if they take it occasionally they should remember that they do so at the risk of causing at all events temporary derangement of some of their functions.

The other physiological effect of alcohol alluded to above is diminution of the normal temperature of the body. This is contrary to the popular view, which regards alcohol as a means of making the body warm. "Take a glass to keep out the cold" is considered good advice to a friend about to take a journey on the top of a coach on a frosty day. But though well meant, like most gratuitous advice, it is not based on sound physiological data. The alcohol

renders us in fact more susceptible of cold, and though, by its narcotic properties, it renders us at first less sensitive to the low temperature, this effect soon passes off and we feel more chilly, and the thermometer shows that our temperature is reduced. Hence we soon feel the wish for a repetition of the alcoholic dose to dull the sense of cold the first dose occasioned, and if we go on drinking while continuing exposed to the frosty air, we run great risk of being chilled down to the extinction of life. During a very cold winter I passed at Vienna the stiff stark bodies of sentries frozen at their post were almost daily brought into the military hospital called the Josephinum, and it was alleged that their death by freezing was occasioned by their having indulged in drams of schnapps before going on duty. My friend Dr. Rae, who has had as much experience of low temperatures in his Arctic explorations as any man alive, says that he found it most dangerous to permit any of his men to take alcohol in any form during their journeys, and that the only way health and strength could be preserved was by enforcing strict teetotalism. I could adduce hundreds of other instances to show the chilling effects of alcohol, but the above will suffice to show that the idea of alcohol keeping out the cold is a popular fallacy, and that if we wish to guard ourselves against the evil effects of a low temperature we should abstain entirely from its use.

The inference to be deduced from the above is that the daily regular and moderate use of alcohol is not only useless to the healthy, but extremely apt to do harm. A conviction of this will, I am sure, be very agreeable to some poor people who think that the daily imbibition of a certain quantity of alcohol is beneficial, and who, not being able to afford the luxury of quaffing the *premiers crus*, are forced to content themselves with beer or spirits or inferior wines, which afford no gratification to their palates, but which are taken almost as a medicine of orthodox nastiness. It will be a great boon to the purses as well as the stomachs of these poor people to be convinced that water is much more wholesome, as they already know it to be much nicer. To

those who can afford the best wines I do not believe the knowledge that wine is unnecessary, if not injurious, will be of any importance, for they will scarcely be induced to forego the accustomed gratification of their palate by the fear of future suffering, and perhaps, on the whole, it is as well that they should go on "proving" for us the effects of the regular and irregular use of alcoholic liquids, and if they are occasionally laid up with gout, why that is a diversion from the otherwise agreeable monotony of their lives, and besides being, as Lord Chesterfield declared, a very gentlemanly disease, it will help to swell the doctor's income, which, from the purely professional point of view, is no small advantage. As the *raison d'être* of a doctor is to cure diseases, it may seem an impertinence for us to offer advice to the healthy, as it is manifestly not our business to prevent people making themselves ill, in fact it is a very unbusiness-like proceeding on our part; for, supposing we did succeed in our benevolent intention, we would thereby put a stop to our interesting pathological studies and researches, besides destroying our own means of existence. But such is the disinterested character of doctors that they have at all times attended as much to the prophylaxis as to the cure of disease, and have always honestly and earnestly pointed out, to the best of their ability, how people might preserve their precious health and so avoid becoming the doctor's clients. But in most cases their voice has been like the voice of one crying in the wilderness, no one heeding it, and people have gone on transgressing every sanitary law, and thus contracting diseases whereby they become tributaries to the doctor. A little school-board girl lately defined "a nobleman" as "a person who gains his livelihood by riotous living;" she might, with equal felicity, have defined "a doctor" as "a person who gains his livelihood by the riotous living of others," or at least by their sins against the laws of health promulgated by the medical faculty.

With the knowledge that alcohol even in moderation is apt to prove injurious, there would seem to be required some modification of the conventional grace before meat, when we sit down to a meal intending to drink wine. In place of

expressing our thankfulness for what we are about to receive, we should rather deprecate the merited penalty for transgressing the laws of healthy dietetics. This knowledge, too, will add a fresh zest to the toast we drink to our friend's health. We shall feel that we are really making a sacrifice of ourselves in our eagerness to show him how much we esteem him. It will be as though we said: "See, my dear fellow, I love you so much, I am willing for your sake to pour down my throat this fiery liquid, which is perhaps fraught with very unpleasant consequences to myself; at all events I am ready to run the risk in order to show my affection for you." Health drinking will, under these circumstances, be divested of the anomalous character it presents when we think the wine we drink to our friend's health does good to the drinker. Now that we know that it will probably do *us* harm, we will naturally feel a glow of satisfaction, as having really performed an act of self-denial and incurred some little risk for another's sake. It is only to be feared that, seeing the self-immolating character of many people, and their eagerness to display their willingness to make sacrifices for their fellow-creatures, they may take too seriously to health drinking, and may fall martyrs to indiscriminate and too general displays of their affection in this way. To prevent such a catastrophe a paternal government (if we had one, which alas! we have not, at least only a kind of step-fatherly one) might fix a maximum for the number of healths to be drunk on ordinary occasions, beyond which no person should be allowed to sacrifice himself, and for very special occasions, when it is desired to exceed this maximum, require a licence to be taken out, just as beer-houses have to take out a licence "to be drunk on the premises."

Though convinced of the inutility and the danger to health of the constant and regular drinking by healthy persons of alcoholic fluids, even in the most moderate quantities, I am well aware that abstinence from alcohol, though advantageous in a sanitary point of view, is by no means a panacea for securing health. To hear the fanatics declaim we might almost imagine that their special hobby

is the one thing required to keep everything right. Thus, an enthusiastic advocate of vegetarianism lately declared in the *Times* that abstinence from animal food would not only keep us all healthy, but would prevent all mistakes and lapses in religion, morals, and politics. Another seemed to think a vegetable diet would convert mankind to "fonetik" spelling and every other virtue. A French physician has recently announced that all the diseases that afflict human beings are caused by the pernicious habit of eating their food cooked, and that if they would only eat their chops and steaks raw they would certainly enjoy health and longevity. Tobacco counter-blasters are still a numerous company; to hear them talk one would suppose that they believed all human physical and moral maladies to be due to the accursed nicotian weed. The teetotallers frequently write and orate as if abstinence from alcoholic liquors were the one thing needful to preserve health and morals intact. But total abstinence, though good, is not alone sufficient to keep people in health. Setting aside alcoholic liquors, we are liable to fall into a hundred pitfalls whereby our health may be jeopardised. We may eat too much, or we may partake of indigestible food; for all that appears on the best spread tables is not equally digestible; we may smoke too many cigars or pipes, we may drink too much tea or coffee, we may be exposed to excessive cold, or heat, or damp. We may work too much with our muscles or our brains. We may undergo exciting or depressing emotions or exhausting passions. Indeed we cannot avoid all or many of these disturbers of health. Nor, indeed, do we try always to avoid them. On the contrary, we often purposely court them. Were life to be spent in living in strict conformity with the known laws of health it would be scarcely worth having. In our business, our pleasure, our love of sport, in acts of friendship, or in our wish to please or to shine, we brave the risk of disease, and often death, from fatigue, from over study, from accident, from exposure, from infection, from draughts, from heats, from damp, from indigestible food, from impure water, and think nothing of it. And so with alcohol drinking. With a full knowledge that we do not require it, and that it may do us harm, we sip with gusto

the delicious nectar our host places before us. And no great harm results from so doing. But to take a daily regular allowance of indifferent wine, or beer, or spirits, is not so pleasant as that we should persist in it when we know that it is not beneficial, but, on the contrary, most decidedly injurious to our health in the long run.

Writers who admit the uselessness of alcohol to persons in health will still allow its utility to some healthy persons when exhausted by bodily fatigue or mental exertion. There is no doubt of the immediately reviving and apparently invigorating effects of alcohol under these circumstances, but this is not always the case, and the momentary revival is certain to be followed by a corresponding depression, showing that the alcohol was not a food for the exhausted nervous system, but an excitant that must injure the nerves it stimulated. A cup of tea, or coffee, or chocolate, or a basin of good soup, or a slice of bread and butter, or even a good rest alone, is, under these circumstances, worth all the alcoholic stimulants that were ever invented, and leaves no injurious consequences. The body exhausted by fatigue will often turn against stimulants and reject them. I remember when somewhat younger than now walking with two companions fifty miles in one day—no great feat for the Westons and O'Learys of the present day, but not a bad walk for a youth without previous training. When we got home one of us had a glass of stout, the other a cup of tea, and the third went to bed without partaking of anything. The two latter were quite comfortable, and rose next morning refreshed by sound sleep; the unfortunate youth who drank the stout immediately became sick, passed a bad night, and could not get up until the afternoon of the following day.

Many advocates for abstinence in youth and middle age insist on the utility of alcoholic stimulants for old people. This I believe to be a great mistake. In advanced life we are still less capable of resisting the toxic effects of alcohol; accordingly we see that people who have drunk moderately all their life have passed through the earlier periods without suffering, but in their old age they are

subject to gout, gravel, dyspepsia, liver complaints, impaired intellect, and other consequences of alcoholic stimulation.

The toxic effects of alcohol are most observable in the case of the dipsomaniac, in whom the smallest quantity will create an irresistible craving for more and more until the unfortunate victim is reduced to a state of utter want of self-control and insensibility to all feeling of self-respect. The only cure for such cases is total abstinence. Nothing short of this will suffice, and the abstinence must be continued for life, for alcohol never ceases to be a poison for him, nor, so far as my experience goes, does the craving for drink ever leave him. The dipsomania was originally induced by a long course of moderate drinking, and may suddenly develop itself in any moderate drinker. This is a strong reason for discouraging even a moderate regular use of alcoholic stimulants in apparently healthy persons.

I have said nothing about the use of alcohol in disease. The orthodox school, having lost confidence in all the heroic remedies of former days, still stand up for the remedial virtues of alcohol in a vast number of cases in which the patient would be better without it. But it will be difficult to dissuade them from prescribing it in these cases, for such is the poverty of their resources, and such the destitution—as regards remedies—to which they have been reduced by the rational light the new therapeutics have let in on medical treatment, that they have no substitute to offer for their present excessive use of alcohol in disease. With the spread of rational principles and the diffusion of sound knowledge respecting the real effects of alcohol on the human frame, doctors will eventually have to abandon this last “sheet anchor” of orthodox treatment, or, at all events, to confine its use to those few cases in which it is medicinally required, the number of which grows yearly smaller and smaller. I shall not attempt to indicate the particular diseases or morbid conditions which, in my opinion, call for the use of alcohol medicinally, but I may mention what effects I have observed from its disuse by tolerably healthy persons previously accustomed to take it as a regular accompaniment to their daily meals, or, at

least, to one or two of these. Better appetite for all meals, absence of sick headaches and "biliousness," more equable spirits and temper, sounder sleep, less liability to catch cold, less actual feeling of cold in cold weather, and hence less or no need for flannels or great coats, at least when in exercise, longer retention of the bodily heat and comfortable feeling when bathing in cold water, freedom from those little rheumatic pains that often annoy without laying us up, as also from lumbago, sciatica, effusions into the knee-joints, and those twinges in the big toe that serve to remind the most temperate drinker that he too might get a fit of gout, just like a great statesman or a retired admiral, if he subjected himself to the same amount of steady drinking.

The use of alcohol among the European races belongs to the same category as the employment of other poisons by other races, such as hashish by the Turks, coca by the Peruvians, opium by the Chinese, betel by the Polynesians, arsenic by the Styrian peasant, and tobacco by all. The consumer of alcohol vainly endeavours to persuade himself that his favourite beverage is a nourishing and strengthening food; it is just as much a poison as any of those other substances, and it has ruined the health and slain as many of its votaries as ever they have done. The sooner this fact is known and acknowledged the better will it be for the future happiness of mankind, for with this knowledge few will care to persevere with regular drinking, even of a moderate description, as they will know that they spend their money on what does them no good, and may do them much harm. Though a poison to the healthy, like the other stimulants used by other races, it is, like them, a medicine, and if its use is confined to those cases in which it is required as a medicine, it will prove as much a blessing as it is now a curse to humanity.

When the truth that alcohol is not a food, in any true sense of that word, is generally admitted, our friends the publicans will surely come to see that their present denomination of "licensed victuallers" is a misnomer. One of two courses would seem to be alone open to them. Either they must give up the sale of their alcoholic prepara-

tions and take to selling wholesome victuals, in consonance with their name, or, continuing to sell their spirituous abominations, they must in consistency change their denomination. Probably Sir Wilfrid Lawson would recommend them to call themselves "licensed brain-poisoners;" but I do not think they would willingly accept that appellation unless some compensating advantage were to go along with it, such as a prolongation of the period during which they may exercise their evil calling. Their discarded name might be appropriately transferred to their dangerous rivals—the coffee-house keepers—who are increasing at such a pleasant rate all over the country.

A knowledge that alcohol is a poison and cannot be used by the healthy without the risk of injury to health will be far more effectual than any pledge for keeping reasonable people from the regular use of alcoholic stimulants, and will greatly diminish their desire to indulge in drinking even on festive occasions. A brimming glass of the finest vintage will lose somewhat of its aroma if we see in the depths of its purple sheen a promise and potency of future aches and pains. To him who, conscious of the toxic nature of alcohol, will still persist in drinking his daily allowance, "the invisible spirit of wine" in each bumper will seem to say :

"For this, be sure, to-night thou shalt have cramps,
Side-stitches that shall pen thy breath up; urchins
Shall for that vast of night that they may work
All exercise on thee; thou shalt be pinched
As thick as honeycombs, each pinch more stinging
Than bees that made them. * * *
* * * I'll rack thee with old cramps;
Fill all thy bones with aches; make thee roar,
That hearts shall tremble at thy din."

Under these threatenings methinks his taste for regular drinking will soon subside.

"Districtus ensis cui super impiâ
Cervice pendet, non Siculæ dapes
Dulcem elaborabunt saporem."

For the unfortunate subject of dipsomania a pledge of

total abstinence may be exacted, but it is seldom kept. I have more hopes of staying the evil by the gradual discontinuance of the conventional regular drinking of persons of sound body and mind than of curing it when it has been developed by this time-hallowed custom—a custom more honoured in the breach than in the observance.

MEDICAL AND OTHER NOTES COLLECTED ON A
HOLIDAY TOUR TO ARCACHON, BIARRITZ,
PAU, AND THE PRINCIPAL WATERING
PLACES IN THE PYRENEES.

By DR. ROTH.

(Continued from page 42.)

CAUTERETS.

AFTER having made an interesting excursion to the foot of the Pic du Midi from Eaux Chaudes, and after having spent three days most agreeably in Eaux Bonnes, we continued our route in an open carriage across the mountains. The road over the Col d'Aubisque, 5130 feet high, and over the Col du Couret, 4350 feet high, is constantly surrounded by an always changing panorama of high mountains. We stopped at Argelez for an hour; this has a fine situation on the slope of the Gez, which is 3300 feet high. Many English tourists stop here for a month in the spring, while the trees are in flower. This place is half an hour distant per rail from Pierrefitte, and within another hour and a half a beautiful mountain road leads to Cauterets, where Dr. Lahillone took us round the Grand Etablissement, which is provided with all the latest improvements, and contains the baths, swimming bath, and douches, inhalation rooms, casino, and museum. Cauterets is about 3000 feet high, in a narrow valley between high mountains. To the east is the high Peyraute, to the south the Péguaère. The first covered with forests of fir trees, the latter with fir and beech trees.

Between the two the top of the Mouné is seen in the east. To the north-east is the Peyrenère, with its three points covered with pasturage. To the north the range of the Cabaliros is seen. These high mountains shelter the place in all directions, and the air, although mild, is very refreshing, and there is no doubt that the climate contributes very much to the cure of the many thousands of patients who visit the place every year during the season from the 15th of May till the end of September. The place is full of lodging houses, and several grand hotels, of which the Hôtel de France and the Hôtel d'Angleterre are the most frequented.

There are about twenty-six springs and thirteen establishments, which are usually divided into two groups. The one that of Caunterets proper, and the other the group of the *South*. The large Etablissement built of grey marble of the Pyrenees, and specially provided by the springs des Espagnols and de César Nouveau, belongs to the first group, and to the same group belong the ten springs of *des Œufs*, which have a temperature of 55° to 61°, and furnish daily 400,000 litres to the Etablissement des Œufs; further, *Bruzaud*, *Rieumizet*, *Vieux-César*, with 110,000 litres daily, *Pause Vieux*, *Pause Nouveau*, and *Rocher*, with 120,000 litres per day, which contains, besides sulphur, iod and iron.

At a distance of 5400 feet from Caunterets, and much higher, are the springs of *la Raillière*, temperature 39°, *Petit-Saint-Sauveur*, *le Pré*, *Mauhourat*, *les Yeux*, *sources du Bois*, which belong to the second group.

These numerous springs, with a temperature ranging from 39° to 61°, and the various chemical compositions, are, besides the climate, the great remedies to which Caunterets owes its name. The physiological effects of each spring on the healthy body have not yet been sufficiently studied, and consequently their therapeutic effects are of more or less value according to the powers of observation, and the experience of the physicians residing during the season in the place. I have tried to compile in the following notes taken from Dr. Lahillone's *Histoire des Fontaines de Caunterets*, all what I believe is most interesting to the

busy practitioner who wishes to have some idea of Caunterets. Those who have time and take interest in the history of the use of mineral waters will be amply repaid for their trouble by reading the interesting book I have just named, which contains the titles of other works on Caunterets.

The Springs of Caunterets.

“The principal mineral ingredient of these waters is sulphuret of sodium; the other elements, chlorates, alkaline and earthy sulphates, silicates, nitrogen, and carbonic acid gases, are held in variable, but always very minute quantities. From the small quantity of mineral matter contained, these hot springs may justly be compared to those of Gastein, Landeck, Ragatz, Plombières, Schlangenbad, Teplitz, &c.” . . .

“Whatever be the compounds of sulphur (and the latest researches of Dr. Garrigon on the chemical composition of the Eaux Bonnes show that these are not yet certain), one is justified in asserting that this element plays but a very secondary part as a product of decomposition in this mineral water. The action it exercises upon the skin or mucous membranes, whether directly or by its compounds, is always weak. Nevertheless, with regard to the reflex actions resulting from this influence, there is no ground for supposing the former to be in proportion to the latter, on account of its various idiosyncrasies.” . . .

“It is known only that sulphur is not changed in the stomach, that in the intestine it is partly changed into sulphuretted hydrogen and alkaline sulphurets, which pass in part into the blood. That which is unchanged is eliminated directly from the body. The alkaline sulphurets which have entered the blood produce sulphuretted hydrogen, or sulphates, or even basic products, which are excreted by the kidneys. The sulphuretted hydrogen is excreted by the skin or by the pulmonary mucous membrane. Besides, it has been proved by experiment that the physiological action of the alkaline sulphurets is identical with that of sulphur-

etted hydrogen. One sees, therefore, that this gas becomes the most important factor of the compounds of the sulphurous water. It takes oxygen from the blood.

“This gas enters the body in three ways, by the lungs, the intestines, and the skin. It is likewise excreted by these same channels when it has been formed in the body.

. . . “Clinical observation has long recognised the good effects of sulphur upon the abdominal circulation, especially in hæmorrhoids. Hufeland employed sulphur, assisted by mild laxatives, in piles.

“It must not be forgotten, however, that years before the time of this celebrated physician, Bordeu had proved the good effects of the springs of Caunterets in chest complaints when associated with abdominal affections, anticipating by his genius the explanations of contemporary science. ‘There are many,’ he wrote, ‘who complain of their chests, although their troubles are really produced by the action of the abdominal viscera; this is a fact which physicians should bear well in mind.’

“If we consider, besides, the action of sulphuretted hydrogen upon the nervous system, according to the physiological law of physical stimuli, we must allow, as the final result of this action, a diminution of the morbid irritability. This gas affects the heart in two ways, in the first place through the vagus nerve, by its effect upon the respiratory centres of the spinal cord (the frequency of respiration being diminished); secondly, through the muscular substance of the heart itself (diminished irritability of its tissue), on account of the disoxygenisation of the blood which supplies the spinal ganglia of the heart.” . . .

“In fact, observation proves that under the influence of compounds of sulphur, the bile secretion is increased by the waste products resulting from the destruction by the sulphuretted hydrogen of the used blood-corpuscles, which have passed into the vena portæ system. Thus this system acquires a more active circulation, and the morphological changes of the connective-tissue corpuscles are more active and, in some degree, more energetic.

“The action of the sulphuretted hydrogen is shown on

the skin and mucous membranes by the hyperæmia, by the papillary turgescence, by the more rapid growth of the epidermic and epithelial elements, by an ultimate sedative influence upon the morbid irritability of the cutaneous and bronchial nerves.

“Hence, these waters are useful in diseases connected with abdominal plethora and metallic poisoning, in chronic pneumonic catarrh, complicated by diseases of the spleen, the liver, and the intestines; in nervous affections where a sedative influence is necessary, in certain affections of the skin and mucous membranes where it is needful to stimulate the growth of the cellular elements and to modify the vitality of the deeper layers.” . . .

“The works of the brothers Byasson on the *Mauhourat* spring, those of M. Dupourcau on the amount of sulphur in the various springs and pump-rooms of Caunteret, are the most worthy of attention.” . . .

“M. Candellè, in a recent work, has ascertained with much ability the effects which the sulphurous springs produce on certain affections of the cardiac circulation complicating other abdominal or constitutional ailments. He has found that the drinking of the waters of César and La Raillère may produce palpitation of the heart, precordial pains, and the reappearance of abnormal cardiac murmurs in those predisposed to these ailments.” . . .

“Candellè has ascertained more precisely this difficult therapeutic point, advising a sulphurous treatment only to anæmic patients.” . . .

“Valentines (*Handbuch d. Allgemeinen u. speciallen Balnéotherapie*) places the hot sulphurous springs of the Pyrenees in a separate group, basing this distinction on the small amount of mineral matter contained, on the soil whence the springs arise, on their high temperature, and on their level above the sea (which may attain nearly 4000 feet). They therefore resemble the hot springs which are called ‘*Indifferent*,’ with which they have many points of similarity from a therapeutic point of view.

“The greater part of the sulphur which is contained in these springs is combined with sodium. The presence of

sulphuretted hydrogen is hardly perceptible; and this gas is only found as a product of their decomposition. Besides the sulphur compounds are found chloride of sodium, sulphate and carbonate of sodium, silica, alkaline silicates, and a certain amount of organic matter; carbonic acid is wanting, and its place is taken by a certain quantity of nitrogen. Such is the general composition of these waters." . . .

"According to Gigot-Suard, *César* and *les Espagnols* are the most sulphurous of the springs.

César, *les Espagnols*, *Mauhourat*, and *les Œufs* are the most alkaline; *Mauhourat* and *les Œufs* contain more chlorides than *César* and *les Espagnols*, and do not differ from each other except that *les Œufs* possesses a larger quantity of chloride of sodium.

La Raillère is unique in possessing silica, a remarkable quantity of sulphate of sodium, and fewer alkaline salts than the other springs." . . .

According to M. Byasson, the waters of *Mauhourat* are revivifying, slightly exciting, and useful in gravel. Their use is indicated in the various forms of chloro-anæmia connected with gastric and functional disturbances, in dyspepsia connected with gout, gravel, or rheumatism, at certain stages of phthisis, and as a preparation or aid to the sulphur treatment properly so called." . . .

"The brilliant results from these waters in affections of the throat and chest, the continually increasing success of those of *Mauhourat* in dyspepsia, have gradually attracted all dyspeptic patients from *La Raillère*." . . .

"At present, as formerly, one meets a great number of patients who prefer the waters of *La Raillère* to those of *Mauhourat*, and this will probably always be the case as long as the intestinal mucous membrane requires to be gently excited to obtain a directly derivative effect. The *Mauhourat* springs, on the contrary, increase the action of the kidneys." . . .

"When the heart is complicated either with a pulmonary affection, gout or rheumatism, it seems to be more prudent to employ the *Mauhourat* springs.

"*César* and *les Espagnols* have, it is true, a powerful action

on the kidneys, but this action is always more lively and disturbing than that of *Mauhourat*, although their waters are easily digested on account of their alkaline properties.

“No one has ever denied the specific action of the *La Raillère* waters upon the mucous membrane of the respiratory passages. Thermal influenzas and hæmoptyses have even been described as due to similar waters, which have been considered as accidental though useful derivations (Pidoux), but this has been denied by other authorities.

“It is certain that sulphurous waters have a powerful influence upon the bronchial epithelium, increasing its activity of growth, and thus augmenting the amount of expectoration. The essential condition in a treatment of mineral waters is a good diagnosis of the disease.

“M. L. Wetzlar, of Aix-la-Chapelle (*Ueber die Heilwirkungen der Aachener Schwefelthermen*, 1862), remarks truly that sulphurous waters, even of the same spring, may be employed in different diseases with equal success. This is due to such diseases proceeding from the same cause. Thus, an interruption of a cutaneous secretion may produce a rheumatic attack, a skin disease, paralysis, or neuralgia; therefore sulphurous springs which re-establish the cutaneous secretion are efficacious in such dissimilar diseases, and we can understand the reason without having recourse to some theory of diathesis. The causes of disease must therefore be taken into account in understanding the action of these waters, although this must not be always followed as an axiom.” . . .

“Wetzlar quotes Kortum (*Die warmen Mineralquellen in Aachen*, 1817), as follows:—‘If more water is drunk than is necessary, and thus is rapidly eliminated, it fatigues and weakens the stomach; but if it passes quickly into the urine it seems simply to purify the renal system and tract by filtering the blood. If the water excites too copious a perspiration the patient’s energy is diminished; if it purges weakness results without benefit.’ Wetzlar advises weak or rheumatic patients to drink water in bed. The former physicians of Caunterets often gave the same advice.” . . .

“Gigot-Suard has described the *physiological* and *patho-*

genetic action of the external use of the Cauterets' water in an excellent chapter of his *Études Médicales et Scientifiques*, 1866, describing the influence of the water used in baths, douches, inhalations, gargles, and pulverisations. His experience led him to admit that normal temperature of 33° to 35° centigrade (91°—95° F.), of the waters of *César*, *les Espagnols*, and *Pause Nouveau*, have in so far a different primary effect from the waters of other springs, that the pulse quickens instead of slackening speed during the bath. The effect of a bath taken at a suitable temperature, viz. one which gives a feeling of comfort to the patient, and if its duration is proportioned to his sensitiveness and strength, is to calm and strengthen him. The skin becomes agreeably heated, respiration and the circulation are calmed and made slower, the urinary secretion is increased, more blood being sent to the skin, all its glands are induced to secrete. The sleepiness which follows the bath is not at all a sign of weakness, but is due to its sedative influence. A bath of ordinary water sometimes weakens under the same conditions, while baths of these waters always strengthen.

“Wetzlar has found that nervous patients cannot bear a long bath, and that those whose skin is soft and delicate should not remain so long in the water as when the skin is harsh and dry. Psoriasis and pityriasis are better influenced by sulphurous waters than eczema. A patient with articular swellings, the result of gout or rheumatism, should remain a longer time in the bath than one suffering from neuralgia. The tonic effect of these springs is not limited to the skin, the muscles and nerves are also influenced. Hence the good effects obtained in cases of paralysis and atrophy; some of the latter cases require, according to Wetzlar, a bath of two hours' duration.

“The bath must not be employed in the acute stage of any cutaneous, neuralgic, gouty, or rheumatic affection. The exciting effects of a sulphur bath are considered by Reumont as secondary and due to a certain quantity of sulphuretted hydrogen gas penetrating the skin and mucous membranes by absorption and diffusion. These effects may

produce, according to Gigot-Suard, what has been called *la poussée*, from simple itching or pricking more or less severe, and of greater or less extent, to vascular eruptions, pruriginous pustules, boils," &c. . . .

"It is a fact that a certain quantity of sulphuretted hydrogen, although very minute, hardly a milligramme in 200 litres, is found mixed with much watery vapour in the baths, douch rooms, and in the covered promenades; and that a daily visit of several hours to the drinking rooms and within the walls of these establishments, is not without some influence on the health of the patients." . . .

"Observation has shown that the effects produced upon country people who pass most of their time at Caunterets in an atmosphere saturated with watery vapour and sulphuretted hydrogen, are more rapid and more energetic than upon patients who only remain just as long as is absolutely necessary for the treatment." . . .

"It may not be possible to determine the *modus operandi* of the reflex action of these baths, but observation proves that a bath taken at the ordinary temperature of the body, at any one of the chief springs, increases the nutritive changes and activity of the skin, and diminishes the excitability of the heart, as well as muscular and nervous irritability. The springs of *Rocher* and *Rieumisez*, when mixed, form baths containing very little mineral matter, which are very useful for calming the nervous system when over-excited by the thermal treatment or by disease." . . .

"According to Baumann (die Wilbäder, akrotothermen oder indifferenten Thermen), a bath at a higher temperature than that of the patient raises his temperature in three ways, first, directly, by giving up heat to the body, secondly and thirdly, but indirectly by preventing radiation and watery excretion, and by increasing the internal production of animal heat by an accelerated respiration and circulation." . . .

"Warm baths are also suitable for weak constitutions where the healthy distribution of heat is effected with difficulty, as well as for diseased states which require an additional supply of heat to ensure nutrition, and in which the

phenomena of oxydation are languid. Again, as the skin excretes the waste products resulting from muscular action, it will be understood that functional disturbances of the skin will cease under a treatment of warm baths.

“With regard to the nervous system warm baths increase the conducting power of the nerves, while baths at the ordinary temperature regulate this function; hence, the former are suitable for cases of paralysis, and the latter for cases of hyperæsthesia.”

Muscular activity is increased, diminished, and regulated according to the various temperatures applied.

The mineral vapour baths will be found useful in some skin diseases, chronic rheumatism, paralysis, Bright's disease, some forms of pharyngeal, laryngeal, and uterine catarrhs.

The half bath and foot bath in constantly changing or flowing water are frequently used with success at Caunterets whenever a derivation is desired from internal organs.

The application of the waters at various temperatures is combined with a mechanical power, under the form of general or local douches, ascending and descending showers, and also applied alternately, first warm and cold, and *vice versa*.

The effects of ordinary hydrotherapeutics are thus combined and increased by the use of the various springs; all of them have some more or less special influence.

Although the uselessness of gargarisation has been sufficiently demonstrated by Gigot-Suard, and by Krishaber, it is still used, and several “*tours de force*” proceedings have been invented for this purpose and are still used at Caunterets.

Raillère and *César*, used internally, show already in the course of a few days their effects on the mucous membranes of the pharynx and larynx, and Lemonnier advises his patients not to strain themselves by gargarising, as the desired effect can be produced by inhalation or drinking. The regular therapeutic application of sulphurous inhalation and pulverisation has not yet taken place. I may add that the walks in the immediate neighbourhood of Caunterets are

beautiful and the views charming; the extent of these views increases with the height of the various walks, and every patient and tourist has opportunities of enjoying the beauties of the scenery in proportion to his powers of walking and ascending the mountains, either on horseback or in light open carriages.

In the whole neighbourhood of Caunterets, extending to Pierrefitte and Luz, the high roads are daily watered twice a day in summer, thus the traveller is not in any way inconvenienced by dust, and the evaporation of the water causes a most agreeable sensation of freshness. A cantonnier, as the road-makers are here called, is employed for three kilomètres, and is provided with a special hollow shovel with raised edges, which he dips in the tiny rivulets running along one side of the road filled with clear water, and throws the water as he walks slowly across the road. It is to be hoped that instead of this hard human labour they will soon employ elastic pipes, which will enable one man to water a longer extent of road, and with less trouble.

Although I have visited a great part of the Continent, I do not remember to have seen any high road kept so well watered as in this district of the Pyrenees.

We arrived at Luz after a most charming drive of two hours from Caunterets, and on our route to the extraordinary scenery of the well-known *Cirque de Gavarni* visited St. Sauveur.

ST. SAUVEUR.

This watering place is also known as Luz-St. Sauveur, and in consequence of the Empress Eugenie having been sent here for treatment became more known about fifteen years ago.

It is situated at the southern extremity of the valley of Luz, and at the entrance of the glen (gorge), which ends at the celebrated *Cirque* of Gavarni, which is one of the most frequented parts of the Central Pyrenees. The village consists of about fifty houses and four large hotels, forming

one street on the slope of a high mountain and near a rapid torrent.

Although it is 770 mètres (2310 feet) high, the mildness of the temperature, the usual calm atmosphere, the hygrometric state of the air, make the climate *tonic and calming*, especially suitable for nervous, irritable, and such patients as are exhausted by long suffering.

The springs of the baths (la source des bains) and the établissement are in the middle of the village. The waters used for drinking, bathing, and douches are limpid, transparent, have an hepatic taste, and have the characteristic smell of rotten eggs. The temperature is 34° C., and a litre contains 22 milligrammes of sulphate of sodium (sulfur de sodium).

A litre contains, according to Tilhot's analysis :

Sulphide of sodium	.	.	.	.	0·0218
Chlorine	„	.	.	.	0·0695
Sulphate of soda	.	.	.	.	0·0400
Silicate of „	.	.	.	.	0·0704
„ chalk (calcium)	.	.	.	.	0·0062
„ magnesia	.	.	.	.	0·0031
„ alumina	.	.	.	.	0·0070
Organic matters	.	.	.	.	0·0320
Boric acid and iodine	.	.	.	.	traces
					<hr/> 0·2500

The spring of Honsalade, used more for drinking, is clear and fresh, temp. 21° Centigrade, tastes agreeably, although sulphurous, and contains, according to Filhol, 18 milligrammes of sulphide of sodium. It is easily digested and diuretic. Within three kilomètres are the chalybeate waters of Viscos and Saligos, and a bituminous spring at Viscos.

Dr. Caulet, who has been during the last six years medical inspector, told me that in consequence of the small quantity of mineral water, not more than 200 patients can be placed at the same time under treatment. It is essentially a, or rather *the*, ladies' watering place in the Pyrenees, although *Eaux Chaudes* is also considered as a special watering place for ladies.

Women who do not suffer from uterine diseases feel, after the use of a few baths, pains and spasms of the womb, followed by a watery serous secretion from this organ. Chronic parametritis and perimetritis, which Scanzoni considered incurable, are cured here. In all forms of uterine disease, besides the general bath, douches into the rectum are successfully used. When Dr. Caulet uses local douches in the vagina, he applies a kind of perforated speculum formed of thick silver wire. He believes that this contributes to lessening the irritation of the vaginal mucous membrane by external mechanical means.

The following notes on the physiological effects of the St. Sauveur water on the tactile and thermal sensations of the skin have been extracted from Dr. Caulet's interesting pamphlet, the title of which is *Études analytiques sur la cure de Saint Sauveur*, Paris, Baillière, 1878. It is my agreeable duty to thank Dr. Caulet herewith both for the kind information and the pamphlet he has given me.

Physiological Effects of the Waters of St. Sauveur.

“Tactile sensations of the skin felt during the bath.— It is a well-known fact that, among the various sulphurous springs of the Pyrenees, the water of St. Sauveur is particularly striking, owing to its peculiar softness and agreeable unctuousity—properties which are not special to this place, being found more or less in the neighbouring waters; here, however, they are developed to such a degree that they virtually constitute a distinct character of the place, a fact which is corroborated by all observers visiting the Pyrenees.”

“Although the origin and causes of this unctuousity is not thoroughly known, that of St. Sauveur is attributed to the presence of salts having an alkaline reaction, such as sulphide of sodium, alkaline silicates, &c., as well as to a great quantity of organic matter in solution.”

“The patients experience the following sensations, an agreeable oiliness and softness which causes everything to be soapy, oily, velvety, frothy, and mucilaginous.”

“The intensity of the sensation is very variable, and considerable differences are observed with regard to this effect among the bathers.”

“In some the oily and soapy sensation is so well marked that a sort of disagreeable sensation, somewhat distressing, is felt on various parts of the body, especially on the palmar aspect of the hands and fingers, and on the soles of the feet—impressions more readily felt when these parts come in contact with some other part of the skin. Others, when they have taken a certain number of baths, experiencing nothing disagreeable in the treatment, appreciate the oiliness. Finally, there are those who experience nothing during the whole time of treatment.”

“There are some who appreciate very much the soft or hard qualities of ordinary water, either in a bath or otherwise, yet who experience in the warm water of St. Sauveur no other tactile sensation than that of an ordinary hot soft-water bath, not even when washing their hands alternately with mineral and ordinary waters. But these are exceptions. The greater number of the bathers more or less experience the sensations that we have mentioned, and every year numbers of patients, chiefly ‘neuropathic’ women, are to be seen returning to the place in order to enjoy, so they say, the special action of the mineral water on the skin, and the effects which they attribute to it.”

“Persons who were most sensibly affected by the unctuous characters of St. Sauveur water, often presented marked alterations of tactile sensibility (anæsthesia), and painful sensibility (hyperæsthesia); many times there were some patients who did feel the unctuousity, but, nevertheless, had cutaneous sensibility quite intact, though examined in the various ways.”

“But observation shows that at St. Sauveur among the so-called nervous and various primary neuropathic cases, as well as among chronic cases of every nature complicated with the nervous element, there exists a pretty nearly constant relation between the intermediate curative effects of the hot treatment, and the perception of the unctuousity in the bath by the patient.

“ This relation is more remarkable among those endowed with that variety of skin of which the delicacy, whiteness, and lustre can be compared with satin ; it is this skin which forms one of the most beautiful features of woman.”

“ Very often under these circumstances patients quickly perceive the unctuous sensation, and through it experience a feeling of well-being, enjoyment, and pleasure.

“ Local pains adventitious or allied to visceral affections (of uterus, bladder, &c.), as well as those neuropathic miseries known under the name of ‘vapeurs,’ ‘restlessness,’ setting on edge of the nerves, &c., have been seen to diminish considerably, and disappear from the first days of the treatment. The habitual feelings of weariness and of painful lassitude (pseudo-paralytic weakness), are to chronic disease what ‘oppressio virium’ is to acute disease, but still they are of a truly nervous constitution ; for instance, chronic neuralgia, pains in the stomach, the return of convulsive attacks, &c. Nevertheless, during the five years that Dr. Caulet has studied the effects of St. Sauveur he has not noticed a single cure (in nervous diseases) among those patients who did not feel the unctuous impression.”

“ It is a constant and well-known fact that, all things being equal, those who do not experience the unctuous sensation in the bath undergo the cure less well. Those in whom cutaneous sensation is refractory to this impression of the mineral waters, are not at all improved.”

“ At St. Sauveur, where the source of the baths is used directly on the spot, and at its natural temperature, the water shows the same composition as the waters of the César, which is the hottest and richest in sulphur at Cauteret, viz. 23 milligr. of sulphide of sodium per litre, *i. e.* 6.30 grammes for a bath of 300 litres.”

Cutaneous thermic sensations.—“ The principal spring of the baths upon which the reputation of St. Sauveur is based, has a temperature of 34.5° C., is collected in two little reservoirs, whence it is distributed to the contiguous bath-rooms ; the water preserves at the same time its heat and sulphurous properties. Thus, the average temperature of the

baths varies from 34.2° C. to 32.8° C. from the room nearest to and the room furthest away from the source. It is in this last that the warmth is called temperate: this circumstance is necessary to be remembered in order to refute the opinion which praises the mildness of the action, and the soothing virtues of the cure when these mineral waters are at a low temperature. *Frigus sedat nervos*, without doubt. This axiom would be applicable to those patients who find the bath of St. Sauveur cool, but these are exceptions, as the majority of the patients feel the bath at 32° either tepid or decidedly warm.

“With a temperature varying from 34° to 33° the baths appear cool or temperate to some, indifferent to many, and decidedly agreeable and even warm to the greater number (especially women).

“Those patients who find the bath at 34° cool, would find an ordinary bath too hot or even insupportable at the same temperature, and would not take any except at 30° or 32° C.

“Those who find the bath at the first instant of immersion either agreeable or fresh feel the warmth increases by degrees, and the water is finally felt very warm; at the same time the skin reddens, the breathing quickens, the pulse becomes frequent and full, the countenance is animated, and the forehead is sometimes covered with perspiration. These effects last more or less, but generally do not wear off in the longest bath; the patient comes out in full reaction, preserving a feeling of strength and energy for the rest of the day.

Others, on the contrary, who find the water warm on entering, believe after a short time that the temperature is rapidly subsiding; they feel gradually overcome by the cold, and, after various disagreeable sensations, end by shivering. Although they may add fresh warm water, rub themselves, and move about, they do not regain their natural warmth. The state of horripilation lasts as long as they remain in the bath, and have a kind of malaise for the rest of the day. Even to these patients the treatment may do good, but it can easily become injurious if not well directed. If

the patient leaves the bath before feeling the shiverings, *i. e.* before the first symptoms of cold are manifested, a good reaction nearly always follows, and a feeling of well-being lasts all day. With these precautions the treatment is well borne and does good. If, on the contrary, the patient stops in the bath too long, in spite of the chill, it is found that the cure becomes difficult and injurious (*frigus nervis inimicum*), and the sensations of uneasiness and chill succeeding such a bath have a most injurious effect in nervous diseases. In the course of five years Dr. Caulet has seen only four patients with this predisposition to chills and shivering; these were obliged to give up the treatment and had to resort to the source of Honsalade, which has only 22°, is specially used internally, but also applied in another etablissement under form of douches and baths, for which other purpose it is artificially warmer, has a special action on the *utero-ovarian* system, and cures the catarrh, inflammation, and neuralgia of these organs, the ailments of puberty and *menopausia* (climacteric years), bad consequences after childbirth, sterility, disposition to *fausse couche*, chronic and various forms of metritis, peri-uterine phlegmonia, ovaritis, chronic dysmenorrhœa, the various forms of spasmodic and hyperæsthetic hysteria, facial and intercostal neuralgia, and the various conditions known as irresistible, impressionable, and nervous constitutions, chronic, muscular, and articular rheumatism; in cases of erethic phthisis, which cannot bear the waters of Eaux Bonnes and Cauterets, gastralgia, with prevalence of dyspeptic symptoms, and especially with flatulence; in catarrhal affections of the bladder when dependent on chronic inflammation of this organ St. Sauveur was also useful.

A NOTE ON PICRIC ACID.

By Dr. HUGHES.

IN the number of the *Monthly Homœopathic Review* for December, 1871, I gave an account of what was then known of the properties of *Picric* (or *carbazotic*) acid. I related the experiments of Erb with the alkaline picrates; the provings of Dr. Couch on the human subject, made with the pure acid; and the studies and further provings of the drug for which we are indebted to Dr. Samuel Jones.

Since that time Drs. Couch and Jones have unhappily quarrelled over their offspring. The controversy, though personally painful from the heat and acrimony with which it has been conducted, has yet proved useful in elucidating the subject, and in leading to further experimentation. We have now, moreover, Dr. Allen's pathogenesis of the acid, including the original provings of it made by Parisel. It seems well, therefore, to give to British readers our present knowledge of the drug.

Dr. Jones, in some experiments made respectively upon two students and himself, found *Picric acid* to diminish oxidation in the former, who were in normal health, but to increase it in him—his health being much below par at the time.* He connected this action with Erb's observation of the destructive influence of the alkaline picrates on the red corpuscles (the oxygen-carriers) of the blood, and I followed him in so doing. Dr. Couch, however, has shown that Erb's results were obtained equally when the picrates were mingled with blood outside the body; and no alteration was found in the blood in dogs poisoned by himself

* The evidence of this action was the increase of the uric and phosphoric acids in the urine, and the diminution of the sulphates and chlorides, with the students, while in his own case the reverse obtained. (In my article in the *Monthly Homœopathic Review* these results are, by mistake, stated in the converse sense.)

with the pure *Picric acid* crystals. He justly infers, therefore, that the action is a chemical one only, and is probably due to the alkaline bases rather than to the acid with which they were united.

This, however, would not weaken the conclusions to be drawn from Dr. Jones's own experiments as to the power of the acid to cause sub-oxidation, and to cure it. But these also Dr. Couch proceeds to impeach. He argues* that the deviations from the normal standard discovered by Dr. Jones in his provers' urine were not greater than occur in health; and states that his own experiments on animals show, from small doses, a primary increase of all the constituents of the urine, with secondary diminution,—from large doses, the converse sequence of phenomena. To this Dr. Jones replies† by relating another case besides his own, in which *Picric acid*, given upon the indications supplied by his provings, effected a noteworthy change. As this is one of the practical results of the controversy, we give it in full.

“MARQUETTE, MICHIGAN,

Monday, July 23rd, 1877.

“Prof. S. A. JONES, Ann Arbor.

“My dear Professor,—Your reprint *On the Indications for the Use of Picric Acid* came duly to hand, reminding me of my promise to write and let you know concerning my progress. Please accept thanks for pamphlets.

* * * * *

“I have, as far as my knowledge of *Picric acid* goes, got a splendid *Picric acid* patient. He is a prominent man here. Has been treated by all the physicians, old and new, and now has come to me and wants me to try and do something for him. The first time I saw him I knew he was anæmic, but did not think of *Picric acid* till I saw your remark on urohæmatin in *Progressive Pernicious Anæmia* in your pamphlet. I have examined his urine several times, and shall now make quantitative examinations for several days. The urine is dark, and gives the prettiest specimen of urohæmatin you ever saw—a very dark cherry red, you might call it darkish brown. He is run ‘way

* *Homœopathic Times*, April, 1876.

† *Ibid.*, June.

down.' The amount of urea is low. Have not made full quantitative examinations, but will do so to-day, and send results. I am anxious to cure him if I can, for all the physicians think him 'gone.'

"From what I know of the symptoms of *Picric acid*, his are almost perfect. The headache is *Picric acid*, and the prostration almost perfect. Vomits a good deal; his hands and face are white and pale as death. This was one of the things which made me think of urohæmatin.

* * * * *

"Very truly, your pupil,
(Signed) FRANK N. WHITE."

The following report of this case was subsequently sent to my assistant, Geo. A. Taber, M.D.

"John T. M—, æt. 62; weight 140 lbs.; July 26th. Patient quite prostrate. Ears transparent; face, neck, lips, and hands are of a death-like whiteness. Were he dead could not have appeared more pale. The whole action of the patient is of a 'logy' character.

"He vomits from three to five times a day; the matter vomited being of a bright yellow colour, and very bitter. Never vomits food lately eaten. Has not the faintest idea of what aggravates or brings on the attacks. They come on suddenly without any warning.

"Is easily prostrated; the slightest exertion obliging him to quit. Often the prostration caused by some little out-door work in the morning compels him to keep his bed the remainder of the day. Sometimes feels like dropping down where he is, as though he were unable to reach the house. Mouth badly ulcerated; tongue smooth, cracked, having the appearance of an alligator's hide. Mouth very dry; the dry feeling commencing in the throat and working upward, causing him to drink often, but little at a time; cannot double the tongue; a feeling as though tongue would crack were it not moistened; sensation as of a lump back of the thyroid cartilage, very troublesome when swallowing. Appetite poor; no desire for any particular kind of food, eats what is set before him; what he eats tastes good and seems to digest well.

"Retires about 10 p.m. always prostrate, but in a short time it passes away, and he quickly goes to sleep. He awakens a

number of times in the night to moisten his tongue, but readily goes to sleep again. When he awakens in the morning feels quite strong, but this soon passes away, and he dreads passing the day. Has been constipated since last January—eight months; has an evacuation once in four or five days; stool hard as a rock, sometimes bloody; great straining, with pain during and after; easing up after a little. In complaining of his head, says his head feels bad all through, but the pain is on the right side, extending from forehead back, and in the top of the orbit of the eye. Feels better in a cool room, or lying down; is inclined to be drowsy; sometimes feels as though he could sleep all day; when walking upstairs or up a hill has a sensation as if the stairs or ground were coming up to meet him; vertigo on rising from bed, chair, or a stooping position, and immediately after work. Last April and May was unable to retain his urine; it was very hot, almost scalding, but soon passed off, leaving him very weak. Has no erections; in fact says he has nothing with which to make one. As he began to fail and go down, the scrotum began to lengthen and hang down (he says) almost to his knees, and his penis to go up into his body until it was less than an inch long. As he began to get stronger his bag came up and his penis went down. (I don't know if this is of any value, but give it as he gave it me.)

“TREATMENT.—*Picric acid*, 6^x trit., every two hours. On examination of the urine find a very distinct ‘colour’ for urohæmatin. The bottom of the chamber covered with a deposit of free uric acid.

“Quantitative examinations give the following results :

Date.	Quantity in cc.	Sp. gr.	React.	Urea in grains.	Uric acid.	Phos- phates.	Sul- phates.	Chlo- rides.
July 26	1150	1·021	Acid	17·7422	1·0811	3·1895	1·0120	11·73
” 27	900	1·020	”	13·8852	·9360	2·4030	·9360	8·28
” 29	750	1·024	”	9·9750	·7350	2·4075	·8400	10·65
	Mean.....			13·8672	·9174	2·6500	·9293	10·22

“July 27th.—No vomiting since he took first dose; no evacuation for two days. Continue *Pic. ac.*, 6^x trit., every three hours.

“29th.—No vomiting. Had a passage yesterday, and one to-day; no headache; feels stronger. Continue *Pic. ac.*, 6^x trit., every four hours.

“August 3rd.—A decided change. The countenance has

assumed a more healthy appearance. He awoke at 4 a.m., and worked in the garden till breakfast; walked down street (down a hill); went into the woods after berries; and at 5 p.m. I found him walking up and down the walk in front of his house, and when I asked the cause of all this he replied he was taking some exercise. Eats three times as much as he did a week ago; says he feels as though he could hardly eat enough. Continue *Pic. ac.*, 6 \times trit., once a day.

“Made quantitative analyses for August 18th and 19th, with the following results:

Date.	Quantity in c.c.	Sp. gr.	React.	Urea in grains.	Uric acid.	Phos- phates.	Sul- phates.	Chlo- rides.
Aug. 18	1820	1.016	Acid	15.4998	.3567	2.2750	1.2012	15.288
„ 19	1320	1.022	„	23.3649	.1900	1.9008	1.0032	12.8040
	<i>Mean</i>			19.4323	.2733	2.0879	1.1022	14.046

“September 1st.—Bowels very regular, says he has hardly lost a day; splendid appetite, sleeps well, no prostration; can walk up and down hill without its affecting him; can feel the strength he daily gains; his countenance is becoming quite brown and healthy. Says he is now in good health, and that nothing ails him; works all day long; has not vomited since he took the first dose; he is growing stronger daily. Discontinued the medicine.

“He has been troubled to a certain extent in this way for three years. The prostration came on, lasting only a few days or a week or two. No vomiting or any other disturbance, save the prostration. During these times he has been constipated.

“This year it came on unusually early, about the 5th of February, and he commenced going down, and had been gradually going down hill until I saw him. When I took him he said he never expected to get any better. All his acquaintances thought he could hardly live through the summer. Now he is as well and even better than many who predicted his death.”

I now beg leave to contrast the first and the second mean, to show how the “theory advanced” on the *à priori* of Dr. Taber’s thesis agrees with the *à posteriori* of the clinic.

	Urea in grains.	Uric acid.	Phosphates.	Sulphates.	Chlorides.
1st Mean	13.8672	.9174	2.6500	.9298	10.220
2nd „	19.4323	.2733	2.0879	1.1022	14.046
Differences	+5.5651	−.6441	−.5621	+1.729	+3.826

The "theory advanced" from the analyses in the laboratory is, that in the healthy prover *Picric acid* causes a plus of uric acid and phosphates, and a minus of sulphates and chlorides. These are the nutrition-disturbing effects of *Picric acid*, and they show the relative conditions that must exist when *Picric acid* is indicated as an hæmatomic remedy.

The therapeutic effect of *Picric acid* must induce diametrically opposite plus and minus conditions, and this "opposite" is demonstrated in our student's bit of 'prentice work.

In Dr. Allen's *Encyclopædia*, however, a still further answer is given to Dr. Couch's objection. Tabular views are given of the proportion of the constituents of the urine of Dr. Jones's principal prover; first, in health; secondly, while taking the acid; and thirdly, for some time afterwards. It is quite apparent from these, that although the increase of uric and phosphoric acid, and the diminution of the chlorides, which occurred during the medication, might not exceed the oscillations of average health, they greatly exceeded that of the health of the prover in question.* This, with the therapeutic results obtained, suffice, I think, to prove that Dr. Jones's view of the relation of the drug to oxidation is sound. These primary and secondary actions, and opposite effects of large and small doses, are somewhat confusing. What we want is to get at the one essential and fundamental pathogenetic action of each drug which can be used upon the principle *similia similibus* for therapeutic purposes. This, in regard to the influence of *Picric acid* on nutrition, Dr. Jones seems to have given us in the word *sub-oxidation*, thereby connecting it with *Argentum nitricum*, and adding another potent weapon to our armoury.

The discussion as to the exact nature of the blood-coloured urine caused by the acid, and as to the correctness of Dr. Jones's previous estimate of it, we may pass over as of little moment. Whatever the colouring matter may be, it is not derived from the blood, but is some modification

* In the table at p. 528, the decimal point of the mean chlorides during medication is put in the wrong place; instead of 76.911, it should stand as 7.6911.

of *Picric acid* itself. It will be of more interest to give the results of Dr. Couch's further experimentation with the drug. He obtained in animals a further verification of that depressing and disorganising effect on the nervous centres which his former provings had disclosed. Among other things, he examined the eyes of his dogs with the ophthalmoscope, and found in every case (four) venous congestion. The results of a more detailed investigation by Dr. Norton are stated thus :

"October 12th.—This morning I examined the eyes of a dog chronically poisoned with *Picric acid*, that Dr. Couch had sent me. Pupils dilated with atropine. Ophthalmoscopic appearances of the two eyes are similar, refractive media clear, optic nerve apparently slightly hyperæmic, retinal vessels, especially the veins, enlarged ; thin streaks of reddish colour in choroid, probably physiological, and due to want of pigment ; above optic nerve in particular, immense white patches of exudation are observed, with some hæmorrhagic spots. It is impossible to say whether they are in the retina or choroid, as there are several points in favour of each."

"22nd.—This morning the dog's eyes were sent to me for microscopical examination. Optic nerve entrance much swollen and infiltrated ; masses of yellowish-white exudation are observed, extending from the nerve into the various portions of the retina ; others are unconnected with the nerve entrance. In some places these points have a white glistening look, but generally partake of the appearance noted above. The whole retina appears as if infiltrated ; small extravasations are found on the optic nerve and in the retina. The choroid was normal as far as examined. Owing to an accident the different retinal layers could not be seen."

The poison was also found to produce "spasms, both tonic and clonic, which have a striking resemblance to those produced by strychnia." This may seem curious when it is added that "under the influence of the drug the animals betray great weakness and lassitude ; especially is this noticeable of the hind legs, they being scarcely able to support the already attenuated body, which sways constantly from side to side ; the tail, too, is as limp as a wet rag, and

cannot be made to either wag or curl." But Drs. Ringer and Murrell have recently* adduced considerations which account for this apparent anomaly. They maintain that tetaniform phenomena are due to a diminution or destruction of the *resistance* of the cord, "so that an impression conveyed through an afferent nerve can spread throughout the reflex portion of the central nervous system, and produce tetanus." Such diminished resistance may coincide with unimpaired functional activity of the cord, as with *Strychnia*, or with more or less paralysis of it, as they have ascertained in relation to *Gelsemium* and the *Buxus sempervirens*, and as Dr. Couch seems to have shown with *Picric acid*.

Another symptom observed by Dr. Couch was entire anæsthesia and analgesia of the posterior extremities. He also noticed the same marked erethism of the sexual organs in his dogs which was so prominent in the human provers, and relates a case of masturbation in which the 30th dilution, given to "cool the blood," proved (according to the patient) "altogether too cooling."

My own experience with *Picric acid* is quite confirmatory of this power exerted by it over abnormal sexual irritation.

* See *Medico-Chirurgical Transactions* for 1876, and *Journal of Anatomy and Physiology*, vol. xi.

REVIEWS.

Encyclopædia of Pure Materia Medica. By T. F. ALLEN, A.M., M.D. Vol. viii, *Plumbum Serpentaria*. New York: Boericke and Tafel. London: Turner, 170, Fleet Street, E.C.

WE hope that we shall not be doing anything towards provoking Dr. Allen's ostracism, through weariness on the part of his colleagues of hearing him praised; but we really have no other mode of expressing our sentiments, as we receive, time after time, such volumes as those he is sending forth. Nor are we alone in our estimation of his work; for we observe that the Société Médicale Homœopathique de France has just conferred upon him and his coadjutors the highest honour it has in its power to bestow, its honorary membership. The volume of *Materia Medica* now before us is simply invaluable. Its pathogenesis of *Plumbum* alone, containing in its 4163 symptoms every observed effect of the drug, makes it indispensable to every homœopathist, as hitherto we have had no collection of the physiological effects of this important metal on which we could depend. But it also gives us *Podophyllum*, *Prunus spinosa*, *Rumex crispus*, *Sanguinaria*, and *Santoninum*, and—to crown all—a full pathogenesis of *Secale*, embracing 1022 symptoms produced by it. We mention these, as practically made available to us for the first time; but we need hardly say that the old medicines included in the series—as *Pulsatilla* and *Rhus*—are fully presented,—the former receiving fresh light from the provings of *P. Nuttalliana*, the latter from those of *Rhus venenata*.

Another volume (which is promised for this spring) will complete the work, and then we shall only have to wait for the Index—which is announced as in preparation—to have every material to our hand for practising homœopathically according to Hahnemann's fullest method.

Clinical Therapeutics. By TEMPLE S. HOYNE, A.M., M.D., Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago. Parts III—VI. Duncan Brothers: Chicago. London: Turner, 170, Fleet Street, E.C.

In our number for July, 1877, we noticed the first and second parts of this publication, and expressed our sense of its usefulness. The four parts since published have now reached us, and we can repeat our former judgment of Dr. Hoyne's work. There are, indeed, numerous faults in it, both of omission and of commission; and these sometimes strike unpleasantly the close student of its pages. But he readily condones them in the end for the sake of the mass of information and observation relative to the drugs discussed which the author brings before him, and which materially aid him in filling in, for his mind's eye, the picture of their action. With this reservation, and the recommendation of an occasional *granum salis* to correct too enthusiastic statements,* we can cordially commend the book.

Diseases of Infants and Children, with their Homœopathic Treatment. Edited by T. C. DUNCAN, M.D., assisted by several physicians and surgeons. Parts II and III. Chicago: Duncan Brothers. London: Turner, 170, Fleet Street, E.C.

THIS work also is appearing in parts, and we noticed the first of them in our number for Oct., 1878. We have now two more, completing the first volume, and carrying us down to the end of the all-important digestive disorders of infancy and childhood. Dr. Duncan's pages are unfortunately not without the literary faults with which we have so often had to reproach the journal he edits; and we fear that to many minds they will prejudice unfavourably the work he

* *E.g.* "In cancerous affections of the eye we have seen better results from *Arsenicum* than from any other remedy. We have known three cases cured by Fowler's solution, and quite a number by the 6th and 30th potencies!"

has done, and blind them to the industry displayed and the useful information brought together. In these latter respects, however, the author deserves all credit. The best critics of the book will be the busy practitioners and commencing students for whom it is doubtless compiled; and if these find it profitable, it would ill become reviewers to carp. We are bound to say, however, that it hardly comes up to our standard of excellence; and that we miss originality even in the features where we might fairly have expected it. One who has been "formerly lecturer on diseases of children in Hahneman Medical College and Hospital of Chicago," and who is "Consulting Physician Chicago Foundlings' Home" (Americans are too busy to insert prepositions and articles), ought to have considerable personal experience in his specialty; and, as a homœopathist, should be able to add to our knowledge of the specific therapeutics of children's diseases. Of such observation from the life, however, we have very little. We do not complain of the copious quotations from Hartmann, Teste, and Guernsey, though they might have been given in less detail. But we do expect that a writer like Dr. Duncan should give his own experience of the value of their recommendations, and should supplement them by many contributions of his own. If he had done this we should have had much more satisfaction in his book.

A Tabular Handbook of Auscultation and Percussion; for Students and Physicians. By HERBERT C. CLAPP, A.M., M.D. Boston: Houghton, Osgood and Company.

THIS little book is excellently conceived and perfectly executed. It is designed to remind students and practitioners of the distinctive physical signs of the diseases of the chest; and it does so by a series of tabular views, each of which presents a *coup d'œil* of its part of the subject. For students it must be an invaluable gathering up of what they have learned in the lecture-room and the hospital wards; and it will prove of no less use to the physician.

"It is hardly to be expected," as the author justly says, "that practitioners who do not make a specialty of heart and lung diseases, even if they have at some time carefully studied into the subject, and have been well posted, can retain in their memories for immediate use every point necessary for a delicate physical diagnosis. If the case be at all obscure, they feel the necessity of consulting some authority. In such emergencies the busy doctor may appreciate such a time and labour-saving contrivance as the present. It often needs only a word here and there to revive memories of extensive reading."

Dr. Clapp is instructor in auscultation and percussion in the Boston University School of Medicine, and physician to the heart and lung department of the College Dispensary. We congratulate both institutions on having so intelligent and capable an officer as this book shows its author to be.

This Year's Progress. Address delivered before the American Institute of Homœopathy, by the President, J. C. BURGHER, M.D., at the opening of its thirty-first annual session, June 18th, 1878. Philadelphia: Sherman and Co.

DR. BURGHER has sent us a copy of this excellent address, and we have read it with much pleasure. We commend it to our colleagues in this country, as showing what is being done in America after the pattern of our own Ringer and Phillips. The experiences and confessions of Drs. Wetmore, Piffard, Dessau, and Hall, here quoted, will be read with much interest. They are surface indications of a deep under-current, which must ere long come up in the shape of a recognition of the truth which there is in the method of Hahnemann. "Although," as Dr. Burgher says, "the scientific practice of homœopathy is probably limited to about one eighth of the entire medical profession of this country, it empirically pervades the entire practice of medicine. In every direction the principles we advocate

are covertly incorporated into standard allopathic works, and, amid many fruitless efforts to conceal the fact, are largely taught in an empirical way in allopathic medical schools."

The Urine of the New Born. By J. PARROT and ALBERT ROBIN. Translated from the *Archives Générales de Médecine*, 1878, by GEO. E. SHIPMAN, M.D. Chicago: Foundlings' Home Press.

DR. SHIPMAN has done well to extract and translate these excellent observations, made in a field as yet unworked, and promising important diagnostic results. We now know the normal composition of the urine of infants, and are in a position to detect the beginnings of constitutional change by deviations therefrom. The great point is the urea. "A new-born child, who takes in twice as much azote as an adult, excretes by the urine six times less of it than he, and nevertheless absorbs, on the average, more oxygen. In a word, he burns less, though he receives more that is combustible and more of the burner." When "athrepsia," by which word the authors designate failure of assimilation in these subjects, is imminent, the urea increases greatly. We may always suspect that this has occurred when the urine, which should be pale and neutral, alters in these respects. Anything beyond the slightest degree of colour or acidity suggests excessive elimination of nitrogen, and calls for immediate medical attention.

Sclerotomie, son manuel opératoire, ses indications et son action physiologique. Par le Docteur DE KEERSMAECKER. Brussels: H. Manceaux.

THIS little *brochure*, reprinted from *L'Homœopathie Militante*, will be read with much interest by all who cultivate diseases of the eyes as their speciality. As we have no

homœopathic oculists in this country, it is useless to go into the surgical details discussed by our Belgian *confrère*. To us, the chief point of value is the consideration of the pathology of glaucoma into which Dr. De Keersmaecker enters, and the statements he makes with regard to the value of *Aconite* in its treatment. Austie had long ago* called our attention in England to the frequent association of glaucoma with neuralgia, using its occurrence as one among many evidences of the central origin of true neuralgic pain. Dr. De Keersmaecker refers the increased ocular tension, which is the essence of glaucoma, to disorder of the trigeminal nerve; and Schroff's experiments bear him out in inferring that *Aconite* is, upon these data, one of its most promising remedies. He promises us, in a fuller treatise, of which the present is but a sketch, an account of his experience with the drug, which has been very satisfactory.

Remedies for Periodic Pain.† Arranged by EDWARD T. BLAKE, M.D., M.R.C.S., F.B.H.S. Steward: Reigate.

“THIS list,” Dr. Blake writes, “has been compiled with the trust that much human misery may be mitigated by its means, and that many poor sufferers may be led to employ these safe and convenient remedies without flying to the use (?) of alcohol as an anodyne.” The list includes twelve remedies, and symptoms are given whose predominance should call for each. It would have been better, we should have thought, to add to each medicine its characteristic indications.

Is Diphtheria Preventable? Sewage-Poisoning, its Causes and Cure. By ED. T. BLAKE, M.D. London: Hardwicke and Bogue, 1879.

THIS is a reprint of Dr. E. Blake's paper read before the

* *Neuralgia and the Diseases that resemble it.* 1871. P. 102.

† That is, dysmenorrhœa.

British Homœopathic Society, and published in its *Annals*. It contains much useful advice on the proper construction of the sanitary arrangements of houses, illustrated with drawings and designs by the author, which, if carried out, would doubtless effect a great diminution in the number of diseases attributable to the admission or retention of impurities in dwelling-houses. We are glad that Dr. Blake has published his admirable paper in a separate popular form, and have hope that it will do all the good he anticipates from it.

Homœopathy Vindicated. A reply to Dr. Joseph Kidd's *Laws of Therapeutics.* By E. W. BERRIDGE, M.D. Liverpool: Holden, 1879.

If we might suggest a slight alteration in the title, we would say that "Homœopathy vindictively vindicated" would give some notice of its spirit. It is very cleverly written, and would have been a deal more pleasant to read if the language of the author were not so very strong. No doubt Dr. Kidd has laid himself open to criticism in many of the opinions he has expressed in his book; still, Dr. Berridge's criticism would have been more effective if he had not gone to work in such a sledge-hammer style. If Dr. Kidd is censurable for his scepticism respecting the power of highly diluted medicines, what shall we say of Dr. Berridge's credulity when he actually quotes the following assertions as if they were incontrovertible facts?

"In 1859 there were treated by myself in the town of Carlisle, Pa., over 150 cases of scarlet fever with the 200th and higher potencies exclusively; MORTALITY NONE: the allopaths lost over 90 per cent., and the survivors were crippled for life."

"I have attended cholera patients; NEVER LOST ONE."

"It was our duty to attend, some five years ago, a very large number of cases of malignant smallpox, then raging as an

epidemic in this city. Many prominent persons came under our care ; we never made any external application ; came out of the epidemic with flying colours ; NOT A CASE PITTED."

These, says Dr. Berridge, are "statistics vouched for by Dr. Ad. Lippe, of Philadelphia." Gibbon writes :—"Abu Rafe, servant of Mahomet, testifies to the wielding, as a buckler, by Ali, of the ponderous gate of a fortress, which he and seven other men could not lift. Abu Rafe was an eye-witness, but who will be witness for Abu Rafe?" So Dr. Berridge may say, Dr. Lippe vouches for the above ; but we may be permitted to inquire, who vouches for Dr. Lippe ?

Carlisle, Pa., was, according to Johnston, a town of 6000 inhabitants in 1867, and according to *Pettit's Directory* for 1877-8, it has six homœopathic practitioners, among whom the name of Dr. Lippe does not appear, he being, as is well known, a resident in Philadelphia. We presume Dr. Lippe resided in Carlisle, Pa., in 1859, where he gives us to understand he treated upwards of 150 cases of scarlet fever. That is a goodly number of cases of scarlet fever to fall to the share of one practitioner in one year, in a town of 6000 inhabitants, doubtless containing many other practitioners of both schools, though possibly the number of homœopathic practitioners in the town was not so great then as now. The disease must have been of quite an unheard of malignancy, as the allopaths only succeeded in saving 10 out of 100 of the cases they treated. It must have been more virulent than any epidemic of cholera, yellow fever, or plague on record ; for even this paltry decimal fraction of survivors were "crippled for life." Dr. Lippe was an eye-witness for this incredible result. Well, all we can say is, who will be witness for Dr. Lippe ?

As regards the assertion of our transatlantic Abu Rafe that he attended a very large number of cases of malignant smallpox, and that not a case pitted, sceptics might say that, from anything that appears in Dr. Lippe's statement, they may all have died and thus had no opportunity of pitting.

We venture to say that the publication of such statements does more harm to homœopathy than any sceptical

utterances by Dr. Kidd with respect to some of Hahnemann's doctrines; and their indorsement by Dr. Berridge seriously detracts from the force of his arguments against Dr. Kidd's work.

How to take Care of our Eyes. By HENRY C. ANGELL, M.D. 3rd Edition. Boston: Roberts, 1878. London: Turner, 170, Fleet Street, E.C.

THIS is an excellent little popular book on the subject of the eyes and vision. It has already gone through several editions in America, and an English edition has lately been published by Messrs. Hardwicke and Bogue. We can safely recommend it to all who feel that their eyes are growing defective, and to all who are interested in the preservation of their sight, as it contains as much good advice respecting the preservation of the sight as respecting the remedying of actual defects. Indeed, as a popular work it will be more useful for the former than for the latter purpose, as it is impossible to write instructions for the selection of glasses, &c., for many defects of the refractive media of the eyes that shall be available by a non-medical person.

Corso teoretico-pratico-alfabetico di Medicina Omeopatica, pel Prof. CATALDO CAVALLARO. 2nd Edition, Vols. I, II, III, IV. Palermo, 1871-6.

WHILE we are talking in this country of bringing out a Therapeutic Encyclopædia on the homœopathic treatment of disease, our Italian colleagues have been for some years in possession of one, the second edition of which now lies before us. This large work in four volumes is a monument to the industry of Dr. Cavallaro; but we are bound to confess the work is very unequal, though by one hand, or, we might say, because by one hand, as no doctor can

possibly know all diseases equally well; the intention is better than the execution. It is evidently a compilation, though very few authors are referred to, and, as far as we can see, none of Hahnemann's school; so that for all that appears, the wisdom it contains has all issued from Dr. Cavallaro's own brain. "*Italia fara da se!*" And yet the information to be found in it, with respect to the diseases and their treatment, differs in no considerable degree from what we read in other works on homœopathic treatment, especially those of the domestic sort. The conscientiousness of the author is forcibly illustrated by the careful manner in which he gives a separate paragraph to every name of disease, although many of his names are merely synonyms of the same diseases. An instance of this is the disease which he calls "*Febbre nervosa o tifoidea,*" typhoid or nervous fever. We have:—1, *F. nervosa generale*, 2, *F. n. acuta*, 3, *F. n. adinamica*, 4, *F. n. atassica*, 5, *F. n. catarrale*, 6, *F. n. cerebrale*, 7, *F. n. comatosa*, 8, *F. n. continua*, 9, *F. n. grave*, 10, *F. n. gastrica*, 11, *F. n. gastrica versatile*, 12, *F. n. infiammatoria*, 13, *F. n. intermittente*, 14, *F. n. lenta*, 15, *F. n. putrida*, 16, *F. n. rheumatica*, 17, *F. n. semplice*, 18, *F. n. stupida*, 19, *F. n. tifoidea*, 20, *Tifo abdominale*, 21, *T. cerebrale*, 22, *T. pulmonale*, 23, *F. tifoidea dei bambini*. Then we have another large section of *Febbre gastrica* with fourteen different kinds separately described, many of which are mere varieties of the typhoid or nervous fever, just as many of the supposed varieties of the typhoid fever are merely different names for the same affection. Then we have enormously long lists of the medicines for these fevers, accompanied by the indications for their use. Thus, for typhoid fever the author gives the indications for *Acon.*, *Apis*, *Arn.*, *Ars.*, *Bapt.*, *Bel.*, *Bry.*, *Calc.*, *Camph.*, *Canth.*, *Carb. v.*, *Cham.*, *China*, *Cimicif.*, *Cocc.*, *Colch.*, *Cupr.*, *Gels.*, *Dig.*, *Hel.*, *Hyo.*, *Ign.*, *Lach.*, *Lachnant.*, *Lyc.*, *Mag. m.*, *Merc.*, *Mosch.*, *Mur. ac.*, *Nat. m.*, *Nitr. ac.*, *Nitr. sp.*, *Nux m.*, *Nux v.*, *Opi.*, *Phos.*, *Phos. ac.*, *Puls.*, *Rhus*, *Secal.*, *Spig.*, *Staph.*, *Stram.*, *Sulph.*, *Valer.*, *Zinc*. The list is formidable enough, but it might pass if the indications given for

the medicines were correct. But this we cannot say is the case. Here are the author's indications for the employment of *Baptisia* in typhoid:—"In the first stage, from the moment the disease commences to manifest itself, the patient seems apathetic, does not wish to go out, feels full of anxiety, is afraid of something about to happen to him without knowing what it is; dull, stupefying headache; brown, furred, dry tongue, particularly in the centre; foul breath; falls asleep while speaking; when he lies down complains of not being able to sleep, because he cannot compose himself; countenance expressive of stupefaction; stupor with delirium; whilst replying to a question he falls sound asleep in the middle of a sentence. If this remedy is promptly administered at this stage, or at the commencement of the disease, the patient falls into a copious perspiration, and convalescence quickly takes place."

We are sure that none of our colleagues, who are in the habit of prescribing *Baptisia* in typhoid, will recognise the above as indications for its use. All diseases are treated by Dr. Cavallaro with equal confidence. He has even a longish section on the latest disease with which we are threatened—the Oriental or Bubonic Plague—and he gives a list of the medicines that he imagines are indicated for it. Our readers may be curious to know what they are—*Arsen.*, *Lach.*, *Carb. v.*, *Chin.*, *Hydrocyan. acid*, *Lauroc.*, *Kreos.*, *Verat.*

On the whole we cannot extol Dr. Cavallaro's work as likely to prove of much value to the scientific practitioner. Still, it may be useful as a reminder of the medicines that have been employed or recommended by homœopaths in all the different ailments and diseases of the human body.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago and in the Hahnemann Medical College. Chicago, 1879.

"UNDER which king, Bezonian?" Mr. Wheeler seems

to occupy the same post in the allopathic and the homœopathic schools of Chicago. And after all, we do not see why he should not, being, as we presume, competent to fulfil the duties of a double professorship. Chemistry is just one of those branches of medical science—so-called—that admits of no colouring by the therapeutic tenets of its teacher. This seems a very useful little book, and especially acceptable to those who desire to obtain a general knowledge of the progress made by organic, and especially medical chemistry, of late years, and the last changes that have been introduced into its nomenclature. We can heartily recommend it to students of both schools.

On the "Neglect of Physical Education and Hygiene by Parliament and the Educational Department. By Dr. ROTH. London: Baillière, 1879.

DR. ROTH here takes a pessimist view of the future of the British race unless they quickly reform and attend to their physical education. He proposes that Government should introduce this branch of education into all the Board schools, as well as into the army. Even drilling, which alone has been introduced into the Board schools, is quite insufficient, and its insufficiency has been acknowledged by the army authorities, who have now introduced gymnastics as a part of the soldier's training. Dr. Roth is an enthusiast on the subject, and he speaks with authority, for he possesses a perfect knowledge of it. His zeal led him to send a commissioner to inquire into the state of physical education on the Continent, and the reports of this commissioner are not the least interesting part of the pamphlet. They show, moreover, that we in England are far behind most continental nations in the matter of enforcing physical education as an integral part of the national education. We trust Dr. Roth's views will command the attention of the proper authorities, and prevent that physical degeneration which is going on, and threatening to make the true-born Briton a

poor creature unfit to cope even with savages, like our actual enemies the Zulus, on equal terms.

Special Report of the Homœopathic Yellow Fever Commission ordered by the American Institute of Homœopathy for presentation to Congress. New Orleans, 1879.

THE yellow fever of last year proved a very disastrous epidemic in the Southern States of America. It created quite a panic, and inhabitants of towns fled in terror at its approach. On the other hand, many heroic deeds were performed and much benevolence was displayed by doctors and others in connection with the epidemic. A lady, Mrs. Elizabeth Thompson, of New York, sent out to the infected district, at her own expense, a commission of allopathic physicians, to collect facts and statistics and offer suggestions for the treatment of the disease. The result of their inquiry was so unsatisfactory and taught so little that was not known before, and offered so little in the way of suggestions for the treatment of the disease, that this benevolent lady was induced to send out another commission, composed this time of homœopathic physicians, with Dr. Holcombe for chairman and Dr. Verdi for secretary. Their report now lies before us, and though it is a mere abstract of what will appear in greater detail in a future work, it shows us the superiority of the homœopathic method in the treatment of this disease in no doubtful manner. The commission invited all the homœopathic practitioners in the infected districts to communicate to it the results of their treatment of the fever. It met on December 2nd, 1878, at a hotel in New Orleans, and was very cordially received by their colleagues. Reports were received from thirty-seven practitioners, twenty-three of whom had been more or less fully employed during the actual epidemic, and seven had practised during former epidemics of yellow fever.

The following facts appeared from an analysis of the various reports :

1945 cases of yellow fever were treated homœopathically

in New Orleans, with a loss of 110 cases, showing a mortality of 5·6 per cent.

1969 cases were treated in towns outside of New Orleans, with a mortality of 151 = 7·7 per cent.

The proportional mortality was less in negroes and mulattoes than in white persons.

2100 cases were treated in the much milder epidemics between 1853 and 1878, with a loss of 360 patients = 3·7 per cent.

Total number of cases treated homœopathically 6569, deaths 360, mortality = 5·4 per cent.

1089 of these cases were in children under fifteen, of whom 48 died = 4·4 per cent.

The total number of recoveries after black vomit was 125.

The total ascertained number of cases of yellow fever treated allopathically in New Orleans was 23,540, and the deaths recorded amounted to 4056 = 17·2 per cent. The commissioners say the mortality was much greater, as hundreds of deaths by yellow fever were reported as malarial hæmorrhagic fever, pernicious fever, congestive fever, cerebrospinal meningitis, &c.

The medicines found of use by the homœopathists were, for the first stage, *Acon.*, *Bell.*, *Bry.*, and for the second stage, *Arsen.*, *Carb. veg.*, and *Crotalus*.

A good deal of interesting matter relating to the supposed causes of yellow fever, and the measures advisable for its prevention, will be found in this pamphlet.

We look forward with interest to the "full and technical report" which is to be published by the American Institute of Homœopathy, and trust that the labours of our colleagues have succeeded in eliciting the best remedies for this dire disease, and the best means for its prevention.

Our Foreign Contemporaries.

AMERICA.—It is nine months* since we have been able

* This notice was written and partly printed for our last number, from which at the last it was crowded out. As it would have required much

to notice the homœopathic journals of the United States. We must make up for the omission by embracing as many of them as possible in our present survey.

North American Journal of Homœopathy, Nov., 1877—August, 1878.—As usual, we give first place to our fellow-quarterly, of which we have four numbers before us. One of their chief and most valuable features is the translation, by the editor, of Dr. Gerstel's exhaustive essay on *Zincum*, which runs throughout them, and adds greatly to our knowledge of this medicine. We will speak of the other noticeable points in each number separately.

In that for November of last year Dr. Lilienthal makes a curious mistake when he speaks of the action of *Cannabis indica* in gonorrhœa, saying that he has been disappointed in it. No wonder he has, for no one has warranted it therein. What we call *Cannabis indica* is a resin developed in the Eastern variety of the hemp plant, and possessing (so far as we know) neurotic properties only. The irritant of the urethra is the *Cannabis sativa* of the colder climes; and with this as an anti-gonorrhœal medicine no one need be dissatisfied, if only he gives sufficient doses.

In February Dr. Hering begins a series of "arrangements" of Schüssler's tissue-remedies, intended as a republication of his American edition of that author's book, embodying all freshly acquired knowledge about the medicines therein contained. *Calcarea fluorica*, *phosphorica*, and *sulphurica*, *Ferrum phosphoricum*, and *Kali muriaticum* are treated of in the numbers before us. Dr. Hering tells us that at the meeting of homœopathic physicians of Switzerland, held at Schaffhausen in 1877, the subject of Schüssler's therapeutics was introduced, and *Kali phosphoricum* and *Magnesia phosphorica* acknowledged to be great remedies. Dr. Hering himself says the same of *Ferrum phosphoricum*. He does not vouch for the correctness of Schüssler's doctrines, or assent to his limitation of our *Materia Medica* to twelve remedies; but thinks that in the drugs he commends to our notice we have several (and among them some alteration to bring it down to the present time, it has seemed best to leave it as it stands.

new ones) of unusual value. Of those included in the present list we may mention that *Calcarea sulphurica* is said by Schüssler to act with more intensity in most cases where *Hepar* has heretofore been given, and that Quaglio and Koeck confirm his statement as to its greater power. Dr. Hering notes—"this is willingly confirmed by the one who introduced the old *Hepar* in suppurations."

In the May number Dr. Allen gives us an excellent case of fissure of the anus cured by *Ratania* 3, which we should have transferred to our pages, had it not already been brought under the notice of British homœopathists in the *Monthly Homœopathic Review* for August.

The August number contains the first of a promised series of contributions from the pen of Dr. Ludlam, who will each quarter review the progress of gynæcological knowledge in both schools of medicine, with notes and comments of his own. This section of the *North American* will be deservedly a favourite one.

The same number contains two deliverances on the question so much agitating the minds of our American brethren at present, viz. whether those who allow themselves to be recognised as "homœopathists" are thereby bound to practise nothing but homœopathy. Dr. P. P. Wells maintains that they are, on the ground that *similia similibus curantur* is "one of Nature's laws," and therefore immutable, imperative, and admitting of no exception or qualification. This position of his has been challenged. Further on will be found Dr. Hughes's contribution to the settlement of the question. Dr. Lilienthal, while condemning all careless and licentious practice, stands for the "liberty of medical opinion and action" which Carroll Dunham demanded, and aptly cites Hahnemann himself on the point.

New England Medical Gazette, Jan.—Oct., 1878.—The October number of the *Gazette* is the last we have received, and of the present series the issues for February and March have failed to reach us. This nice-looking and well-printed journal well sustains its reputation as an organ (mainly) of Boston homœopathy, and fairly represents its intelligent and liberal character. It reports fully the doings of the

Boston University School of Medicine and of the Massachusetts Homœopathic Society, besides containing many useful communications from individual practitioners. While, however, we have read no number without interest, we find nothing to note or extract save the following rather startling contribution from Dr. Conrad Wesselhoeft, to which the attention of our chemists especially should be directed.

*Trituration of Silica.**

Dr. S. Whitney, who is engaged in perfecting our means of triturating insoluble substances to the greatest degree of fineness, has submitted to me certain specimens for microscopic examination, together with certain questions. The substances were:—1. Crude silica ground by itself, without sugar of milk (which I shall designate with the letters S. L.), for three quarters of an hour or more. 2. Equal parts of silica and S. L. ground for three quarters of an hour. 3. Some crude silica precipitated from a solution of potash, which appears in the form of fine powder. 4. A specimen of stannum triturated with three parts of S. L.

With regard to the substances, the following questions were propounded:—1. Are the particles of the drug increased in number as they pass through each trituration? 2. Are they smaller in the third than in the second trituration? 3. In the several triturations are the particles of silica in a finer state of division than the particles of the S. L.? 4. What reason have we for supposing that in the third trituration the particles of the drug are a million times smaller than the particles of sugar? 5. What is the best method of reducing insoluble substances to the greatest degree of fineness compatible with the requirements of the mode of attenuation as hitherto practised?

I do not feel prepared to answer the above questions in full detail at present, having been engaged for some time in perfecting a more extended report for the American Institute of Homœopathy, which will embrace all those facts and observations for which time and space are insufficient just now. These observations will therefore be limited by the specimens above named.

The reason for triturating silica in these different ways was for the purpose of ascertaining the effect of that process upon it

* The *silicea* of the *Materia Medica*, now called *silica*, or *silicic acid*.

under different conditions. It has been assumed by Hahnemann, and since his time by most others, that silica, like many insoluble substances, became capable of "dynamization" and of solution after undergoing the process of trituration for the third time (*Chronic Diseases*, 2nd ed., vol. i. Introduction, p. 182 *et seq.*). Without discussing for the present the solubility of silica, it is of prime importance to decide whether that substance is actually reduced to a greater degree of fineness or subdivision with each successive trituration. Microscopic examination of silica-triturations prepared according to the centesimal scale is very unsatisfactory. We can find a few coarse particles of silica in the first, a very few in the second, and none in the third. It is, therefore, easy to assume that in successive triturations the particles of silica have been so far reduced as to become invisible. To test this problem the proportion of silica to S. L. in one specimen was increased to even parts, another specimen of silica was ground by itself, while a third specimen of pure silica, which had not been subjected to trituration, was examined in its natural state. The examination was made with the microscope as the most direct and available means known for that purpose to-day. Though it is not difficult to examine transparent substances by transmitted light, much is lost in this way that can only be seen by direct light (from above). Till within five years it was impossible to observe opaque objects with powers ranging above two or three hundred diameters at the most. But with the improved means of to-day, like Prof. Abbe's Illuminator,* it is easy to see minute objects, opaque as well as translucent, magnified from six to seven hundred diameters, as perfectly defined as with transmitted light. Experiments will show how far such an apparatus served my purpose.

A sample of pure unground silica was placed upon a glass slide and examined with transmitted as well as direct light. Both methods, but especially the latter, brought the particles of silica clearly into view, and permitted their measurement with an eyepiece micrometer. It was quite an easy matter to see the largest as well as the smallest particles. The largest measured in length and breadth 1-2 mm. to 1-50 mm. These can be seen with the naked eye, but among them were extremely small particles. Seen with a low power of forty diameters, they were as minute as it

* M. Schultze's *Archiv für Microsc. Anatomie*, vol. ix, p. 496.

was possible to see. Supposing that there might be still smaller ones, higher powers were gradually employed; and while the minute points glistening upon a dark ground were enlarged to the eye, no others appeared after one hundred diameters were reached. Nor did a magnifying power of six hundred and sixty diameters reveal any minuter points than those already seen, and these carefully measured had a length and breadth not exceeding 1-1800 mm. (1 mm. equals about 1-700 of an inch.)

Supposing, of course, that the process of trituration would increase the difficulty of observation by reducing the particles to so great a degree of fineness as to exceed the powers of the microscope, a portion of a trituration of silica made with one half its volume of sugar of milk was dissolved in a watch-glass, by carefully warming it. The silica was made to settle at the bottom by gently shaking and rotating the glass. The clear solution of S. L. was drawn off with a pipette, and water again added, and warmed, to dissolve the S. L., and this process repeated till frequent recourse to the microscope proved that no more crystals of S. L. were present. I cannot here describe all the difficulties of getting rid of the S. L. and the means of distinguishing it from silica. A great many trials perfected the methods of doing so, and having succeeded, I proceeded to examine the triturated silica upon a slide, as usual. It was to my surprise difficult to see any marked difference between it and the previous untrituated silica. The largest particles in the trituration, if reduced at all, measured 1-2 mm., while the smallest, followed up by the high powers, measured no less than 1-1800 mm. If there was any difference at all between this and the untrituated silica, it was that in the former there were fewer large particles.

Under the force of the assumed divisibility by trituration, some may think that with one hundred grains of S. L. one grain of silica would have been more minutely divided. It is not so. The more S. L. we use, the less is the chance of crushing the particles. The less S. L. we use, the more easily some substances like copper, gold, lead, &c., are comminuted, as I can illustrate by numerous trials, which I shall make known in due time.

To add a further test to the above, a sample of pure silica was ground by itself for nearly an hour, and examined upon a slide with various powers of the microscope.

Here alone it was possible to affirm a change in the silica.

This had been somewhat reduced ; the largest particles measured 3-100 mm. very uniformly. But the smallest ones did not reach beyond 1-800 mm. in smallness.

Hence, with regard to silica, I can affirm that its particles do not increase in number a hundredfold in trituration with S. L. They cannot be smaller in the second or third trituration, as they are not reduced in the first.

It is impossible to compare the particles of silica or any other drug with the S. L. of the trituration ; for we either have to dissolve it and wash it away, or to view it in conglomerated masses. As far as silica is concerned, we have no reason to suppose that in the third trituration its particles would be a million times smaller than those of the crude substance ; for, as above shown, trituration with S. L. does not affect it, while trituration without the sugar reduces it slightly, but only the coarsest fragments.

A number of other substances, like charcoal, gold, copper, lead and tin have also been carefully examined ; a specimen of the stannum-trituration mentioned above, was treated like the silica by being forced from S. L. by the process of washing before microscopic examination. It was likewise examined in solution on a slide, both while the S. L. was in a state of solution and after it had congealed to a clear mass upon a slide, which revealed that it had been reduced to a great degree of fineness,—its particles measuring 1-600 to 1-1200 mm. Having only this specimen, no fair conclusion could be formed as to the result of farther trituration. But judging from the behaviour of the other metals, tin will not undergo greater comminution by repeated trituration, of which proofs will be offered in another article.

As every one may see for himself by repeating these observations, the limit of divisibility of the metals is soon reached. As a rule it does not reach beyond the second trituration, if so far. Different means of treatment bring forth different results. The only observer in our school who threw some light on this subject was *Mayrhofer*, in 1844,* who claimed to have traced some metals, *e.g.*, gold, platina, &c., as far as the tenth and fourteenth dilutions. *Segin*† is also quoted as an authority who made a few examinations at a time when the microscope and its methods of manipulation were not sufficiently advanced. The improved instruments since that time permit a better view of this

* *Oestr. Zeitschr. f. Homœop.*, vol. i, 1844.

† *Hygea*.

subject, which it was impossible to obtain at *Hahnemann's* time ; and even *Mayrhofer's* instrument (Ploessl's), though better than *Segin's*, could not afford the flatness of field nor the defining power of present instruments ; nor did he possess the proper means of illumination of opaque objects, which are now so well seen with *Abbe's* illuminator.

As to the solubility of silica, I would say that, if soluble, this property does *not* depend on extreme comminution, which is far from being reached by the ordinary method of trituration. If the pathogenetic effects attributed to it really sprang from it, they did not proceed from solubility of the silica, but possibly from the minuteness of the particles as found in the crude as well as in the ground silica, which are five or six times smaller than a blood-corpuscule, measuring about 1-150 μ m. We know, however, that silica exists in an insoluble and in a soluble state ; and though this was known since 1823, about which time *Berzelius* made it known, pharmacists and physicians persisted in assuming the insoluble silica to become soluble by trituration, and in neglecting the soluble form altogether,—that form in which it is contained in the soil and in which it is assimilated by plants. We have no evidence that in its amorphous insoluble form it is soluble in water or in alcohol.

Hence silica, like carbon, should be subjected to a new series of provings, both of the silicic acid and the metal silicium, also known since 1823.

In order to render these and similar observations valid, it is necessary that many physicians should repeat the observations upon this subject. One man's evidence is of value only to him who obtained it ; it is desirable that it should be either refuted or confirmed, for on it hinges much that is of far-reaching importance. What we need is exact, careful observation by many. So-called facts should not be transcribed from generation to generation without repeated scrutiny, and without bringing them under the tests of improved methods.

From the October number we learn with pleasure that in a new journal—the *New York Medical and Surgical Brief*—a writer (Dr. E. J. Fisk) reports four cases of pain and inflammation affecting the testicle rapidly relieved by drop-doses of the mother tincture of *Pulsatilla*, and (unlike most similar borrowers) gives the credit where it is due.

Hahnemannian Monthly.—Jan.—July, 1878.—We are sorry to say that these numbers are the last we shall have of the *Hahnemannian*, at any rate for the present. The publishers, Messrs. Boericke and Tafel, say that they “consider it as a suspension” only; but, the chief cause being that it did not pay, and involved them in an annual loss of five or six hundred dollars, it seems hardly likely that—having the *North American* also on their hands—they will care to take up the burden again.* We are sorry for the loss, for the journal, ever since Dr. McClatchey assumed the editorship, had been growing in value, and had become quite the best of the American monthlies.

The numbers before us are full of interesting matter, though there is not much that we can note or extract.

In that for January Dr. J. C. Guernsey shows, by a paper on Angina Pectoris, that he is treading in the steps of his worthy father in the endeavour to characterise our remedies, but also—we must say—in the effort to include too many under the heading of each form of disease. He is in error, by the way, in speaking of *Arsenicum* as “the remedy that cured completely Dr. Samuel Hahnemann” of this disease. It was an attack of suffocative catarrh his recovery from which he ascribed to *Arsenic*.

The following, from the February number, illustrates an action of *Ipecacuanha* which is sometimes overlooked, as well as the importance of an unirritating diet in chronic intestinal irritations.

A Case of Chronic Diarrhœa.

By W. L. DODGE, M.D., Philadelphia.

Miss Y—, aged 27, of nervous temperament, residing in Baltimore, came to Philadelphia to be treated for a diarrhœa of two years' standing. Her father had died of chronic diarrhœa. She came to me September 12th. She was then weak, emaciated, and having from six to twenty stools a day. Stools yellow, with a good deal of pain, and constant pain at umbilicus, which pre-

* We are happy to say that from January 1st in the present year the *Hahnemannian* renewed, under the editorship of Dr. W. H. Winslow, its suspended existence; and will, we hope, continue to instruct us for a long time to come.

vented her from standing straight. Tongue clean, and a good deal of nausea at times. Gave *Ipecac.* 1^x trituration, one grain every three hours, confined her to a milk diet, to be taken every two hours, and then no more than half a glass at a time. The second dose of *Ipecac.* removed all pain, and in three weeks she returned cured. Gained very much in strength and flesh during treatment. Ordered her to keep up milk diet for three months, and to take a dose of *Ipecac.* every second night for two or three months. Received a letter from her to-day, November 1st, saying she had continued well. I have found *Ipecac.* 1^x superior to *Sulphur* or any other drug for the majority of cases of chronic diarrhœa. Have treated a great many cases of diarrhœa contracted during the late war, caused by miasmatic poison, which had lasted for years, and had been considered incurable by allopathic physicians, yet which yielded readily to *Ipecac.* and milk diet. It is useless to attempt to cure a case of chronic diarrhœa without confining a patient strictly to a milk diet, taken often in small quantities at a time, and to be continued for a long time after the diarrhœa has ceased, for the reason the bowels become so weakened that if permission is given to take a stronger diet they will go too far, and bring on a diarrhœa again. I have used high and low potencies of *Ipecac.*, but come back to the 1^x with more satisfactory results.

In March Dr. Allen calls attention to the dictum of the "key-note" school, that *Phosphorus* is indicated especially in tall, slender people. He thinks that this applies only to the pulmonary cases demanding the drug, while in diseases of the nervous system to which it is suitable the patient is often fat. "In fatty degenerations, fatty muscles, fatty heart, fatty liver, especially if the skin assumes an icteric hue and the respiration becomes difficult, and if the patient be sleepy and dull, we may sometimes witness enormous accumulations of adipose matter relieved by *Phosphorus.*" This is as it should be, considering the pathogenesis of the drug.

Dr. Dodge here gives us another excellent case, which we must quote entire.

Gelsemium in Puerperal Convulsions.

By W. L. DODGE, M.D., Philadelphia.

Was called to see Mrs. G., twenty-four years of age, one month before her expected confinement with her fourth child. Had a midwife with her three previous confinements and had each time an easy labour. Found her suffering with intense headache, hands firmly clenched, feet like ice, head hot and face bloated. I saw that I had a case of puerperal convulsions to deal with. Ordered bottles of hot water to feet, cold water to head, and sent to my office for *Gelsemium* θ ; her pulse was then 120, and bounding; within five minutes after my arrival she had her first convulsion, and six in rapid succession, the most severe I ever saw. There were no signs of labour, only a slight dilatation of mouth of the uterus; the water had broken the day before, the midwife said who had been in attendance; the bed was then wet through. I put 20 drops *Gelsemium* θ in one half glass of water, and gave a teaspoonful every five minutes. I had great difficulty in getting her to swallow the first few doses. In one half hour relaxation of muscles began to take place and convulsions lightened, and within one hour she had regained her consciousness; pulse softer and all symptoms better.

The next morning found her bright and cheerful, headache nearly all gone, from which she had suffered constantly for two weeks. I kept her in bed nearly all the time for ten days, and gave *Gelsemium* 3 \times every three hours. Then I was sent for again and found her in hard labour, with the vagina dry and hot. I then introduced about one ounce or more of lard into the vagina, thoroughly lubricating the parts, and in ten minutes she was delivered of a fine healthy girl.

I have been surprised many times at the rapidity of cures from the properly selected remedy in diseases, especially of this character; more so because I practised allopathy for several years, and used to think if opium and bleeding did not cure, that a patient must die or suffer on until *nature* took pity on him and saved his life. No one can become more disgusted with the old mode of treatment than one who has *tried* to save life with it, and then has seen the *rapid* and *perfect* cures performed by homeopathy.

With this we must take our leave of our excellent contemporary, hoping that its editor and many of his fellow-

workers may find other spheres for their activity, which otherwise would be lost to us.

American Observer, Feb.—June, 1878.—Our supply of this journal continues to be defective. The numbers mentioned above are the only ones which have reached us from September, 1877, to the present time.

In the February number we meet with a phenomenon which we shall hope to see multiplied as time goes on. It is that of a practitioner of the old school who avows before his brethren his (qualified) acceptance of the homœopathic law and its corollaries as to dose, yet retains his place among them. The gentleman who takes this wise and manly course is Dr. S. W. Wetmore, of Buffalo. His paper here given, which was read before the Medical Association of that city, is as pleasant to us as it must have been surprising to its hearers; and, joined to the similar communication made by Dr. Dessau, of New York, seems likely to prove an important precedent.

The March number contains an amusing duel (if it were not too sad to see such contention among brethren) between Dr. Lippe and Dr. Jones. The editor has had the cruelty to print Dr. Lippe's letter *verbatim*, and an astonishing production it is. Later on in the same number, Dr. Jones is called out by Dr. Swan, and these two interchange shots. The Michigan professor—himself of the school of Hering and Dunham—has pronounced himself (as Dr. Allen also has done) an irreconcilable opponent of the extravagances and impostures which, under the name of "Hahnemannianism," are now corrupting in America the homœopathy the master left us. The attempt of *The Organon* to naturalise them in this country is hardly likely to prove successful. Dr. Jones ends by saying—"The question at issue is, shall our school be sacrificed by its fag-ends—by those who have never grown up to Hahnemann's standard, or by those who have hypertrophied (or fatty-degenerated) beyond it? That is the 'question at issue,' and there is equal danger at either extreme. Of the result there can be no doubt, for both ends will eventually separate, slough off, leaving a sound middle portion. Meanwhile, escharotics are 'indicated' to

hasten the process." He offers his "little stick of caustic" as a contribution for the purpose.

The numbers for May and June contain two interesting communications upon the treatment of diphtheria. The first is from Dr. Nichol, of Montreal, relating his uniformly favourable experience with *Apis* (5th and 6th decimal triturations) in an epidemic of the disease: all the patients had puffiness about the eyes. The second is a touching account, by Dr. H. W. Taylor, of Crawfordsville, Indiana of the death of two of his children from the malady under the ordinary remedies, and of the recovery of the three remaining ones under a saturated solution of *Kali chloricum*.

American Homœopathist, Jan.—Nov., 1878.—We are now receiving this journal regularly, and find it a profitable addition to our literature. The following articles in the eleven numbers before us are worthy of notice.

January.—A paper on "Arsenicum in Malarial Diseases," by Dr. Lucius Morse, of Memphis, is well worth reading by those who have such affections to treat. He finds it most serviceable when the "dumb chills" of malarial cachexia are present, and as a prophylactic when the earliest symptoms of malarial poisoning show themselves. Constant coldness and desire to hover over the fire are special indications for it. It is not so useful in acute attacks of intermittent fever, but acts well sometimes in the treatment of relapsing cases. He gives the triturations from the 3rd to the 6th decimal, and follows Hahnemann's injunction to "triturate a good while."

In the same number Dr. Burt relates a very favourable experience with *Mercurius cyanatus* in diphtheria. After using it for three years in "many scores of cases," without a single death, he has acquired such confidence in it that now, as soon as he has a clear case to treat, he at once prescribes the drug, "with a feeling of almost absolute certainty of curing the patient." In two at least of his patients the deposit had invaded the larynx. He gives the 3^d trituration. At the end of the article he candidly adds a recently occurring fatal case, making his first failure; but

this does not outweigh the experience stated above. He also tells how he poisoned a dog with the drug, injecting it under the skin, with the result of producing paralysis of the heart and (as seen post mortem) inflammation of the larynx.

Dr. Holcombe follows with two cases of albuminuria in youths (the frequent occurrence of which has lately been noted by British observers), in which *Econymin* 1, given because of the hepatic symptoms present, proved curative.

February.—Some interesting experience with *Kalmia* in rheumatism is here recorded by Dr. Louis Faust. It is when the pains haunt the neck, shoulders, and arms, that he finds it so useful. He mentions that on proving the drug he was compelled several times to stop taking it, as the neuralgia it caused became unbearable. He "can unhesitatingly say that it will cure over half the cases of facial neuralgia."

Dr. Boyce gives us in the same number, as a "characteristic" of *Lachesis* in diphtheria, "a steady, hard ache all over," making the patient constantly toss about in search of relief; and Dr. Woodyatt tells us how useful *Gelsemium* is in that paresis of the external rectus muscle of the eye which it so readily causes.

March.—Dr. J. R. Haynes, of Pittsburg, contributes to this and some subsequent numbers his experience with *Ipecacuanha* as an antidote to the opium or morphia habit. He gives per day five drops of the mother-tincture for every grain of morphia (or its equivalent in opium) which the patient has been accustomed to take.

The following is worth extracting :

China off. in Consumption.

By C. E. FISHER, M.D., San Antonio, Texas.

No remedy do I find more frequently indicated in the treatment of night sweats of consumption than *China* in the lower dilutions—1st to 3rd. Cases of night sweats which have long baffled medical treatment, allopathic and homœopathic, have readily yielded to *China*, 1st or 2nd, repeated every two hours, to the satisfaction of myself and the great delight of the

patient. But seldom has it failed me. Now and then *Phos. acid* or *Silicea* are called for, but for a very large majority of a goodly number of cases treated, *China* has proven itself to be *the* remedy. The sweat is usually very copious and exhaustive, slightly staining the linen, not especially offensive, leaving the skin clammy and sticky. It is generally more copious from the chest, neck, and forehead, and occurs the moment the patient drops into a sound sleep. When this train of symptoms is present, *China* 1st to 3rd is loudly called for, and in nearly every instance will respond to the call in a very gratifying manner.

August.—The same writer here contributes some notes on the therapeutics of chronic nasal catarrh. He finds *Mercurius iodatus* "indicated in more cases than all other remedies in the *Materia Medica* combined." A chief indication for it is "collection of tough, yellow mucus in the posterior nares, which partially drops into the throat, causing constant inclination to hawk and spit, in order to clear the throat and nose." He gives the 2nd trituration.

September.—Dr. Hale cites a case in which *Jaborandi*, given daily for a week, caused (left) unilateral sweating, cold; and Dr. Boyce relates one of pain *after* urinating, of long standing, cured by *Sarsaparilla* 200.

November.—Dr. George Lee, of Fremont, Ohio, sends to this number a case of enlargement of the left ovary disappearing under *Apis*, 3rd trituration; and Dr. Hale reports one of paresis of the cardiac vagus (pulse 160) in which *Lachesis* 200 was curative. Snake-poisoning is observed, by Dr. Brunton and Sir J. Fayrer, to cause this very condition.

United States Medical Investigator. Jan.—Oct., 1878. —We have mentioned the recommendation of *Sticta* in bursitis. In the *Investigator* for January 1st Dr. E. C. Price writes: "I am sorry I did not keep a record of the cases of that sometimes troublesome affection, bursitis, which I have cured with *Sticta*. I think they amount to nearly twenty. It is the first remedy I think of in those cases."

In the number for March 1st Dr. F. H. Foster, of Chicago, relates a case of interstitial keratitis recovering

in an unusual short time under *Mercurius iodatus* internally and *Atropia* locally, with *Spigelia* for the pains when severe.

In that of April 1st the editor, Dr. Duncan, cautions us against neglecting an inflammatory state of the urinary organs in children, and treating it as simple "enuresis." He pathetically ends thus:—"I speak feeling for I know whereof I affirm."

April 15th brings us a grave case of hæmorrhage from the kidneys, given up by the faculty of the other school, and cured by *Phosphorus* 6 and 30. It is reported by that always instructive writer, Dr. Hawkes.

In the number of May 1st Dr. Lippe announces that a homœopathic publishing society, after the model of our H. P. S., has been formed in America, with Dr. Hering for president. The first work to be published will be one entitled *Guiding Symptoms*, by this venerable physician. Although "none but strictly homœopathic works" will be published by the Society, *i. e.* homœopathic in Dr. Lippe's acceptance of the term, yet we of a more liberal school need not disdain what good it can bring us, and should send our ten dollars for a share to the treasurer, Dr. Moore, of Germantown, Pennsylvania, which will entitle us to receive all publications at cost price.

The following case, from the same number, is of some interest:

Vaso-motor Neurosis—A Case—Recovery occurring under the Internal Use of Plumbum 6x and the Local Use of Atropine.

By W. H. WOODYATT, M.D., Chicago.

Read before the Military Tract Medical Society, December 5th, 1877.

Mrs. D—, æt. 29. The left eye became affected two weeks before her first visit to me. Supposed she had taken cold and that it had settled in the eye. The symptoms were of a mild character during the first week, but for the past five or six days have been severe. Careful examination developed the following picture:—Drooping upper lid, intense photophobia; very profuse lachrymation of hot tears; peri-corneal injection, deep bluish

red in colour, marked at the corneal margin, and fading off towards the reflexial fold of conjunctiva; slight redness of the conjunctiva of the lid from the presence of the hot tears, but no mucous discharge. Cornea very delicately hazy throughout its entire extent, as if breathed upon so as to dim its lustre; and at the lower inner quadrant the opacity was a little denser, and seemed as if it might develop into an ulcer. Cornea not normally sensitive to touch. Pupil contracted. Vision impaired, being 20-200. The tension of the eyeball was diminished. Neuralgic pains were experienced in and around the eye, worse at night. When a four-grain solution of *Atropine* was applied to the conjunctiva, the iris did not dilate fully, but the dilatation was regular. *Arsenic 6x* was prescribed every two hours, but during two days' use did no good that was apparent. The *Atropine* was applied regularly three times a day, but the iris remained at about three quarter dilation. Finding a defective carious molar in left upper jaw, which gave her some trouble, and recognising the possibility of its being the cause of the trouble in the eye, *Plantago 6x* was given every two hours until she could go to the dentist and have it cared for. After twenty-four hours' use of this drug the eye appeared the same as at the first visit. *Plumbum met. 6x* was then given every two hours. The eye commenced to get better immediately; lachrymation lessened; photophobia diminished; pain abated; cornea cleared; pupil dilated; sight improved. The remedy was taken during seven days, and at the end of the time sight was emmetropic, and all inflammatory symptoms had disappeared. The carious tooth had not been removed. The symptomatic indications for *Plumbum* which suggested its use are, "bluish-red coloured sclerotica, contraction of the pupils, mistiness of sight."

The above case is only worthy of being reported to this Society because it is one of a type of cases occurring more frequently than is recognised in every-day practice, and presenting some features which will be overlooked unless the cases are examined carefully.

This particular case might pass as one of diffuse inflammation of the cornea, or perhaps as one of inflammation of the cornea and iris; and yet a careful examination shows that there is present also a disturbed condition of the cervical sympathetic nerve. A little more critical study of its symptoms make it appear that

the condition is primarily due to changes in the cervical sympathetic.

Contracted pupil, drooping eyelid, marked injection of the conjunctiva, with increased temperature, are recognised results of paralysis of the sympathetic vaso-motor nerves; diminished tension of the eyeball, haziness of the cornea, impaired vision and neuralgic pains in and around the eye, have also been traced to the same cause.

Cases reported in our literature for years have indicated the presence and potency of some cause behind what was revealed through the gross changes occurring in the tissues of the eye. These cases have been called by different names according as the conjunctiva, the cornea, or the iris exhibited the most striking changes, but in every case it was observed that the symptoms as a whole were not fully explained by the local changes.

Attention has only recently been called to the fact that these different cases are to be properly comprehended only by considering them in relation to the cervical sympathetic nerve. Without stopping now to give the details of cases which would illustrate all the different aspects that the trouble may present, according as it develops to a greater or lesser extent, and according as it may involve the conjunctiva or the iris in the most marked degree, but bearing in mind the peculiar symptoms which point clearly to a neurotic cause, we may by a combined effort work out a set of remedies which will be curative in every instance. The subject is worthy of very elaborate treatment, and is occupying the mind of some of our special workers not a little. It is hoped that this short report may excite interest, quicken observation, and lead to a trial of remedies which may not have suggested themselves under a less accurate diagnosis. Many similar cases have unquestionably been treated to recovery, and it is highly important that we should compare notes, in order to determine what remedies, if any, have exerted a curative influence upon the disease.

In the number of May 15th there is a very instructive article by Dr. J. H. Miller, on "Coffee as a Beverage." It is too long for transference to our pages, but will amply repay consultation. His conclusion is as follows:

"In view of my own experience, and of the effects

recorded by so many observers regarding coffee, I can scarcely esteem Hahnemann's array of ills set forth against the beverage as overdrawn. Its constant excessive use is undoubtedly productive of much distress. The greatest sufferers are women and children, both because of greater nervous irritability and of sedentary, indoor life. Active muscular exercise and open-air dwelling seem greatly to counteract the ill-effects of coffee. Hence men, labourers or soldiers, are less frequently subject to ailments traceable to the use of the drink, and oftentimes derive positive benefit from it. As a means of counteracting the exhausting effects of long rides or marches, of severe labour, and of exposure in inclement weather, coffee is invaluable."

June 1st.—We here notice a case of exophthalmic goitre, treated by Dr. Mitchell with *Arsenicum* (30th decimal trituration). Its subject was weak, anæmic, and cyanotic, and had œdematous and cold extremities. After five weeks of the medicine "the improvement was very marked. She had gained eleven pounds. The exophthalmos had so far disappeared that the bulging of the eyes was hardly noticeable. The cyanosis and dropsy had gone, and the appearance of the complexion was more healthy. The pulse had dropped to 84"—it had been 120.

August 1st.—Dr. P. W. Poulson, of Council Bluffs, Iowa, declares that the two great remedies for cholera infantum are *Chininum arsenicosum* and *Kreosote*. Dr. Hale introduces a "new uterine motor" in the shape of the mistletoe, *Viscum album*.

Aug. 15th.—Dr. G. W. Bowen here communicates some facts relating to the action of the sweet clover, *Melilotus officinalis*, which indicate a power on its part of producing so severe a headache that it ought to find a place in the treatment of cephalalgia. It is a medicine which deserves study. Dr. Carmichael sends another proving of *Equisetum hyemale*, which promises to be an important medicine in urinary disorders.

We have often mentioned Dr. Hawkes' excellent clinical lectures in the *Investigator*. Here is a bit of one, which is the more instructive as confirming some indications for

Sulphur, hardly so well known on this side of the Atlantic as on the other.

Clinical Cases. By W. J. HAWKES, M.S., Professor of Physiology and Clinical Medicine in Hahnemann Medical College and Hospital, Chicago.

The first case presenting this morning is our old friend with the badly smelling feet. Those of you who have seen this case from the first will remember that when he first came before us it seemed impossible to elicit any constitutional symptoms whatever. He said he was perfectly well in every other respect. He was evidently a gentleman in every respect, and came here as a last resort, having been made acquainted with some of the old chronic cases cured in Hahnemann Hospital Clinics. There was no room here for question as to cleanliness; he bathed his offending members two or three times daily, and had taken every possible precaution, but still the distressing odour remained, winter and summer, for years, so that his life was rendered miserable.

As I have said, no amount of questioning seemed to elicit any constitutional symptoms whatever, and we prescribed *Silicea* on the general symptom of "badly smelling sweat of the feet." This remedy was given in the various potencies, from the lowest to the highest, for two months, without any impression having been made upon the disease. A disease it is, as is any other abnormal condition of the body, and the result in this case demonstrates that it must, like other diseases, be treated according to the peculiar features of the patient.

After we had become convinced that *Silicea* was not the remedy, another effort was made to find some better guide to the remedy than the general one of stinking sweat of the feet. We adopted the plan of beginning at the head and questioning all the way down to the feet, and of going into his past history as fully as possible. The result justified the means, and the following symptoms were discovered:

A gnawing empty feeling at the pit of the stomach an hour or so before dinner time, not constant, but frequent enough to be noticeable when his attention had been called to it; an occasional dry, burning heat on the soles of the feet at night, even when cold through the day; and the acknowledgment of the fact that he once had had the itch, which his mother had suppressed

by a free use of "sulphur and lard." Here was a very good picture of *Sulphur* in a man who had "no symptoms whatever." *Sulphur* in a high potency was prescribed. The patient reported in two weeks he had not noticed the offensive odour so much for the past few days. He was allowed to go without a repetition for two weeks longer, as we see by the record in the clinic book; and at the end of that time he reported no odour for the period, but said the weather had been unusually cool, and probably that was the cause. No medicine but *Sac. lac.* was given, and at the end of two weeks he reported a little odour during a few warm days; other days no odour.

It is now six months since he took the one [prescription of *Sulphur*. It has been repeated but once during that time, and he has not been troubled with any disagreeable odour from his feet since. He is without doubt permanently cured. The "empty, gone" feeling at the stomach disappeared during first two weeks, and has never returned since.

The points worthy of note in the treatment and result in this case are—First, there is no disease of which it can be truthfully said that a certain one, or a certain six, remedies will cure it, and no others are or will be needed. We must seek the constitutional peculiarities of each patient, and, other things being equal, select the remedy accordingly. Second, it is not necessary to repeat the dose while we are sure the patient is improving under the first impression produced.

CASE 2 is that of a young man aged twenty, who has had dysentery for a period of between four and five years. He has gone through the usual routine of the old school; and has been under the care of at least one good homœopathic physician of this city for one whole year, without permanent benefit.

As we found him he was having from five to ten bloody stools in the twenty-four hours. He had generally one or two at night. The time of aggravation was almost always in the early morning. Generally had to rise at about 6 a.m., when he was obliged to hurry. There was considerable straining and tenesmus. He complained of cold feet in the daytime; but said even then they burned on the soles at night. We found also that he was faint and empty about 11 a.m. *Sulphur* 6th, 30th, and 2000th have completely cured him. It is now six months since he came under our care, and four months since his old trouble has shown

itself. He was then feeble and unable to do any work; he is now at work every day, and calls himself perfectly well.

September 1st.—The following is worth extracting :

MONTROSE, PA., July 15th.—Would like to call the attention of the profession to the use of *Nitrite of Amyl* in apoplexy. Was called on March 21st, 1878, to see a patient about 6 p.m., and found him lying on his back in bed, where he had been placed; face purple, and looked as though the blood would burst from every pore; snoring breathing, and perfectly unconscious. My heart sank, for I thought, of course, he was as good as dead, but the use of *Nitrite of Amyl* in congestive headache came to my mind, and sending to my office for the little which I had, saturated a cloth, and being raised to sitting position passed it up and down gently about four inches from nostrils, and immediately the blood began to recede, and in twenty minutes the face had a normal appearance. Of course, it so happened that no rupture of blood-vessels occurred before my seeing him. He was left with numbness of the whole left half of body, and complained of lump in throat, for which *Gels.* was prescribed, and is to-day well. Would like physicians to give it a trial, provided they have an opportunity, and report result. H. D. BALDWIN.

Homœopathic Times. Jan.—Nov., 1878.—The editors of this journal have commenced, with the April number, their promised Retrospect of Homœopathic Literature, beginning where the last volume of Raue's Record left off. It seems thoroughly done, and is well arranged. For this alone our colleagues should subscribe for the *Times*, beginning with its sixth volume. They will find in it, besides other matter of interest, a controversy between Drs. Couch and Jones with respect to *Picric acid*, which is very instructive as regards the drug, though painful in the acrimony of the combatants. The only paper we have to extract is the following, which belongs to the therapeutics of a little-known disease :

Laryngismus stridulus. By J. N. TILDEN, M.D., Peekskill, N.Y.

Two cases of this disease have recently been under my treatment, with results so satisfactory that I hope a short account of

them may not be uninteresting. It is not unusual for children during a fit of anger to suffer from a slight temporary suspension of respiration, but from which they do not suffer any bad effect. This slight temporary suspension of respiration is to be distinguished from a condition amounting to serious disease, which is known by different authors by the various terms—*Laryngismus stridulus*, internal convulsions, child crowing, spasm of the glottis, &c.

The etiology, pathology, and treatment of this affection, have in the old school been subject to as many theories and speculations as there were authors to write upon them, and the general conclusion seemed to be that hygienic measures were of greater importance than medication. One authority states that the prognosis should always be guarded, as these cases are always serious. Another, no less an authority than Dr. Tanner, says that "convalescence is always tardy;" but without further digression let us proceed to consider the cases above alluded to.

CASE 1.—A delicate child, *æt.* 8 months, artificially fed, digestion in perfect condition. His paroxysms were always precipitated by crying from anger. They were characterised by a sudden and complete cessation of respiration, as if the rima glottidis were completely closed to the entrance of air, and accompanied by alarming lividity of the face, lasting for from ten to twenty seconds, when the first inspiration would be accompanied by a shrill crowing sound almost identical with the characteristic inspiration of whooping-cough. After this prolonged inspiration the breathing would be irregular and sighing, and the discoloured features would be followed by pallor, accompanied with great prostration, and cold perspiration lasting for half an hour or more. These alarming attacks occurred at irregular intervals, sometimes daily, often at longer periods. Strict attention to regimen, abundant out-door recreation was directed, and *Belladonna* 1st dec. given internally every two hours while awake. A marked diminution in the severity of the symptoms was at once noted, and after a few days' treatment the attacks ceased entirely.

CASE 2.—Child, *æt.* 9 months, suffering from teething and indigestion, had paroxysms every time he waked from sleep. In this instance they consisted of ineffectual spasmodic efforts at

respiration, attended with the same shrill crowing sound mentioned as occurring in the other case. This patient did not have so much congestion, nor were the paroxysms followed with so great prostration as in the previous patient; but during the attacks, which lasted one or two minutes, it seemed as if the little fellow must surely suffocate.

The difference of symptoms noted in the two cases was probably owing to the fact, that in the first case the rima glottidis was entirely closed, and in the second, although rigid and unyielding, it was open sufficiently to allow the entrance of a limited amount of air.

The treatment was the same in this case as in the preceding one—*Belladonna*—and the result was equally prompt and satisfactory. The paroxysms were at once ameliorated, and after three or four days there were no more symptoms of them.

Although we cannot, even in a majority of cases, hope for so sudden and perfect a remedial effect as was produced in these patients, yet they give us a nice illustration of the brilliant results which the law of similars is capable of giving, and at the same time show its superiority over the bewildering maze of speculations in which old school authorities indulge when treating upon this disease.

St. Louis Clinical Review. March—Nov., 1878.—Under this name we have to welcome another accession to our periodical literature. It hails, as its name imports, from the great western city of St. Louis; and is edited by Dr. Philo Valentine, the Professor of the Theory and Practice of Medicine in the Missouri Homœopathic College there existing. From the staff of this institution, and of the Good Samaritan Hospital connected with it, it expects and receives contributions; and it specially lays itself out to report the meetings of societies, which it does very pleasantly and thoroughly.

Among other papers of note, we may mention an excellent protest against medical creeds by Dr. J. P. Dake; a telling series of cases of hæmorrhage arrested by *Hamamelis* (including two of vicarious menstruation), from the pen of the editor; some experience with the new remedy, *Piper*

methysticum—the kava-kava of the Sandwich and Samoan islanders—by its prover, Dr. Griswold, of San Francisco; a thoroughly scientific article on keratitis specifica, by Dr. J. A. Campbell (he finds homœopathic treatment capable of materially shortening the progress of the disease); and a plea for scientific re-provings, by Dr. Lucius D. Morse, in which he endorses Dr. Dake's proposals. We have not space for any extracts this time; but when next we review our American contemporaries, we expect to find something well worth citing in the *St. Louis Clinical Review*.

MISCELLANEOUS.

Reply to Dr. Drysdale's Objections to the Recent Chapters of the Cypher Repertory.

By E. W. BERRIDGE, M.D.

DR. DRYSDALE, I think, took an unwise step when he published his objections to the recent chapters of the above work so soon after its publication. The apparent difficulties of the work are quite sufficient to deter many a beginner from using it, without the additional non-incentive of being told that the new alterations are so many hindrances. The deed is done, however; and now all that remains is for Repertory-users, and especially Repertory-workers, to give their opinion as to which plan is the best.

Dr. Drysdale brings forward this general objection to all improvements, that no change should be made in a work of this kind *till a new edition is called for*. This objection is hardly valid, considering that in Chap. xiv, arranged partly by Dr. Drysdale himself, certain features (*e.g.* the complete list of pains in umbilical region) are found which do not occur in the earlier parts; but, waiving all this, I claim that the necessary conditions *do* exist, for to all intents and purposes this *is* a new edition. It must not be forgotten that the first three chapters of Mind, Sensorium, and Head were first published in another form under the

name of the *Pathogenetic Cyclopædia*, the subsequent parts being issued in the form of the *Cypher Repertory*, and bearing the title of *Vol. II of the Path. Cyclop.* Most assuredly, then, these same first three chapters in their present form constitute Part I of a *new edition*; and this fact, coupled with the facts that some of the subsequent parts are nearly out of print, and will soon require to be rewritten, rendered it perfectly justifiable for Dr. Dudgeon to make what alterations he thought best.

The following are the objections raised by Dr. Drysdale:

(1.) That the relative position of concomitants and conditions is reversed. The new order is certainly unfamiliar, but it is scientific, and I do not see that it can cause the least difficulty in the practical use of the work. In former chapters the concomitants in the *same* organ were separated, by the conditions, from those in *other* organs; in this, *all* the concomitants are placed together, as is right.

(2.) That the general order of pains is put into Section IV instead of preceding the classes of pains in Section I. This is eminently proper. Section IV consists of "Course, Direction, and Progress;" surely a pain in head, shooting from before backwards, comes under this heading as naturally as a pain shooting from the head to the face; and such a quality of pain as "Periodical," being one of general and not specific character, is far more appropriately placed with the other symptoms of general character (*e. g.* from within outwards) than at the end of the lists of specific character-symptoms. This is the plan I have adopted in my *Eye Repertory*, and in this case I feel that imitation is the sincerest form of flattery.

(3.) That the old Section V—Peculiar Symptoms—is abolished. Perfectly right; to make a separate section, as is done in Chap. VI, for *four symptoms* is an anomaly. Such headings as "Peculiar Symptoms" and "General Symptoms" too often serve as a refuge for the destitute, into which all kinds of heterogeneous symptoms are unceremoniously thrust; the fitness of the Repertory-maker for his task is shown to a great extent by his being able to arrange these symptoms in appropriate order with the rest; and if there are any left which obstinately refuse to be arranged, it is far simpler to place them at the end of the rest (as at p. 160) than to remove them altogether to a new section.

(4.) As to the new abbreviations of the names of *three medi-*

cines I will say nothing ; it is a matter of taste. I will, however, mention that Dr. Dudgeon in his reply has overlooked two other alterations which he has made, viz. that he has the symbol *aru.* for *Arum triphyllum*, that being in the earlier parts the symbol for *Arum maculatum*, a remedy which he omits; and also the symbol *ol-m.*, instead of Nankivell's abbreviation *o-as.* (*Ol. jec. aselli*), for *Oleum morrhue.* Let me also point out that he has used the old symbol of *al-s.* (*Alcohol sulphuris*) as well as *cr-s.* (*Carboneum sulphuratum*), though both signify the same substance; we also find the same plant appearing as *lyp.* (*Lycopersicum esculentum*) and *so-l.* (*Solanum lycopersicum*). These latter slips, however, only lead to a few duplicate symptoms.

(5.) Dr. Drysdale's plan of arranging the list in the alphabetical order of the *abbreviations*, instead of the *medicines*, is perfectly correct; indeed, I suggested it to Dr. Dudgeon myself, but it was unfortunately too late to alter. As soon, however, as the last volume of Allen appears, a complete list could be prepared and published.

(6.) I cannot find that Dr. Drysdale has made allusion to another excellent change adopted by Dr. Dudgeon; viz. abolishing the old Chap. VI—Anatomical Regions. This was a most unscientific arrangement, for Section I is really the chief Anatomical Region of the Chap., and there is no reason why the sub-regions should be placed as far from it as possible. They ought to follow immediately afterwards, as they do in my own *Eye Repertory*; here, again, Dr. Dudgeon's alteration is a great step in advance.

(7.) Dr. Drysdale's objection that the same special character cypher is used in both parts of Chap. I for different symptoms is completely answered by Dr. Dudgeon.

(8.) His objection that in Part I the symptom "desire to kill" occurs, and also in Part II, with a different list of medicines in each, is also fairly met by the author, who shows that in the latter case it is a form of mania, and is so arranged. It would, however, I think, have been an advantage if, while the latter rubric remained as it is, these medicines were also added to the former, with the cypher of Mania added to them. So also the medicines causing Suicidal Mania (p. 67) might advantageously be added, with their appropriate cypher, to the similar rubric at p. 33, &c.

(9.) Dr. Dudgeon's plan of signifying the anatomical region by a small letter, led.^f.k^l. instead of F.led.h^l. is, I think, calculated to save space. Moreover, as far as *change* is involved, Dr. Drysdale has himself done the very same thing; for whereas in the Eye and Ear chapters Dr. Dudgeon has signified the anatomical region by placing the cypher thereof after the symptom, and *in brackets*, Dr. Drysdale in the subjacent chapters has placed the cypher *before* the medicine and *without brackets*.

(10.) Dr. Drysdale's great objection is the absence of "selects." I have carefully examined his remarks, but cannot find that these "selects" are of the slightest use. If in such a rubric as "Vertigo," which is found under nearly every remedy, only those medicines were mentioned which produced vertigo with some condition or concomitant or other peculiarity, such a list would have great value; but according to Dr. Drysdale's plan all the conditions and concomitants of other regions should here be omitted—a decided deviation from the rule which orders that every symptom should be given *in full* under every rubric where it can possibly be looked for. Dr. Dudgeon's reply to this charge is, I think, conclusive. Collectives are useful for reference and analogy, but they should, if used at all, be carried out *fully*, as in my own *Repertory*, and this the *Cypher Repertory* never professed or attempted to do.

(11.) Dr. Drysdale complains that Chap. II has no Section IV. Had not Dr. Drysdale's own arrangement of the cypher necessitated a separate chapter for "Sensorium," this chapter might have been easily amalgamated with the Head chapter, and no difficulty would have arisen. Dr. Dudgeon defends himself by saying that there are only six symptoms of the kind referred to, and that to establish a separate section for these would be folly; he therefore placed them with the concomitants. I do not think that they ought to be among the concomitants, seeing that they are really sequences; yet there is no need for a separate section. In Chap. I Dr. Dudgeon has placed such symptoms as *Varieties* immediately after the symptoms itself (see pp. 12, &c.); Dr. Drysdale did the same thing in Chap. IV, p. 83. Were this plan adopted, it would answer every purpose.

(12.) Dr. Dudgeon has also introduced another great improvement, not alluded to by Dr. Drysdale; viz., that the concomitants

from other organs are not (as formerly) signified by a Greek character only, but after the Greek character the cypher for the symptom itself is given ; so that in this new volume we have signified not only the concomitant *organ*, but also the concomitant *symptoms of that organ*, which is an immense advantage to the physician.

In conclusion, I have used (and freely criticised) the *Cypher Repertory* since 1867, and I consider that, without doubt, the present part is the best, both in execution and arrangement, of any yet published ; and if the votes of the *users* of this *Repertory* are taken, I shall certainly give mine in favour of Dr. Dudgeon's alterations being adopted for the future.

Pond's Sphygmograph.

THIS ingenious little instrument seems to be a great improvement on the sphygmographs hitherto in use, one great objection to the employment of which has hitherto been their expense, their cumbersomeness, the time occupied in adjusting them, and their liability to get out of order.

Pond's sphygmograph is cheaper than those that have previously been offered to the public ; it is small and handy, and can be adjusted and tracings taken with it in less time and with hardly more trouble than is required for taking the temperature of a patient. Its mechanism is extremely simple, and can hardly get out of order. Little or no instruction is required in order to use it with perfect success. After seeing it once applied we had no difficulty in using it on every patient we saw the same day.

It may be used with the wrist-holder, whereby equable pressure is secured, or detached from the holder and held by the operator. A little practice is required to enable us to keep up the same pressure without using the holder, so that at first the holder should be employed. The tracings are made on smoked mica or smoked paper, by means of a fine needle acted on by very sensitive levers that receive the impulse of the radial artery by means of a rubber propagator that is pressed down over the artery. The tracing can also be taken on a slip of white paper in ink. Another contrivance connected with the instrument is

a small mirror, which is used to throw the reflection of the sun or a candle on a board, whereby the pulsations of the artery are capable of being exhibited to a class on a very large scale.

A little clock-work machine propels the slip of paper or mica through the instrument at an uniform rate, and the tracings of the pulse made by its means are beautifully distinct.

We have much pleasure in drawing the attention of our colleagues to this American improvement on Marey's instrument, and we are sure that it will often be a great help in the diagnosis of many obscure diseases, not of the heart only but of other organs.

The instrument may be used to take cardiac tracings as well as those of the arteries. It is sold by most surgical instrument makers.

Law or Rule ? By RICHARD HUGHES, M.D.

As the following communication, made to the *North American Journal of Homœopathy* for November, 1878, may have some interest for British readers, we transfer it to our pages.

"The August number of the *North American* has just come into my hands, and I have read there the paper of my friend, Dr. P. P. Wells, entitled: 'What is Homœopathy? and what the Possibilities and Duties of its practice?' I have found in it the interest and instruction which have never failed me in anything proceeding from his pen; but I have also regretfully found that, if the position he here takes up is that which he is henceforth to occupy, there is a wide gulf between his conception of the truth and my own. Such a discovery might not greatly disturb my mind, were Dr. Wells other than he is; but I cannot easily be content to stand in antagonism with one whom I so much respect. I have felt it my duty to think out the grounds of my difference from him; and I venture to submit them here for his appreciation and that of your readers.

"The point which touches me most nearly is Dr. Wells' denunciation of the reduction of homœopathy to a mere 'rule of practice,' which he stigmatises as 'a crime for which our language fails to give a designation sufficiently condemnatory.' Now I

have just been repeating this 'crime' in the second edition of my *Manual of Therapeutics*, having first perpetrated it some nine years ago. I have defined homœopathy as 'the treatment of disease by medicines selected according to the rule '*similia similibus curentur*'—'let likes be treated by likes.' And in a note hereto I have written: 'I prefer this putting of the motto—which is indeed Hahnemann's original formula—to the affirmation *similia similibus curantur* usually adopted at the present time. I have no desire to quarrel with the latinity of the latter; though the use of 'curo' in the sense of 'cure' is at least unfamiliar. But in the present state of our knowledge I think it wise to state our principle as a rule of art rather than as a law of science.' I have carefully considered Dr. Wells' objections to this course of proceeding, and I find there what I must call a confusion between the idea of law, as science uses the term, and that which belongs to it in the sphere of morals and politics. Dr. Wells says, 'It is another important element in the nature of law, that it is wholly mandatory. It commands. It neither solicits nor permits.' Now this is true enough of a moral or a criminal law, but it is entirely incorrect when applied to a so-called law of nature. The latter is simply an expression of a certain general fact which we perceive in the order of the universe; and it takes the form, not of a mandate, but of an affirmation. 'Thou shalt not kill'—here is the law of duty: the law of nature is such as this—'all matter attracts all other matter in direct proportion to its mass and in inverse proportion to the square of its distance.'

"The real question, then, is whether homœopathy is such a law as this. It is an inference from certain observed facts: shall we state the inference by an affirmation, universal, exclusive, unchanging, that 'likes are cured by likes,' or by a practical conclusion, admitting of qualification and exception, 'let likes be treated by likes?' Dr. Wells (somewhat dogmatically, I think) declares for the former alternative; I must, more humbly, follow Hahnemann himself in thinking the latter the utmost for which we have warrant. It requires a vast number of observations and experiments ere we can formulate a new law of nature, while a rule of art can be deduced from a very few particulars—its application being a speedy test of its validity. I cannot think that we are justified in affirming absolutely that all

morbid states are curable by their similars, or that they are better cured thus than by any other means; I can only feel borne out by the facts when I affirm that my practical wisdom lies in following out the rule "let likes be treated by likes" as fully as I am able.

"Dr. Wells maintains that the superior success of homœopathic treatment, as established by statistics, proves the law of similars to be one of nature's laws. Surely this is inferring too much, if law is to be taken in the absolute sense he claims for it. The facts only prove that those who are wise enough to recognise the validity of the homœopathic rule, gain a great advantage thereby. To make them simply more would require two assumptions:—1. That the physicians, whose practice furnishes the figures in question, should always have strictly adhered to the law; 2. That their measure of success should have been uniform for all diseases—not merely an average struck after balancing successes and failures. Can either of these assumptions be sustained? As regards the former, it is sufficient to state that the largest share of the totals employed in the comparison of hospital practice under the two systems is due to Fleischman, whose practice was by no means characterised by that strict conformity to the homœopathic method which Dr. Wells requires. He was what the Germans called a 'specificker,' fitting his remedies to diseases rather than to individuals; his potencies were chiefly those from the 1st to the 4th decimal; and one who followed his practice for a time told me that he not uncommonly alternated. As testimony on the latter point I may cite the recently published statistics of the homœopathic and allopathic sides of the Pesth Hospital. Dr. Bakody can claim the palm in all diseases but one, *i. e.*, typhoid fever; and in this his mortality compares unfavourably with that of his colleagues of the old school. He charges his lack of success to the want of provision for cold bathing, by the use of which, in the ordinary practice, the prospects of recovery from fever have been so greatly widened. Whether this be so or not, the fact remains; and, while *exceptio probat regulam*, it disproves any supposed law.

"I submit, therefore, that Dr. Wells is not justified in denouncing it as a crime to represent the homœopathic principle as a rule of art rather than as a law of science. In pro-

pounding the latter position as one of obligation, he seems to me going beyond the facts, as he is certainly unwarranted by any authority. This being so, I cannot feel the force of his protest against the attitude which the great majority of our school assume with regard to *similia similibus*, and which seems to me well expressed by the New York Homœopathic Society. If in homœopathy, as propounded by Hahnemann, we recognised a law of nature, such as Newton propounded under the name of gravitation, we should have nothing to do but to obey it and utilise it as best we could. But accepting it as he gave it us—as an empirical rule of art, deduced from observation, it is for us to work it wherever applicable, and to suffer it to find its own place among other rules similarly obtained. ‘Let contraries be treated by contraries,’ is one of these, not less potently accredited and more obviously reasonable. We have observed and experimented with the two, and have concluded—as Hahnemann did—that the method of contraries is that of temporary palliation, that of similars of permanent cure. But it is quite conceivable—and, as I think, demonstrable—that there are some morbid states which are so temporary, and at the same time so distressing, that antipathic palliation is all they require, and that by giving the patient the benefit of this, you do best to help him in his need. If this be so—and it is purely a question of experience—we are bound to avail ourselves of *contraria contrariis*. We therefore decline to bind ourselves beforehand by any obligation to follow a certain method to the exclusion of all others. The method in question must find its predominance in our practice by its own inherent merits, not by the adventitious weight of prescription and authority. I can conceive of no other position than this which it is legitimate for a physician to take up.

“But Dr. Wells seems to say, if you think thus, why call yourselves homœopathsists at all? why not take the name which truly denotes your position—that of eclectics? My answer is, that we do not call ourselves homœopathsists. The term is used, for convenience sake, to designate those who accept the method of Hahnemann as valid, in contradistinction to those who reject and ignore it. But we do not put it on our door-plates or professional cards; we do not allow ourselves to be so described in general directories. When we sanction the use of our names in

the *British Homœopathic Directory*, it is as of those who are 'chiefly guided in the treatment of the sick by the law of similars.' 'We are' (I quote from the preface to the edition of 1870) 'physicians and surgeons, not mere homœopathists or Hahnemannians. The name of sect or sectary is as unpleasant to us as to any of our medical brethren. But a legacy of medical and historical truth has devolved upon us, which it is our duty and should be one of our highest privileges to receive and preserve, until the work of the greatest therapeutic discoverer is acknowledged as a fact, not denounced as a fallacy, and law which he evoked accepted as the chief, if not the only, means of therapeutic progress.'

"Besides this (which is merely incidental) the only way in which we stamp ourselves as in any way distinct from the profession at large, is our membership of homœopathic societies, our service in homœopathic institutions, our contributions to homœopathic journals. Do we in any way bind ourselves thereby to an exclusive adoption of the method so designated? Surely not. The rules of no society or institution of the kind require any such engagement from their members or officers. They are the homes of freedom, not of restriction; and we resort to them because we find there that liberty which is denied us in the corresponding organisations of the old school. We believe in homœopathy, we rank ourselves among its adherents, and we claim our right to profess and practise it. If this right is denied us in our natural fellowship, we must seek or form others; but we do not thereby create for ourselves a new bondage, and abdicate our right to make as much or as little use of our newly-acquired method as we judge best.

"If my honoured friend cannot receive me to professional communion on these terms, I should deeply regret it, but should be unable to modify them. I could not satisfy my conscience as a physician by anything short of them; and I believe that in so speaking I am expressing the mind of nine-tenths (if not more) of those who have recognised the method of Hahnemann."

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

MEDICAL AND OTHER NOTES COLLECTED ON A
HOLIDAY TOUR TO ARCACHON, BIARRITZ,
PAU, AND THE PRINCIPAL WATERING
PLACES IN THE PYRENEES.

By DR. ROTH.

(Continued from page 168.)

BARÈGES.

FROM Luz and St. Sauveur a very fine new road leads to the renowned bath of Barèges, which is 3696 feet above the level of the sea; during the whole distance of eight kilomètres, the road is constantly ascending. A short distance before Barèges are the sulphur thermes of Bargun (temperature 31·2° C.), which are used internally, as well as externally for baths and douches, by patients whose nervous system is more irritable, and who require a more soothing influence.

Barèges consists of one long street on the Save (river) of Bastan, between two high mountains—the Ayré on the south, and the Labar Blancs on the north. In winter all the houses are buried by twelve to fifteen feet of snow, and the whole population emigrates, as in some other watering places in the Pyrenees.

The temperature of the eight springs varies from 31° to 45° C.; they belong to the most exciting springs of the Pyrenees, and supply about 260,000 litres of mineral water in twenty-four hours. Dr. Vergers, the principal consulting physician, has been here for more than twenty-five years, is also professeur agrégé at Toulon, and a man of much experience. He told me that he is still learning every year more about the use and application of the waters, which are most beneficial, according to his experience, in chronic syphilis, in strumous and scrofulous diseases, in gout and rheumatism, especially in *rheumatism nodosum*, and in several forms of *eczema*. Dr. Vergers has also mentioned the difference of the development of the facial bones, especially of the lower jaw, in many patients suffering from curvature. I have for many years been struck by the difference of the outlines of both sides of the face and the unequal development of the lower jaw, and have often pointed out to my patients and their friends the difference of the two halves of the face. At present I have a scoliotic patient, a girl of eleven years, under my care, whose greater development of the lower jaw is very marked, but has never been observed by the parents. Last year I had a similar case, where one half of the face had a convex outline, while the other was almost straight. I do not remember to have read any observations on this unequal development of the face, and I beg to call the attention of my colleagues to this abnormal development of the face. Many years ago I attributed the convex outline of the lower part of the face to the constant oblique position of the head which is so frequent in scoliotics; but now I attribute it in many cases to an unequal development of the bones, especially in rhachitic and strumous constitutions.

As chronic diseases of the joints are frequently *relieved* or *cured* by the waters of Barèges, I have extracted and translated the following notes from Dr. Le Bret's pamphlet:—

*On the Treatment of Joint Diseases by the Waters of
Barèges.*

The employment of sulphurous waters in the treatment of joint-diseases, viz. white swellings and congestive conditions of joints, has been long known. Nevertheless, the latest works on surgery and medicine omit this therapeutic agent in giving the preference to irritants, electricity, compression, antiphlogistics, or complete rest, according to the different stages of the disease. Böhnet, of Lyons, wrote, "Experience shows without doubt the great superiority of the treatment of joint affections by sulphurous springs as compared to home treatment." . . .

The chemical analysis of the Barèges springs shows that they belong to the class of sodic sulphurous waters. Their temperatures vary from 29° to 44° C. (85° to 110° F.)

The waters, in the form of the simple bath, the plunge, the weak but hot douche (110° F.), and as drinking water, comprise the therapeutic elements which are employed. Chronic arthritis, especially tumor albus, form the largest percentage of the cases treated at Barèges. All varieties of the degenerations may, however, be met with in diseases of the joints, which may be easily understood when we remember the different tissues which constitute a joint. Even in Boyer's time it was believed, as now, that rheumatic and scrofulous diathesis was the most common cause of white swellings. In many patients, in the absence of scrofula, strictly speaking, an exaggerated lymphatic temperament predominates; external violence, a fall, contusion, a sudden stretching, sometimes exposure to damp cold, have been sufficient to develop the disease. . . .

Chronic disease of the knee is one of the complaints most frequently treated at Barèges. Among 30 patients, 15 were adults from thirty to fifty years of age, a few adolescents, and only 3 children. These patients did not exhibit a scrofulous diathesis. . . .

The exciting and persistent influence of rheumatism in causing many joint-diseases is not to be gainsaid. . . .

Blennorrhagia and the consequences of the puerperal state are only credited with four cases.

Amongst 32 cases, 14 had lasted only a year, 8 for two years, 6 from three to five years, 3 for four or five months. A single patient had a chronic affection which had lasted six years. As the rheumatic element was a chief cause in the etiology of the joint-diseases which come for treatment to Barèges, it will be understood that those cases in which the disease attacks the soft parts of the knee are especially suitable for treatment.

Usually there is a true arthritis, characterised by swelling, stiffness, impossibility of extending or flexing the joint beyond a certain amount, most frequently without pain or signs of degeneration of the bones or ligaments in the interior of the joint. Muscular atrophy, weakness of the lower extremity, added to a difficulty in walking, complete the picture. In 5 cases hydrarthrosis was present, the intracapsular effusion having set in with the arthritis. . . .

The duration of the bath never exceeds an hour, whether in the large tank or in the private bath. The douche is applied for fifteen minutes; the temperature and the amount of mineral matter contained in the douche (the latter being sufficient to remove 3 per cent. of the oxygen in the atmosphere of the room), demand more attention from a therapeutic point of view than the force with which the douche is applied. The water of the Tambour spring, given in doses of from two to four glassees daily, combines effective internal treatment with that of the bath and douche. .

Barèges boasts of an eminently therapeutic water, constant in its mineral constituents, whose influence experience has proved. Accessory conditions, such as height above the sea-level, a bracing atmosphere, or other auxiliary influences, are found here as in its rivals in the Pyrenees.

In a treatment of knee-joint disease, on an average thirty baths and twenty douches are required; still in some idiosyncrasies the indolent nature of the disease has required as many as sixty baths and forty douches. Sometimes the nature of the disease and the general state of the patient

has obliged the discontinuance of the douche, and the employment only of the bath and the drinking of the waters.

It is, however, only in the first stage of chronic arthritis that Barèges treatment is of use, namely, where the tumor albus is limited to cartilaginous lesions, serous effusions, and to functional derangements; but where there is caries, necrosis, or osteitis, or if there is bony ankylosis, no effect can be expected. In forty-one cases of knee affection treated at Barèges, twenty-two were improved, thirteen cured, four unsuccessful, one aggravated, and one death, due to the stimulating effect of the treatment.

Improvement is usually shown by the gradual diminution of the swelling, if present, and by the resolution indicated by the congestion of the periarticular tissues; the bony prominences become more visible as in the healthy state, and the knee recovers its lost form; the movements of extension, and especially of flexion, are gradually affected, and walking becomes practicable again in different degrees according to the individual case; in all, however, exercise increases the power daily.

Two affections left by arthritis resist this treatment; one is the dry crackling well known to sufferers from chronic rheumatism, which is due to the degeneration of the cartilages and to an insufficient quantity of synovia; the other is the atrophy involving either all the muscles of the corresponding limb or the extensor muscles. Happily, these consequences of arthritis and prolonged loss of power lessen under the influence of exercise.

A cure is rarely effected during the course, or by the close of a first therapeutic course. It is impossible to fix how soon after the Barèges treatment the amelioration produced by it will end in a complete resolution of the affection. . . . All the health resorts where chronic diseases find appropriate remedies become, in some degree, meeting places for their visitors for many successive summers, and Barèges proves the success of its treatment in this way also. Cases are known where the application of the waters are not suitable, and which is worthy of remark, we do not now speak

of those formal counter-indications which are shown in local disorders, or in symptoms of advanced *cachexia* which oblige patients to refrain from both baths and douches. Dr. le Bret mentions the case of a swollen knee-joint of one year's standing in a young patient. There was no change in the colour of the skin or any phenomena of actual inflammation; fourteen baths were given from a temperate spring and five douches, which caused congestion, pain in the knee, with febrile and other symptoms. . . . Dr. le Bret has shown the bad influence of sulphurous springs on certain ulcers, which become coated with false diphtheritic membranes or become gangrenous. . . . Surgeons recognise a form of coxalgia in children, where the diagnosis reveals only a pain produced by pressure at the level of joint, showing itself by the exaggerations of certain actions in conjunction with a bad position of the limb. In those well-marked cases where a lymphatic and scrofulous state is present the sulphurous treatment, combined with the mountain air, is crowned with success. It must be understood that in acute rheumatism it is necessary to forbid the use of the Barèges waters. Nevertheless, exceptional cases are to be found where patients coming to the sulphurous springs immediately after an attack of acute rheumatism go away cured without further attacks. Dr. le Bret quotes the case of a young man, who for two months was a prey to attacks of rheumatism in the joints. When he came to Barèges he had œdematous swelling round the ankles, internal pain on pressure, and was unable to walk. The constitution appeared much debilitated. A score of baths and some gentle douches removed all his symptoms. No accident occurred to counteract the good effect, and a year after he was in robust health. Dr. le Bret also describes another form of joint disease, which is neither gout nor rheumatism, to which he gives the name of "rheumatisme nouveau" (rheumatoid arthritis). When the nodosities do not show much degeneration of the affected parts, and if the patient is still young and of good constitution, he has no doubt that Barèges treatment checks this disease, usually thought almost incurable. . . . Dr. le Bret intends to

prove that sulphurous springs have a powerful action on the different stages of scrofulous osteitis. . . . The curative effects of sulphurous waters in general, and those of Barèges in particular, in chronic arthritis are well known ; the use of them is especially indicated when rheumatism, a lymphatic temperament, and a scrofulous diathesis are united in producing tumor albus, and when the soft and bony tissues are not too degenerated. The douche, whose force and temperature are invariable, should be administered with care. Its topical effects, with regard to the strong reaction they provoke, may sometimes surpass their object, awaken sharp pains, and give rise to new inflammatory symptoms, either in the synovial membrane or in the bony tissues of the extremities. A double property characterises the results obtained from the treatment of arthritis by these waters, viz. first, resolutive local action favouring the absorption of plastic deposits, which thicken the tissues and impede the play of the joint ; secondly, restoration of the general health, to which the height of this mountainous region contributes.

The improper, too-long-continued use of the sulphur waters causes the *thermal fever*. As soon as the first signs of this are observed the patient's treatment must be interrupted, and calming bath of bran, barley, milk, &c., are used.

Baregine,

also called glairine, sulfurose, pyrénéine, luchonin, &c., is an amorpho-gelatinous substance, sometimes whitish and transparent, or blackish and opaque, agreeable to the touch ; it is found as a deposit of many sulphur waters, and used for curative purposes, especially in affections of the skin when the epidermis and deeper layers of the skin are split, ragged, and even in ulcers of the skin.

*The effects of Barèges in Paralysis preceded by Dry Colic.**

Dr. Armien's attention being directed to many cases of

* The following notes are extracted and translated from Dr. Armien's pamphlet, published in 1864.

consecutive paralysis and dry colics, I give the result of his experiences on the treatment of the complaint.

M. Bassigny, in 1881, after landing at Couron, in Guiana, a swampy plain on the sea shore, was attacked by violent colic pains, as a sequence after a chill caused by dampness and living near the river; he suffered from obstinate constipation and green-coloured vomiting; he thought he had been poisoned, and suffered most excruciating pain in the back and extremities. He was treated with hot baths, cataplasms on the stomach, and by purgatives. The attack lasted a fortnight, without relief or sleep; the patient was in a nervous state of excitement, which was only relieved by the bath. Finally he was able to pass some motions, and soon was cured. Lavements with tobacco leaves seemed to calm the nerves, but for two days it produced some wandering. At the end of a year some attacks of colic intervened, and during the intervals attacks of diarrhoea and intermittent fever. On returning to Cayenne, during a crisis of colic and vomiting, he was attacked with cerebral symptoms with coma, loss of memory, facial paralysis, and loss of power and sensation in the arms and legs, but without convulsions.

The colics returned every two or three weeks, and lasted four or five days; the pain in the joints increased, renewed attacks of coma, followed by paralysis of the extensors of the upper and lower extremities. The colics continued to increase.

On his arrival and entrance to the hospital at Bordeaux he was attacked with dry colic and bilious vomiting; the pains in the limbs increased; tepid baths, cataplasms on the abdomen, were tried without effect; purgatives were vomited without any aperient effect. In 1863 he arrived at Barèges; after forty baths and twenty douches, he returned to America in a very satisfactory condition, the paralysis and nodosity of the joints having in a great way disappeared.

A creole, without being ill, never addicted to drink to excess, was attacked only whilst on land and in marshy districts after frequent chills. The attacks were renewed at

long intervals and under varying hygienic conditions ; finally, cerebral symptoms, identical to those produced by drink, intervened to complicate the disease, and were followed by partial paralysis of the extremities, with nodosity of the joints ; all these complaints were rapidly ameliorated by the use of the waters of Barèges.

In 1862 there was a case of a sailor, æt. 25, coming from Mexico on sick leave, with enlargement of the spleen ; he had had dry colic for a year, with slight palsy of the forearm. The colic, with obstinate constipation and cramps, came on only five months after his landing in Mexico, whilst in camp in the environs of Vera Cruz. Intermittent fever came on soon after. It seems that this dry colic is only met with on land under different hygienic conditions, by badly-defined telluric and atmospheric conditions, amongst which marshy miasmas and a high temperature play a great part.

In our temperate climate, during the hot season, we often see violent colics produced by the cold night air on the uncovered body. These attacks are purely nervous ; there are no stools, but sharp abdominal pains, vomitings, and cramps.

The Madrid colic seems to be caused by the sudden cooling of the body whilst hot and perspiring ; this is caused in warm climates through carelessness.

M. Coste noticed that this intestinal neuralgia came on suddenly, presented never the symptoms of lead poisoning, though followed by palsy of the limbs. A certain relation has been observed between gout and lead colic ; the pains and the articular enlargements in these two diseases were allied by the fact, that there was an excess of uric acid ; the same effect being seen in Devonshire colic, the difference between lead and dry colic being that in the latter case the symptoms come on suddenly, whilst in the other they are produced more slowly ; also, when people engaged as house painters, or in lead mining, &c., leave off their dangerous employment, they are more liable to chills and other influences, which prepare and bring on an attack of dry colic.

A case is mentioned of general paralysis following dry colic, contracted two years before in Cochin China, by working with minium and white lead, which in the hospital of Toulon was relieved by sulphur bath and *Aconite*; the patient's right arm was atrophied, the right hand weak, flexion of fingers incomplete, touch obtuse; lower extremities emaciated; hyperaesthesia of the skin on the right side; flexion of the left foot incomplete; this foot swells slightly in the evening; right foot can scarcely be moved. This patient has been very considerably improved after thirty-six baths and twelve douches, and a complete cure is reasonably expected.

Similar observations are given where Barèges had a good effect.

I have no doubt that the mountain air contributes very much to the constitutional improvement. Except excursions and nice walks, very little is done in Barèges for the amusement of the patients. The military hospital contains several hundred beds, and many wounded, suffering from the painful after-effects of the wounds contracted in battle and under very unfavorable circumstances, have found here not only relief, but have been restored to perfect health. Many of my colleagues will find the use of the so-called Barèges baths very efficacious in many chronic diseases even in their *private practice*, as I have lately myself experienced in a case of what is usually called chronic rheumatic arthritis; fingers, hands, wrists, ankle-joints, and insteps have been swollen and enlarged for seven months. A professional man in large practice and generally considered successful, had in *vain*, during seven months, tried to cure the child about three and a half years old. After my visit to the Pyrenees and what I had seen there, I prescribed every other day a sulphur bath, with half a drachm of *Sulphate of Potassium*, for fifteen to twenty minutes. After the first six baths the child had considerably improved, all the swellings diminished; incapability of passing urine intervened, and was relieved by tincture of cantharides in very small doses. The sulphur baths have been continued, and when I saw the child the last time she walked and ran about, made use of the

fingers and hand, although the enlargement of the various parts had not yet entirely subsided.

BAGNÈRES DE BIGORRE.

After our visit to Barèges we returned to the railway station at Pierrefitte, because the drivers asked exorbitant prices for transporting us across the mountains; travellers, especially English, should never agree to pay more than the usual terms, which certainly vary sometimes according to the larger number of tourists. After an hour's travel by rail we had to stop for three hours at *Lourdes*, which during the last ten or fifteen years has been resorted to by a large number of pilgrims from all parts of France, and also from Spain, in order to visit the cave where the shepherd boy thought he saw the Virgin; this apparition was the cause of a large church being built over the cave, of several convents being erected in its neighbourhood, of some nice walks being laid out in its vicinity, and of a double line of huts and shops a mile long erected, where nothing but candles, rosaries, and large and small statues of the Lourdes virgin are sold by thousands; the candles are offerings to the church and cave, like the sacrifices in olden times, while the rosaries, pictures, and statuettes serve as souvenirs of the pilgrimage.

The church is full of votive offerings, framed inscriptions in needlework, expressing thanks to the virgin for favours granted, for misfortunes prevented, for diseases cured, and health restored; there was one large inscription in white marble where a daughter expresses thanks for the instantaneous and miraculous cure of her mother, who was struck with paralysis caused by disease of the spinal cord; there are numerous similar inscriptions which tell how the legion of ignorant believers in the miraculous resort to Lourdes in the vain hope of being instantaneously cured. To see an instantaneous cure of paralysis caused by disease of the spine was unhappily not my lot, but I did see a great number of blind, lame, and deformed, who, notwithstanding a longer stay at Lourdes, still retained their infirm condition.

My companions could not make out how people could persevere in their belief of the wonderful cures when they saw the number of invalids of all kinds loitering about. I could only answer, in the words of the great poet, "Even the gods fight in vain against stupidity and prejudice."

To me, personally, the aspect of the pilgrims, of whom the majority were women, led by their priest, the number of invalids, and the shops with their contents, caused a most painful sensation, as I stood wondering that such a scene should take place in the so-called enlightened nineteenth century, and in a civilised country like France.

After another hour's drive through the town and suburbs, which are very pleasantly situated in a plain surrounded by hills, we continued our journey by rail, and arrived safely at Bigorre, where the Hôtel de Paris, recommended by Mr. Garderes, offered us all the comforts we required.

The following notes are taken from a pamphlet by Dr. A. Cascua, a young physician, who had the advantage of obtaining his principal data from Dr. Dejeane, a well-known practitioner at Bigorre, whom I herewith thank for having been so kind as to accompany me to the various springs and establishments, and to give me the results of his experience.

Bigorre, with her 10,000 inhabitants and 1650 feet above the sea-level, is sheltered by the surrounding hills from all winds except the north, which is not very cold in winter, but which in summer contributes to the diminution of heat in the valley, as the town is situated between the plain of Tarbes and the charming valley of Campan, well known by its marble quarries.

According to the observations of Ganderax, made in July, August, and September, the average of the temperature in summer is from 14° to 16° C., while the maximum does not exceed 27°; the south-east wind is the most frequent, and the sudden variations of the temperature are here much less frequent than in the other watering-places of the Pyrenees.

Sailagnac, an author of the last century, mentions that the fame of Bigorre is traced to mythological times, and

that Mars, wounded at the siege of Troy, was the first to be cured by these waters, which Apollo had detected. In olden times the Basques inhabited the country, and when the Gauls were conquered by the Romans these latter frequently resorted to these waters, known as the *vicus acquensis*; traces of Roman roads and inscriptions on the medals of Augustus, Trajan, and Marcus Aurelius, serve to prove that these roads were well known to the Romans; the Vandals, Visigoths, Moors, and Normans, followed each other in the possession of this country, and after the treaty of Bretigny for sixty years it belonged to England.

The first known medical treatise, *Du bon usage des Eaux de Bagnères*, by La Guthère, was published in 1659 at Toulouse, and I find not less than twenty-six titles of medical works which have been published up to 1875.

There are more than fifty springs, which are divided in sulphuric iron, and saline arsenical; but the most celebrated, and to which most marvellous cures are ascribed, are those to which the name of "Salut" has been deservedly applied. The "Etablissement de Salut" is situated about 3000 feet from the town at the foot of the mountain Garros; a beautiful road lined with large trees, in a charming little valley, leads to it. Omnibuses and carriages bring the weaker patients to the bath, while those who can walk the short distance may do so by a lovely pathway through the small forest. As Dr. Casena has made use of the works of Ganderax, Pambrun, and Alban de la Garde, many of the following notes are due to these authors.

Physical Properties of the Salut Waters.

I. La Source de la *Montagne* has a flow of water equal to about 144,000 litres in twenty-four hours; its temperature is 33° C. or 92° Fahr.

II. La Source de *l'Intérieur* furnishes 180,000 litres in twenty-four hours, and its temperature is 32° C. or 90·5° Fahr. The water drunk in the pump-room placed at the entrance, as well as that of the ascending douche at the foot of the central staircase, is obtained from this spring.

III. La Source de la *Pompe* gives 784,000 litres every twenty-four hours. The temperature is 89° Fahr.

The water from these springs is pure and limpid; it is unctuous to the touch, and softens the skin; it does not mark paper or linen. A few minutes after the bath a feeling of suppleness is felt through the whole body. The taste of the Salut waters is slightly insipid, a little bitter, and, in spite of its lukewarm temperature, never nauseous. Its digestibility and lightness are such that many glasses can be drunk in succession without unpleasantness. Its specific gravity is the same as that of distilled water. On entering the bath one feels a slight sensation of freshness, which almost immediately gives way to an inexplicable feeling of comfort. During the bath numerous globules of gas arise, form into clusters, and at the least movement disappear on the surface of the water.

The water in the bath is incessantly removed; it is an important advantage for the bather to be in this continual mineral current.

Chemical properties.—In 1869 Dr. Alban de la Garde analysed the Salut water. The following table is due to him :

Nitrogen, Carbonic Acid, and Oxygen Gases.

Chloride of magnesium	}	.	.	0.215	grammes
" sodium					
Sulphate of calcium	.	.	.	1.670	"
" magnesium	.	.	.	0.495	"
" sodium	.	.	.	0.033	"
Bicarbonate of calcium	.	.	.	0.107	"
" magnesium	.	.	.	0.070	"
" iron	.	.	.	0.010	"
Arsenate of sodium	.	.	.	0.007	"
Phosphates of calcium and of alumen	.	.	.	0.007	"
Silicate of calcium	.	.	.	0.055	"
Lithium	.	.	.	}	Traces.
Manganese	.	.	.		
Copper	.	.	.		
Fluoride of calcium	.	.	.	}	0.068
Organic matters	.	.	.		
Total	.	.	.	2.757 grammes.	

The water contains a small quantity of arsenic, and the Bagnères waters have a slight alkaline reaction.

The Salut water has the remarkable peculiarity that, at the end of certain hot summers, it becomes sulphurous, giving off the odour peculiar to sulphurous springs, and bronzing a silver coin in eight or ten minutes, while for the rest of the year it is alkaline and without smell.

Physiological properties.—At the moment of immersion the bather feels a slight instantaneous sensation of freshness, followed by a feeling of great comfort, which lasts as long as the bath. “In the bath the pulse generally becomes large and full, and is hardly accelerated.” On leaving the bath a sharp sensation of cold is felt, immediately, however, followed by reaction, which restores the state of bodily comfort felt in the bath. The bather is inclined for exercise, the limbs feel more supple, and his appetite returns. “Agitated sleep, a feeling of excitement, fulness of blood, at other times lassitude, tingling sensations in the limbs, a difficulty in keeping quiet in bed, and sleeplessness, are often witnesses to the modifying effect of the mineral water on the nervous system. Soon these symptoms disappear, and the sedative and strengthening action shows itself. In most individuals this sedative effect is obtained by the first bath. Sleep becomes calmer and deep, the nervous trembling of the hands lessens and disappears, the pains are not so severe, and the frequency of the various crises diminishes. The recurrence of menstruation is often hastened, and the stools are more copious and frequent.”

Effects of the use of the Salut water taken internally.—The water, with its slight taste, is taken without disgust, and very easily digested. A short time after taking it one feels hungry, and digestion is more easy. It aids the secretions of the intestines, the liver, and pancreas, and quickens the abdominal circulation; the stools become more abundant, less solid, more frequent, and of various colours, thus showing intestinal hyperæmia.

The experiments of M. Lemonnier on himself prove that the Salut waters, taken in small quantities, are slightly diuretic; but this action, noticed by Secondat as early as 1750,

is much more appreciable, and becomes considerable when large quantities of this easily-digested water are taken. Then the urine becomes abundant, often containing an excess of urates. According to Dr. de la Garde, "on an average a third more urine is passed than water drunk."

To sum up, the Salut waters act chiefly as sedatives to the nervous system, increase and regulate the circulation, increase the activity of the secretions of the skin and alimentary canal, consequently improve the appetite and digestion, and are strongly diuretic.

Therapeutic properties.—These waters have a modifying action in herpetic affections by an alterative action on their predisposing morbid or diathetic causes. According to Ferrand, the "specific remedy (arsenic) does not act by directly attacking the essential cause of the disease, or by neutralising the specific morbid agent. Thus, 5—10 milligrammes of arsenic daily are useful in febrile affections, as in tubercular patients, in improving digestion by its sedative influence on the excited circulation. Arsenic acts also as a sedative of the circulation when it is functionally disturbed, without any febrile condition, and increases the appetite by stimulating the stomach."

The other ingredients in the Salut waters tend to produce results similar to those attributed above to arsenic. It contains indeed iron, according to Gubler, "un récorporant et un tonique analeptique par excellence." It also contains alkaline chlorides, which stimulate oxidation (Rabuteau) and increase the number of the red blood-corpuscles (Plonvieux), and alkaline carbonates, which liberate free carbonic acid and gently stimulate the mucous membrane of the stomach. Finally, there are sulphates, which promote an intestinal hypersecretion, according to Rabuteau, and help to eliminate a certain quantity of water and of organic crystalloid waste matters.

(1.) The tepid thermal baths may be prolonged beyond an ordinary bath.

(2.) At equal temperatures the thermal water is more agreeable and soft to the touch than ordinary water.

(3.) Thermal water heals sores resulting from wounds, burns, &c., more rapidly than ordinary water; and

(4.) Cures diseases refractory under ordinary baths.

The Salut baths have, like the ordinary warm baths, a sedative action on the pulse and nervous system, remove physical and intellectual fatigue, promote an agreeable feeling of warmth and well-being, which, beginning at the skin, soon pervades the whole body. They relax the skin and muscles, increase the patient's sensitiveness to atmospheric variations, and promote sleep. They alleviate pain and diminish inflammation in a large number of cases of phlegmasia and other affections. They cleanse the skin of much filth, the product of sweat, dust, and fatty matters, soften it and maintain its suppleness and elasticity, and help to render it more capable of fulfilling its various functions of absorption, transpiration, secretion, excretion, sensation, &c.

The Salut baths differ, however, from ordinary baths in some points, such as the amount of calm produced on the nervous system, in the tonic effect, &c. Thus the action of the arsenic, of the alkaline chlorides and carbonates, of the sulphates, and of the bath in general, are sufficient to explain the increased appetite and improved digestion which follow the use of the waters. But it appears impossible to explain how these waters cure those cases of severe hemi-crania, of obstinate dyspepsia, and of various nervous diseases which have resisted all other treatment, both therapeutic and hydropathic, and which improve rapidly by the internal or external employment of the Salut water.

Salut waters have a favorable action in many diseases as unlike as they are numerous, viz. in cases of neurosis, dyspepsia, migraine, and in diseases of the central nervous system. The following observations are taken from Dr. Dejeane's notes, and published by Dr. Cascua.

CASE.—Mr. C—, of Vendôme, 1875. Patient's life has always been very regular. The mucous membrane of the alimentary canal and the skin were chiefly affected. The slightest irritation applied to the skin caused an eruption mostly of an eczematous character. Mr. C— suffered also

from an aphthous affection causing irritation in the throat, with dry cough in the morning, followed by the expectoration of a small pellet of muco-albuminoid matter. Appetite very varying. His food was limited exclusively to roast meat, eggs, fish, and wine. Vegetables apparently overtaxed the stomach; in fact, digestion was always very difficult, with flatulence and discomfort of the abdomen; meals were usually followed by one or two liquid stools, accompanied with much flatus. If the bowels were confined spontaneously or by any medicine, great heaviness of the head was immediately felt, with giddiness, general malaise, and lumbago. These various symptoms having resisted all ordinary treatment, the patient was sent to Bigorre.

Treatment.—Salut baths, two glasses of Salut water daily, and douches taken at the hot springs were prescribed, with the result that the patient left much improved.

CASE.—Mr. R. F—, aged 38, July, 1875. Ill two years. His liver had been enlarged, but is now of normal size. The patient suffers from occasional pain in the stomach, accompanied by much accumulation of flatulence; no tumour present. Therapeutic agents with hydropathic treatment gave some relief, but the pain was very obstinate, and digestion very bad. Vichy waters were tried last year without benefit. It was a case of dyspepsia and gastralgia.

Treatment.—Salut baths, drinking the waters, and warm douches were prescribed; the patient left much improved, almost cured.

CASE.—Mr. D—, suffered from vertigo, due to some lesion of the stomach. He digests badly, without appetite; complains very much of his head and giddiness; his legs sometimes fail, causing him to fall; he feels sick at the same time, but does not lose consciousness.

Treatment.—Salut baths and drinking the waters effected a complete cure.

CASE.—Mr. P—, of Bordeaux, aged 40, July, 1875. Had suffered for ten years from chronic gastritis, induced by overwork, with cramps in the legs sufficient to prevent sleep; for the last two years attacks of very severe gastralgia,

vomiting necessitating a diet of cold milk, white meats, and fish.

Present state.—Stout, florid, no history of alcoholic distress. No appetite, never feels inclined to eat. Constipated, with very dry evacuations. The tongue a little coated at the top; digestion long and painful. Stomach distended, painless cramps, sometimes severe headaches.

Treatment.—Baths and drinks of Salut water, with thermal douches. After a few days the douches felt too warm to the patient, so they were omitted. Mr. P— left much improved, sickness quite gone.

These cases show that dyspepsia accompanied by vomiting was not only improved but cured by the Salut waters. Cases in which dyspepsia is accompanied by a diseased condition of the uterus, and where migraine is of very old standing and unaffected by ordinary therapeutic agents, are suitable for treatment at Bigorre, with the probability of much relief, if not of a perfect cure.

CASE.—Madame de S—, July, 1875. Nervo-lymphatic temperament; enjoys tolerable health, but is not strong. Some fifteen months ago menstruation was delayed, accompanied by gastric troubles. She might almost be considered pregnant. This lasted about two and a half months, when she was seized with pains analogous to those of parturition, followed by a serious attack of hæmorrhage, which continued with much pain for several days. After some months the menses were again missed for three periods successively; pregnancy was again suspected; an attack of hæmorrhage similar to the last followed, even more copious and longer continued.

By the internal and external use of the Salut waters the patient was perfectly cured. Some time afterwards Madame de S— became *enceinte*, and was delivered at full term of a healthy child.

Characteristic symptoms of hysteria are successfully treated by a stay at Bigorre.

Attacks of hysteria, more or less severe or simulating more or less perfectly cases of paralysis, are often most discouraging, both to patient and physician, and are generally

obstinate under every sort of treatment; yet the Salut waters often exert a calming effect as gratifying as unexpected, although, if wrongly administered, harm instead of good may result.

Treatment by Salut waters is contra-indicated in cases of articular rheumatism. Dr. Dejeane was the first to point out this fact, confirmed by Dr. Cascua from his own personal experience, having suffered from an attack of severe general articular rheumatism a few years ago. He had occasion recently to try some experiments with the Salut waters, and took a few baths, about 11 a.m. daily, at the beginning of September. Obscure pains appearing, however, in the joints, he was obliged to give up the baths, the pains almost at once ceasing.

In all the cases above quoted the length of treatment was from 20—25 days.

Indications for the use of Salut.—An over-excited condition of the nervous system is the most prominent symptom in those cases which have been successfully treated, where there has probably been more or less congestion of the nervous centres. Dyspepsia, especially so-called nervous dyspepsia, where the nervous trouble directly affects digestion by a harmful influence upon the circulation of the digestive organs, are suitable for treatment by *Salut*, especially if the urine is not overloaded with urates, and if no gouty diathesis be present. These cases of uric diathesis should be sent rather to Vichy, though the latter is not suitable for some cases of gout or disease of the liver, where one of the following complications is present:—Cardiac disease, dropsy, organic disease (cancer, tubercle, &c.), Bright's disease, anæmia, &c.; these are far more suitable for Salut treatment. Even a gouty patient without any complication will find more relief here if the nervous element predominate in the case.

Migraine.—Where there is not only pain but disturbance of the facial circulation, and at times nausea or vomiting is curable by the Salut waters, where the disease is due solely to an over-excited condition of the nervous system, so that this treatment is recommended in all cases of

migraine preceded or accompanied by intense nervous disturbance.

Neurotic diseases.—The treatment of all cases where there is severe nervous excitability and erethismus is usually successful. So also in uterine disease accompanied by much nervous disturbance sufficiently severe to prevent satisfactory treatment by ordinary remedies. In diseases of the uterus the difference in the effects of St. Sauveur and Salut is that the St. Sauveur sulphur waters are most successful in chronic uterine affections, helping also to calm the nervous system. The difference of action is as follows :—Both are sedative, and act beneficially on the local condition, but St. Sauveur effects this by acting directly on the uterus, while Salut acts by its directly sedative effect on the excited condition of the nervous system, and only secondarily on the uterine disease, caused by the state of the nervous centres. Therefore, Salut treatment is to be preferred where the nervous trouble is the primary one. In many cases the best results are obtained by treating uterine affections, first by Salut waters, and when the nervous excitability has been calmed, to proceed to the employment of the waters of St. Sauveur.

Salut given carefully may be very useful in cases of phthisis with more or less severe erethismus, especially during attacks of nervous excitability. The same is the case with cardiac disease with excessive nervous irritability, and of anæmia under similar conditions. The various other waters at Bagnères de Bigorre, having the same chemical properties as the Sault waters, give analogous results, although experience has proved that none can rival the latter in its characteristic efficacious and energetic effects.

The only other watering place in Europe which can be compared to Bagnères de Bigorre according to Dr. Constantin James is that of Pfeffers, a dreary place compared to the pleasant and smiling landscapes of the former, with its social advantages and amusements, so helpful to the hypochondriac patient.

Contra-indications for treatment by Salut.—Cases of

acute articular rheumatism, with its sequelæ, are not suitable for treatment by the Salut springs; this may be partly due to the comparatively low temperature of the water, although the Foulon spring at Bagnères, which is hardly a degree higher in temperature, and has almost the same chemical constitution, effects the most surprising results in cases of articular rheumatism. It is, however, found that even in articular rheumatism Salut, taken internally and combined with Foulon baths, give very good results, especially if any dyspepsia is present.

Pulmonary disease, and especially phthisis, are not suitable for this treatment; the chief objection is the low temperature of the water, but such cases may be benefited by drinking the latter, especially if nervous excitement is present.

According to M. de la Garde pregnant women should avoid the Salut baths.

The uric diathesis, uterine diseases, and anæmia, are all contra-indications for the employment of the Salut, except where there is much nervous irritation, and then only internally.

Adjuvants to Treatment by Salut Waters.

The different springs of Bagnères may be divided into three groups, sulphurous, chalybeate, and saline chalybeate, as all diseases accompanied by much nervous excitement are acted upon beneficially, but this condition of the nervous system is often accompanied by complications which may be much relieved by the employment of the other springs of Bagnères, as the sulphurous waters of *Labassère* in torpid pulmonary affections; the chalybeate waters in anæmia, which is so frequent. Dr. Dejeane recommends the chalybeate waters a few days after the Salut treatment has been followed by the effect of calming the nervous erethismus. He also employs the astringent *Salies* waters as an injection in cases of leucorrhœa where other symptoms indicate Salut. The saline *Lasserre* waters are useful in constipation. The principal aid to treatment is also hydropathy, to which the remarkable effects of the Salut waters are some-

times attributed. When the waters are taken internally the effects must be watched, especially in cases of dyspepsia. Meals ought to be substantial and nutritious, and at regular hours. Dr. Lemonnier advises abstinence from dry vegetables, peas, haricot beans, lentils, cabbage, heavy pastry, cheese, preserved butter, &c.

BAGNÈRES DE LUCHON.

All those who are not pressed for time should drive from Bigorre to Luchon, across the mountains, because the road is one of the nicest in that part of the Pyrenees, and leads across the Col d'Aspine through a splendid forest of old fir trees. After leaving the forest, at a height of 4500 feet, the view opens on a most beautiful panorama of the surrounding high chain of mountains, amongst which the Pic du Midi is the highest, and where, during the last few seasons, an old general makes highly interesting meteorological observations. After leaving the Col d'Aspine we had excellent views in our descent of 2500 feet in the valley of Arreau and passed the night in the town of Arreau. The next morning we continued our journey across the Col of Peyresourde, which is 150 feet higher than the Col d'Aspine, and after a drive of four hours we arrived at midday at Luchon, where the Hôtel du Bains has been justly highly recommended.

Luchon, 1887 feet above the level of the sea, in the most eastern corner of the valley of the same name, is the chief place of the canton, has 4000 inhabitants, and consists of the old and new towns. The old is built immediately at the foot of the high mountains, which shelter the place during the winter months; the new town contains the majority of the hotels, lodging-houses, and is built more for the visitors, tourists, and patients, of whom many thousands resort to this celebrated and very pretty watering place, which has one of the largest établissements, with a front of 300 feet and depth of 150 feet. The great entrance hall is decorated with nice frescoes; the baths are in communica-

tion with a subterranean gallery excavated in the rock, which is 3000 feet long, 7 feet high, and about 5 feet wide. In this gallery, where many cryptogams are growing, the mineral waters are collected for the supply of the baths, which are used here in *all* forms as general and local baths, swimming-baths, all kinds of douches, vapour; the bathing rooms are of a smaller or larger size, some provided with awnings, others with ventilators, in order to enable the patient to inhale more or less of the sulphur vapours according to the special direction of the physician. A committee of physicians has been consulted before this etablissement was built, and therefore it contains many special contrivances which are wanted in other watering-places. For the convenience both of patients and their medical men, there are consulting rooms in the etablissement, where at certain days and hours the patients, before entering the baths, can have medical advice.

Of the fifty-four springs at Luchon forty-eight are sulphurous, and form the best known series of graduated and modified sulphur springs, varying in temperature, in the quantity of sulphur they contain, as well as in their combination. The forty-eight springs of sulphuretted sodium have a temperature varying from 30° Centigrade (d'Etigny nro. 2) to 66° (Bayen); their sulphuration, or quantity of sulphur they contain, varies from 0.0064 of sulphur of sodium in a litre (Richard, inférieure, nro. 1) to 0.0786 (in Bayen), and 0.0915 (in Bosquet). 600,000 litres of sulphur water, and about 900,000 of the cold saline water, constitute the daily supply; notwithstanding this large supply, the patients are obliged, at their arrival, to go to the Etablissement and ask for a number. According to this number they are admitted to the various baths; the price of the bath varies according to the season and to the hours chosen. All French poor, the patients of the Luchon Hospital, all military men, many civilian officers, all foreign and French medical men, are exempt from paying for the use of the waters. It is my duty to thank Dr. Ferras for the information he gave me while showing me the etablissement, and Dr. Dulac, one of the senior physicians, for his com-

munication regarding the diseases in which the waters are principally useful. Scrofulous, rheumatic, arthritic, syphilitic affections, are the principal classes of disease suitable for Luchon ; but very much depends upon the *right* use of the waters, which an intelligent medical man can only learn by observation, experience, and individualisation of each patient. It happens frequently here, as well as in other sulphurous baths, that the patients are over-excited through the injurious use of the mineral waters, and suffer from thermal fever ; therefore, those who send patients to the Pyrenees should advise them to carry out strictly the instructions of the practitioners under whose care they place themselves.

The climate is mild, and in summer the north wind cools the great heat. It is not advisable for patients to go to Luchon before the end of May. July and August are considered the best months for those who use the baths. Those who wish to know more about these waters I must refer to the works of Drs. Fonsan, Filhol, and Lambron, Gourraud. Dr. Dulac will probably soon publish the results of his large experience during many years' practice in Luchon.

The following nine springs are used, either alone or in various combinations, at the *etablissement* :—La Reine, 51 ; La Grotte, 48 ; La Blanche, 36 ; Richard, 43 ; Pré, 45 ; Bordeu, 69 ; Bosquet, 44 ; Ferras, 33 ; and Etigny, 36. The numbers show the temperature in Centigrades. Although all these waters are *limpid* and clear at the spring, some of them change when collected in the reservoirs ; they are cloudy and appear whitish, as if mixed with milk. This is due to a change of the sulphur, which, from its dissolved state, is deposited in the form of a kind of powder. The odour of sulphur is remarked in all but Pré, Bayen, Bordeu, and smell more intensely. *At present* it is believed that the *sulphhydrate of sulphur of sodium* is the *sulphuric* combination which gives to Luchon its characteristic qualities.

Bordeu and Bosquet are considered soothing and sedative ; used in lymphatic, scrofulous, and nervous affections.

Richard, *supérieure* and *inférieure*, are specially used in rheumatic and skin diseases.

Blanche is prescribed to nervous persons.

Grotte, supérieure and inférieure, are slightly exciting.

Reine is a strong stimulant.

Ferras.—Both springs are used in gastralgia.

Pré.—The internal use prescribed for lymphatic and scrofulous persons.

The établissement is open in winter ; and, besides the four large classes of diseases named before, the following are frequently relieved or cured in Luchon :—Asthma, several pulmonary chronic affections, catarrh, enlargement of abdominal organs, crussa lactea, suppressed menstruation, painful scars, anchylosis, exostosis, rheumatic nodosities.

Herpes and its various forms are, according to Durand-Farrel, successfully treated by the waters which contain the sulphate of sodium ; all the herpetic *skin* diseases, as chronic eczema with intolerable itching, also when complicated with psoriasis guttata, pityriasis, psoriasis, papular herpes, prurigo and lichen, chronic urticaria, pemphigus, and exfoliating herpetic affections, are frequently relieved and cured ; but the various springs must be carefully chosen, not only according to the state of the disease, but also according to the susceptibility of the patient.

Herpetic affections of the mucous membranes, especially the angina granulosa, affecting larynx and pharynx, or one of these organs, and other throat complaints, are frequently treated by the *douche pulverisée* and by the internal use of the springs of *Pré*. In the beginning of the treatment the irritation is increased, and when there is swelling of the vocal cords the voice gets still more hoarse, the bronchial secretions are increased, and although the bronchorrhœa might be very copious, the sputa are less thick, contain more air, and are easily expectorated, and have frequently a greenish hue.

Chronic inflammation of the external meatus auditorius is often caused by herpes, and Dr. Fousan considers it a pathognomonic symptom of a herpetic diathesis ; the mucous membrane does not suppurate, as in scrofula, but is rather dry, and exfoliates like pityriasis. The tympanum is also frequently diseased, and deafness is either temporary or permanent if the tympanum is perforated ; chronic coryza is also a fre-

Dr. Fülhol's Chemical Analysis of the Principal Springs of Bagnères de Luchon.

Name of Springs.	Sulphate of Sodium.	Sulphate of Iron.	Sulphate of Manganese.	Chloride of Sodium.	Sulphate of Potash.	Sulphate of Soda.	Sulphate of Lime.	Silicate of Soda.	Silicate of Lime.	Silicate of Magnesia.	Silicate of Alum.	Carbonate of Soda.	Silica, Free.	Organic Matter.	Total.
Reine . . .	0.0508	0.0022	0.0028	0.0624	0.0092	0.0312	0.0312	traces	0.0102	0.0048	0.0255	traces	0.0209		0.2511
Bayen . . .	0.0777	traces	traces	0.0829	traces	traces	traces	"	0.0220	traces	traces	"	0.0446		0.2270
Azemar . . .	0.0480	0.0022	0.0024	0.0620	0.0072	0.0465	0.0718	0.0058	0.0432	0.0147	0.0237	"	0.0076		0.2811
Richard, sup. . .	0.0595	0.0028	0.0018	0.0659	0.0088	0.0101	0.0400	traces	"	traces	0.0292	"	0.0328		0.2557
Grotte, sup. . .	0.0314	0.0027	0.0013	0.0723	0.0059	0.0682	"	0.0094	0.0876	0.0057	0.0109	"	0.0103		0.2559
Blanche . . .	0.0338	0.0011	traces	0.0500	0.0038	0.0160	traces	traces	0.0769	0.0067	0.0101	"	0.0105		0.2529
Ferras, sup. . .	0.0053	0.0009	"	0.0100	0.0109	0.0580	0.0212	"	0.0506	traces	traces	"	0.0397		0.2002
Bordeu, nro. 1 . . .	0.0690	0.0003	"	0.0858	traces	traces	traces	0.0233	0.0162	0.0025	0.0073	"	0.0262		0.2306
Grotte, inf. . .	0.0589	0.0021	"	0.0736	0.0113	0.0265	0.0200	traces	traces	traces	0.0141	"	0.0499		0.2546

Quantities not given.

quent symptom, which causes hypertrophy of the mucous membrane of the Eustachian tube. Besides the general treatment the sulphur waters are used locally under the form of pulverisation, of vapour, and of injections in the Eustachian tube.

In herpetic chronic *blepharitis* the waters of the spring Romains are used for lotions, and also under the form of pulverised douches.

Another herpetic affection, chronic ozæna, usually accompanied by the most disagreeable factor, by which both the patients and the persons near them suffer, is often cured in Luchon, if the ulcers are not too deep, and have not perforated the septum; in these cases the strongest, the most exciting, and the warmest sulphur waters are used as injections into the nasal cavities, which must be well bathed and washed in all directions. A cure is almost certain if there is only hypertrophy of the nasal mucous membrane, and the ulcers are but superficial, although the secretion might be very abundant. Sometimes an unexpected cure takes place when the deep ulcers cicatrise.

If dyspepsia is caused by herpetic diathesis it is very painful, and resists the usual treatment. This kind of dyspepsia is cured by the sulphur waters, while in all other forms of stomach diseases, in gastritis, gastralgia, dyspepsia, &c., sulphur waters are not only useless, but very injurious.

Herpetic complaints of the mucous membranes of the urethra, vagina, and uterus, are also relieved and cured by sulphur waters. Previous or coexistent herpetic affections of the skin will guide the medical man in making his diagnosis regarding, the nature of the various affections of the mucous membranes, and whenever a herpetic diathesis is present the sulphur water will prove most useful.

Gout and its concomitant effects on the joints, under the form of swelling, congestion, inflammation, nodosities, incomplete ankylosis, and on the skin, certain varieties of intertrigo, prurigo, pemphigus, cirrhosis, mentagra, and eczema, which Bazin ascribes to an arthritic diathesis, are treated more frequently merely by the external use of the

sulphur waters, because the stomach of gouty patients does not digest sulphur waters. Alkaline remedies are used internally, and carbonate of soda is also often added to the sulphur bath. The aim of the treatment is to change the chronic arthritic affections into acute ones, and therefore those springs which contain the maximum of the alkaline sulphides and hyposulphides are used, besides the vapour bath and the pulverised douches, while Vichy and Vals waters are given during the meals.

Although scrofulous and lymphatic patients are very frequently advised to use saline waters, they bear very well the treatment by sulphur waters, the full bath, douches, hot or cold, applied alternately; the most exciting waters, containing the largest amount of sulphur, are used externally, while they drink Reine, Grotte, and Pré nro. 1. The more serious cases are obliged to return to Luchon during several seasons. Strumous inflammations of the joints are often cured, and ankylosis would frequently have been prevented by an earlier visit. All scrofulous complaints of the osseous system—as osteitis, periostitis, osteomyelitis—as well as of the chronic inflammation of the mucous membranes of the nose, pharynx, and conjunctiva, find a remedy in the numerous springs of Luchon.

A great number of syphilitic patients who have taken too large a quantity of mercury are cured by the sulphur waters, while these aggravate usually all syphilitic symptoms if no mercury has been taken; very large doses of mercury can be taken without causing salivation or derangement of the stomach as long as the patient uses the waters. Dr. Gourraud mentions that he has seen the scars of patients who, after the recent healing of infecting chancres, have used five or ten baths, first to swell, then to inflame; afterwards a very slight superficial and extended ulcer formed in the epithelial strata, with a copious but not thick suppuration. The patients are usually much alarmed, and anxious to apply local remedies, because they fear the reappearance of the old chancre. Every local remedy except rice powder must be avoided, and within ten or fifteen days, during which the suppuration lasts, a considerable improve-

ment is observed; the scar is much softer and smaller, although a slight induration is still felt; this is by degrees absorbed, and finally disappears entirely. The treatment varies according to circumstances, as patients are visiting the baths for the purpose of curing existing syphilitic symptoms, or only for the sake of passing a test cure, whether they are really cured; herpetic, arthritic, or scrofulous patients infected with syphilis *must* also be treated according to the various symptoms and combinations. According to Dr. Gourraud—

1. The waters of Luchon are no specifics against syphilis.

2. They assist the action of mercury promote the absorption and elimination of this medicine, and prevent its bad effects.

3. When used alone they increase the syphilitic symptoms, especially of the skin; they are most useful in bringing out latent syphilis, but never cure the complaint.

4. They assist in forming a better diagnosis, and in distinguishing the syphilides from the herpetic, arthritic, and scrofulous symptoms.

5. They cure the bad effects of mercurial poisoning.

6. A perfect cure can be ascertained.

7. One course of treatment may be sufficient for a cure, but this is not to be considered as a perfect one, as long as a second course, and merely of sulphur treatment, has not caused any reappearance of previous syphilitic symptoms.

These remarks also prove that working men poisoned by lead or mercury will be most benefited by the waters.

For chronic diarrhœa, especially when combined with gonorrhœic rheumatism, in suppressed gonorrhœa, the waters are used externally as baths, vapour baths, injections, and also internally; in *acute* gonorrhœa the waters are injurious; wounds, painful scars, ulcers, abscesses and fistulas, chronic rheumatic enlargements, and osseous nodosities, in which Barèges is so successfully used, are also treated at Luchon, where the melancholic and hypochondriac patients have more opportunities for distraction and amusement.

The obstructions caused by phlebitis and lymphangitis, the impediment caused in veins by thrombus, as well as various forms of rheumatic affections, are relieved.

Lately, the number of consumptive patients, and of those suffering from chronic bronchitis and chronic pleurisy, who visit Luchon, has also considerably increased, as well as those who suffer from various neuralgic and other pains, and from paralytic and paretic affections; the various uterine diseases are also numerously represented at Luchon. Dr. A. Fonsan (in his *Recherches sur les Eaux Minérales des Pyrénées*) describes the history and cure of a *hypertrophied uterus with deep ulcerations*, which has lasted *four years*.

This case is very remarkable, because during four years the very enlarged uterus could not be even replaced; the full history is also copied in Dr. Gourrand's interesting book, *Le traitement thermal à Bagnères de Luchon*. Gynæcological and laryngoscopic specialists, at present so lavish with their caustics, may learn that cures can be performed without these caustics.

The principal iron springs of Luchon are Cassel-Vieil Salles, Baringnas, Trebon, and Chat, contain sulphate of iron, and some of them also *crenate* of iron; they are used in anæmia, chlorosis, and whenever *aglobulia* is present from any cause, and assist the effect of sulphur water in lymphatic complaints; although they do not contain carbonic acid, they are still digested, and increase the appetite.

Chat contains the largest amount of mineral substance, but as this spring is at some distance it is not so much used. The iron waters are usually drunk at meals, for which purpose daily a fresh supply of bottles, filled in the morning, is sent to the hotels. When it can be managed it is better for the patient to walk to the iron springs, and thus the walk will assist in the digestion of the iron waters. Lately a new iron spring, called Sourronis, has been found, which contains also arsenic, which will be an additional remedy in herpetic diseases, and general weakness.

The whey cure belongs also to the adjuncts of Luchon, but the whey is made only of cow's milk, although in other

places it is made of goat's milk ; whey is used in habitual constipation, abdominal irritation, and abdominal plethora ; in bronchial catarrh with irritating cough ; in gravel and chronic catarrh of the bladder. One to five or six glasses of whey are taken at shorter or longer intervals, but they are also used as baths, either alone or mixed with sulphur water, which produces a more calming effect.

Although I have tried to give a very short outline of the therapeutic value of the justly celebrated watering places in the Pyrenees, and merely to point out the class of diseases which may find their relief, this paper has considerably exceeded the proposed length. My aim was to call the attention of those who know nothing or very little of the subject to the beneficial springs and the beautiful scenery, and so induce them to make themselves, either personally or by books, more acquainted with the effects of these waters. They will thus not only benefit their patients but themselves, because they are sure to meet in their practice with many chronic cases in which the ordinary means are useless ; and when the patient cannot go to the Pyrenees, artificial sulphur baths will sometimes produce unexpected results, still more when assisted by the internal use of mineral waters. I have already mentioned (p. 234) a case in which my experience of the treatment at the Barèges baths enabled me to treat successfully a case that, without such experience, I should have been unable to cure. May those who have read these notes be still more successful than their collector, whose work and trouble will thus be sufficiently rewarded.

**THE RECONSTITUTION OF THE MATERIA
MEDICA.**

By DR. HUGHES.

THE primary requisite for our carrying out the law, "let likes be treated by likes," is that the two elements of the comparison shall be before us. We have the one in the patients entrusted to our care, but the other must be supplied to us beforehand. A collection must be made of the observed effects of drugs on the healthy body, and such further experiments must be instituted as are necessary to complete the picture of the action of each. The results of the latter, amalgamated with the former, give us the second element of our comparison: they form the "Materia Medica" of Homœopathy. The name is of course wrongly applied, as it properly denotes the drugs themselves; but it has so long been in use among us for the other purpose that it must stand.

That we owe to Hahnemann, not only the establishment of the law of similarity, but the first and largest contribution of material for carrying it out, we all gratefully acknowledge. But it is a matter of general regret that he should have presented in the form in which we have them the mass of observations and experiments accumulated by him. The groups of drug-effects which he gleaned from books and obtained from his own and others' provings have been broken up into their component elements; and these have been put into their appropriate places in a schema, mainly anatomical, without note of origin, connection, or sequence. The result is that the two pictures between which we have to seek for resemblances have little in common. All diseases, and nearly all patients, present a morbid state which is an organic whole, which has its linked history, its orderly evolution, its association of symptoms primary and secondary, essential and sympathetic. To treat such a state by a similarly-acting medicine, the pathogenetic effects of that

medicine ought to be recorded for us in a corresponding manner. Instead of this, they are given us in a form which would only be paralleled, were we to write down our patients' existing phenomena and sensations in the order of the Hahnemannian schema ; and then, instead of comparing two organic wholes together, were mechanically to cover one symptom-list with another.

The misfortune has been doubled by the fact that, very naturally, most of the immediate disciples of the master who followed him in the task of proving have imitated him in the mode of presenting the results obtained by them. Stapf, Hartlaub and Trinks, Hering, Helbig—they all gave us pathogenesies in schematic form, thinking that thereby they had supplied all that was needed. It has thus come about that the great mass of our *Materia Medica* exists only in this shape ; and that when collections of it have been made, the new matter added has been conformed to the predominant type, although the sources from whence it has been derived contain it in more intelligible statement. It was so with Jahr and with Noack and Trinks ; and it is so in the later and greater work of Allen, which must be our *Materia Medica* (as it well deserves to be) for many years to come.

I have elsewhere* endeavoured to account for Hahnemann's having proceeded after this manner, and to show in what way such pathogenesies of drugs may be fruitfully used. But that we cannot learn our *Materia Medica* therefrom is generally admitted ; and many attempts have been made to present the action of its constituents in a better way. Of two of the latest of these, now before me, I propose to form some estimate at this time. They are from the pens of Dr. Jousset and Dr. Espanet respectively.† The former of these needs no introduction to our readers. The latter has been favorably known in his own country by his *Traité méthodique de Matière Médicale et de Thérapeutique*, published in 1861 ; and though this work has not

* *Manual of Pharmacodynamics*, 3rd ed., p. 7, 8.

† See *L'Art Médical* for February and *Bull. de la Soc. Méd. Hom. de France* for April, 1879.

been translated into English, and is little known among us, its title is sufficient to show that he is an expert in the subject on which he now speaks. He thinks that the time has come to recommence this treatise of his on an altogether different plan; and in the article published in the *Bulletin* he lays down the principles on which he proposes to work, and gives a specimen of their application in the instance of *Belladonna*. Dr. Jousset simply states that he has, with some friends, undertaken to edit a treatise on *Materia Medica and Therapeutics*; and illustrates his mode of working by a study of *Digitalis*. This he publishes, to elicit from his colleagues any criticism and counsel they may be able to give in aid of his further labours. It is obvious that the commencement, by such men, of such undertakings as these is no unimportant matter, and that it demands from all who are acquainted with the subject the fullest attention and the freest expression of opinion. The following pages are my own humble contribution to the discussion.

I. Dr. Jousset—to take him first—limits himself, like Hahnemann, to a statement of the facts of the case. He makes no attempt to account for the phenomena of the action of *Digitalis* on the healthy body, but simply details them. On the other hand, he does his utmost to present them in the association and order of their occurrence. He begins with an excellent description of poisoning by the drug, in its two forms—that which he calls *foudroyante d'emblée* and that which is rather *progressive*. He then arranges the principal symptoms manifested under such circumstances under the head of troubles of the nervous system, of the gastro-intestinal and urinary organs, and of the circulation and respiration, ending with the exterior aspect and the post-mortem appearances. Next, he classifies after a similar manner the effects of ponderable but not toxic doses of the drug, using for this purpose the provings and citations of Hahnemann, as well as observations of others. He concludes with the indications for the use of *Digitalis* in the treatment of disease, following here a nosological order. The whole article occupies eighteen of the large octavo pages of *L'Art Médical*.

In estimating the value of this mode of presenting a medicine, we have only to consider how far it is calculated to impress on the mind of a student the essential features and characters of the drug under review. Now I have no hesitation in saying that Dr. Jousset has made a most happy selection from the recorded observations of the action of Digitalis, so that no effect of the drug which is of physiological or therapeutical interest is omitted from his enumeration. His description, moreover, of the evolution of its toxic effects supplies a framework in which the separate symptoms afterwards detailed find their due place and order. Any one who has made himself master of the eleven pages devoted to the pathogenetic side of the subject has learned all that he need know *à priori* of the effects of Digitalis on the healthy body, *so far as the phenomena are concerned.*

But here my satisfaction becomes qualified. I hold that the student requires to know something of the meaning of the facts brought before him, so far as that meaning can be perceived; that he is imperfectly furnished for the use of a medicine in disease unless some of the significance of its pathogenesis is revealed to his mind. To take, for instance, the action of Digitalis on the heart. Dr. Jousset tells us that in the *foudroyante* form of poisoning, the pulse is small, uncountable, sometimes completely absent, and the heart-beats precipitate and hardly perceptible, with irregularity as recovery ensues; that in the *progressive* variety the pulse is at first strong and hurried without irregularity, beating 120 or 140 in a minute; that when the effect is less pernicious, this rapidity is succeeded by slowness, which from small doses occurs at once. Again, in summing up this part of the drug's action, he states that strong doses "paralyse the heart and the arteries after having excited them," while still larger quantities paralyse from the first; and that, of feeble doses, "strong and retarded cardiac impulse is the primitive, feeble and accelerated the secondary, effect." All this is true and useful enough, but what does it mean? The heart is a hollow muscle, contracting rhythmically under the influence of the ganglia embedded in its substance, and regulated by the

opposing influence of the pneumogastric and sympathetic fibres coming to it from the central nervous system. What is meant by its being "paralysed?" Is it the cardiac muscle itself that is incapable of responding to the nervous impulses, or the nervous centres which have no power to send forth their commands? Is the alteration of the rate of the heart's pulsation due to inhibitory or accelerating influences transmitted to it from above, or to some change in the organ itself? These are questions of no mere speculative interest: on their decision depends our view of the use of the drug as a remedy. If it paralyses the cardiac nerves only, it cannot strengthen and tone up a dilated ventricle by its homœopathic action. If it retards the heart otherwise than through the vagi, slow pulse is no indication for it when induced by their inhibitory influence. Dr. Jousset knows as well as I do that it has been ascertained that they are the channels through which *Digitalis* retards the heart; and he probably knew before I did that Claude Bernard had found the drug to be a direct muscle-poison. To have told the student this would have given him a precious clue through the mazes of the phenomena displayed, and it would have shown him where the drug is primarily (*i.e.*—to my mind—really) homœopathic,—*viz.* where the pulse is simply slow, or where the cardiac muscle is of feeble vitality.

This leads me to say that I regret to see Dr. Jousset commit himself to the theory of "secondary homœopathicity," as advocated by Dr. E. M. Hale, which brings into our practice a large (if not the whole) range of antipathic medication, with dosage accordingly. He propounded it at last year's Paris Congress, but tentatively only: here he assumes it as an accepted truth. I have already argued against it in this Journal,* and must now repeat my protest. According to our author, *Digitalis* is to be given just as it is given in the old school, when the condition known as "asystolia" is present in cardiac disease; when the heart beats so rapidly, feebly, and irregularly, that it does not fill the arteries,—these themselves being deficient in tension, so

* See vol. xxxvi, p. 219.

that the kidneys secrete little, and the tissues become waterlogged. It is to be so employed by homœopaths, on the ground that just such a state is caused as a secondary effect of largish doses and a primary effect of very large ones; but, the drug being thus only "secondarily homœopathic," the stronger doses must be given. Dr. Jousset here says that he has often succeeded in asystolia with grain doses of the first and even second decimal trituration of the leaves; but in his *Elements de Médecine* he speaks of a decoction as the only form in which it is effectual, advising from two to four grammes of the leaves to 100 grammes of water,—four to six spoonfuls in the twenty-four hours. When the former dosage influences the patient's condition, I can well believe that the drug acts by its homœopathic relation to the enfeeblement of the muscular walls of the heart, always present in such cases. But when it has to be administered in quantities large enough to induce its primary action, *i.e.* to retard the heart through the vagi and to spur on its pulsations and the contraction of the arteries through the sympathetic, we are surely setting such action up. And if we do so, in what do we differ from our brethren of the other school, and where are we to stop? Their prevailing method is to induce the physiological action of the drugs they employ. If this be done in the part affected (affected, of course, in the opposite manner), the practice is antipathy, or enantipathy; if elsewhere, it is allœopathy, (now less correctly called allopathy). So Hahnemann taught, and I see no escape from the position. If we begin adopting the former, on the plea of its being secondary homœopathy, and proportion our dosage accordingly, our opponents in the other camp will have a potent weapon to use against us. We say,—you are taking our similar remedies, small dose and all, and refusing to acknowledge the law under which they act, using them empirically, or explaining away their apparent homœopathicity. They will say in return,—you are taking our contrary remedies, full dose and all, under a plea which to us at least is transparently futile. Of course, it may be that such remedies are necessary, and in the case of *Digitalis* I am inclined to think that such necessity really

exists; but let us freely acknowledge them for what they are.

These are my only objections to the method of Dr. Jousset's working, as illustrated by his present article. He will permit me, however, to point out some slight errors in detail.

At p. 108 he says that the symptoms of Hahnemann and his pupils were obtained from "the extract or the powdered leaves of the plant." Now, in the *Fragmenta de viribus* Hahnemann tells us that he obtained his symptoms with the expressed juice of the leaves. In the *Materia Medica Pura* he directs the seeds, and in the *Chronic Diseases* the whole plant, to be used in making the tincture; whence we may infer that from such preparations the new symptoms of the pathogenesis there given were elicited.

At p. 109 "Wittersing" should be "Withering."

At p. 115 Dr. Jousset says that clinical experience does not furnish us with any information as to the efficacy of Digitalis in tubercular meningitis. In my *Pharmacodynamics* I have referred (p. 347) to two instances of its successful use,* and have cited Pereira as accounting it "a most valuable agent in the arachnitis of childhood."

II. I turn now to Dr. Espanet. His essay is a more elaborate one, and his aim more ambitious. I shall not have to complain of him for refraining to interpret the symptomatology of his selected drug, though I may have to differ from him as to his mode of doing it. Let me first, however, consider the principles he lays down.

1. In the first place, he tells us (p. 747) that "it is an incontestable fact that all maladies and all drugs have a primordial action on the great sympathetic, and in the first place on the vaso-motor nerves." Now I must challenge this statement. Dr. Espanet has gone from one extreme to another in his way of regarding this part of the nervous system. In his treatise he says that "the point of departure and of elective choice with Belladonna is the brain, and not the ganglionic nervous system, in which it differs from Calcearia, Arsenicum, &c." Here he evidently assumes the

* In vols. vii and xi of this Journal.

old notion about the sympathetic—that it presided over the vegetative functions. Now he elevates it to a place, both in disease and in drug-action, which seems to me quite as unwarrantable, according to our present knowledge. The vaso-motor, like the musculo-motor, nerves are animated from the cerebro-spinal centres, and their relation to the sympathetic ganglia with which they are connected at various parts of their course is very obscure. To make this one portion of one system of the body the seat of the “primordial action” of all drugs and all maladies, to assume that all disorder and morbid change is primarily due to circulatory disturbance, cannot (I maintain) be supported or allowed.

Dr. Espanet makes a kindly allusion to my own work in this field, characterising it as an endeavour “to establish the point of departure of the action of drugs *in definite portions of the nervous system.*” But if there is one point more than another on which I have insisted, it is that the primitive action of drugs need not be, often is not, upon the nervous system at all; that they may affect plants, which have no such system, as well as animals; that any portion of living matter—be it muscle, membrane, cell, or fibre—may feel their influence, and manifest it accordingly. I feel sure that we shall not understand the action of medicines, or their relation to disease, until we recognise this truth.

I fear, therefore, that the fundamental physiological assumption on which Dr. Espanet proceeds in his interpretations of drug-action is one which I cannot concede; and that divergence of view is inevitable.

2. I have next to consider certain rules laid down by our author in respect of our acceptance and use of the pathogenesies of the existing *Materia Medica.*

He begins by a profession of faith which I regret that I cannot join him in making. “All the pathogenesies published by Hahnemann, or under his name, and the greater number of those which we owe to groups of experimenters, are of scrupulous exactness.” Now, if the earlier pathogenesies of the *Fragmenta de viribus* and of the *Reine*

Arzneimittellehre were alone in question, we might assent to this proposition. But in respect of the copious symptom-lists of the *Chronischen Krankheiten*, how can we give a similar account! It is well known that Hahnemann's own contributions to this collection, which form the greater part of its bulk, were almost entirely obtained from patients taking the different drugs, every fresh symptom occurring in them being set down to the medicine which was being administered. An interesting instance of the fallacy of this method of obtaining pathogenesies is supplied in a recent number (that for May, p. 283) of the *Monthly Homœopathic Review*. Dr. John Clarke, of Ipswich, a recent and valuable accession to our ranks, is there describing the good effects of *Natrum muriaticum* in catarrh, and he relates two symptoms as occurring in himself while taking the drug, which he considers as pathogenetic effects of it. They *may* be so, as they have both appeared in healthy provers (the Austrian experimenters) taking it. But when we observe that one of these was a herpetic patch at the extremity of the nasal septum, and remember how often herpes labialis occurs in connection with catarrh, we see that it would have been quite unjustifiable, without independent confirmation, to set this symptom down as a pure effect of the drug. Dr. Clarke says—"a herpetic vesicle in this situation is quite new to me." It may be so, but everything must have a beginning. I was attending a schoolboy the other day for a sore throat, for which he was taking *Mercurius solubilis* 6. At my third visit I found his chin covered with herpetic vesicles. Shall I add this to the pathogenesis of the medicine?

I must therefore question the stability of a superstructure raised on such sandy foundations. But I find myself still less able to agree with Dr. Espanet when he proceeds to the opposite task, viz.: "to retrench from the pathogenesies the symptoms which encumber them, and which render their interpretation so difficult." His first rule is—"Indeterminate symptoms, and those which are not *en rapport* with the chief features of the medicine, are to be erased." This is a somewhat "indeterminate" canon, and among the

symptoms condemned by it we find cited S. 135 of *Cocculus*—"Aversion to food and drink." Now this was observed by Hahnemann in a case of poisoning, of which I have given the outline in the third edition of my *Pharmacodynamics* (p. 300); and as regards its first point it has been abundantly confirmed by clinical experience, as is shown by the type in which "extreme aversion to food" stands in Allen's *Encyclopædia*. Another rule is that "vague symptoms, contributing nothing" (in Dr. Espanet's opinion) "to the physiognomy of the medicine, and only expressing its action upon a single experimenter, are to be omitted." But among the specimens given we find this of *Arsenicum*—"he sleeps on the back, his left hand on his head" (it should be "under his head"—*unter den Kopf*, not *sur la tête*). Now I have met with this tendency to raise the hands to the head in more than one case of poisoning by *Arsenic*, and should be quite loth to lose it as a possible indication for the remedy.

My objection to Dr. Espanet's mode of choosing the materials for his analyses and syntheses is that it is *uncritical*. It is based upon subjective considerations, instead of upon the only sure ground of the value of the source of supply. I never find any appreciation of the authorities for the several symptoms. Those of the *Reine Arzneimittellehre* and of the *Chronischen Krankheiten*, those of Hahnemann and his fellow-observers and the citations from authors, are all thrown together without distinction; certain of them are eliminated for *à priori* reasons; and with the remainder his edifice is built up. I cannot think that by such a course, obviously illegitimate in the case of any other science, we can arrive at sound conclusions in pharmacodynamics.

3. We come now to our author's mode of dealing with his materials, and here I shall have the pleasure of agreeing much more largely with him. Dr. Espanet writes like a man of science and culture; and, though I must dispute some of the details of his generalisations, his manner of proceeding is all that I could desire.

He presents his facts avowedly in the same manner as

Dr. Jousset; viz. beginning with a sketch of the poisonous action of his drug in its lower and higher degrees, and then describing its effects as seen in the provers under the headings of "Intellectual Faculties," "Animal Faculties," and "Vegetative Functions." He goes on to state its "mode of action" (the *manière d'être* of its symptoms,—their origin, nature, seat, rhythm, conditions, order, succession and association, and termination); its "sphere of action;" its "electivity;" and its "characteristics." He next speaks of its therapeutic effects; and ends by mentioning the medicines complementary to it. It is evident that a study of the constituents of our *Materia Medica*, conducted on such principles, and by a competent hand like Dr. Espanet's, can hardly fail of being profitable.

Let us see how it has been done in the case of *Belladonna*.

The account given of the action of the drug in toxic doses is less instructive than Dr. Jousset's, as it does not represent the phenomena in their order of development, but merely gives a list of them. To one unacquainted with the subject it would hardly convey a defined idea of the *Belladonna*-intoxication. The description of the symptoms elicited by the provers would be much more satisfactory, were it not for the lack of critical discrimination of which I have already complained. It seems startling to hear of "hemiplegia" and "partial paralysis, changing its seat," as induced by "doses pathogénétiques" (distinguished thus from "doses toxiques"). On examination, these phenomena are found to have been taken from Greding, and the original shows them to have occurred during a succession of epileptic paroxysms, so that they are worthless as pathogenetic effects of the drug which the patient was taking. I should be glad to know, moreover, whence Dr. Espanet got the symptom "élançements et rougeur dans le vagin." It is not in Hahnemann, or in Allen's copious additions to his pathogenesis.

Turning next to the endeavour at a synthesis of the symptomatology of the drug, I find it vitiated to a large extent by the unphysiological conceptions which the author

seems to entertain as to the functions of the vaso-motor nerves. Thus—"the contraction of the pupils coincides with the paleness of the face, and with the primary spasm of the vessels." Now I actually see no evidence of the co-existence of these phenomena. Hahnemann and his fellow-observers are the only authorities among the 241 collated by Allen who have observed contraction of the pupils, and none of them mentions pale face in connection with it. Moreover, if it were so, and the pallor depended on "spasm of the vessels" from sympathetic excitation, the pupils ought to be dilated rather than contracted. I have endeavoured to show, in my *Pharmacodynamics* and elsewhere, that the state of the pupil induced by Belladonna is a local effect of the drug, unconnected with its general influence on the brain, and one that cannot be relied upon as a homœopathic indication for the choice of the drug in cerebral affections. Again, "the contracted capillaries" (of the first stage of the drug's action, as hypothesised) "chase the blood towards the centres (external coldness, pallor, internal heat); the pressure of the column of blood in the vessels is augmented (hardness of the pulse); the action extends to the nervous centres, to the hemispheres, causing disturbance of perceptions and of sensibility; to the tubercula quadrigemina, producing contraction of the pupils, to the corpora striata, and without doubt to the cerebellum, as shown by the disorder of the movements." But does Dr. Espanet suppose that the excitation of the vaso-motor centres, which he invokes to explain the phenomena, causes contraction of the superficial arteries only? These centres surely control the arterial calibre throughout the body; and any strong contraction therein induced (as in the first stage of an ague fit) chases the blood into the *veins*, and induces passive engorgement of the internal organs (especially of the liver and spleen). That nothing of this kind manifests itself in poisoning by *Belladonna* shows, I think, that its stimulating influence on the ganglionic centres (though an undoubted fact) is but one part, and not the most important one, of its action.

4. Dr. Espanet lastly depicts the therapeutic range of

Belladonna. He proceeds somewhat like Hartmann, indicating, symptomatically and pathologically, the place it holds in the treatment of neuroses, neuralgias, fevers, inflammations, hæmorrhages, chronic maladies and miscellaneous affections. This part of his work seems to me excellently done, and I have no special comment to make upon it, save to question the correctness of speaking of the pulse in febrile states which indicate the remedy as "hard and slow." It is very much otherwise in scarlatina, to which it is so typically suitable; and indeed such a state of pulse seems to me entirely out of relation with either the physiological or the therapeutic influence of *Belladonna*.

I have now completed my examination of Dr. Espanet's "Essay towards a scientific constitution of the *Materia Medica*, after a method which simplifies and facilitates its study." I regret that my task has had to be one of fault-finding rather than of appreciation. I hope, indeed, that I have not seemed to ignore the merits of the work, which are incontestable; but I fear that its defects are fatal to the usefulness of any complete *Materia Medica* thus constructed. Besides those which I have noted in detail, I must pass upon Dr. Espanet's writing here the verdict I had expressed upon it in his former treatise—that it is "brilliant, but too imaginative." There is a lack of solid basis for his statements, of discriminated observation and weighed testimony, which gives a sense of unreality to them: the whole thing seems up in the air. Not a single name, save Hahnemann's own, is cited in evidence of anything which is said; and the easy way in which "hemiplegia" is thrown in among the pathogenetic effects of the drug, as if it were quite a common occurrence among provers, is not favourable to acceptance of the writer's own judgments.

I may be challenged, having thus expressed myself unsatisfied with the work of these two eminent writers, to say how I would myself have the *Materia Medica* presented, as I am in full agreement with them as to the necessity of improvement upon the present mode. I would reply, that a series of drug-studies, of the scope of Dr. Espanet's *Belladonna*, and conducted with the judgment of Dr. Jousset's

Digitalis, could not but be valuable. They would require, however, on the part of their writers a due acquaintance with the original sources from which our pathogenesies are drawn; a dealing with the extant symptomatology after the recognised methods of textual criticism, in which objective shall predominate over subjective considerations; sound physiological and pathological knowledge; and the capacity for taking a wide survey of the homœopathic experience with drugs as put on record in all countries. But I apprehend that such studies could only include those medicines of whose action we have the further knowledge which toxicology gives, at any rate together with those whose provings we have in detail. The mass of drugs whose pathogenesies we possess in schema-form only are unsusceptible of such treatment; or, if subjected to it, yield but skeletons of bare statement or pictures of wholly imaginary outline. It is impossible, therefore, thus to present the whole *Materia Medica*; and while I would have such studies of individual drugs multiplied indefinitely, I should deprecate any attempt to substitute them for our existing symptomatology. Let this stand as it is, and let our work upon it be something like that of theologians upon their sacred books. As with them, let our best endeavours be made to enrich, to purify, and to illuminate the text. Then let those competent for the task give us commentaries upon it, elucidating its language. Let the teachers of *Materia Medica* in our schools publish from time to time their systematic lectures, embodying (as they must do) all the side-lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study.* These will answer to treatises on doctrinal and practical theology; and then, for the sermons which expound and apply particular texts, let us have clinical records showing the bearing of pathogenetic symptoms upon the phenomena of disease. In this way, while we shall lose no grain of fact which can be made

* This, I may say, is the work which I have myself endeavoured to do in my *Pharmacodynamics*; so that when Dr Espanet blames me for "deducing too exclusively from toxicology and clinical experience the properties of medicines," he is only describing the limitations of any self-imposed task.

available in the comparison of drug-action with disease, there will be supplied to every student of the *Materia Medica* a general knowledge of its constituents, of their sphere and kind of action, of their characteristic features and ascertained effectiveness, which shall send him forth fully equipped for using them in the treatment of disease. There is thus abundance of work for all who desire to labour in the field of *Materia Medica*, and the more there is done of the kind the better for the future practitioners of our method.

CASES WITH REMARKS.

By ROBERT T. COOPER, M.D., T.C.D.,
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I.—AN OBSCURE EAR CASE.

IT will serve our purpose best to first report the case upon which we wish to comment, and then to append remarks.

The case is this. A boy of three years old was brought to me to our local dispensary, suffering for seven months from sleeplessness. His mother states that he has never slept well; he is always fretful. There is no irritation of the seat or other worm symptoms, although six weeks ago he was troubled with thread-worms. His appetite is variable, and the bowels are inclined to be confined. The teeth of the upper jaw are much decayed, but without history of toothache. The boy's head is large, his forehead square and prominent, and large veins course over it.

He rolls his head about very much on his pillow.

On first seeing him, 17th January, 1879, I prescribed *Terebinthina*, third decimal, 3 drops, to go over the week.

24th.—In every way better; he has slept better than he has done for months, in fact, quite well, and his bowels are more regular.

Prescription continued.

31st (Friday).—Till three o'clock this morning has been quite well, but since that hour had not slept. Prescribed same dose of *Apis mel.*, third decimal.

7th February (Friday).—Has been sleeping quite well, but since Saturday has had much discharge from the left ear.

After continuing the *Apis mel.* for the next week, *Kali hydriodicum*, in the second decimal, was given for the otorrhœa, with soreness of the ear to the touch; and by the 28th February he left *quite well*.

Simple and imperfectly reported as is the above case, it will help to teach us many a lesson.

The symptoms are very commonplace, and may appear unworthy of publication; and yet, to a reflective mind, I think they constitute a key-note to the diagnosis and treatment of a large proportion of the acute as well as the chronic affections of childhood.

I pass over the fact that I did not examine the child's ears; it is sufficient excuse that an available opportunity was not afforded me. The case is taken from the books of a general dispensary, and was treated along with a crowd of others, before I had read Dr. Woakes' admirable little work on *Deafness, Giddiness, and Noises in the Head*.* In this work, and at pp. 20, 21, we read, "One of the most suggestive of these (*i.e.* the symptoms following upon acute otitis) is *rolling of the head from side to side*, because in my mind it points unmistakably to labyrinthine mischief. By this I mean that the expansion of the auditory nerves in the internal ear has become a participator in the disease to the extent of disturbing the equilibrating apparatus, of which the semicircular canals form a part. The fact that this organ of equilibration, constituted by the semicircular canals, is an integral part of the auditory apparatus, gives to the diseases of this region an interest extending far beyond the conditions of deafness only."

And he goes on to remark—"This symptom, *rolling of*

* H. K. Lewis, London, 1879.

the head from side to side, I regard as the counterpart of *vertigo* witnessed in later life, when the intrinsic circulation of the labyrinth is deranged, or its contents are pressed upon from without, as in Menière's disease."

In our case the connection between this rolling of the head and aural disease is established by the subsequent onset of the ear-discharge. That mischief existed in the ear, that it was the primary focus of irritation, and that such cases ought to have attention paid to them from the first are all indisputable facts.

But let us further consider the symptoms. These fretful, irritable, uneasy, large-headed, large frontal-veined children are, I need not say, very often the subjects of tubercular meningitis with its accompanying cerebral effusion.

That many of the minor symptoms of children owe origin to incipient meningitis is obvious to any conversant with their diseases.

Now, in children a vascular connection exists between the ear and brain. To again re-quote Dr. Woakes (p. 14), "At this (the petro-squamosal) fissure the dura mater dips down into the cavity of the tympanum, becoming continuous with its muco-periosteal lining. This process of dura mater carries with it a rich endowment of vessels derived from the middle meningeal artery, and which are the vessels proper to the cavity. In the progress towards adult life this fissure becomes more or less obliterated, though the vascular connection with the arteries remains."

There is probably no affection to which children are more liable than ear-ache; few children attain adult life without experiencing the tortures of an ear-ache; but, as I have shown in my work on *Inflammation of the Ear*, and as we see from this case of ours, the ear may be affected without any pain whatever, so that the inference is forced upon us that if not the starting-point, it certainly is the accompaniment of a large proportion of the diseases of child-life.

Take such as our case; a sub-acute otitis exists, this disturbs the circulation of the base of the brain, the incipient symptoms of which, irritability, fretfulness, and loss of sleep

secure attention. These, in the hands of the allopath, would be obscured by a wretched opiate, and in those of some so-called homœopaths by monobromide of camphor; repose is accepted as evidence of improvement; parent and physician are satisfied, but nature regards as vain mockery efforts all but malicious. She will none of them; the irritation is there, in the ear, and in the brain. Soon it spreads along the sympathetic system, a dyscrasia is set up, and in the height of our learning we declare the child scrofulous. If the head swells (in our case it had begun to do so) we say the case is one of tubercular meningitis; if the condition of lowered vitality favours the development of worms, we declare it a case of ascarides, and probably ascribe to these the origin of all the evils, while if the abdomen swells and the child emaciates, we pronounce it to be affected with *tabes mesenterica*; the idea of looking into the ear never occurs to us.

Such is the way in which children have hitherto been treated, and it were time we paid closer attention, not alone to the treatment, but also to the diagnosis, of their complaints.

But the effusion in the ear occasions indirect pressure upon the organ of equilibration, the semi-circular canals. We have seen the symptom that points to their involvement, and let us ask, may it not be that the function disturbance in St. Vitus' Dance, and the tissue disturbance in rickets often owe origin to no more extensive alteration of structure than that that obtains in a sub-acute otitis, where pressure is exerted upon the auditory nerve-expansion.

Whatever else is uncertain, this is established; the ear is a fruitful, if not the main source, of infantile disease.

Equally true is it that in *Turpentine* we possess a drug appropriate in every way to infantile disorders. Witness its vesical irritabilities, its rectal and its cerebral disturbances, and then ask ourselves if we possess its compeer as an infantile remedy.

Turpentine will not kill an adult, but it will easily poison a child; it will affect his brain, his stomach, his lungs, kidneys, bladder, and rectum; the very brain (in animals) will smell strongly of it; muscular strength diminishes, the

power of co-ordination becomes impaired, fever is set up, vomiting, thirst, and diarrhoea.

In *Apis mellif.* we have a remedy that, as pointed out by me in a paper read this session before the British Homœopathic Society, exerts an effect upon intra-labyrinthine pressure; and, in connection with these remarks, it is significant that Burt of America advocates its claims as our premier remedy in tubercular meningitis.

A case of severe Blepharospasm cured with an unusual remedy.—The interest attaching to the case we are going to report is so great as an example of a most painful and intractable complaint dispersed very obviously and very completely by a single and insufficiently known remedy, that although the treatment pursued is not in accordance with that which would meet with the approval of the majority of the readers of this journal, yet still I feel sure its publication, on the mere score of utility, will be acceptable to us as practical physicians. If it lead some of our more active spirits, be they Transatlantic or European, to inquire further into the physiological action of a drug once a favourite with curers of disease, but, alas! at the present day neglected and all but forgotten, a purpose sufficiently useful will have been attained.

Fred. K—, a stout-looking little fellow of four years old, was brought by his mother to the West London Homœopathic Institution in the February of 1877, with what seems to have been a particularly obstinate example of strumous ophthalmia.

The history is, that two years ago he had an attack of whooping-cough, followed by herpes of the right arm and right cheek, and then by inflammation of both eyes.

His mother has been taking him most of this time to Moorfields Ophthalmic Hospital, but instead of improving matters they seem simply to torture him yet more. The child's general health seems to be fairly good.

I at first put him upon *Calcarea carbonica* 3rd dec., to be taken during the day, with a drop of ϕ *Tincture of Rhus toxicodendron* in three doses every night; and at the

same time ordered an alum and white-of-egg poultice at bed-time.

The condition of the eyes at this time, I must mention, was one of frightful hyperæsthesia, and the torture the poor child had undergone from repeated examinations of the eyes at Moorfields had led him to dread a doctor as he would a hangman.

It was simply impossible to effect a separation of the lids, and I had to content myself with the statement that for six months he had not opened his eyes by daylight, and that, if anything, they were becoming worse.

For the first week the above remedies were gone on with benefit to his general health, except that he caught a fresh cold.

Belladonna ϕ , five drops, to go over the week, was now given; but the eyes got worse when taking it, possibly from our having left off the alum poultices.

Then (27th February, 1877) he had *Soda chlorata* ϕ , three drops, to go over the week, substituted for the *Calcareæ carb.* of the first week, the alum poultices and *Rhus tox.* being gone on with.

Up to the middle of March, treatment had resulted in steady improvement, and the report then was—"He can open his eyes very fairly, and does so the moment I ask him, even in front of a glare of gaslight, and for the last two weeks, for the first time for many months, he has rested well at night."

During the succeeding week, however, he changed for the worse, and then *Sulphur* was given, followed the next week by *Merc. cor.*, but without improvement. *Soda chlorata* was then given by itself (3rd April); but although under it his eyes improved, the improvement was confined to being able to open them more frequently.

After this we gave him, from time to time, *Calcar. carb.* in the 30th; *Argent. nitr.*, *Soda chlorata*, and *Rhus tox.*, all these in the 3rd decimal potency. Then he had *Fer. pernitricum*, one drop of the B. P. tincture to go over a week. This improved his general state very decidedly, but his eyes remained *in statu quo*.

Ferrum pyrophos., 10 grains for a week, did still more for his health, and subsequently, in response to indications, he had *Aconitum nap.*, 3rd decimal; *Atropia*, 3rd decimal; *Acid. sulph.*, 2nd decimal; *Soda chlorata* ϕ ; and all without result so far as the intolerance of light went.

Then (16th July, 1877) I put him upon *Scrophularia nodosa* ϕ , fourteen drops, for a fortnight; and the next report (14th August) is—"Is better in every way, opens his eyes, even in the strongest sunlight." He had not been able to open them for more than a second (in April only) since the middle of March.

The boy was after this sent to the country; and once, when there, the eyes threatened to give trouble, which was immediately subdued by the same medicine; except for this he has ever since remained perfectly well, and there is no corneal opacity.

The above case is better designated by the simple and significant term "blepharospasm" than by the comprehensive but inaccurate one of "strumous ophthalmia."

The physiological tracing of the case requires no assumption of the presence of struma or of psora, albeit that in *Scrophularia* it found its remedy. The pneumogastric nerve, irritated in the whooping-cough, disperses its irritability along its afferent fibres sent to the brachial plexus, which, regulating, as it does, the capillaries of the skin of the fore-arm, manifests its disturbance by a crop of herpes, and then (I say *then* upon assumption, as our history is not full or precise as to the sequence of events) the branches given off to the superior cervical ganglion, and from it, distributed to the cheek, take on action; while, lastly, those branches that go to form the cavernous plexus are affected, and, distributed as these are to the muscles and nerves of the orbit, then is induced a local vaso-motor disturbance, denominated much more justly blepharospasm than strumous ophthalmia.

Such, at all events, is the explanation of the etiology of the above case in accordance with Dr. Woakes' teaching in his admirable little work on *Deafness, Giddiness, and Noises in the Head*.

REVIEWS.

Evolution, Old and New; or the theories of Buffon, Dr. Erasmus Darwin, and Lamarck, as compared with that of Mr. Charles Darwin. By SAMUEL BUTLER, author of '*Erewhon*,' '*The Fair Haven*,' '*Life and Habit*,' &c. (op. 4). London: Hardwicke and Bogue, 1879.

A WORK on "Evolution" might be considered to be outside the range of literary productions proper for review in a periodical with the special title we have adopted, and yet our readers must be by this time accustomed to find in our pages notices of works as little connected with our special therapeutics as the one before us. Besides, the modern doctrine of evolution fills so great a space in the thoughts of thinking men that its consideration cannot be altogether inappropriate in a periodical that professes to be in the van of scientific progress, and moreover the doctrine itself has, by our German contemporaries, been made use of to elucidate some of the facts of our own therapeutics, whether successfully or not we need not at present attempt to determine. Anyway the subject is of sufficient present interest to excuse us, if we devote a small portion of our space to the consideration of a work of such originality as this of Mr. Butler.

The circumstance that the author is not known as a scientist, and has not distinguished himself by any special researches in natural history, will no doubt militate somewhat against the serious consideration of his views by professional scientists. And the other circumstance, that Mr. Butler is known as the author of a work of satirical fiction like *Erewhon*, and of a piece of clever mystification like *The Fair Haven*, must prejudice him in the minds of serious philosophers, when he comes before them as the antagonist of the almost universally credited doctrine of "natural selection." Such a prejudice, we are convinced, served to deter many of the exponents of science from looking at his

previous work, *Life and Habit*, as aught else than an elaborate satire on prevalent opinion regarding the origin of species. And yet this work, though in some parts written in a strain of banter, strongly recalling the ingenious nonsense of *Erewhon*, is replete with profound and original reasoning and incisive criticism of some of the most cherished doctrines of Darwin and his followers, which it would be difficult for the modern evolutionists to answer, so they were fain to let it alone, pretending to regard it as a *jeu d'esprit* quite outside the domain of practical science.

The present work is written in a more serious style, and is evidently the outcome of a laborious investigation of the whole theory of evolution. It displays a depth of patient research and an acuteness of reasoning that remove it altogether from the region of mere *dilettante* superficiality, and place it in the front rank of critical works on the evolution theory. The author has taken infinite pains to ascertain the true history of the theory, and has given us a succinct view of its origin and progressive development. In doing this, he has considerably abated the accredited claims of Mr. C. Darwin to originality, and he has shown that where the great modern apostle of evolution has departed from the positions taken up by his predecessors in this field, he has by no means improved on the older doctrines.

The opening chapter sets forth a question which is the key-note to the work. It is thus stated :

“Can we or can we not see signs in the structure of animals and plants, of something that carries with it the idea of contrivance so strongly that it is impossible for us to think of the structure without at the same time thinking of contrivance or design in connection with it?”

This question, he says, it is his object in the present work to answer in the affirmative. This, the teleological or purposive view of nature, has been held chiefly by theologians, but has been rejected with scorn by the exponents of latter-day evolutionism ; chiefly, it seems to us, because it seemed to be necessarily connected with the theological idea. Mr. Butler quotes the well-known introductory passage in Paley's *Natural Theology*. He admits the truth of Paley's

argument as to a design and a designer, but differs entirely from him as to who and where the designer is. Paley, of course, as a theologian, makes the designer external to the organism designed; our author makes the organism its own designer.

In *Life and Habit* he had already endeavoured to show that the production of parts and organs and all their modifications was caused by the endeavours of the living being, whether animal or plant, or parts thereof, to attain certain desirable objects. An individual organised being is not to be looked on as a totally inexperienced isolated personality, but as a being containing within itself the accumulated experience of all its ancestors, possessing the memory of all the efforts of its predecessors to attain certain results, and this memory serves it to do all that its progenitors had learned to do, to start from the advanced point they had already attained, and to effect, in its own person, new modifications in its organism calculated to improve on the processes adopted by them, and under novel circumstances to develop new organs or modifications of existing organs suited to these. The term memory, as applied to the performance of acts that have for countless generations been performed by its ancestors, is, he explains, not the conscious effort generally understood by that word, but an unconscious memory or automatic action, such as we observe to take place in regard to actions that have been very frequently performed.

He illustrates this by reminding us that when any action is so frequently performed that it becomes a habit we are unconscious of any effort in doing it, and the more perfectly the action is performed the more utterly is the consciousness of it lost. Thus, walking, which was originally performed by painfully conscious efforts, after a while is performed without any conscious effort. The same with other acquired actions, as reading, playing on a musical instrument, and so forth. These actions only become perfect when all conscious effort in doing them is lost. So the animal's development of itself, from the primordial cell to the perfect animal, has been repeated so often through countless generations

that it has become a habit, and is carried on without consciousness, *i. e.* automatically.

We are so used to associate the so-called mental functions of will, purpose, memory, &c., with a complex organised structure like the brain, that we are apt to overlook the numerous proofs around us of these mental qualities being possessed by animals, and even by plants which are destitute of brains. Indeed, we see all these mental faculties displayed in the amoeba, which moves about, makes itself arms and legs according to its wants, assimilates the pabulum it likes and rejects that it deems unsuitable, turns aside from other amœbæ for fear of injury, or makes haste towards some beloved one of its own species, by whom it allows itself to be absorbed and annihilated in a delicious Nirwhana. And yet the being that gives all these evidences of will, design, memory, affection, and emotion, is but a transparent droplet of structureless protoplasm. Who that has watched the pus globule in urine tentatively throwing out feelers and limbs in all directions in order to see if it cannot adapt itself to the novel circumstances in which it finds itself, and at length giving the matter up in despair and submitting to its fate, not without a brave, though vain, struggle for existence, can doubt that each cellule of our living body has its own instincts, its wishes, its aversions, its memories and purposes? So little respect had Buffon (as our author shows us) for the notion that the brain is the centre of perceptions and the seat of the sensations, that he regarded it merely as the pabulum to nourish the nerves which struck their roots into it, as a flower sends its roots into the earth of the flower-pot. If he were to make a choice he would rather refer the centre of sensation and of all the vital powers to the diaphragm, or if it must be located in the head, then he would rather place it in the meninges, and certainly not in the medullary part of the brain.

The production of varieties of species and genera is determined by the different circumstances or surroundings of the organised being and its efforts to adapt itself to these circumstances. The slight modifications caused by these efforts gives an advantage to the individuals in whom these modi-

fications appear over those who have not brought about these modifications in their struggle for existence, and this is in fact the explanation of the "survival of the fittest." These useful modifications being transmitted to the offspring are improved by them, and in this way varieties, species, and genera are in the lapse of ages produced and perpetuated.

This doctrine, or something like this, Mr. Butler shows from their writings to have been held by Buffon, Dr. Erasmus Darwin, and Lamarck; and he holds it to be more rational and true than the "doctrine of natural selection" promulgated by Mr. Charles Darwin, which has been so generally accepted in our day. Mr. Darwin's doctrine briefly stated is, that from no known cause animals and plants have a tendency to develop modifications of their organs (to "sport" as the botanists say) and that such of these modifications as are useful to their possessors gain them an advantage over other individuals who have not developed these accidental modifications, so that those survive while these perish. According to Mr. Butler the modifications of the organism whereby new varieties and species are produced are purposive or teleological, while, according to Mr. Darwin, they are not purposive at all, but purely accidental. In Mr. Butler's view the modifications of plants and animals that lead continually to the formation of new species and genera are the result of the efforts of the living organisms to adapt themselves to surrounding conditions, while, according to the Darwinian doctrine of "natural selection," surrounding conditions are the *deus ex machina* constantly on the watch to encourage modifications of organisms produced by haphazard. Which is the more rational theory we leave the reader to judge; which are best supported by facts he must decide for himself by studying the works and authorities on either side.

We have not space to reproduce here Mr. Butler's arguments in support of his view, but we must say they are very ingenious and well and clearly stated; and the passages he quotes from the older authors above named, and others we have not mentioned, fully justify him in claiming them as witnesses on his side. We would earnestly advise all who feel an interest in the important subject of evolution

and the origin of species to read Mr. Butler's book, which, while it is thoroughly well reasoned out and logical, sparkles all over with quaint flashes of humour and racy satire that make it anything but dull reading.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D. New York: Boericke & Tafel. London: Trübner & Co.

THIS volume is on the plan of Jahr's *Clinical Guide*, but its 702 closely-printed pages of large octavo supply far more information than that work ever pretended to do. It is a product of great industry on the part of its author, and is likely to be of considerable service to many a young practitioner, while not without usefulness in the way of reminder to those more advanced. It must be taken, however, with a strong seasoning of modern knowledge about disease, which Dr. Lilienthal has shown good evidence of possessing, but which he hardly displays in his present undertaking. We meet, for instance, with an article on "Atrophy of the Spinal Marrow," which identifies it with the locomotor ataxy (posterior spinal sclerosis) of the present day and the tabes dorsalis of the past, but which gives as its most useful remedies "*Alum.*, *N. vom.*, *Sulph.*," and states that Jahr treated (does he mean successfully?) twenty-one cases of it with rare doses of *Nux vomica* and *Sulphur*. They "arose from onanism; were accompanied with hypochondria, despondency, and aversion to life; and the characteristic unsteadiness of the limbs and the peculiar formication of the back were present in every case." Surely Dr. Lilienthal must see that these are cases of simple spinal exhaustion from sexual excess, and have nothing to do with progressive locomotor ataxy.

Dr. Lilienthal rarely cites authorities; and the plan of his work probably excludes them. But we think he should have brought forward some evidence when he has made such surprising statements as that "one of the principal remedies for angina pectoris seems to be *Hepar*" (p. 24), and that

“for morbus maculosus Werlhofii the principal remedy is *Bry.*”

However, with all deductions, the book is a valuable one; and its indefatigable compiler deserves our best thanks.

Lectures, Clinical and Didactic, on the Diseases of Women.

By R. LUDLAM, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital of Chicago. Fourth edition. Chicago: Duncan, Brothers.

WE reviewed the second edition of this book of Dr. Ludlam's in our thirty-first volume, and testified our high appreciation of it. Its appearance now in a fourth shows that others have felt similarly about it; and to the same effect speaks its translation into French, which is just announced as having been completed by Drs. Claude and Dorion. This latest issue contains unchanged the matter of the second edition, if we may judge by the number of lectures and pages; but two more of the former are appended—one on ovariectomy, in which operation Dr. Ludlam seems to have had considerable experience and success, and the other on puerperal endo-metritis. To the first of these we must be content to refer our surgical readers; the second contains matter of practical interest for us all. The clinical history, diagnosis and general management of the disorder of which he treats are given with the author's wonted fulness and clearness; and some valuable remarks are made about remedies. *Arsenicum* is declared to be “even more important in puerperal endo-metritis than it is in the non-puerperal variety of the disease.” Dr. Ludlam reiterates his praise of *Veratrum viride* as more effective than *Aconite* in the various forms of pyrexia occurring in the lying-in woman; but he conjoins alcohol with it when there is septic, quinine when there is purulent infection. Of the latter he gives from four to six grains in divided doses daily. He concurs in the commendations given to *Calcareo*—“another puerperal polychrest” (besides *Veratrum viride*) he calls it—as promoting uterine involution when it has been

hindered by any cause ; and he speaks well of *Tartar emetic* (3x) in the hyperplasia that follows idio-metritis, and of *Apis* in the induration resulting from exo-metritis (*i. e.* inflammation of the cellular tissue about the uterus).

We are pleased to see that Dr. Ludlam's work has attained the honour of translation into French, as mentioned above. We trust that in this form it will give to our colleagues on the Continent the same instruction and pleasure it has long conveyed to English readers.

Some Remarks on Similia Similibus Curantur. By W. B. DUNNING, M.D. Hartford, U.S.A.

THIS paper, read originally before the Homœopathic Medical Society of the State of Connecticut, has been thought worthy of separate publication, as furnishing an explanation of the action of similar remedies. It proceeds upon the doctrine of *re-action*, and puts it very clearly and plausibly. This was always Hahnemann's thought about the *rationale* of the homœopathic process ;* but it was connected by him with his views about the primary and secondary action of medicines. Dr. Dunning avoids this complicating element, as well as the theory of the opposite action of large and small doses in health. He argues that a drug, when introduced into the system, impresses some part of it in a morbid way, and in so doing encounters its vital reaction. It depends upon the quantity administered, or upon the susceptibility and energy of the frame, which of these shall prevail ; whether the drug shall bend the vital functions out of their due course, or whether these shall react against it—of course in the opposite direction. True pathogenetic effects he supposes to be of the former order, while, when given as a remedy for such conditions otherwise induced, the medicine—if the dose be small enough—excites the counterbalancing vital reaction, and restores the equilibrium.

There are obvious objections to this *rationale* of homœo-

* See *Monthly Hom. Review*, xxi, 140.

pathic cure, but it is hardly profitable to make them. Dr. Dunning's object is to remove a stumbling block out of the way of practitioners of the old school, who are averse to accepting a merely empirical law. If his ingenious argument should commend itself to them, we should be loth to hinder their acceptance of the truth by casting any doubt upon his explanation of it.

Lectures on Materia Medica. By CARROLL DUNHAM, M.D.
2 vols.

THESE volumes constitute the second and third of the series of the lamented author's collected writings, the first of which we reviewed some time ago under its title of "Homœopathy the Science of Therapeutics." They contain eight lectures upon the general principles of studying and applying the *Materia Medica*, and articles upon fifty-two separate drugs, the whole being preceded by an affectionate sketch of the life and character of the author by Dr. Kellogg.

The lectures upon general principles embody Dr. Dunham's frequently-expressed views, with his wonted clearness of thought and lucidity of style. The distinction between the sphere of hygiene and that of therapeutics, the value of symptomatology, the importance of the anamnesis, the contrast between the "pathognomonic" symptoms which determine the nature of the disease and those "characteristic" ones which indicate the remedy,—all these points are well made and sustained. As more novel, we note the answer made to the objection urged against *similia similibus curantur* by some, that it is a merely empirical law, resting on no rational understanding of the causes of the phenomena. Dr. Dunham aptly argues that the same thing is true of the greatest generalisations of physics, as the laws of gravitation and of chemical combination; but that they are not less valuable and fruitful for all that. We observe, too, that he agrees with Fletcher in his description of the nature of drugs, speaking of them as "special stimuli" in contrast with the

general stimuli—heat, light, electricity, &c. Another very satisfactory thing is the hearty regard he displays for physiology and pathology, however little he will allow their interpretations and hypotheses to take the place of the actual facts of the case. He proclaims the essential importance of a knowledge of these sciences “for the proper study of symptoms before we get ready to prescribe for our patients.”

The articles upon particular drugs are of very unequal value. Some of them—as those on *Aconite*, *Bryonia*, *Rhus*, &c.—are reprints of the studies in the *Materia Medica* which have at various times appeared from his pen, chiefly in the pages of the *American Homœopathic Review*. Their value was universally recognised; and the present reviewer urged upon Dunham, in 1876, the desirableness of collecting them into one publication. They come to us rounded from his own hand; and several other medicines are treated of in a similar manner, giving the impression that he had prepared them to follow those already put in print. A number of the drugs, however, are discussed in a very brief and fragmentary way; and the impression is given that we have only the notes upon them from which he lectured extempore to his class. A few additions have been made (apparently by the editor) from other sources, including his last paper, that on *Sepia*, published after its recent re-proving by the American Institute.

Speaking of the editing, we cannot but regret that it was not committed to professional rather than retained in merely kindred hands. A good many clerical errors might thus have been avoided (such as this about Hering’s proving of *Lachesis*—“the result was published in ‘Archiv,’ and in his monograph ‘Schlangengift’”); and we should hardly have had the inconvenience of possessing two volumes of *Materia Medica* without distinction of 1 and 2, or of finding no publisher’s name on the title page; to say nothing of the absence of an index.

These are small matters, however, and we have to thank Dr. Dunham’s family (now, alas! limited to his children) for this further instalment of the precious legacy bequeathed us by him, and to commend it to all our readers.

The Guiding Symptoms of the Materia Medica. By C. HERING, M.D. Vol. 1. *Abies-Armoracea.* Philadelphia: J. M. Stoddart & Co.

As we mentioned in our last number, an enterprise, after the fashion of our Hahnemann Publishing Society, has been started in America, and the present volume is its first undertaking. It is to be the first of a series of ten, carrying on the same subject.

Dr. Hering's preface states that this work is principally a collection of *cured* symptoms—produced as well as cured, or simply cured. But it also includes many on the ground of their having been observed on more than one healthy person. These are marked as “confirmed,” those produced and cured as “verified”; and each kind admits of two degrees, according as the confirmation or verification has been rare or frequent. “Characteristics” also are denoted by a special sign, as explained at the outset. The whole collection is intended to supply the “guiding symptoms” for the use of each drug.

The venerable author has more fully explained the thought which has prompted his work in a communication to the April number of *The Organon*. He recognises, with somewhat of regret, that Dr. Allen has yielded to British influence in excluding the so-called “clinical” symptoms from his *Encyclopædia*. We are proud to bear the onus, if ours it is, of this most salutary determination on his part; and we are quite sure that his work would not have gained the acceptance it has met with throughout the homœopathic world unless such restriction had been observed. We do want, first of all, a collection of the pure pathogenetic effects of drugs; and it is strange that any disciple of Hahnemann, considering his teaching and example, should grudge it us. But we fully acknowledge that there is other work to be done, and that Dr. Hering's undertaking fulfils a part of it.

Of the execution of the work it is difficult to speak critically. The validity of the symptoms themselves, and of their con-

firmations and verifications, rests solely upon Dr. Hering's authority. No references are given to the cases from which the latter are derived, and none but of the scantiest kind to the provings which warrant the former. However, the author's extensive knowledge and unwearied industry must recommend his markings to us as the result of a sufficiently wide survey of the facts of the case. Of his judgment we cannot feel so sure, remembering all his sayings and doings in the past; and we may count upon there being a large proportion of chaff mixed with any wheat he may give us in the form of symptoms. "It has been my rule during life," he says, "never to accept anything as true unless it came as near mathematical proof as possible in its domain of science, and on the other hand, never to reject anything as false unless there was stronger proof of its falsity." So that, if a symptom has once been placed under a medicine by any hand, the evidence which would lead him to expunge it must be still nearer mathematical proof than is possible in its own domain of science! Probably this is the reason why Dr. Hering has retained "leucorrhœa, copious, tenacious, yellow" among the symptoms of *Aconite*. It has been shown* that Hahnemann took it from a case of Stoerck's, in which a tumour in the iliac region disappeared under the action of the drug, its subsidence being accompanied with the vaginal flux above described. If any one now recorded such a case, Dr. Hering—like every 'one else—would conclude that the discharge came from the tumour as it emptied itself, and would be the last to set it down as a pathogenetic effect of the drug the patient was taking. But, since Hahnemann has admitted it, no demonstration of its invalidity can procure its expulsion. Dr. Hering marks it, indeed, as having been confirmed, and that frequently; but no corresponding symptom appears in Allen's pathogenesis, and it is a most unlikely effect of such a drug as *Aconite*.

Well, we must take Dr. Hering as he is, for better and for worse. There can be no question of his having supplied a mass of valuable matter in the present work. Apart

* See *Monthly Hom. Review*, xvii, 699.

from his selections and markings of symptoms, the introductory accounts of the successive provings of the various drugs are full of interest, and are only marred by the lack of references; while the sections "tissues," "stages of life and constitution," and "relationship," which close each symptom list, often convey very useful information. We recommend every one who desires a thorough knowledge of his *Materia Medica* to take a share in the American Homœopathic Publishing Company, and so to become a possessor of Dr. Hering's work at cost price.

Eye Notes. By Dr. C. H. VILAS. Nos. 1 and 2.

Ear Notes. By the same.

"THESE notes," says the author, "were prepared to assist in the study, and form the basis of the didactic lectures on the embraced subjects as given by the author at the Hahnemann Medical College and Hospital, Chicago. They are necessarily concise, condensed, and elementary in their character, and are in no sense designed to take the place of, or in any way supersede, the treatises on the subject, but are intended to suggest the topics to be further studied, to pick out of the mass of writings the essential fundamental principles and main diagnostic points, and to suggest the line of treatment. Their cordial reception, not only by students, but by practitioners, has seemed to be sufficient reason for a publication more general than was originally intended."

The above statement will suffice to show the nature of these "Notes." They are inscribed upon a number of cards, each containing one or more diseases; and a great deal of information is conveyed by them in a very condensed form. They will hardly be so useful to practitioners, who require fuller discussion of the subjects, as to the students for whom they were intended; but even to the former a glance at them may often supply a suggestive reminder. They are to be obtained of Dr. Vilas himself at the Hahnemann College and Hospital, Chicago.

An Illustrated Repertory of Pains in Chest, Sides, and Back: their Direction and Character confirmed by Clinical Cases. By ROLLIN R. GREGG, M.D. Chicago: Duncan Brothers.

THIS book is, as its name imports, an illustrated repertory. Views are given of the front, back, and sides of the chest and abdomen; and on the surface of these parts are traced arrows indicating the course, direction, and character of the stitching pains experienced there by the provers of drugs. In the accompanying letterpress the symptoms thus figured are printed in full.

We think the idea a very happy one, and likely to prove of much usefulness. Patients often complain of anomalous pains, and are glad to get relief from them, though neither the sensations they have nor the remedies we employ are related to deeper complaints for which we may be treating them. We can best help them by administering a drug which has caused similar pains on the healthy subject; and such a drug can be much more rapidly found by looking at one of Dr. Gregg's plates than by turning over the pages of an index to the *Materia Medica*. It may sometimes happen, moreover, that these pains have a true pathological relation to the patient's whole morbid state; in which case the remedy homœopathically indicated by them may do good generally, and may even prove to be the true *simile* of the malady. Dr. Gregg gives some instances in which this seems to have obtained.

We could have wished that Dr. Gregg had sought more satisfactory sources for his symptoms than those which he enumerates, viz. 'Hahnemann's Chronic Diseases,' the 'Symptomen Codex,' and Hull's 'Jahr's Symptomatology.' To assume, as he does, that "all the symptoms given there were procured by trials of the several drugs upon well persons" is as dubious in fact as it is in English.

The Modern Physician and Family Doctor: a Monthly Journal of Domestic Medicine, Hydropathy, and Sanitary Science. Allen, Stationers' Hall Court, E.C.

WE have received the first number of this new Journal; but are unable to see any *raison d'être* for its appearance beyond that of advertising its editor, the address of whose consulting rooms is given at the close of two articles in it proceeding from his pen. We shall not add to the publicity thus sought by mentioning his name here.

Gold as a Remedy in Disease, notably in some forms of organic heart disease, angina pectoris, melancholy, tedium vitæ, scrofula, syphilis, skin disease, and as an antidote to the ill effects of mercury. By JAMES COMPTON BURNETT, M.D., F.R.G.S. Homœopathic Publishing Company.

DR. BURNETT, whose little book on *Natrum muriaticum* we reviewed in our January Number, follows it up here with a similar monograph on *Aurum*. Similar, we mean, in size, appearance, and style; but hardly so in contents. The former publication owed its chief value to the numerous cases from the author's own experience therein recorded. The present one has very few of these, and indeed hardly bears out the promise of its title-page and preface, which latter says that "in homœopathic practice it (gold) is neglected." We were surprised by this statement, but felt that if Dr. Burnett had evidence to show its curative power over "organic heart disease" and angina pectoris, it might be warranted so far as these maladies were concerned. The only fact of the kind, however, which he himself brings forward is a case of rheumatic endocarditis (in which indeed it seems to have acted exceedingly well); to which he adds a similar one from Frank's *Magazin*, and refers to a

cure of angina pectoris made with it by Kafka. This is scarcely more than suggestive.

The real value of the book (and it has much) lies in the copious collection it contains of the observations made in the old school as to the action of gold, pathogenetic and curative. We only miss the recent experience with it in uterine and ovarian indurations reported by Martini in the old school, and Tritscher in our own ranks. Dr. Burnett's own cases, we have said, are few; and such an one as that of "dropsy," at p. 102, should hardly have been published, as no examination seems to have been instituted to determine whether it was of cardiac or renal origin. The following observation, however, is very lifelike and practical:

"Not unfrequently one is consulted about the non-thriving, pining condition of boys; they are low-spirited, lifeless, their memories are bad, they are not up to the mark, and are lacking altogether in boyish go; the tongue is commonly coated at the back, and the appetite for plain food is bad. They are the despised ones at cricket and football, and at school they are not wanting in taste for books, but still they take no position in their forms. 'I do not know what it is, but he does not seem to get on.' These boys are not necessarily vicious or given to naughty habits, but they are maudlin and unmanly fellows.

"Examine the testes, and you will find them mere pendent shreds, just on the verge of atrophy.

"A short course of *Aurum foliatum*, 3rd trituration, four or five grains three times a day, seems to act like magic on them; they brighten up, eat, work, play, and sleep like boys should, and their comrades begin to take some account of them in the playground and cricket-field. They become altogether more manly, and spend less time over their books, and yet take better places in their classes. Now look again at the before-mentioned glands, and you will find them larger, firmer, and well suspended."

This experience bears upon the question raised at p. 136, as to the nature of the melancholia curable by *Aurum*. Dr. Burnett rejects the doctrine that it takes its origin in the liver or testes, and maintains it to be a primary brain dis-

order. At the Middletown Asylum, however, *Aurum* has been found useless in true cerebral melancholia.*

We must not omit to mention that Dr. Burnett has enriched his book with a short but active proving of his medicine on his own person.

A Biographical Retrospect of Allopathy and Homœopathy during the last thirty years, with cases. By HUGH HASTINGS, M.D., M.R.C.S., L.S.A., &c. London: Turner (no date).

THE much-enduring Job expressed a desire that his adversary had written a book, no doubt that he might have had the satisfaction of writing a withering review of it in one of the journals of the period, or in whatever in those days answered the purpose of our newspapers and magazines. Our desire, on the contrary, is that some of our friends would not write books; for it is no pleasant task to review publications like the one before us where we cannot find anything to praise.

The title, *A Biographical Retrospect of Allopathy and Homœopathy*, is queer. Biographies of men and women, or even of dogs and horses, we can understand; but it passes our comprehension to understand what is meant by a biography of a system of medicine.

The opening sentence of this *Biographical Retrospect* is, like the title, a marvellous specimen of the author's funny notions respecting the meaning of words:

“Whether the Darwinian hypothesis, as a universal cosmical law, be biologically correct, or in agreement with ethnology and biblical cosmology, one thing is certain, that during the last fifty years medicine and surgery have undergone a great evolution, or progress, in their allied sciences—pathology, physiology, anatomy, chemistry, and, would that we were enabled also to add, therapeutics.”

One would think that there can be no doubt of thera-

* See *Homœopathic Times* for May, 1879.

peutics having undergone a great *revolution* during the last fifty years, but whether that is equivalent to an *evolution* or not we will not undertake to decide.

We will not attempt to give a detailed review of Dr. Hastings' book. It is evidently addressed more to the public than the profession, and if there is anything biographical about it, it is a kind of biography of Dr. Hastings himself, relating how the author, "after an *experimentum crucem* (*sic*) on Baconian axioms," became a convert to homœopathy, and practised so many years in Cheltenham and so many years on Brixton Hill with immense success, testified to by numerous complimentary letters from grateful patients, duly set forth in an appendix of selected cases, that constitutes the largest portion of the book.

The author gives a curiously incorrect account of Hahnemann's discovery of the homœopathic therapeutic rule of practice, and he says :

"The town of Leipsic, from which he was obliged to fly, owing to the persecution to which he was subjected because of his new doctrine of disease and the cure thereof, has now erected a marble statue to his memory."

As matters of fact, Hahnemann left Leipzig on account of prosecutions instituted against him by the apothecaries for dispensing his own medicines, which was an infringement of their legal rights. The statue erected to his memory in Leipzig was not erected by the town of Leipzig, but by his admirers in all countries; and it is not a marble but a bronze statue.

Respecting doses, Dr. Hastings says :

"The mother tinctures may do in chronic cases, and medical men in consulting rooms, whose patients are generally of this class, may find strong tinctures the best; but those who have to combat acute diseases in the sick room, will, I think, find the lower dilutions their mainstay, at least this is my experience."

He talks (p. 18) of "a gentleman with such an analytic and inquiring calibre of mind."

At p. 28 we find the following remarkable statement :

"If we wish to quiet a raging fever we give a medicine—

Aconite, e. g.—because its febrifuge properties have been tested in healthy persons, and, *ergo*, according to our law of cure, *similia similibus curantur*, it becomes in fever an *antifebrifuge*.”

Hitherto we have always supposed *Aconite* to be a febrifuge in the fevers for which it is indicated. We suppose Dr. Hastings means that, but he says the opposite. He repeats this wonderful statement at p. 137: “*Aconite*, the most powerful antifebrifuge medicine known.”

At p. 31 he says, “in five grains of the first decimal trituration of homœopathic mercury there is about a grain,” whereas every one knows that it contains exactly half a grain.

Here is another erroneous piece of arithmetic. Speaking of Dr. Bridge’s report of St. Bartholomew’s Hospital :

He says, “159,947 patients were prescribed for as out-patients in 1877, *i. e.* at the rate of about forty per hour; but, be it observed, these forties, by a system of some *legerdemainism* (*sic*), are examined and prescribed for in two hours, from 9 till 11 o’clock—that is to say, at the rate of 1333 a minute !”

This calculation can hardly be said to be according to Cocker.

Here is another funny passage :

“Homœopathy, in taking the symptoms of the disease for its guide in selecting the suitable medicines for the disease, listens to the voice of suffering nature, as expressed by pains, objective symptoms, such as the pulse, tongue, stethoscope, clinical thermometer, &c.”

We were not previously aware that stethoscopes and thermometers were objective symptoms, but we live to learn.

At p. 52 are some remarkable allopathic and homœopathic statistics, “carefully compiled from hospital reports,” whereby it appears that the average allopathic mortality in dysentery, typhoid fever, diarrhœa, and pneumonia, is 37·2 per cent, while the homœopathic mortality is only 1·1 per cent. It is a pity the hospitals, where these wonderful results were obtained, were not mentioned.

We are informed on the next page, that our friend Dr. Routh, of the *Fallacies*, who is alive and well, is “Dr.

Routh, the late venerable Provost of Magdalen College, Oxford."

The statistics of the homœopathic and allopathic treatment of yellow fever, given by Dr. Hastings, do not accord with those we gave in our last number. "It is stated," says Dr. Hastings, "that 12,000 persons have died of the fever in the United States, and that it has cost £40,000,000."

As we never remember to have seen diseases appraised at a money value, we cannot say if forty millions of pounds sterling is a high price for 12,000 of yellow fever cases or no. Perhaps Dr. Hastings, in his next edition, will kindly tell us the money value of other diseases, such as cholera, pneumonia, typhoid fever, and some others, in order to enable us to arrive at an opinion on the subject.

The capillaries, arteries, veins, and absorbents, are, Dr. Hastings informs us at p. 55, "the *drains* and *sewers* of 'the house we live in,' " *i. e.* the body.

At p. 62, he says :

"I never go past those noble institutions—our hospitals—without a shudder at the thought of such philanthropic buildings being under the control, medically, of the allopaths."

If Dr. Hastings shudders, what must be the sensations of the philanthropic buildings themselves? We would suggest to Dr. Hastings to write at his leisure a "biographical retrospect" of the "philanthropic buildings" of London.

But we are tired, as I dare say our readers are also, of setting forth the absurdities contained in this little book. Were we to try to expose them all, we should simply have to transfer almost the whole work to our pages.

The only thing in the book that strikes us as being worthy of remark is the successful treatment of some cases of severe diseases of stomach, liver, and uterus, with acetic acid. The cases are said to be cancer of liver, stomach, and womb; but the evidence of their being these diseases is not satisfactory. They are certainly, according to the description, severe cases, and the acetic acid seems to have been of great use.

Our Foreign Contemporaries.

GERMANY.—*Allgemeine Homöopathische Zeitung*.—We resume our notice of this periodical at the twenty-fifth number of the ninety-sixth volume. Dr. Koch, of Philadelphia, gives an attempt at an explanation of the retention of this efficacy by the homœopathic dilutions. He considers that the medicinal power of drugs are correlative forces similar to those of light, motion, heat, electricity, and magnetism, and that these forces are released or set free by the recesses of trituration and succussion. Further, that the medicinal power and the morbid influence conduct themselves towards one another like alkalies and acids, and that by their affinity a neutralisation ensues, whereby the morbid noxa is neutralised.

Dr. Kunkel continues his cases by *Lachesis*, and gives the following additional cases :

4. A woman, æt. 66, suffered for a long time from attacks of dyspnœa every two to three days, commencing with vertigo, and accompanied by throbbing in the left side of the chest and pale face, and terminating with cold sweat in the face. The attacks lasted about half an hour. During them she had prickling in the left arm down to the finger-tips, which were cold, especially the first two fingers. Stool every other day. Complexion dirty grey. Stomach-ache some days previously from a chill. On the 12th March, 1873, *Lachesis* 30, to be taken for three days, was prescribed. On the 15th she had a severe attack, and on the 21st another that lasted three hours; another slight attack the same evening. On the 25th and 26th slight indications. Since then well. On the 20th February, 1874, she had a dose of *Sepia* for dyspnœa, with immediate relief.

5. A merchant's clerk, æt. 20, applied on the 31st August, 1874. Since the new year he had suffered from paresis of the whole of the left side (arm, leg, pectoral muscles), with the exception of the cervical muscles of that side, which are tense, so that the movement of the head is impeded. The paralytic weakness is worse in windy and

sultry weather, better after a meal or when heated with work. He cannot drink a long draught, must pause every moment. *Lachesis* 80 for three days. 6th September.— Paralytic weakness less, can now button his right shirt-sleeve with the left hand, and drink without interruption. Improved until the 5th October, when he thought he had an aggravation, but accompanied by other symptoms. This was removed by *Caust.* 200.

6. A woman, æt. 35, had suffered for five years from icterus and cardialgia. Her malady came on immediately after a nervous (typhoid) fever. When she has the cardialgia she must sit doubled up, her knees pressed against her chest. Pain, aching, came on two hours after eating; was often transiently relieved by eating and by external warmth. Great prostration, fæces white, urine "quite black." Weather has no effect; sleep bad, but relieves. Pulse quick. Cannot bear sour things. Anorexia. After *Lachesis* 200, at first worse, then better, could eat a little and sleep. Then improvement ceased. The taste became bad; the stools that had become normal were again white and rather diarrhœic. *Sacch. lact.* For four months she remained well, then she had a recurrence of the old symptoms, and got *Lachesis* 200. She remained well for two years, and had again an attack of the old complaint, for which *Lach.* 30 was prescribed with success.

7. A farmer, æt. 37, had suffered from 1872 from an eruption on the legs. Before this had cardialgia, better after eating, but recurring with greater violence two hours afterwards. This went off when the eczema appeared. The eruption is also on the back and on other parts of the body to a small extent. The legs are completely covered by it. Violent itching, especially during windy weather, with increase of eruption. After scratching exudation of serum with relief. Every fresh eruption comes on in the form of blisters, which burst and form thin crusts. Tearing pain day and night, increased by hanging the limbs and by motion. Flatulence, crossness, irritability, very profound sleep. Tongue thickly furred, often bad taste, very cold feet in winter. *Sulph.*, *Lyc.*, *Phos.*, *Rhus*, *Sep.*, improved

the general health, but did not affect the eruption. On the 27th February, 1876, he got *Lachesis* 30. Up to the 15th August improvement went on, but then new symptoms appeared, and the gastric symptoms were still present. *Carb. v.* 30, alternately with *Lach.*, every week proved very useful. On 4th July, 1877, he got a dose of *Aurum* 30. Since then quite well.

8. A clergyman, æt. 29, had had influenza nine months previously. On recovering he got cardialgia. Pain constrictive. Duration of attacks two, three, or five hours. The pain comes when the stomach is empty. Twice he had an attack on the receipt of disagreeable news after a meal. Great prostration after an attack. Fæces sometimes too light coloured. After each attack the liver is very sensitive to pressure. On 4th November, 1873, he got *Lach.* 200. First report 29th June, 1876: Had only one attack since taking the medicine. The stomach pains have returned violently for the last fortnight. They generally end with vomiting. *Lach.* 30; thereafter three attacks, then rest for four weeks. Towards the end of August the attacks reappeared. *Lach.* 30, alternately with *Lyc.* 30, every ten days was successful.

We find nothing further of an original and practical character until we come to Number 5, Vol. xcvi, and here we find an involuntary proving of *Apis mel.*, extracted from the *Wiener Med. Presse*. A girl, æt. 25, was suddenly attacked, without known cause, by the following symptoms:—Face bloated, cyanotic, respiration slow, difficult; commencing pulmonary œdema; sensorium confused. Pulse small, quick, extremities cool. All the right arm swollen, cubital, axillary, and cervical glands on the right side enlarged. On offering water, which the patient urgently demanded, sudden convulsions, with an expression of the utmost anxiety in the face, as in hydrophobia. Convulsions also occurred when the physician accidentally took hold of the forefinger. In the middle of this finger a bee-sting was observed to be sticking, surrounded by a small red areola. On removing this the convulsions ceased, and with that the dread of water. The patient rapidly recovered and next day was quite well,

except weakness. She said that the symptoms commenced almost immediately after she perceived the sting.

In this No. and No. 6, Dr. Mossa has an article on opium. He shows from the *Materia Medica* that opium causes very violent colic, and he relates among others (from published homœopathic records) the following case, which occurred in his own person:—One evening, in the winter of 1875, he was seized with colicky pains, *i. e.* contractive, cutting, twisting pain in the bowels from the navel towards the bladder, which at first recurred at long intervals. In bed the pains increased in violence, the free intervals being ever shorter. The abdomen was tense; in the left hypogastric region a ball-like lump was felt, the size of an orange. He tossed about with the pain, could find no relief in any position; sitting bent together or lying on the back was equally intolerable. He experienced also a sensation as if a portion of the bowel was tightly retracted against the spinal column. He was one time cold, another hot. He had to get out of bed and walk slowly about the room, bent double. Then came on first eructations, then vomiting, at first of food, then of sour-tasting mucus, and urging to pass water. *Bell.* and *Coloc.* did no good. An enema brought away a stool, but without relief. The flatus became thereafter mobile and passed themselves through the swelling of the bowels with difficulty, as if there was a constriction. Thus passed three quarters of the night in pain. At length he took five drops of a solution of morphia made for subcutaneous injection. On this relief was obtained, so that he could remain in bed. Sleep came on with perspiration, and on awaking at 3 a.m. well, but exhausted, though free from pain. The abdomen in the region of the swelling was still somewhat painful on pressure, but this went off in the course of the day.

In No. 7 Dr. Hendrichs relates the following case:—The patient, a woman, aged 32, had been suffering for three months from weariness, thirst, increased secretion of urine, and swollen feet, and was treated for diabetes, but no examination of the urine was made. She now complained of *boring* pain in the umbilical region, much in-

creased by touching. The clothes could not be borne. There was great tenderness of the sacral and renal regions. These pains were described as *burning*. She could only lie on her back. The secretion of urine had diminished, but the thirst continued. The pain in the navel was relieved by passing urine freely, but aggravated when the urine was scanty and high coloured. Obstinate constipation for four or five days. On passing urine cutting pains, and afterwards enormous tenesmus. Complete sleeplessness for three weeks, she slept neither day nor night. The menses had ceased. No sugar or albumen in the urine. After *Arsen.* 3, the boring pains ceased for some days, but the back pains became all the worse. *Nux v., Sulph., Bell.*, did no good in three weeks. After this period the following new symptoms occurred:—Shooting pains in the hepatic region, boring, pressing pain in forehead and root of nose, which produced occasionally a stupefied state. *Phos.* 4 diminished the sensitiveness. *Phos.* 3, in three days, removed all the pains. But there came on vomiting of food, which, however, went off in a few days on continuing the *Phos.*

A woman, aged 33, had been long under treatment; complained chiefly of stomach ailment. In the morning she had nausea and much sour eructation. Constant empty feeling in stomach relieved by a small morsel of food. Otherwise loss of appetite. Also obstinate constipation. Sore pain when urinating, afterwards tenesmus. The third and sixth dorsal vertebræ sensitive to pressure. The pain usually burning. She must sit in a bent position. At the same time oppression in the chest, as from a tight band. This sensitiveness dates from her seventeenth year, and had hitherto been treated as a rheumatic affection. She was incapable of doing anything. Menstruation painful. She got *Phos.* 4, but as this seemed to do no good, she got 3, and then 2. In fourteen days she was quite cured of all these symptoms.

An eye affection in a girl of 17. She had been fruitlessly treated by the most renowned oculists since her fifth year. She had great infiltration of the cornea, staphyloma; the eyeball looked like a lump of flesh. At the same time

nocturnal pains of a boring description in the orbits. Was quite cured in six days by *Ilex aquafolium*.

Dr. Theuerkauf mentioned a case of hypopion with great pain, in which *Plumbum* 6 caused absorption and effected a complete cure in six weeks.

Dr. Kayser cured a hypopion caused by iritis with *Arsen*.

Dr. Stens, jun., had a patient, an unmarried woman, aged 33, who consulted him for an eruption on the upper lip. For many years she had in spring and fall suffered from dysenteric evacuations (bloody mucus with tenesmus), for which *Merc. cor.* and *Nitr. ac.* were given in vain. The affection of the lip always recurred in spring and autumn, and the stool was preceded by coryza, with watery secretion from the nose, whereby the upper lip was rendered red and became covered with blisters and scabs. The whole affection was quickly and perfectly cured by *Rhus* 1.

In No. 9 Dr. Goullon, jun., relates the following pathogenetic effects of *Salicylic acid* given to a patient suffering from gout. At first there occurred confusion of the head, a swaying feeling, slight vertigo. It was as if he had lain long and suddenly rose up. Then there came on acoustic symptoms. He imagined he heard *music*. The sounds often roused him out of his sleep. Sometimes the noise is like the buzzing of a swarm of bees or of flies in the open air when there is great stillness. There were copious sweats, red urine depositing a considerable sediment, but these symptoms might be the effect of the gout. A more characteristic symptom was severe and constant pressure in the abdomen, with the feeling of displaced flatus, as if the flatus was very persistent. The seat of this tiresome pressure was sometimes in the hypochondria, sometimes lower down in the hypogastrium. At the same time constipation for several days. There is also a firmly seated pressure at the side of the sternum, with a feeling as if the bone were painful. Another striking symptom was a bilious, bitter taste. Some patients experience total loss of appetite.

In No. 11, under the heading "Crumbs," a certain E. S. gives notes of the practice of the late Dr. Kirsch, of Mentz, which are not without their interest for practitioners.

For pleuritic exudations : *Alumina*.

Retention of urine, consequent on gravel and calculus : *Sanguinaria*.

Natr. mur. is often useful after *Acid. nitr.*

Old gonorrhœa : *Thuja* 30 ; also two doses of *Nux v.*, then *Sulph.*

Caries : *Ruta*.

Fungous gonitis : *Conium* and local application of *Emplast. cicuta*.

Natr. mur. is often useful where changes of weather and draughts of air do not aggravate.

Morbus mac. Werlhofii : in one case of syphilitic origin *Acid. sulph.* was very beneficial.

Psoriasis : *Sepia*, *Graphites*.

Natr. mur. is often useful after *Apis*.

Ruta is useful in detachment of the retina.

Anacardium when in syphilis the mental powers are diminished.

Pulsatilla is equal to *Thuja* as a remedy for sycosis.

Conium : a sycosis remedy.

Cancer of the rectum : *Sepia* almost specific.

Epilepsy : *Glonoin*, when the attacks are frequent, almost daily.

Baryta cures hypertrophy of the tonsils, especially of the left side.

Phosphorus stopped purpura hæmorrhagica from all cavities of the body in a case of soft cancer of the mamma.

Caries of the sternum : *Mezereum*.

Gout : *Sabina* in burning, *Arnica* in shooting pains.

Silica : after its employment an asthma disappeared, and gummy nodes were formed in the skull, the clavicle, and some ribs.

Tabes, with paralysis of the optic nerve : *Gelsemium*, *Rhus*, *Lycopodium*, *Sulph.* 200, *Plumbum*.

Lymphoma in the neck, with sieve-like holes : *Arsenicum*.

Chronic pneumonia and tuberculosis, which caused occasional inflammation : *Calcarea bromata* in low potencies.

Prunus spinosa : ovarian cyst and dropsy.

Herpes preputialis : which occurs periodically after mer-

curial treatment, and is situated internally, is almost always venereal and infectious.

Carcinoma ventriculi frequently occurs in syphilitics.

Ulcus ventriculi : *Bryon.* and *Phos.*

Chancre and nasal syphilis : *Carbo an.*

After *Sulph.*, *Sarsaparilla* is very useful in all the ailments of scrofulous children.

Chalazion in the eyelid was cured by touching with *Spiritus cicuta*.

Carcinoma ventriculi : in the latter stage *Aurum* is useful, particularly when very few subjective symptoms are present.

A general spotty syphilid broke out four years after a cured chancre after one dose of *Sulph.* 200.

Arthrocase : *Emplastrum cicuta*.

Spinal meningitis with symptoms in the lower extremities : *Secale*.

Phthysical diarrhoeas : nine tenths curable by *Verat.* 2.

Pains from calculus and renal gravel : *Colocynth* the chief remedy.

Assafoetida taste in the mouth : *Nux vom.*

Dysecoia after scarlatina : *Bellad.* 300.

Roman baths a panacea in aural maladies.

Tinctura china is often useful in phthisis when the dilutions are useless.

Aurum 3 : in pleuritic exudations.

Idem : in extreme dyspnoea attending serious heart affections.

Causticum caused, as a curative effect, a perfect itch-like eruption that was infectious. In another case a similar eruption appeared after *Aurum*, and infected several persons. No acari could be discovered.

Ovarian dropsy : *Colocynth*.

Acid. nitr. and *Apis* in cancer of the tongue.

Gelsemium : sleeplessness, with chronic cerebral irritation and throbbing in head and body.

Atropin, 3rd trit., an excellent remedy in gastralgia.

Exophthalmic goitre : five cases cured by *Veratrum*.

Bright's disease : to drink cold dandelion tea instead of water.

Ulcus ventriculi : in severe hæmorrhage *Carb. veg.*

Lymphoma in the neck with hectic fever : *Phos.* and *Graph.*

Leucorrhœa during pregnancy : chief remedy, *Conium.*

Leucorrhœa in chlorosis : *Natr. mur.*

Valerian of excellent service in hysteria and rheumatism.

Loud snoring in sleep often owing to hypertrophy of the tonsils : hence *Baryta.*

Belladonna rapidly relieved, in the case of a young girl with pulmonary tuberculosis and permanent tickling cough, after abuse of *Opium.* *Bell.* is the antidote of the latter.

Peritonitis, with tympanites and paralysis of the tonsils : *Phos.* and *Carb. veg.*

Typhlitis : *Merc.* the chief remedy.

Lachesis was of much use in a man of seventy-three with atheromatous arteries.

Corallium rubrum has all the symptoms of preputial gonorrhœa and chancre. One case of the latter cured by it.

Falling out of the hair in syphilitics indicates *Thuja.*

Valerian was of immediate use in a case of spasm of the stomach, with sleeplessness and wandering pains.

Petroleum produced excellent effects in chronic diarrhœas.

Urticaria chronica : high potencies of *Rhus,* *Apis,* and *Calc. c.*

Magnes. carb. : chronic affections of the nose where everything else fails,

Cactus grand. : in phthisical fevers and perspiration, with asthma and violent action of the heart, when it is doubtful whether cardiac or pulmonary disease will be developed—almost specific.

Soapy, frothy expectoration indicates *Mezereum.*

Paralysis of the optic nerve : *Plumbum.*

In No. 12 Dr. Mayntzer relates with much circumlocution the following case, which we condense. A girl, nineteen years old, had suffered for two years, during which she

had been treated allopathically without result, from a neuralgic affection, which came on every evening in the arms and lasted all night, disappearing in the daytime, and leaving behind a sensation of paralytic weakness. Both arms were the seat of tearing pains; pressure and movement increased the pain. The hands were affected with trembling, formication, and numbness, and the fingers were spread out and could not be bent. *Silica* 6 and *Calc. c.* 6 were given, to be taken successively. The first dose of *Silic.* produced no effect. After the second dose of *Sil.* the pains were better, and she could sleep a little. The third night she slept quite well. The sixth day all the pains were gone, and she was quite well. After the fifth day she took the *Calc.*, though by this time she was almost cured.

In No. 11 Dr. Bojanus relates the following case of chancre:—A gentleman, aged 35, married, and the father of several children, three weeks after an impure coitus got a syphilitic ulcer on the glans penis, which he treated with sundry external domestic remedies, but without any good result. When seen, the ulcer had a diameter of about 2 cm., was of irregular round shape, flat, with dirty grey fundus, as if eaten out, and secreting a fetid, gluey, yellowish, opaque fluid; the borders were but slightly elevated, hard, jagged, and surrounded by a hard, greyish-blue ring. The slightest touch caused bleeding and pain. This ulcer developed from a vesicle, was at first small and deep, but extended and flattened gradually. The patient's health was not otherwise disturbed, except that his gums were red and easily bled, but this he had had before the infection. He got *Carb. veg.* 3, one grain night and morning. After eight days the ulcer had altered its appearance; it did not bleed so readily, had a cleaner appearance, and the fœtor had ceased. The gums too were better, the redness and bleeding when touched were ameliorated. The same remedy was continued for eight days longer without any change in the disease. *Carb. veg.* 6 was now given, two drops night and morning. In the next eight days improvement was observed, granulations were seen in the ulcer, and the borders showed signs of cicatrisation; the secretion was

laudable, yellow, thick, and without smell; the gums also were improved. The same dilution repeated did no further good, hence *Carb. veg.* 12 was given, and in the following three weeks 30. During this time the ulcer had diminished to one fifth of its former size. But now improvement ceased. On this *Carb. veg.* 200 was given, 20 globs. in 8 oz. water, a tablespoonful night and morning. During the next eight days the ulcer was quite healed and covered with healthy skin. The gums also were now quite normal. Fifteen years have elapsed and not a trace of syphilitic disease has been observed.

In No. 18 Dr. Sorge gives some cases treated by him with *Tinct. sem. cardui Mariæ*. 1. The wife of a dentist, thirty-two years old, had been several times between 1871 and 1874 treated by him for pains in the stomach, which were usually rapidly removed by *Chelidon*. On the 25th January, 1878, he learned that the lady had suffered a fortnight previously from cutting pains in the bowels, and a feeling as if diarrhoea would ensue; after a few days these symptoms gave place to a tiresome dry cough, worse at night and getting loose in the morning; at the same time there was an aching pain in the swollen spleen, which, as well as the left lobe of the liver and the gastric region, was sensitive to touch; little appetite, constant eructations. Sorge considered the cough as a sympathetic symptom occasioned by the affection of the liver and spleen, and on account of the painfulness on touch he prescribed *Tinct. sem. cardui Mariæ*, three drops every three hours. On the 31st Jan. the report was: cough almost gone, appetite good. The first days after commencing the medicine the pain in the left side became worse, and then went off completely. On continuing the medicine for a few more days the cough went off completely. 2. A lady, thirty-five years old, suffered from perceptible swelling of liver and spleen. Tenderness of the peritoneal covering of these organs was removed by *Bryonia*, the irritable condition of the organs themselves by *Carduus Mariæ*. 1st April: she complained of cough, with pain in chest and abdomen; for this *Bry.* was given. 3rd April: Stitches in liver and spleen, with

violent cough, which caused two attacks of vomiting; she coughed all day, from 6.30 to 11 p.m. not at all, then until midnight, and also from 3 a.m.; there was but little expectoration. *Ipec.* 2, five drops every two hours. 6th April: no change. As the cough appeared to proceed from the old liver and spleen affection *Tinct. Card. Mar. Rademacheri* was given, three drops every three hours. The cough then rapidly subsided; attacks of cutting pains in the bowels came on for several days, but no other medicine was given. 3. At the end of 1840 the housekeeper of a tradesman complained of very tiresome, dry cough, and as this was accompanied by gastric symptoms the *Tinct. Card. Mar.* was given, and effected a cure in two days. Dr. Jacobi cured many cases of varicose ulcers of the legs with the 1st dec. dilution of *Tinct. card. Mar.* Sorge cured one similar case with the same remedy, and Dr. Burckhard had a similar experience.

In the same number Dr. Hendrichs gives his experience of cases treated with *Arsenicum*. He himself had been troubled with prosopalgia some years previously, which came on without ascertainable cause. It came on slightly at first, but gradually becoming more violent. At first it was intermitting, but the intermissions gradually became rarer and shorter, and continued of a uniform degree of severity, with the exception of some frightful aggravations. The teeth were also affected, they became set on edge and loose. Many remedies were tried, but *Spig.* 30 and *Arsen.* 30 alone seemed to be of use. The attacks went off gradually. One undecayed tooth dropped out. Some years later a similar attack came on. *Ars.* 30 and *Spig.* 30 were of no use. The part, at first intermittent, became remittent, and at length continuous. He then took *Arsen.* 2 trit., a dose every half hour. The pain was immediately relieved, and went off slowly. Two incisors fell out on this occasion. After some years later he had a third attack. He allowed the attack to go on until the teeth became loose. He then took *Arsen.* 2, a dose every quarter of an hour. In an hour the pain went off entirely without causing the loss of a tooth. Since then he has cured several prosopalgias with the same attenuation of *Arsenic.*

MISCELLANEOUS.

The Practitioner.

Of all the medical periodicals published in this or any other country with which we are acquainted the *Practitioner* is, to our thinking, the most delightful reading. From the first it has been distinguished by a liberality towards writers of our school that we may look for in vain in contemporary periodicals avowedly devoted to orthodox physic. The *Practitioner* would, indeed, contemptuously reject the epithet "orthodox" as applied to its principles; it professes to be an organ of "rational" medicine, and as we all profess to be rational practitioners, it does not deter partisans of the rational method of homœopathy from sending communications to it. Some of these communications it admits to its pages, consequently we find in it a greater variety of articles than are to be met with in the columns of more exclusive periodicals. Not only does it not fear to speak of homœopathy without the usual contemptuous sneers of orthodox writers, but it even admits articles written by declared homœopaths as well as papers written by crypto-homœopathists who, without, mentioning the unpopular word, recommend modes of treatment derived from the method of Hahnemann. Several articles by our esteemed colleague, Dr. Edward Blake, have appeared in recent numbers, and the last few numbers have contained a series of papers from the pen of the venerable essayist, Dr. Sharp, on the *Laws of Healing by Drugs*, which are distinguished by their outspoken character. To the last of these papers, published in the June number, the editor appends the following note:

"We have published the papers of Dr. Sharp in the pages of the *Practitioner* because they direct attention to a most valuable means of forwarding therapeutics, viz. the investigation of the action of drugs by experiments with them on healthy persons. This mode of experiment is insufficient of itself to afford us the knowledge which is requisite for the rational treat-

ment of disease. It must be combined with experiments upon animals (a mode of investigation which Dr. Sharp completely repudiates), for no observations of the action of drugs on man can enable us to analyse their mode of action. The conditions are too complex, and they must be artificially simplified. But, on the other hand, while we know the *modus operandi* of drugs chiefly from experiments on animals, there are minute points in their action which can hardly be learned except by observations on man, and we hope that many young students and practitioners of medicine may be induced to take up the study, and thus further medical science. As there are many drugs which in small doses will produce an action, the contrary of that which they produce in large ones, it is evident that homœopathy and antipathy are one and the same thing as regards drugs, and differ only in dose. The folly of all 'pathies' is, therefore, self-evident, and it is equally plain that all those who hold them should acknowledge their mistake, and again join the main body of the profession who have throughout followed the right course, and have striven through all difficulties to find out rational methods of treatment based on exact knowledge of pathology and pharmacology."

With this last sentiment we cordially agree, except that we do not hold that the "main body of the profession" have hitherto followed this right course. If the editor will pursue his inquiries a little further he will find that this right course has hitherto only been followed throughout by the small phalanx of rational practitioners who have carried out "the rational method of treatment based on an exact knowledge of pathology and pharmacology" introduced by Hahnemann. An intelligent pursuit of this course will inevitably land the inquirer in the therapeutics which guide the practitioner to select for the cure of a disease a remedy that experiment and observation show to have an elective affinity for the same organs and parts of the system as are implicated in the disease. This in the present condition of knowledge can only be ascertained by a careful testing of drugs on the healthy human body. The knowledge of their mode of action to be obtained by lethal experiments on animals will not help us in many cases, for supposing that did reveal to us the mode of action of many drugs, to apply them in human diseases would require an equally accurate knowledge of the mode of action of the morbid

agents that cause these diseases, which is not ascertainable or, at all events, is not yet ascertained with regard to most of the diseases we have to treat. No doubt the perfection of therapeutics would be attained if we knew the exact pathological changes produced by all drugs and all diseases; but this perfection is far from being yet attained, and seems to us hardly attainable with our present means. In the mean time it is evident that, with the exception of one or two remedies which have been discovered accidentally, the great majority of real remedial drugs for diseases have been discovered by the method of proving medicines on the healthy. To go no further than this same number of the *Practitioner* we find that the first paper in it is one "On the Influence of *Aconite* in controlling Pneumonia," and how, we may ask, was this controlling power of *Aconite* in pneumonia discovered unless by the Hahnemannian method of testing the drug on the healthy human organism? The said paper gives striking corroboration to the excellence of the minimal dose of the homœopathic method, for the doses given were mostly but one minim, and in one of the cases only half a minim. Once only was the larger dose of two minims given, but that was quickly reduced to one minim. The results obtained were remarkably beneficial.

Bee Stings in Rheumatism.

[The following case was forwarded from over the water to one of the editors of *The Organon* for insertion in that periodical, but was by him handed to us on the plea that the treatment was too mixed for his journal, the virus of several species of bees having been used for one case, but that it might not be unsuitable to our less exclusive pages. We beg distinctly to repudiate the insinuation made by a friend that the editor's real reason for rejecting a case where a bee was the remedy employed, was because he had already one in his bonnet; that could not be so, for to our certain knowledge the gentleman in question wears a hat and not a bonnet.]

One day, not a great while ago, Mr. Middlerib, who is a constant reader of the *New York Weekly*, read in his favourite paper a paragraph copied from the *Præger Landwirthschaftliches Wochenblatt*, a German paper, which is an accepted authority

on such points, stating that a sting of a bee was a sure cure for rheumatism, and citing several remarkable instances in which people had been perfectly cured by this abrupt remedy. Mr. Middlerib did not stop to reflect that a paper with such a name as that would be very apt to say anything ; he only thought of the rheumatic twinges that grappled his knees once in a while, and made life a burden to him.

He read the article several times, and pondered over it. He understood that the stinging must be done scientifically and thoroughly. The bee, as he understood the article, was to be gripped by the ears and set down upon the rheumatic joint, and held there until it stung itself stingless. He had some misgivings about the matter. He knew it would hurt. He hardly thought it could hurt any worse than the rheumatism, and it had been so many years since he was stung by a bee, that he had almost forgotten what it felt like. He had, however, a general feeling that it would hurt some. But desperate diseases require desperate remedies, and Mr. Middlerib was willing to undergo any amount of suffering if it would cure his rheumatism.

He contracted with Master Middlerib for a limited supply of bees, humming and buzzing about in the summer air, as Mr. Middlerib did not know how to get them. He felt, however, that he could safely depend upon the instincts and methods of boyhood. He knew that if there was any way in heaven or earth whereby the shyest bee that ever lifted a two hundred pound man off the clover could be induced to enter a wide mouthed glass bottle, his son knew that way.

For the small sum of one dime Master Middlerib agreed to procure several, to wit : six bees, sex and age not specified ; but, as Mr. Middlerib was left in uncertainty as to the race, it was made obligatory upon the contractor to have three of them honey and three humble, or in the general accepted vernacular, bumble-bees. Mr. Middlerib did not tell his son what he wanted those bees for, and the boy went off on his mission with his head so full of astonishment that it fairly whirled. Evening brings all home, and the last rays of the declining sun fell upon Master Middlerib with a short, wide-mouthed bottle comfortably populated with hot, ill-natured bees, and Mr. Middlerib with a dime. The dime and the bottle changed hands. Mr. Middlerib put the bottle in his coat pocket, and went into the house, eyeing everybody he

met very suspiciously, as though he had made up his mind to sting to death the first person who said "bee" to him. He confided his guilty secret to none of his family. He hid his bees in his bedroom, and as he looked at them just before putting them away he half wished the experiment was safely over. He wished the imprisoned bees did not look so hot and cross. With exquisite care he submerged the bottle in a basin of water, and let a few drops in on the heated inmates to cool them off.

At the tea table he had a great fright. Miss Middlerib, in the artless simplicity of her romantic nature, said:

"I smell bees. How the odour brings up——"

But her father glared at her, and said, with superfluous harshness and execrable grammar:

"Hush up! You don't smell nothing."

Whereupon Mrs. Middlerib asked him if he had eaten anything that disagreed with him, and Miss Middlerib said:

"Why pa!" and Master Middlerib smiled as he wondered.

Bed-time at last, and the night was warm and sultry. Under various false pretences, Mr. Middlerib strolled about the house until everybody else was in bed, and then he sought his room. He turned the night-lamp down until its feeble ray shone dimly as a death-light.

Mr. Middlerib disrobed slowly—very slowly. When at last he was ready to go lumbering into his peaceful couch, he heaved a profound sigh, so full of apprehension and grief that Mrs. Middlerib, who was awakened by it, said if it gave him so much pain to come to bed, perhaps he had better sit up all night. Mr. Middlerib checked another sigh, but said nothing, and crept into bed. After lying still a few moments he reached out and got his bottle of bees.

It was not an easy thing to do to pick one bee out of the bottleful with his fingers, and not get into trouble. The first bee that Mr. Middlerib got was a little brown honey-bee that wouldn't weigh half an ounce if you picked him up by the ears, but if lifted by the hind legs, would weigh as much as the last end of a bay mule. Mr. Middlerib could not repress a groan.

"What's the matter with you?" sleepily asked his wife.

It was very hard for Mr. Middlerib to say he only felt hot, but he did it. He didn't have to lie about it either. He did feel very hot indeed—about 86 all over, and 197 on the end of

his thumb. He reversed the bee, and pressed the warlike terminus of it firmly against the rheumatic knee.

It didn't hurt so badly as he thought it would.

It didn't hurt at all.

Then Mr. Middlerib remembered that when the honey-bee stabs a human foe it generally leaves its harpoon in the wound, and the invalid knew that the only thing this bee had to sting with was doing its work at the end of his thumb.

He reached his arm out from under the sheet, and dropped his disabled atom of rheumatism liniment on the carpet. Then, after a second of blank wonder, he began to feel around for the bottle, and wished he knew what he did with it.

In the meantime strange things had been going on. When he caught hold of the first bee, Mr. Middlerib, for reasons, drew it out in such haste that for the time he forgot all about the bottle and its remedial contents, and left it lying uncorked in the bed, between himself and his innocent wife. In the darkness there had been a quiet but general emigration from that bottle. The bees, their wings clogged with the water Mr. Middlerib had poured upon them to cool and tranquilise them, were crawling aimlessly about over the sheet. While Mr. Middlerib was feeling around for it, his ears were suddenly thrilled, and his heart frozen by a wild, piercing scream from his wife.

"Murder!" she screamed; "murder! Oh! help me! Help! help!"

Mr. Middlerib sat bold upright in bed. His hair stood on end. The night was warm, but he turned to ice in a minute.

"Where in thunder—" he said with pallid lips, as he felt all over the bed in frenzied haste—"Where in thunder are them infernal bees?"

And a large "bumble," with a sting as pitiless as the finger of scorn, just then climbed up the inside of Mr. Middlerib's night-shirt, until it got squarely between his shoulders, and then felt for his marrow, and said, calmly :

"Here is one of them."

And Mrs. Middlerib felt ashamed of her feeble screams when Mr. Middlerib threw up both his arms, and with a howl that made the windows rattle, roared :

"Take him off! Oh, land of Scott! somebody take him off!"

And when a little honey-bee began to tickle the sole of Mrs.

Middlerib's foot, she shrieked that the house was bewitched, and immediately went into spasms.

The household was aroused by this time. Miss Middlerib and Master Middlerib and the servants were pouring into the room, adding to the general confusion by howling at random and asking irrelevant questions, while they gazed at the figure of a man, a little on in years, arrayed in a long night-shirt, pawing fiercely at the unattainable spot in the middle of his back, while he danced an unnatural, weird, wicked looking jig by the dim religious light of the night-lamp. And while he danced and howled, and while they gazed and shouted, a navy-blue wasp, that Master Middlerib had put in the bottle for good measure and variety, and to keep the managerie stirred up, had dried his legs and wings with the corner of the sheet, and after a preliminary circle or two around the bed to get up his motion and settle down to a working gait, he fired himself across the room, and to his dying day Mr. Middlerib will always believe that one of the servants mistook him for a burglar and shot him.

Not one, not even Mr. Middlerib himself, could doubt that he was, at least for the time, most thoroughly cured of rheumatism. His own boy could not have carried himself more lightly or with greater agility. But the cure was not permanent, and Mr. Middlerib does not like to talk about it.—*Burdette, in N. Y. Weekly.*

Arnica in Boils.

Dr. Planat, of Nice, claims that *Arnica* has the power of aborting an eruption of boils with extraordinary rapidity, except when due to diabetes. His method of employing it is very simple. In order to render its action on the small vessels energetic, he applies it directly to the inflamed spot in the form of an ointment, of which the formula is as follows:—Extract of fresh *Arnica* leaves, ℥iiss; honey, ʒvss. If the mixture is too fluid he adds powdered *Lycopodium*, or some other inert powder, until it acquires the proper consistency. It is then spread pretty thickly on a bit of oiled silk or diachylon plaster, and applied to the boil. It is rarely necessary to renew the dressing more than

once in twenty-four hours. As a rule, two or three dressings are enough to make a furuncle abort. A curative action is also obtained by the internal administration of the drug. Dr. P— gives three to four drops of the tincture, largely diluted, every two hours, and he has seen the furuncular eruption disappear very rapidly under the treatment.—*St. Louis Med. Jour.*

Dr. Planat is, no doubt, a homœopathist, and his use of *Arnica* in boils is no novelty in our school. The most remarkable thing about his paper is its admission into the pages of an allopathic journal. This tardy recognition by the old school of the curative virtues of *Arnica* in boils is a more hopeful sign of progress in therapeutic knowledge than the following passage in a lecture lately delivered at St. Mary's Hospital by Dr. Robert Farquharson :

“ But of all the occasional offenders of this sort against comfort and even life is *Arnica*, which is commonly resorted to by the ignorant public as a sovereign remedy for sprains. It is pretty generally recognised among medical men, no doubt, that it now and then produces erysipelatoid inflammation of skin, but book-knowledge of this kind makes little impression in comparison with the observation even of a single case. Professor Hebra, of Vienna, is one of the most persistent and strenuous opponents of *Arnica*, and I well remember his vigorous denunciation of its real effects from the text of a very acute inflammation of both hands, for which it was responsible, and where the skin was covered with huge blisters, and almost running into gangrene. A year or two ago I had the opportunity of seeing a typical case in the person of an old lady, to whose sprained arm a non-professional man had applied a weak solution of tincture of *Arnica*, contrary to my advice. A true erysipelas started from the point of application, and slowly spread over the whole body, causing much irritation and discomfort and depression, and greatly retarding her recovery from what would otherwise have proved a comparatively trifling injury. Phillips (*Materia Medica and Therapeutics*) tells us that if we use a watery solution we are safe from the effects of the irritating ingredient which alcohol extracts, but the experiments of Garrod (*Materia Medica*, article *Arnica*) seems to me to have given a death-blow to the partisans of *Arnica* as an aid to the absorption of effused blood, and my advice to you is to let this drug take its rightful place

among those substances of extinct reputation which still continue to sleep peacefully in the *Pharmacopæia*."—*Brit. Med. Jour.*, Feb. 15th, 1879.

The business of a professor of *Materia Medica* we should have thought was to discover drugs that had a powerful action on the human body in order to employ them medicinally in disease, just as the business of constables is to discover rogues, and convey them to the lock-up. But Dr. Farquharson seems to have as little stomach for the utilisation of powerful drugs in his therapeutics as Dogberry had for the arrest of knaves.

Dogb.—You shall comprehend all vagrom men; you are to bid any man stand, in the prince's name.

Watch.—How if 'a will not stand?

Dogb.—Why then take no note of him, but let him go; and presently call the rest of the watch together, and thank God you are rid of a knave.

Verg.—If he will not stand when he is bidden, he is none of the prince's subjects.

So this medical Dogberry, after telling his audience that *Materia Medica* comprehends all substances that have a physiological action on the human body, advises them when they meet with one that has a very decided and specific action of its own, to take no note of it, but let it go, and presently thank God that they are rid of an "offender against comfort," and he adds, after the manner of Verges, that if a drug displays any physiological action, it is none of the subjects of his *Materia Medica*, and should be allowed "to sleep peacefully in the *Pharmacopæia*."

British Homœopathic Congress.

This year's Congress will be held at Malvern, on Thursday, September 11th. The Presidential Address (by Dr. Hughes) will be upon "Homœopathy; its present state and future prospects." For further particulars the monthly journals should be consulted.

CORRESPONDENCE.

To the Editors of the 'British Journal of Homœopathy.'

From a passage in p. 339 of the June number of the *Monthly Homœopathic Review*, it would appear that the writer imagines that I have refused to continue my subscription to the School of Homœopathy, and have tried to induce others to do so. This is a mistake. I intend to give it for five years, as originally promised, but, for the reasons given some months ago, to postpone the payment till some subsequent time for any year in which the managers devote the bulk of the money to a purpose not contemplated when my subscription was promised, viz. the subsidy to the ordinary expenses of the hospital. They have taken the money for this year, but if they do not do so in 1880, I will, of course, pay them my third subscription, and afterwards in the same way in due course.

Permit me also to express my regret that this writer should identify his opinions with the existence of this school, and pronounce all who differ from him to be opponents of the school. I have been from the beginning one of the warmest friends of the school, and deem it my duty to do my best for its welfare, without pronouncing that those who differ from me are opponents of the school. Judged by his own rule the writer of the above article is an opponent of the school. For before proposing the appointment of a "recognition committee," I submitted the proposal to the Honorary Secretary, who approved and promised to support it cordially, and when brought forward it was discussed and unanimously carried at the annual meeting. It is, therefore, an action of the school which the anonymous writer prejudices and ridicules in the above article. This is greatly to be deplored, as the difficulties of this object are naturally so great that it will require all our united strength to face them. Such an article, though of no official value, is hurtful to the school by promoting discord and half-heartedness, and ought not to have been written before the committee had had time, at least, to give in their report, whatever the opinions of the editors may be.

I am,

Your obedient servant,

JOHN DRYSDALE.

BOOKS RECEIVED.

Essentials of Diet. By the late E. H. RUDDOCK, M.D. 2nd edition, by E. B. SHULDHAM, M.D. London: Hom. Publ. Co., 1879.

Allen's Encyclopædia. Vol. IX.

Lectures on Materia Medica. By CARROLL DUNHAM, M.D. 2 vols. New York, 1878.

On the Climate of Davos am Platz, with Treatment of Consumption. By A. C. POPE, M.D. London: Gould, 1879.

Horses, Ill and Well: Homœopathic Treatment of Diseases and Injuries, &c. By JAMES MOORE, M.R.C.V.S., and THOMAS MOORE, M.R.C.V.S. 3rd edition. London: Epps.

A new form of Nervous Disease. By W. S. SEARLE, A.M., M.D. Philadelphia, 1879.

Pott's Disease. By NEWTON M. SHAFFER, M.D. New York, 1879.

A Biographical Retrospect of Allopathy and Homœopathy during the last thirty years. By HUGH HASTINGS, M.D. London: Turner.

On Spasmodic Stricture of the Urethra. By H. B. SANDS, M.D. New York.

Urethritis or Chronic Spasmodic Stricture. By F. N. OTIS, M.D. 1879.

Homœopathic Therapeutics. By S. LILIENTHAL, M.D. New York, 1879.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. LUDLAM, M.D. 4th edition. Chicago, 1879.

Some Remarks on Similia Similibus Curantur. By W. B. DUNNING, M.D. Hartford, 1879.

The Guiding Symptoms of the Materia Medica. By C. HERING, M.D. Vol. I. Philadelphia, 1879.

St. Louis Clinical Record.

The American Homœopath.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Médico.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

Allgemeine homœopathische Zeitung.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

Index Medicus. New York, April, 1879.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

OVARIOTOMY.

By Professor WM. TOD HELMUTH, M.D.

Operation at Ward's Island Homœopathic Hospital. Case conducted and reported by E. GURNESEY RANKIN, A.M., M.D., House Surgeon.

HENRIETTA ANDERSON, æt. 50, Canadian, wife of a mechanic, was admitted to the hospital May 6th, 1879. She had always enjoyed good health up to the spring of 1874, when she noticed, for the first time, an unnatural prominence of the abdomen. This was also about the time of her menopause. She had never conceived, having had neither children nor miscarriages, and from girlhood had been regular in her menses. She had always been accustomed to lead an active life in the care of her household affairs. The enlargement of the abdomen caused no particular annoyance for the next two years; it, however, continued steadily to increase in size. She consulted several physicians, and one year ago came to the notice of Prof. Helmuth, who diagnosed her case as an ovarian tumour, and advised an operation. Being of a somewhat nervous disposition she preferred to delay any surgical procedure.

For the next year she continued, more or less, to attend to her domestic duties, as she had been heretofore accus-

tomed, until early this spring, when the enlargement of the abdomen became so burdensome, and her health so much impaired, that she again came to Prof. Helmuth, who advised her to come to the hospital.

The patient's condition on entrance to the hospital was not very encouraging for an operation. There was great anæmia and much emaciation, and the ovarian face with the characteristic thinness about the neck strongly marked. She walked around and was moderately comfortable. The abdomen measured in circumference forty-three inches. Some of the fluid was withdrawn with the aspirator and examined under the microscope, and found to contain blood and oil globules, pus-corpuscles, and Drysdale's corpuscles in abundance, confirming the diagnosis. It was intended, by careful hygiene and diet, to place the patient in as favorable a condition as possible for an operation, but this plan was unfortunately frustrated by the appearance of symptoms of peritonitis on May 11th, five days after her admission to the ward. She complained of flushes of heat and cold running over the body with burning pains in the abdomen. There was vomiting, from time to time, of a bright green bilious matter, and excessive action of the salivary glands; the temperature was 100° , and pulse 100. *Aconite* was administered; but the temperature continued steadily to rise, and on May 13th was $103\frac{4}{5}^{\circ}$. *Gels.* 1 \times and *Ars.* 3 \times , in alternation, were then given, and the temperature fell to $101\frac{4}{5}^{\circ}$; the pulse remained about the same. There was little or no appetite, and great prostration.

From this time up to May 24th, the date of operation, the patient grew rapidly weaker, the pulse varied from 90 to 100, and the temperature from 99° to 102° , indicating that there was some suppurative process within the tumour. *Bel.* 1 \times , *Chin.* θ , and *Merc. sol.* 1 \times , were also administered at intervals for several changes of the symptoms, with some temporary relief. A small amount of stimulants and the lightest and most easily digested food were given because of the irritability of the stomach.

The patient's friends were informed that death was not

far distant, and that an operation under these circumstances would be attended by the gravest dangers. The patient herself was conscious of her condition. Nevertheless, both she and her friends expressed themselves willing to have the tumour removed immediately, in hopes that the small chance of recovery might fall to her lot.

Accordingly, after consultation with several gentlemen of the visiting staff, and at the desire of the patient's friends, Prof. Helmuth decided to perform ovariectomy immediately.

On May 24th, at 4.15 p.m., the patient was placed upon the operating table in the hospital amphitheatre. Before administering the ether the pulse was 100, and temperature $101\frac{4}{5}^{\circ}$. The atmosphere had been previously disinfected by use of the carbolic spray, the operation being performed under the same. All the sponges, instruments, towels, linen, clothes of assistants, and everything connected with the operation, were carefully carbolised.

Before commencing Prof. Helmuth made a few remarks, explaining the desperate condition of the woman about to be operated upon, but that insomuch as the patient and her friends knew the unfavorable circumstances attending the case, and also appreciated that the removal of the tumour would give the only possible chance for recovery, at their solicitation he had decided to perform ovariectomy. An incision in the median line, about three inches in length, was made, commencing about half an inch below the umbilicus. The abdominal walls were then dissected down to the peritoneum. All bleeding having ceased, the peritoneum was raised with a pair of forceps, nicked, the director introduced, and the covering incised, thus exposing the sac of the tumour. A steel sound was then run in between the sac and the abdominal walls, and the adhesions, which were quite extensive, broken up. The tumour was then punctured with a Spencer Wells' trocar and the fluid contents allowed to run off. The fluid was of a dark chocolate colour, thick and opaque. The sac was then firmly secured and withdrawn from its position in the abdomen, the greatest precaution being used that none of its contents should escape into the peritoneal cavity; this was accom-

plished by an assistant holding the edges of the incision tightly to the walls of the tumour. The sac was drawn out, the remainder of the fluid allowed to escape, and adhesions to the transverse colon, omentum, and small intestines, separated. The adhesions to the omentum were extensive. The transverse colon during the operation protruded through the incision, and was immediately replaced. The omentum, covered with shreds and clots, was withdrawn with the tumour, cleansed, and was also replaced.

The pedicle, which was on the right side, was then ligated and the sac removed. Silk ligatures were used and the stump of the pedicle allowed to remain within the abdomen with the ligatures attached. The peritoneal cavity was then sponged and washed out, a glass drainage tube, provided with a cork, introduced, and the incision sewed up with three wire sutures. The wound was then dressed with oakum, covered with layers of lint saturated with a solution of carbolic acid, and the whole protected with a mackintosh held in place by a firm abdominal bandage. During the operation three hypodermics of whiskey, of mxxx each, were given, the patient seeming several times as if unable to survive.

The fluid contents of the sac weighed $37\frac{1}{2}$ lbs. and the sac itself $2\frac{1}{2}$ lbs., making the total weight of the tumour 40 lbs.

The cyst was multilocular and contained numerous small cysts embedded in the walls. Upon examination the internal surface was found to have undergone suppuration in several places, especially in the posterior surface, where there were patches of pus, and the tissue broke down easily. The patient was then placed upon a water bed in an apartment which had been previously cleansed and disinfected, the atmosphere here also having been carbolised. Bottles of hot water were placed to the extremities, which were a little cold. The pulse was 120.

For the next two hours brandy and water was administered every twenty minutes. She recovered from the effects of the ether at 8.10 p.m., when the pulse was 108

and the general condition favorable. At 9 o'clock she complained of severe pain in the abdomen, which lasted until 10.30 p.m., when she again began to feel chilly. Heat was applied to the extremities and the natural warmth of the parts soon restored. At 11 p.m. was sleeping quietly, pulse 100, respiration 39. Entries of the patient's condition were made in the hospital record every two hours during the next eight hours; there were no changes noted, the pulse remained about 108, the urine was drawn with the catheter, and the patient was quite comfortable, with the exception of now and then a sharp pain in the abdomen. Rice water and brandy were given at short intervals. May 25th, at 3.30 a.m., the temperature was $99\frac{3}{5}^{\circ}$. 8 a.m., temperature 100° and pulse 100. On removing the dressings, a copious discharge of bloody serum was found to have saturated the oakum and bandages. The cork of the drainage tube was then removed and about an ounce of bloody serum withdrawn by means of the aspirator with a gum elastic catheter attached; the catheter was introduced into the peritoneal cavity, through the drainage tube. At 4 p.m. the dressings were again changed, and found, as in the morning, saturated with a bloody serous discharge. She had been quite comfortable up to this time, when she began to complain of intense thirst, the temperature was 100° , and there was considerable tympanitis. *Ars.* 3 $\frac{1}{2}$, 5 gr. every three hours, was then given, and the patient allowed to take broken ice ad libitum. At 7.30 the dressings were found to be wet with the serous discharge, and were accordingly renewed. The entries in the record book show no change until 3.30 a.m. (May 26th), when the temperature fell to $99\frac{3}{5}^{\circ}$, and the pulse was 104.

She had slept for the past four hours, waking up at short intervals and receiving nourishment. The dressings were changed at this hour also, and a drachm of fluid withdrawn from the tube.

10 a.m.—She feels comfortable. Pulse 114; temperature $100\frac{3}{5}^{\circ}$. On changing the dressings, about an ounce and a half of semi-purulent matter was withdrawn by the

aspirator. The same form of nourishment was still continued, rice or barley water, and iced brandy-and-water.

At 6.30 p.m.—There was a sudden appearance of nausea and vomiting of yellowish watery material. Gave *Ipecac.* 1x every twenty minutes, which seemed to relieve this unfavorable symptom. Changed the dressing this evening, and withdrew about three drachms of semi-purulent matter.

May 27th, at 3.30 a.m.—Condition was the same, temperature (rectal) was 100°, and pulse 100. Dressed the incision at this hour again, withdrawing with the aspirator about two drachms of pus.

11 a.m.—Dressings changed. Temperature 100½°; pulse 114. Gave *Quin. Sulph.*, gr. iij, every four hours during the day; at 4 p.m. changed the dressings as before, and at 8 p.m. also. After withdrawing about half an ounce of pus, the abdominal cavity was thoroughly washed out with warm water carbolised, 1—100, at a temperature of 98°. The temperature and pulse were the same before and after the intra-peritoneal injection, the pulse being 102 and temperature 101°. In employing the intra-peritoneal injection, after withdrawing all the pus which could be accomplished by the aspirator, the tube being moved gently around, the water was allowed to run in from a fountain syringe, then removed with the aspirator again. The use of the aspirator with the flexible catheter attached effects the washing out of the cavity in a very satisfactory manner. Great precaution must be taken, however, not to allow any of the intestines to be drawn up through the openings in the catheter, lest they might be injured, an accident very likely to occur when the silver catheter is used.

In using the intra-peritoneal injection the following morning (May 28th), the cold douche was applied.

A pitcher of cold water was poured over the abdomen, which had been protected by a rubber sheet, the water being allowed to run over the side of the bed, where pails were placed to receive it.

6 p.m.—Condition about the same; the brandy was still continued, and beef tea was now given also. Before and

after each douche and peritoneal injection, the pulse and temperature were taken. In some instances there would be no change, but usually the temperature would fall about one fifth of a degree, and the pulse rise five or six beats. For the next three days the douche and injections were kept up three times in twenty-four hours, at 1 and 8 o'clock in the morning and at 5 in the afternoon, and at each injection about four ounces of fetid pus was removed. The quinine was continued as before.

On May 31st there was intensely warm weather; the patient up to this time had been quite strong, to all outward appearances; she now complained very much of the heat, and seemed to begin suddenly to lose all strength; the temperature was $99\frac{4}{5}^{\circ}$ in the morning and $100\frac{2}{5}^{\circ}$ in the evening; the quinine and brandy were still continued. There was less pus withdrawn, and that of a less offensive odour. An attempt was made to give milk and lime water, but the stomach refused to hold it. Rectal injections of cod-liver oil and lime water were then administered.

On June 1st the warm weather continued, and the patient's unfavorable condition grew more marked. Champagne was substituted for the brandy, and the beef tea and quinine continued.

June 2nd, a.m.—Patient is failing, seems much weaker. Temperature $100\frac{4}{5}^{\circ}$, pulse 114, before the morning, intra-peritoneal injection; after, temperature $100\frac{2}{5}^{\circ}$, pulse 116. A considerable quantity of pus still continued to be withdrawn at each dressing. At about midnight diarrhoea appeared, and she had eight movements in as many hours; lead and opium suppositories were administered with relief, but she continued to grow weaker. The cod-liver oil injections were of course discontinued.

On June 3rd the bandages were changed, and the intra-peritoneal injection, the nineteenth and last time, administered, but no douche was applied; the temperature was 99° , and pulse 126, there was profound prostration, and the patient was evidently moribund. Hypodermics of brandy were given at intervals. She continued to grow weaker, and died quietly at 6.10 p.m.

The patient lived ten days and two hours after the operation. There had been administered, in all, nineteen intraperitoneal injections. The first injection was used on the third day after the operation. The douche was applied sixteen times; entries of the patient's condition were made in the hospital records about every six hours, both night and day. The utmost care was employed in regard to disinfection, the attending surgeon abstaining from all other charge of the rest of the wards, and the day and night nurses in charge had nothing to do with any other patient. A carbolic spray was kept in operation continuously, and a sheet wet with carbolic was placed over the door of the room.

The following is a report of the autopsy held on June 4th, at 2.30 p.m.:

Height, 5 feet 2 inches; weight, 78 pounds; circumference of abdomen, 25½ inches; circumference of chest, 28 inches; circumference of head, 23 inches; emaciation extreme; rigor mortis absent.

Thoracic cavity.—Pericardium: some adhesions near apex, fluid normal.

Heart: weight 5 ounces; left ventricle, calcareous secretions all along the base of, and also below the aortic valve in the ventricle, also in the ascending aorta; tissue somewhat soft; walls slightly hypertrophied; ante-mortem clots in right ventricle; right side of heart normal.

Lungs: left, weight 9 ounces; hypostatic congestion of lower lobe, slight fibrous degeneration in apex. Right, weight 10 ounces; apex adherent; œdema of lower lobe, slight emphysema of upper lobe; small cavity and fibrous degeneration also in upper lobe.

Abdominal and pelvic cavities.—Liver: weight 2 pounds 14½ ounces; gall bladder engorged; capsule of liver slightly adherent; tissue normal.

Spleen: weight 2½ ounces; tissue bright red, otherwise normal.

Kidneys: left, weight 4 ounces; capsule adherent; tissues anæmic; small abscesses scattered throughout in the pyramids. Right, weight 3 ounces; several large multiple abscesses, and also smaller ones scattered throughout.

Stomach distended with gas.

Intestines, large and small, distended with gas; all the intestines were adherent to one another, and to the abdominal walls posteriorly and laterally. They were congested and covered with a purulent exudation, somewhat greenish in colour. There were about 10 ounces of very offensive putrid pus in the cavity.

The stump of the pedicle was in good condition, and the ligature in its place. The whole peritoneum was gangrenous, black, and covered with the same greenish exudation which covered the intestines. The stump of the pedicle was free from gangrene. There was a small portion of the omentum remaining adherent to the abdominal parietes, it was perfectly black; the remainder of the omentum appears to have been destroyed in the gangrenous process.

Uterus somewhat retroverted; there was a small cyst about the size of a hen's egg attached to the right ovary.

Bladder normal.

Cause of death.—Asthenic peritonitis with gangrene.

Note.—The unsuccessful issue of this case in no way detracts from its great interest, the chief points being, first, the dangerous condition of the patient when the operation was undertaken, indeed, had I not been aware of the success which has been attained by Mr. Keith, of Edinburgh, I certainly should have thought operative interference unjustifiable. The second point is the rapid reaction from a condition of collapse, more profound than I have ever seen, either in my other ovariectomies, or indeed, after any surgical operations I have ever performed. The third item is the value of the intra-peritoneal injections, and the manner in which they were employed, for which I am indebted to my senior assistant, Dr. Rankin, who so faithfully tended and recorded the case. And the fourth point is the uniform decrease in temperature after the cold douche to the abdomen had been employed. Indeed, the patient begged for both the intra-peritoneal injections and the cold douche as being grateful in the extreme.

HISTORY OF HOMŒOPATHY IN AUSTRIA.*

By Dr. EDWARD HUBER, of Vienna.

It would hardly be possible to ascertain the exact time when the Hahnemannian therapeutic principle attracted the attention of an Austrian physician, or to which one of the crownlands he belonged. Altschul places the commencement of homœopathy in Bohemia in 1817, which seems to be corroborated by this, that the Nestor of our Vienna Homœopathic Society, Professor Veith, had his attention first drawn to homœopathy in the following year (1818) by the Regimental Surgeon Hrastiansky, of Klattau. In 1819 we find the district physician in Oberhollabrunn (Lower Austria), Dr. Gassner, and Surgeon Mussek, of Seefeld, near Oberhollabrunn, practising according to Hahnemann's principles. Although at this period homœopathy does not appear to have been much known in Austria, yet in 1819 it was forbidden to be practised.

The Court of Chancery's decree on this subject, of the 21st October, 1819, says:—"His Majesty has been graciously pleased, with high resolve, to command that Dr. Hahnemann's homœopathic mode of treatment shall be universally and strictly forbidden." This interdict seems to have been promulgated rather by way of a prophylactic. The originator of it seems to have been Dr. Stift, Physician-in-Ordinary to the Emperor Francis I, who, as a privy councillor, presided over sanitary and educational affairs, and exercised great influence over the Emperor. But, notwithstanding this decree, homœopathy began to extend from the beginning of the year 1820. In Prague we find at this period Staff-Surgeon Dr. Marenzeller, who was at the same time physician to His Imperial Highness the Archduke John, and Dr. Scheller practising our method of treatment. In Graz there were Dr. Maxl, Dr. Maly, Surgeon Herwitz, and Dr. Menz, the last of whom removed to Vienna in 1824.

* From *Samml. Wissenschaft. Abhandl. a. d. Geb. d. Hom.*, No. 2.

In 1825 Surgeon Fischer removed to Brünn, after having since the year 1818 commenced to make trials of homœopathic remedies in chronic diseases at Eibenschütz, Saar and Rossitz, in Moravia. Here he found two partisans of the new system before him, Mr. Steigentersh, a merchant, and Mr. Albrecht, who held a civil appointment under government. The first had gone through a course of surgical education, and during the French war had served in the medical department of the army. As he possessed medical knowledge he succeeded in making a number of converts to our doctrines amongst the more intelligent citizens of Brünn, and in the upper ranks of society; but he almost confined his practice to chronic cases.

Albrecht, who was a diligent correspondent of Hahnemann's, employed himself particularly in the preparation of homœopathic remedies. A great sufferer himself, he was compelled on his own account to study the sphere of action of the remedies, and this was of great use to him in his practice. But as neither of these gentlemen had a medical diploma, it was reserved for Fischer to make great strides in the path that had been prepared for him. He soon succeeded in gaining the confidence of the inhabitants of Brünn, so that in a short time he had a numerous and select *clientèle*. But as he was only a surgeon he was not qualified to treat internal diseases, and his opponents employed this circumstance in order to make his position uncomfortable. Frequently summoned before the tribunals, and threatened to be deprived of his diploma, he preferred quitting Brünn to giving up his mode of practice, which experience had shown him to be so useful. In 1831 he went to Rugern, six miles from Brünn, where he was appointed to the medical care of the Benedictine institution. Here he pursued his beneficent calling, which was scarcely ever interfered with, and the clergy, country gentry, and peasants of that district gave their full confidence to the homœopathic treatment.

But let us return to the year 1820 and to our capital. Dr. Veith, canon and preacher in the cathedral, who died in 1876, after passing his medical examinations in

1820, and devoted himself to theology, began to practise homœopathy in 1825 with great success, whilst his brother, Professor E. Veith, practised the homœopathic method in the Veterinary Hospital. The latter had been converted to the new doctrine by Dr. Menz. He had suffered for many years from cardialgia, and after fruitless allopathic treatment, which for a long time was conducted by the celebrated professor Dr. Hildebrandt, was cured completely in two months by Menz with *Ignatia*. This was the cause of his conversion.

Staff-Surgeon Dr. Marenzeller contributed most to the spread of Hahnemann's doctrines in Vienna. The cause of his removal from Prague to Vienna was the following:—Among the soldiers in Hungary there occurred many cases of intermittent fever with a great percentage of fatal cases. Count Henry Hardegg, afterwards General of Cavalry, a true adherent of homœopathy, recommended to a regimental doctor the new method of treatment, and as this gentleman stated that he was reduced to despair in consequence of the unfavourable results of his treatment the count gave him some *Nux vomica* and *Ipecacuanha*. He commenced to treat cases with these remedies. The results were very satisfactory; they excited much attention, and the Emperor Francis I. heard of them. He forthwith summoned Adjutant-General Kutschera to his presence in order to obtain full particulars. By his advice Count Hardegg himself gave an account of the treatment pursued, and the Emperor determined on sending for Dr. Marenzeller to come to Vienna in order to put the new method to the test. By a decree of his Majesty it was ordained that clinical trials with the homœopathic treatment should be made in I. R. Medico-Chirurgical Joseph's Academy, which were to begin on the 2nd April, 1828. A ward in the garrison hospital was allotted to Dr. Marenzeller for his trials. The twelve beds in it were supplied in this way:—Every four cases were selected alternately by Marenzeller and two commissioners (professors of the Academy). These and generally about forty other physicians accompanied Marenzeller in his morning and evening visits.

Every ten days the two commissioners were replaced by two others, so that for a period of sixty days Professors Scherer and Wagner, V. Zimmermann and Toltenyi, Zang and Jäger, Bischoff and Hager, Römer and Fischer, Schwarzer and Sax were appointed. In the period from 22nd April to 2nd May Professors Zang and Jäger acted as commissioners, and they gave a separate unfavourable report on the homœopathic treatment. Daily records were kept of the course of the diseases, and the histories of the cases were given up to the direction immediately after the dismissal or transfer of the patients. Unfortunately Staff-Surgeon Marenzeller kept no copy of them, and the originals—probably owing to the influence of the imperial physician in ordinary, Dr. Stift—were never published, and disappeared. Of the forty-six cases treated, which the Staff-Surgeon's son, Dr. Adolphus Marenzeller, one of the busiest homœopathic practitioners at present in Vienna, published from the very imperfect notes of his father, we select the following:

2. Pleuritis, postea febris nervosa. The pleurisy was removed in five days; a chill, however, brought on the status nervosus, which was completely removed after five days more of treatment.

3. Icterus cum psora. A very instructive case, seeing that, in addition to the icterus and scabies, there was also diabetes. A cure was effected in twenty days. *China*, *Merc. sol.*, and *Carbo veg.* were the remedies employed. The patient left the hospital in good condition, though he had previously been much emaciated.

8. Erysipelas faciei et meningitis. The latter affection came on in the course of the former. The patient improved, but he did not take the medicine on two days, but always spat it out immediately. All those present doubted that he would get through, and yet he was dismissed convalescent on the eleventh day. (*Bellad.*, *Rhus.*)

10. Febris tertiana. After six days the patient could be transferred to the convalescent department. (*Ignatia.*)

11. Febris tertiana. Convalescent in four days. (*Pulsat.*)

12. Hepatitis. An extremely important case, as the

degree of inflammation was very great, and convalescence set in in the course of seven days. (*China.*)

17. Syphilis. This is the case of primary chancre mentioned by Zang in his separate report, in which no amelioration ensued after a treatment of three weeks. It was a malignant chancre on the frænum, and the patient was affected with other symptoms besides. (*Merc. sol.*)

18. Angina. Cured in three days. (*Bellad.*)

19. Parotitis cum febris subinflammatoria. Cured in three days. (*Ignat.*)

21. Febris quotidiana. Cured in five days.

22. Febris quartana. Convalescent in seven days.

23. Angina. Cured in three days. (*Bellad.*)

25. Diarrhœa sanguinea. Cured in three days. (*Merc. sol.*)

27, 33, 35, 45. Febris tertiana. Cured in eight, thirteen, three, and six days.

29. Angina. Cured in three days. (*Bellad.*)

31. Extension of the inflammation to the right lung. Sputa sanguinolenta, tendency to tertian fever (Prof. Zang), and yet cured in sixteen days. (*Acon., China, Aurum.*)

32. Pleuritis cum nota gastrica. Convalescent in three days.

34. Pleuritis. Cured in seven days. The patient was extremely full-blooded. (*Aconite.*)

42. Diarrhœa aquosa. Cured in three days. (*Cham.*)

43. Febris quotidiana. Convalescent in eight days.

The cases not mentioned were either transferred soon after admission, or the effect was not remarkable, though as good as that seen in the ordinary allopathic practice, or the duration of the treatment was not given, or, lastly they were transferred at the close of the trial.

Dr. Glûcker, who was present at the visits, told Dr. G. Schmid that he was particularly struck by the cure of a chronic cough, for which the patient had already been treated allopathically for a year.

The cause of the discontinuance of the homœopathic treatment was this:—Four criminals were told that they were brought into the hospital in order to be experimented

on. The consequence was that they offered active opposition and induced other patients to do the like. Thus, the trial ended in the middle of May, much too soon, and to Marenzeller's great grief. Had it been longer continued it had doubtless broken at once the iron bonds of incredulity and prepossession, and Marenzeller, with his high culture and self-sacrificing enthusiasm, was just the man to have succeeded in doing this.

About the middle of the period during which the trial lasted, Marenzeller had an audience of the Emperor, who gave him a most gracious reception, and showed his satisfaction with the results obtained, of which he was informed by daily reports, by asking the staff-surgeon if he thought that four apothecaries would be enough for Vienna.

The report of the professors of the Academy, as commissioners during the trial, said that from it no opinion could be given regarding the value of the method or the reverse. Professor Zang, as has been mentioned, published a separate report, in which he sought to break a lance with homœopathy after having already given a report of his ten days' service as commissioner along with Professor Jaeger. If we consider the general report, as also the circumstance that only one voice was raised against the homœopathic treatment, that one of the commissioners, Professor Zimmermann, soon afterwards declared himself a convert to the new doctrine, that the opposition never published the clinical records of the trial, we cannot fail to see that the results of Marenzeller's trial in the Joseph's Academy were not unfavourable to homœopathy. The cases cited above certify to this. Further, we must consider when and under what circumstances the trial was made. The locality was an allopathic hospital, where everything is at variance with the principles of the new school, and where the nurses are hostile. Moreover, the representation made to the patients that they were the subjects of an experiment was not favourable to rapid recovery. One of the patients (No. 8) openly confessed that for two days he would not take the medicine, and it is possible that others followed his example. Had the trial been unfavourable to homœopathy, how is it to be

explained that Marenzeller, who had a large practice in Prague, wished to give up his position there, and one year after the termination of his clinical trial, viz. in the middle of 1829, he settled at Vienna?

Hahnemann's method of treatment now spread with great strides in the capital. Marenzeller was besieged by patients, so that from early morning until late at night he was constantly engaged in practice. At that time there were practising in Vienna, besides Marenzeller, who died in 1854, Menz, the two Veiths, Lichtenfels, Schäfer, Lederer, senr., Glücker, Wrecha, and Arnold Löwi.

Homœopathy was introduced into Salzburg in 1830 by Dr. Hartung, of whom we shall have more to say by-and-by. Dr. Tonaillon began to practise homœopathy in Schwarzach (Duchy of Salzburg) in the same year.

The new system was introduced into Lemberg in 1830 by Dr. Schréter, a disciple of Hahnemann, and it gradually extended throughout Galicia.

Homœopathy received a great impulse by the brilliant results of the treatment of cholera in 1831. The results were so striking that in the year 1832 a homœopathic hospital was established in Gumpendorf (Vienna), whose first physician was Dr. G. Schmid. This was brought about by the aid of Count Coodenhoven, through whose instrumentality the Sisters of Mercy were brought to Vienna, to whom the care of the hospital was assigned. In Brünn Dr. A. Gerstel proved the superiority of our system over the old method in the treatment of cholera, and his success was testified to in a flattering manner by the authorities.

In the commencement of 1830 we find Pater Faustus, as he was called, the well-known Prior of the Brothers of Mercy in Laibach, practising homœopathy with brilliant results. After the suppression of the order he practised as a private individual, and his cures made such a sensation that many families in Laibach sought his aid, and they remain faithful to the new method to this day.

In the year 1834 many of the adherents of homœopathy in Trieste joined together to invite a homœopathic physician

to come among them. Dr. Ginzel, of Naples, being guaranteed a certain income, removed thither, and was consequently the first practitioner of homœopathy in our maritime town, where he remained till 1845.

But homœopathy being still forbidden to be practised, its practitioners suffered much from the intrigues and persecutions of their opponents. Some were summoned before the tribunals, and their medicines confiscated. Marenzeller, as we are assured, hid his in a hole in the stove. In Vienna the persecution of homœopathy went so far that Stift made the police seize the medicines in the houses visited by homœopathic practitioners.

On the 6th June, 1835, the Imperial Commission of Studies in Vienna addressed to the Medical Faculty of Prague—as it is said, at the request of the Duchess of Lucca—three questions, which they were required to reply to:

1. Is homœopathy a scientific system?
2. If so, ought the free practice of homœopathy to be allowed?
3. Should homœopaths be permitted to dispense their own medicines?

Professors Krombholz and Nussard were commissioned to reply. With regard to the first question both said that they were unable to give an opinion, because, on account of the prohibition to practise homœopathy, they had not given the subject any consideration. But Prof. Krombholz held that it must be considered to be a scientific system, and that its free practice ought to be allowed. The sick-bed, he said, was the true test, which would either consign it to an early grave or endow it with new life.

The decision as to the practical value and the degree of confidence to be given to the homœopathic method was entrusted to the clinical professor, Dr. Nussard. The first question he pronounced upon in a spirit of uncompromising opposition, which was founded more on deeply-rooted prejudice than on any comprehensive knowledge of the subject. But this first anathema was soon retracted by himself, and the more he became acquainted with

homœopathy the more favourable his opinion of it became. At length he gave utterance to the following opinion:—"It would be treason to humanity and to science to act in a hostile manner towards a medical system that might prove of incalculable benefit to suffering humanity."

The cholera epidemic of 1836 gave us a great step forwards. Dr. Fleischmann was at that time the head physician of the Gumpendorf Hospital. He had been cured by the brothers Veith of a very painful and long-continued sciatica, after fruitless allopathic treatment, in the year 1828, and thereby converted to our method. Fleischmann treated in his hospital 732 cases of cholera, of whom 488 recovered, and 244—a third of the patients admitted—died, whilst in the other Vienna hospitals in the same epidemic at least one half of the cholera patients succumbed. This favourable result, which, together with that of private practice, spoke distinctly in favour of the new method, induced a number of manufacturers and householders to send a deputation to the Emperor Francis I, with a request that the prohibition of the practice of homœopathy in the Imperial States might be removed. Some other influences may also have been at work; but, in brief, this decree of the Court of Chancery of the 10th February, 1837, was promulgated through all the states:

"His I.R. Majesty deigns to decree that from the 6th February, 1837, the decree of the 13th October, 1819, by which the practice of homœopathy was universally and strictly prohibited, should be repealed. The provincial governments are informed, that in respect of the maintenance of the rules and regulations relative to the entrance of unqualified persons into the practice of homœopathy, as also relative to the preparation of medicines in the towns and rural districts, further orders will be considered by His Majesty, and the result communicated."—('Police Rules and Regulations,' vol. 65, p. 48.)

What contributed greatly to increase the estimation of homœopathy was Staff-Surgeon Hartung's cure of Count Radetzky. The I.R. Councillor and Staff-Surgeon Dr. Jaeger, in complete accord with Dr. Hartung, as ordinary

physician, and Prof. Flarer, as consultant, had expressly pronounced the disease to be scirrhus of the orbit, which threatened to develop into open cancer, which must be certainly fatal. He was compelled to make this diagnosis and hopeless prognosis in consequence of the presence of all the recognised characteristic signs of the disease. In an official report presented to the Ministry of War in Vienna he had so described the malady and alleged the nature, seat, and duration of the disease, and the advanced age of the illustrious patient, as circumstances that interposed great difficulties to a cure, and, indeed, that a cure was impossible, either by art or by nature.

In spite of this Hartung succeeded in curing the distinguished commander by homœopathic medicines. Fifteen years later this fact was called in question by an allopathic journalist. The ordinary physician of Radetzky at that time, Upper-Staff-Surgeon Dr. Wurzian, undertook to convince the opponents of their error, in a letter he addressed to the editor of the journal in which the denial of the cure had appeared. This having come to the knowledge of the hoary field-marshal, he, out of gratitude to the service rendered to him by homœopathy, could not refrain from writing the following autographic letter in order to settle the matter :

“ My DEAR WURZIAN,—“ Having learnt that malicious doubts have been raised respecting the efficacy of homœopathy, I hereby inform you that my affection of the eye, in 1841, was cured by the late Staff-Surgeon Dr. Hartung, solely and alone by the aid of homœopathy.”

“ RADEZKY.”

Vienna ; 18th December, 1856.

On the 30th May, 1842, the hospital of the Sisters of Mercy in Linz was opened. This town had already become acquainted with homœopathy through Dr. Bergmann. The foundation and the prosperity of this institution was greatly promoted by the professor of theology, Rechberger, who applied to the Superior of the Sisters of Mercy in Vienna for a homœopathic physician to direct the hospital. The

latter induced Dr. S. Reiss, who had been taught homœopathy by Dr. Fleischmann in the Gumpendorf Hospital, to accept the post, which he retained until his death in 1870.

In this decennium two other homœopathic hospitals were established, namely, that at Kremsir (Moravia) in 1845, and that at Steyer (Upper Austria) in 1849.

Whilst homœopathy was spreading slowly but surely among medical men and the public, in 1842 Prof. Töltengi wrote against it, endeavouring to discredit it, and to make it appear illegal and dangerous, and denying it any scientific basis.

This hostile attack induced Drs. Fleischmann, Hampe, Wurmb, and Watzke to form a defensive alliance for the purpose of meeting such opponents. Not content with the reply which proceeded from Watzke's pen they resolved to found a society whose objects were to advance homœopathy and develop the *Materia Medica*.

After some preliminary meetings in order to make the rules and determine on the procedure, the first regular meeting of the society was held on the 15th December, 1842, and reports of a proving of *Colocynth* brought forward.

In the following year *Aconite*, *Gentiana cruciata*, and *Natrum muriaticum* were proved, and Hahuemann's provings of these medicines corroborated. The society also received the necessary permission for the publication of a Homœopathic Journal.

In 1844 the number of members of the society resident in Vienna amounted to seventeen, who undertook the reproving of *Thuja* and *Bryonia*.

In 1845 the legal authorisation of the society was obtained. In this year *Argentum metal.* and *nitr.*, the *Hall iodine Spa water*, and the *Ischl brine* were proved.

The year 1846 was almost entirely occupied in proving *Sulphur*, in which almost all the members took part.

An important advantage was secured for homœopathy by the following High Chancery decree relating to the dispensing of medicines by practitioners by the Emperor Ferdinand I, dated 9th December, 1846 :—“ In regard to regulations

applicable to the homœopathic method of treatment, H.I.R. Majesty has been pleased to order: The laws relating to illegal practice of medicine and surgery and to quackery in general are applicable to the homœopathic method. The necessary mother tinctures and preparations must only be prescribed from the legal pharmacies, but these medicines may be then diluted and triturated by the physicians and surgeons who profess the homœopathic method of treatment, and dispensed to their patients, but without charge; but these medicines must always be provided with a label on which the name of the medicine and the degree of its dilution or trituration is to be accurately marked, and signed with the name of the physician or surgeon.

“ If in the practice of the homœopathic method there is reason to suspect that a physician or surgeon has acted in an illegal manner, the matter is to be judged not by the faculty alone, but physicians distinguished for their theoretical and practical skill in the homœopathic method are to be consulted, and judgment is to be given after a consideration of all the circumstances in accordance with the regulations ” &c.

Another decree of the date 19th December gave the legal sanction to the establishment of a society of homœopathic physicians for the purpose of physiological provings of medicines, on the basis of the regulations for the establishment of societies in Austria.

It was only after this that the Proving Society became legalised. On the 2nd January, 1847, a meeting was held at which the officers of the society were elected, the laws to be submitted to the authorities confirmed, and other business of the society transacted. Bi-monthly meetings were held at which Count von Coodenhoven attended as Government commissary. In this year *Coccinella*, *Agaricus muscar.*, *Euphrasia*, and *Guaiac.* were proved.

In 1848 the number of the members of society amounted to sixty, but the political events of the period paralysed for a time the activity of the society. On the 3rd May the last meeting was held, after which a pause of two years ensued, the next meeting being held on the 8th June, 1850. That

the number of homœopaths constantly increased, is in great measure owing to the physician-in-chief of the Gumpendorf Hospital, Dr. Fleischmann, who, from 1841 until his decease in 1868, was retained on the registry of the Vienna University as teacher of practical homœopathy.

Dr. Zlatarovich, Professor of Pharmacodynamics at the Joseph's Academy (which post he retained until the academy was dissolved in 1848), probably converted some of his students to the new doctrine. It is remarkable that he should have retained his post so long after having, by becoming a member of the Proving Society, publicly declared his adoption of homœopathy. He endeavoured to obtain legal sanction for the practice of homœopathy in military hospitals.

In 1849 Dr. Altschul, of Prague, presented a petition to the Ministry of Education for the establishment of a chair of theoretical and practical homœopathy in the University of Prague. After obtaining the legal qualifications he was appointed to teach homœopathy, and a dispensary was granted to him, where many young physicians were instructed in the practice of homœopathy.

In 1850, at the instigation of Drs. Wurmb and Watzke, a second homœopathic hospital was established in Vienna. In the petition submitted to the Government, in which both engaged to serve without salary for eight years, statistics were given showing the necessity for such an institution. In reply to this the needful funds for its establishment and maintenance were granted. Here Wurmb delivered clinical lectures, which were attended by a number of native and foreign homœopathic physicians. From this school issued Dr. Chevalier von Kaczowski, who, in 1857, settled in Lemberg, and published a translation of Lutze's *Manual of Homœopathy*, and edited a homœopathic quarterly journal, which unfortunately was abandoned after two years on account of insufficient number of subscribers; it contributed much to the spread of Hahnemann's doctrines. Thanks to his unwearied exertions, homœopathy continued to gain ground, and in 1868 a petition for the establishment of a homœopathic hospital and dispensary in Lemberg was pre-

sented to the Gallician Parliament, signed by 1200 of the most considerable landowners, officials, tutors, clergy and medical men. Unfortunately this petition did not succeed.

When the Vienna Society resumed its meetings in 1850, it continued its activity, proofs of which are to be found in the provings of *Lycopodium*, *Glonoine*, *Ferrum acet.*, *Eupion*, *Plectranthus fruticosus*, *Opium*, *Aloes*, and J. O. Müller's provings of animal medicines (saliva and hydrophobic poison, &c.).

But the provings of drugs gradually fell off, so that at length it was resolved to change the title from "Society of Austrian Physicians for Physiological Provings," to "Society of Austrian Homœopathic Physicians." Also the qualification for membership of the society by proving medicines was given up. The labours of the society were now confined to furnishing articles on homœopathic subjects and practical essays. The number of the members is now forty-three.

The organ of the Society, *The Austrian Journal of Homœopathy*, was published in 1844—8, by Fleischmann, Hampe, Watzke, and Wurmb, in four volumes. After an interruption of several years, two more volumes were published in 1857, edited by Dr. J. O. Müller, and, finally, Dr. Eidherr edited it in 1862 and 1863. Since then the society has ceased to issue a journal.

In 1857 the third and largest Vienna homœopathic hospital was established in Sechshaus, which continues under the excellent management of its chief physician, Dr. J. O. Müller, but, on account of its distance from the capital, is little visited by homœopathic physicians.

Staff-Surgeon Dr. Wank, who, in 1866, removed from Venice to Görz, was the first homœopathic physician there, and in a short time he brought the new doctrine into great repute, to which his success in a malignant epidemic of measles chiefly contributed.

The best proof of the progress of homœopathy in recent times is afforded by the fact of two hospitals being entrusted to its followers, one in Baden, near Vienna, in 1867, and one in Zwittau, in Moravia, in 1868.

In 1869 a lay society for homœopathic veterinary medicine was established in Mattsee, in Salzburg, under the name of "Hahnemannia." As its constitution was forbidden by the provincial government, it was only by a decree of the ministry of the interior removing this prohibition that it became established the following year.

At the instigation of Drs. Streintz and Seidel and the priest, Joh. Legat, a society of medical and lay adherents of homœopathy was established in Graz in 1873 under the name of "Hahnemannia." It has above 100 members, and possesses a considerable library.

The partisans of homœopathy had to fight an arduous battle in the commencement, but now their brilliant successes gained for them a good position, but it is greatly in need of lectureships and hospitals. Altschul did much in his position as university teacher, but since his death no one has taken his place.

Fleischmann in Vienna was nominally a teacher, but his large practice and his office of physician to the Gumpendorf Hospital left him no time for teaching, so that his post, which has not been filled up since his death in 1868, was not of much use for instruction in the homœopathic doctrines. Moreover, the Government did nothing to support him. Hence he gave no clinical lectures.

In order to supply this want Dr. G. Schmid in 1873 published a pamphlet, *What is urgently required in Modern Medicine*, in which he set forth the advantages of our system, and urged the necessity for establishing lectureships on homœopathy. In consequence of this pamphlet a gentleman of scientific acquirements, and fully conversant with the circumstances of homœopathy, got up a petition to Parliament requesting the establishment of three chairs—one for general instruction in homœopathy, another for *Materia Medica* combined with an institution for proving medicines, and the third for homœopathic clinical instruction, which he alleged was required in order to promote therapeutics. When the petition was presented to Parliament on the 4th December, 1875, the decision was put off, because a similar one was expected from the Graz Hahne-

mannia Society. When this latter petition was presented the decision was still deferred, and at last the subject was referred to a Committee of Professors of the Medical Faculty. The result might have been foretold. Had the professors been as firmly convinced of the nullity of homœopathy as they said, they would certainly not have hesitated to permit such a trial of it.

In conclusion we may mention that homœopathy finds many partisans and propagandists among the laity. In Upper Styria alone there are about fifty priests, who, furnished with boxes and books, treat the people with generally good results.

The highest nobility even takes part in this work. People flock in crowds to Count Gustavus Auersperg, on the borders of Styria, on account of his successful treatment. The well-known philanthropist, Princess Wilhelmina Auersperg, may be seen at her property in Bohemia going from cottage to cottage treating the sick peasantry, either all alone or in conjunction with homœopathic practitioners. In Zleb, in Bohemia, she built a homœopathic hospital for the poor country people, with twelve beds, of which Dr. Kohont is physician. In 1846 a homœopathic hospital for the poor was established by Countess Harrach, at Nechanitz, in which, during the three first years, 404 patients were treated.

In the course of this year a homœopathic children's hospital, with forty beds, was opened in Vienna, endowed by the Imperial Councillor, Upper Staff-Surgeon Dr. Taubes, Chevalier von Lebenswerth, formerly physician to the Archduke John.

It was only after a severe struggle by brilliant curative results that homœopathy has attained its present position. We must acknowledge our obligations to the original champions of our cause, who are now mostly all dead, and endeavour to tread in their footsteps; for Hahnemann's doctrine must spread and blossom to the advantage of suffering humanity.

NOTES ON DIABETES.

By FRANCIS BLACK, M.D.

(Continued from page 132.)

THE various theories of diabetes are uncertain foundations for treatment, but numerous observations during the last twenty-five years give data for a simple statement of what diabetes is. The healthy system possesses the power to assimilate, and then to make use of the absorbed sugar, so that it is not found in the urine except in the minutest quantities. In diabetes there exists a want of assimilative power over the saccharine principle, and from this defect sugar escapes into the urine.

In health sugar disappears from view, and as a final issue contributes to force production; in diabetes it fails to be utilised, and passes through the system unconsumed.* It thus gives rise to a double set of symptoms; first, from a power-producing substance being withdrawn from the system; secondly, this excess of sugar circulating in the blood, and saturating the various organs gives rise to various lesions, at first functional, and then organic.

The indications for treatment are—first, to lessen the supply of sugar and sugar-forming substances, to place the patient in the best hygienic circumstances; secondly, to seek for some agent which has curative power to correct the mal-assimilation of sugar; and failing this, to find remedies which can stay the general exhaustion, and local injury to various organs.

DIET.—The first end is attained in a great measure by substituting animal for vegetable food, and again by selecting from the latter those which contain least sugar or starch. The difficulty is that such diet can only be carried out to a certain extent consistently with health, and the

* Murchison supposes the glycogen secreted in the liver combines with nitrogen, and forms an azotised protoplasm, which maintains the nutrition of the blood and tissues.—“Croonian Lectures,” *Lancet*, 1874, vol. i, p. 430.

comfort of the patient, and in nearly all cases requires relaxing and altering from time to time. The diet must, as a rule, be mixed, as an excess of albuminoids is exhausting to the stomachs of all diabetics, and is especially injurious in gouty habits, where it is so important to lessen the production of uric acid. Variety in the bill of fare is of importance, as loathing of food is a great enemy to healthy digestion. The quantity as well as the quality of food and drinks must be considered, for the craving for solid and liquid aliments is very apt, if indulged in, to lead to mischief. The regulated quantity ought also to be taken at intervals of four to six hours, and at the time of taking solid food, and for an hour or two afterwards all fluids should as much as possible be abstained from. This abstaining from fluids is of great consequence when green vegetables form a large element in the meal, and is the best safeguard against flatulence. In many cases it is prudent to make a gradual alteration in the diet, especially in the diminution of liquid.

Too great care cannot be bestowed on preserving the integrity of the digestive organs, for in a disease such as diabetes where there is a constant drain of a substance rich in potential energy, failure in digestion leads to rapid and serious changes, of which atonic dyspepsia is not the least.

Food.—All kinds of butcher meat underdone, selecting those which the patient relishes and digests most easily; game, fish, shell fish, cheese, oils, butter, vegetables. A free use of butter and oily substances often stimulates the flow of saliva, and thus diminishes thirst. All vegetables containing much starch are to be avoided as much as possible, viz. potatoes, turnips, beet, parsnips, artichokes, but the green portion of plants are admissible and useful, viz. salads, spinach, greens, cabbage, especially the outer and greener leaves, cucumber, cress. Farinaceous substances to be forbidden, especially sago, tapioca, arrowroot, starch; but, except in very confirmed cases, some form of bread may be allowed. Bread made with undressed flour, or even with an extra quantity of bran, is most suitable and most nourishing; it has the further advantage of not adding to

the constipation, which is so frequent in diabetes. Various breads from which the starch has been washed from the flour have been used under the name of gluten bread ; this is made up in the form of loaves and biscuits.

Dr. Prout considers cakes made of well-washed and then well-dried bran mixed with eggs, milk, and butter, baked in a quick oven, as much more palatable, and more easily chewed than gluten bread.*

Dr. Pavy recommends as a variety biscuits made of eggs and ground sweet almonds ; he finds them palatable and digestible.†

A cheap bread can be made having Iceland moss as its basis.

Burnt bread crumbs form an excellent substitute for gluten bread.

M. Daunecy, of Bordeaux, makes a wheaten bread of flour previously torrified, and has ascertained that this is incapable of conversion into glucose, and gives great relief to diabetics.‡

Sugar is to be carefully avoided, as also fruits containing much sugar, such as pears, apples, figs ; but currants, lemons, oranges, grapes are allowable. Patients often miss the use of sugar in their food, especially in tea and coffee ; as substitutes glycerine has been recommended by Garrod and Beale, and now Senator says, "I would give mannite the unqualified preference."§

LIQUIDS.—The use of water ought to be restricted, for its indulgence increases the diuresis, and thus aggravates the thirst. As the sudden abstraction of fluids in diabetic cases is sometimes followed by unpleasant consequences, the quantity should be gradually diminished. As the craving is for cold liquids, Prout advises, when this is great, that all liquids should be taken in a tepid state. Fluids, beyond very small quantities, ought not to be taken along with

* Sold by Blatchley, 362, Oxford Street, London, who also sells a bran mixture, carefully prepared on Dr. Camplin's prescription, with directions for

by Hill, 60, Bishopsgate Street, E.C., London.

de Thérap., April 30th, 1873.

ibid., p. 989.

solid food. Milk is allowable in all cases, but on this point there is a difference of opinion ; but Prout, a good authority, advocates its use. Donkin strongly recommends a diet restricted to skimmed milk, but physicians of good repute consider such restriction positively injurious.* Whey and butter-milk are allowable. Distilled water and spring water charged with carbonic acid gas alleviate thirst more readily than common water.

ALCOHOLIC STIMULANTS.—The need of stimulants in most diseases is a mooted question, and in diabetes opinion seems much divided ; but, undoubtedly, there are some cases in which the moderate and judicious use is beneficial. Fermented liquors containing sugar, such as champagne, sparkling Moselle, sherry, port, cider, and rich ales are forbidden. Porter and bitter ale are taken with advantage in some cases. Red Bordeaux wines allowable ; they were used much by Bouchardat as a remedial measure.

When stimulants are absolutely required, good whisky and brandy, freely diluted, are the safest. Koumiss has lately been recommended ; a form of it suited to diabetes is sold. Tea and coffee, if not otherwise contraindicated, are allowable, also cocoa made from the nut, but all prepared cocoas and chocolates are forbidden.

EXERCISE.—Bouchardat first showed, and his statement has recently been confirmed by Krietz, that sugar and other secretions in the urine may decrease and wholly disappear for the time being under the influence of muscular movements pushed to the extent of exciting perspiration. But, undoubtedly, exercise of a much more gentle kind is useful, and confirmed diabetics are generally unable to take quick or severe exercise. In cases of great feebleness

* Dr. Ker kindly furnishes me with the following interesting experiences with skim-milk of a retired Indian general, aged 59, who has been diabetic at intervals since 1872 :

First week.—On the first day took a tumblerful of skim-milk every three hours, taking six in all. On the second day took seven tumblerfuls ; on the third eight ; on the fourth nine ; on the fifth ten ; on the sixth eleven ; on the seventh twelve. *Second week.*—On the first day took one imperial pint and ten tumblerfuls ; on the second two pints and eight tumblers ; on the

it is safer to trust to such passive movements as are recommended by Dr. Roth,* and these may be supplemented by

third three pints and six tumblers; on the fourth four pints and four tumblers; on the fifth five pints and two tumblers; on the sixth six pints; on the seventh seven pints; and so on for six weeks. On the *seventh week* he took in addition about half a pound of roast meat. *Eighth week*.—Three quarters of a pound of meat, green vegetables, and rather less milk. *Ninth week*.—The same, with the addition of Van Abbott's bran-gluten biscuits. *Tenth*.—The same. *Eleventh*.—The same, with beef-tea thickened with Van Abbott's semola or macaroni. *Twelfth*.—The same, with tea or coffee and fish. *Thirteenth*.—The same, with butter, cream, fat and gravy, eggs or potted meat, and Van Abbott's parmesan cheese. *Fourteenth*.—The same, or lamb, veal, tongue, chicken, turkey, game, and soup, without flour and starchy vegetables. *Fifteenth*.—Fish and shell-fish. *Sixteenth*.—Any green vegetable but peas and beans. *Seventeenth*.—Plain instead of skim-milk, with coffee or tea at breakfast. *Eighteenth*.—The same, with the addition of unskimmed milk at tea. *Nineteenth*.—The same, and brown bread at dinner. *Twentieth*.—The same. *Twenty-first*.—Brown bread at breakfast as well as at dinner. *Twenty-second*.—The same, with white bread at dinner. *Twenty-third*.—The same. *Twenty-fourth*.—White or brown bread at breakfast and dinner. *Twenty-fifth*.—The same. *Twenty-sixth*.—From this time he took potato and other farinaceous articles, but no sugar or sugary food.

"This course began on May 7th, 1877, and ended on the following November 4th. The first effect of the exclusive skim-milk diet was headache, which continued for three or four days. Then diarrhoea set in and continued more or less till other articles were added to the dietary, the stools sometimes passing involuntarily. At first large quantities of bile were passed. The urine was scanty, high-coloured, and charged with bile. He lost six pounds in weight in the first four weeks. But, whereas when he commenced the treatment he was passing sugar to the extent of eight grains to the ounce of urine, in one week it fell to half a grain to the ounce, and, in a fortnight, the urine was pronounced by a practical analyst to be free from sugar. It remained free from sugar till November 3rd. Sugar returned, however, almost immediately after that date in consequence of returning to such articles of diet as potatoes and rice. In a fortnight sugar was found to the extent of two grains to the ounce of urine. He accordingly left off bread and farinaceous food, and a fortnight afterwards there was no sugar to be found; the specific gravity was 1023, and the quantity passed in the twenty-four hours fifty-seven ounces, and the acidity normal.

"Since then his urine has remained free from sugar as long as he abstained from farinaceous food, and, on the contrary, sugar has returned whenever he has not abstained. No medicine but quinine has done his disease any good, and that medicine does not cure him."

* "Medical Gymnastics," in various numbers of this Journal, *s. g.* vol. xii, p. 601.

hot air baths. Whenever there is evidence of hepatic disturbance there is an additional reason to press exercise in the open air, especially on horseback, so as to guard against stagnation of blood in the liver. Diabetics often suffer so much from languor that persuasion is needful to enforce exercise. Dr. W. Richardson gives in the experience of his own case the benefits of exercise. He urges the regular and daily walk to be carried out patiently and perseveringly, so that the task, at first difficult and unpleasant, becomes at last positively a pleasure.*

ATMOSPHERE.—Dryness, and sunshine are very great aids in relieving the diabetic; damp and cold combined are their greatest enemy; hence the need of warm woollen clothing, and the choice of a suitable climate.

BATHS.—Tepid baths, temp. 84° to 94°, tend to promote a healthy action of the skin, but for those persons who can bear it the hot air bath is a more efficacious means.

Dr. W. Richardson (*loc. cit.*) found advantage in his own case, and in that of others, from the use of tepid baths containing carbonate of soda, taken twice a week. The benefit of Vichy as a curative agent is no doubt partly attributable to the alkaline tepid bath taken daily.

MORAL means.—Freedom from all worry and emotion, complete mental repose, and the surroundings of a cheerful society are most valuable auxiliaries in treating diabetes. The neglect of moral and mental precautions is one of the most frequent causes of relapse in this ailment. "Fret not thyself" is an exhortation of the Psalmist, which is of incalculable benefit in all diseases.

DRUGS.—The choice of diet, and other hygienic means, is the easiest and most satisfactory part of the treatment of diabetes; the difficulties commence when a drug has to be selected to correct the malassimilation of sugar.

The homœopathic formula, owing to the scanty and imperfect knowledge of artificial glycosuria, affords as yet no satisfactory guide.

The discovery of small groups of initial symptoms is almost impossible, for it is a peculiarity in diabetes that

* *On Diabetes*, p. 91.

a marked condition of the disease may exist without exciting suspicion in the patient's mind.*

From the seat of the disease it is rare to procure indications in the treatment of diabetes, except in cases where injuries of the brain or spine are traceable as exciting causes, for pathological anatomy gives no certain information.

It may be alleged by some that it is needless to consider the abnormal presence of sugar in the urine, and that the totality of the symptoms, according to the rule of Hahnemann, is the true guide in seeking for a *simile*. No direction has been more abused, and less understood; its truth and importance are founded on the word *totality*. It means as true and as perfect a picture of the disease as can be drawn, cleared of all speculative views, but to ignore the condition of the urine in diabetes is as imperfect as to publish, as complete, a list of the dramatis personæ of Hamlet with the title character omitted.

At present, then, from lack of knowledge, selections must be made from among those remedies which have a certain amount of traditionary value, *e.g.* *Phos. ac.*, *Uran. nit.*, *Phos.*, *Ars.*, *Nux vom.*, *Morph.*; † to this list may be added *Silica*, *Atrop.*, and *Lactic acid*, and of untried remedies *Curare*; after these the choice may be extended to such drugs as have an hepatic affinity. The very evident connection of glycogen with the liver, and the very important functions that organ performs in addition to the secretion of bile, especially its share in the formation of urea, justify the hope that through this class of hepatic medicines a reliable remedy may be discovered for diabetes.‡

* Pruritus vulvæ is often the first sign in middle-aged females. The following case, related by Dr. Follet, is interesting. A lady, aged 26, apparently in robust health, complained of weight after eating, accompanied by flushing and giddiness. Some of her finger- and toe-tails had fallen off; there was no trace of inflammation in matrix. Remembering that he had seen the patient's father, who was not syphilitic, suffer from falling off of the nails, and who in eighteen months died of diabetes, he examined the urine, and found it to contain six grammes of sugar to the litre (*Gaz. hebdom. de Méd.*, 1874, No. 5). Sexual weakness in the male is often the first symptom to excite his attention.

† See p. 132 for a fuller list.

‡ The frequent occurrence of diabetes in gouty patients, and the evident

PHOSPHORIC ACID, as already shown (p. 131), was adopted from ordinary practice, and the doses in which it has been given by the homœopathic school have been large, amounting often to the officinal quantity, but benefit has been ascribed to minute doses.* Dr. Prout, whose experience was probably the largest in England, writes: "I have been disappointed with the use of *Phosphoric acid*; it has not in my hands produced the good effects some have ascribed to it." He thinks more favorably of the *Phosphate of Iron* (loc. cit., p. 50).

The published cases of cure by *Phos. ac.* are not sufficiently numerous to afford reliable data for peculiar clinical indications, and the same remark applies to *Uranium*. Dr. Hughes writes: "I feel more and more convinced that the main one is that which I have laid down when lecturing on *Uranium*, that it is best suited to cases originating in dyspepsia or assimilative derangements, while *Phos. ac.* excels it when the starting-point of the disease is the nervous system."† When such a diagnosis can be made the indication is good, but in three fourths of diabetic cases the task is a very difficult one.

PHOSPHORUS has been suggested by Kafka as a prob-
marked connection of gout with impaired functional disturbance of the liver, gives a further importance to looking among hepatic drugs for a remedy. Dr. Lecorchè, in a paper submitted (June, 1872) to the Academy of Médecine in Paris, considers glycosuria as the result of azoturia, and he makes the remark, "in the most successful cases of patients apparently cured, because they ceased to be glycosuric, they none the less died diabetic, that is to say, azoturic." He strives to stop the loss of urea by *Opium, Arsenic, Valerian, tea, coffee, and fatty substances*.—(*Lond. Med. Rev.*, 1874, p. 32.)

Recent observations show the liver, in addition to a biliary and glycosuric function, to be not only a blood-forming, but a blood-destroying and purifying organ; that it contributes in a great degree to the destruction of albuminous matter derived from food and textures, and the formation of urea and lithic acid, which are subsequently re-eliminated by the kidneys.—(Murchison's "Croonian Lectures," *Lancet*, 1874, vol. i, p. 502.)

* The evidence in favour of very minute doses is far from being satisfactory, e. g., a man, aged 40, weakened by diabetes, which three months' allopathic treatment had failed to relieve, is completely cured in eight days by the administration of *Phos. ac.* 30, treated by Dr. Pompili.—(Extract by Dr. Oehme, *Hom. Klinik.*, July, 1873, p. 107.)

† *Therapeutics*, 2nd edit., p. 244.

able remedy, but he gives no clinical experience of its use. In Case No. 1 (p. 47) it appeared to the writer to exercise a decidedly more marked effect than *Phos. ac.*; the patient always felt stronger after its use, whereas the acid appeared to produce no immediate perceptible action.* It is a drug which has a powerful physiological action on the nutrition of the liver, and this, with its well-known therapeutic value in diseases of the brain and nervous system, suggest a trial of this remedy in diabetes, either when the gouty diathesis is present or disease of the brain is the exciting cause. It may also be useful as a palliative in the latter stages of diabetes, when the lungs get disorganized by cheesy degeneration, or when cerebral symptoms show themselves.†

URANIUM is used in the form of the muriate and nitrate, and it may be regarded as one of the remedies which has a fair claim to further trial in diabetes. Eight years' experience of *Muriate of Uranium* confirms Dr. Jousset's favorable opinion of it; he finds this remedy rarely effects a radical cure, but it *nearly always* brings about a considerable amelioration in the general state of the patient.‡ My own experience, added to a careful review of other cases, leaves me to form not quite so favourable a view of its efficacy. Dr. Jousset considers excessive thirst as the principal indication, but this is a symptom present in every marked case of diabetes.

Dr. Hughes regards *Uranium* with favour, especially in

* Drs. Madden and Hughes (*Brit. Journ. Hom.*, vol. xxi, p. 99) remark: "It is possible that the curative power of *Phos. ac.* over diabetes may be connected with the influence of *Phosphorus* upon the liver. If so, it would be desirable to ascertain whether the base itself is not a more powerful remedy than the acid."

† Schulzens found that in animals poisoned by *Phosphorus* the processes of oxidation are arrested in the organism, but those of decomposition by ferments go on. In such animals urea disappears from the urine, and is replaced by leucine and tyrosine, which in the healthy organism are converted into urea. No sugar appears in the urine, but a kind of lactic acid is found in quantities exactly proportional to the amount of sugar afforded to the animals by their food.—(Dr. Lauder Brunton "On Diabetes," in *Reynolds' System of Medicine*, 1879, vol. v.)

‡ *Elemens de Méd. Pratique*, 2nd edit., vol. i, p. 116.

cases of peptogenic origin, and where marked dyspepsia is present.*

The presence of albuminuria in conjunction with glycosuria may be suggested as an indication for *Uranium*. In one of Dr. Magdeburg's cases there were traces of albumen. This drug has generally been given in doses of the lower decimal triturations; there are also a few reported cases of its efficacy in higher dilutions. A well-marked case is reported in the *Lancet* (June 13th, 1874) by Mr. Kennedy, where a sixth of a grain of the nitrate was given three times a day, and gradually raised to the third of a grain; in a week the improvement was marked. This patient, aged 17, had never menstruated, and there was no history of fright or error in diet to account for the diabetes. The prominent symptoms were great weakness, harsh dry skin, voracious appetite, and great constipation.†

In two cases reported by Dr. Magdeburg,‡ where considerable amelioration followed its use, there was considerable derangement of the digestive organs. One case was a lady, aged 63, a gourmand, and an indulger in the free use of wine; her appearance was good; she suffered from dryness of the mouth, and not unfrequently complained of a sensation as if hairs were in it. The skin was very dry, with mealy scaly appearance. The subject of the other case was a broken-down, decrepid man, of a very gouty habit; he suffered much from disturbance of the digestive organs; the tongue was red and painful, with a slimy grey coating; dislike to flesh meat. Dr. Magdeburg gave a quarter of a gramme (2nd dec. trit.), divided into four doses, daily. He remarks, although with this attenuation there is no specific taste, still less any disturbing action in the stomach, yet it generally happened between the second and the sixth day of its exhibition the patient experienced disgust at it. Hence he found it necessary to suspend its use occasionally.

Dr. Lowder published a very satisfactory case occurring

* Two cases reported by him in *Brit. Journ. Hom.*, vol. xxi, p. 369.

† *Brit. Journ. Hom.*, vol. xxxii, p. 573.

‡ *Brit. Journ. Hom.*, vol. xxxiv, p. 67, from Hirschel's *Hom. Klinik*, Bd. xx, No. 14.

in an elderly lady, where the action of *Uranium* was marked; the patient ultimately died diabetic. The prominent symptoms were: very constant thirst; tongue reddish at edges; no appetite for solids; obstinate constipation; urinary tenesmus; eczema in various parts; emaciation. *Uranium* 3x trit. was given three times a day; the relief was soon apparent and attended with a very marked diminution of these symptoms, with a great gain in flesh, and happiness.*

In addition to a case of diabetes, alluded to by Dr. Drysdale, in his *Use of Specifics*, where without any change of diet benefit followed the use of *Nitrate of Uranium*,† two more cases treated by him will be found in this paper, under the head of *Atropine*, where *Uranium* had its share in checking the glycosuria.

Dr. Ker reports:—"My experience of *Uranium nitricum* in diabetes is more favorable than yours. I have scarcely given it in a single case without some improvement, and occasionally a great deal of improvement, following. One marked case, that of a lady over seventy years of age, had all her symptoms modified to the better as soon as I gave her *Uranium nitricum*, in one-drop doses of the first decimal dilution. The quantity of urine fell from five quarts daily to five pints. Her strength, which was nearly gone, returned in a great measure. Her nutrition improved, and she gained flesh; thirst disappeared, and, with it, a distressing dryness of the mouth; costiveness of the bowels ceased, and the appetite became natural. The improvement was maintained for a month only, and then the urine increased in quantity again. But it has never returned to five quarts, and the other symptoms are still favorable, though sugar is still being passed.

"Other cases I have had a like experience with. One old lady, now aged eighty-six, has had attacks of diabetes at intervals for the last six years, and I never give any other medicine than *Uranium nitricum* 1^x, in doses of one drop, repeated four times a day. Such treatment has, on

* Dr. E. T. Blake, *Uranium*, in *Hahn. Mat. Med.*, p. 24.

† *Brit. Journ. Hom.*, vol. xxv, p. 596.

three separate occasions, brought about the disappearance of sugar from the urine in about three weeks. Another case, that which benefited so greatly by the exclusive use of skim milk (vide p. 349), has been always relieved by the same medicine, the patient saying, 'It is the only medicine that does me any good.' That is strong testimony from one who, during the last eight years, has tried every diabetic medicine known. I have only lost one case of diabetes, and that was a boy of fifteen."

ARSENIC.—Little is yet known of its action in glyco-genesis. Grauvogl quotes from Heller that sugar is found in the urine after *Arsenic* has been taken.* According to Scirkowsky and Luchsinger, the formation of glycogen ceases when the hepatic cells are rendered incapable of performing their functions by poisoning with *Arsenic*. This action on animals suggested to Leube its administration in diabetes.†

Arsenic has been used in ordinary‡ and in homœopathic practice in the treatment of diabetes, but with no very decided results. It may, however, be ranked as one of those means which have an ameliorating influence in this disease, in some cases actually diminishing the excretion of sugar, in others having no action, and the reason of such varying action not being apparent. If the glycogenic property could be established it would encourage the further use of *Arsenic*, for its general action bears a great resemblance to many of the symptoms of diabetes, *e. g.* thirst, dry, red-edged, and fissured tongue, impaired digestion, polyuria, and exhaustion.

Kafka suggests *Arsenic* as a remedy. He notes a case where it relieved thirst, dry mouth, craving appetite, and polyuria; no examination is given of the urine. The patient died of lung disease.

* *Archiv für Chemie und Microscopie*, Feb., 1852, quoted in *Handbuch der Hom.*, ii, p. 175.

† Senator, loc. cit., p. 936.

‡ Senator says it was long since recommended by Berndt, and in more recent times by Devergie and Leube. V. Pap found it useful in mild cases —(*Wiener Med. Presse*, 1875, Nos. 13 and 14.) Devergie's paper appeared in *Gaz. Med. Paris*, 1870, No. 22.

Grauvogl relates the cure of a drunkard considered by him to be suffering from diabetes, where horrible thirst, emaciation, and exhaustion, with odd hallucinations, were the prominent symptoms. He recovered under the action of *Arsenic* in three months (Oehme, *Hirschel's Hom. Klinik.*, Mai, 1873, p. 73). Oehme quotes another case from Kafka of a chlorotic girl, where *Ars.* 3, given three times a day, rapidly removed thirst and polyuria, but this patient was evidently suffering from diabetes insipidus, not mellitus. In an advanced case of diabetes, where increased thirst, entire extinction of sexual desire, emaciation, and loosening of front teeth are recorded as the prominent symptoms, no benefit was experienced from the use of various remedies, including *Arsenic* in dilution, but after taking $\frac{1}{10}$ gr. of *Arsenic* every week, and then every five days, the patient improved much in two months. Recovery not permanent.

Sorge says he found *Ars.* useful in two cases, but he gives no particulars (*Br. J. Hom.*, xxxiii, p. 544).

Arsenic may be considered as indicated where there are eruptions on the skin and tendency to boils; where the vagina and vulva become subject to redness, swelling, and pruritus; when the teeth become loose, and the skin dry and mealy-looking; when the lungs become involved; when albumen is present in the urine, and in advanced cachexia, where the kidneys have suffered, and there is œdema of legs.

OPIMUM and some of its preparations have long held, in traditionary medicine, the first place as useful agents in controlling diabetes. They have hitherto been used in full doses, to which the diabetic show a remarkable tolerance, though there is also abundant evidence of harm from the extent of the dose. They present, in their pathogenesis, a similar glycosuria, and as many of the general symptoms of diabetes as *Phos. ac.* and *Uranium*; they ought, therefore, not to be ignored by the specific school, but merit a trial, under certain circumstances, in moderately small doses,* *e. g.* when there is evidence that some cerebral condition, such as congestion after an injury, is the exciting cause of glycosuria; when constipation proves a troublesome

* Dr. Hughes suggests it in *D. acutus* and *acutissimus*.

symptom; when the mental state is one of dulness and sadness, with weakness of the memory and of the muscular system; when the skin is dry, and great itching experienced. Morphia is generally employed in preference to opium. Of late *Codeia* has been recommended by Dr. Pavy; the other constituents of opium have no clinical value.

CURARE has glycosuria in its pathogenesis, but, as already noticed (p. 116), not similar to ordinary pathological diabetes. It is a drug of whose finer shades of specific action little is known, but in the paucity of true remedies for diabetes it is worthy of remembrance, especially when cerebral and spinal lesion is the exciting cause of the glycosuria; also when there is great nervous debility. Dr. Hughes alludes to *Curare* as a possible remedy in that rapid and fortunately rare form of diabetes (*D. acutus* and *acutissimus*), where life is threatened in a few weeks.

NUX VOMICA.—There is little published evidence in homœopathic records of the utility of this medicine. Dr. Yeldham has found *Nux vomica* of much use in diabetes.† One case is very cursorily reported by Oehme (loc. cit.). Another interesting case is given by Dr. E. J. Blake. The subject was a married lady of a gouty habit. She was placed on a strict diet, compresses were applied at night to the loins, hot-air baths were prescribed, and, in conjunction with these, *Nux vom.* 3^x and *Calc. carb.* 6^x, one hour before meals, on alternate days. Very satisfactory progress was made. The swelling and irritation of the vulva, the tormenting thirst, the dryness of skin, the marked languor, and copious urination all passed away.‡ To which of these various agents is the benefit to be attributed? The gouty habit may be considered an indication for *Nux*; also the existence of dyspepsia, characterised by gastrodynia and headache. It is useful in relieving the mental conditions which often arise in diabetes, such as sadness or irritable, vacillating temper, great sensitiveness of the nervous system,

* *Therapeutics*, 2nd edit., p. 245.

† *Trans. Brit. Hom. Soc.*, 1864, vol. iii, p. 458.

‡ *Brit. Journ. Hom.*, vol. xxviii, p. 206.

attended by odd sensations in the limbs, and fidgets. Spinal lesions as the exciting cause may be regarded as an indication.

In ordinary practice *Nux vomica* and its preparations are held in esteem by some practitioners. Dr. Dickinson considers *Strychnine* of all medicines the most constantly useful; he prescribed it in full doses.*

BELLADONNA and ATROPINE.—The former medicine has been tried in diabetes in the ordinary school, but according to the latest writer, with no good results. The latter has no published testimony in the specific school in its favour. Dr. Drysdale, from the marked thirst in its pathogenesis, has been induced to try it, and the two following cases show its action, though being given in alternation with *Uranium* the results must be divided.

20th February, 1877.—Captain G—, æt. 45, a captain of an American merchant ship. Has hitherto done his duty, and only complains of thirst and general debility. Urine 5 pints, sp. gr. 1035, reaction acid, no albumen, sugar 40 grains per 1000, urea 24·8 grains per 1000, little deposit. *Atropine* 1, gr. ij, for six days; then *Uran. nit.* 1, gr. ij, for six days, and so on alternately.

27th.—Less thirst; quantity of urine about 4 pints; slight headache; appetite not excessive; bowels costive; irritable temper. He was then going to sail, so I gave him a course to take on the voyage. *Atropine* 3rd dec., for four days; then *Uran. nit.* 1, for fourteen days; then *Nux vom.* 1st dec., for four days, followed by *Uran. nit.*, for fourteen days, and then *Atropine* 2nd dec., for four days, &c. A dose to be taken night and morning.

On 7th March, 1877, he returned, and the urine showed—sugar none, urea 37·2 grains per 1000; some slight deposit of uric acid and oxalate of lime. Health quite good.

On October 10th, 1877, he returned, and reported that last April his urine was examined in America, and reported free from sugar. Since then he has married, feeling well and eating common diet all summer; but for a month or so has begun again to feel dry in the mouth and pass more

* *Diseases of Kidneys*, 1875, p. 135.

urine, but thirst not great. On analysis the urine showed 27·7 per 1000 of sugar, and specific gravity 1030. To repeat the course as before.

This patient was quite well when seen in the spring of 1879.

Captain S—, æt. about 40, also a ship captain on active service.

On 2nd February, 1876, complained only of dry mouth, pains in loins, and general debility. Urine showed sp. gr. 1040, sugar in considerable quantity, but not accurately detected.

Atp. 1, sig. 1, 4, 7, 10; *Uran. nit.* 1, sig. 2, 3, 5, 6; 11, 12. The powders to be taken as numbered, dissolved in three tablespoonfuls of water, one spoonful every day. He improved, and then went on his voyage, with a course of *Nit. Uran.* and *Atropine*. He remained well all summer, and on common diet.

On 23rd December, 1875, was seen again, and complained of pain in loins, for which he got *Terebinth*.

On 10th January, 1877, complained only of a slight numb feeling in legs, for which he got *Cocculus* 1st decimal, n. m.

On 14th September, 1877, reported that he had been very well all summer, and on common diet; but had complained off and on of that numb tingling in the feet and hands. But on analysis the urine showed sp. gr. 1032, acid reaction, sugar 21 per 1000, urea 13·5 per 1000. He was then put on restricted diet, and a dose of *Uran. nit.* 1, night and morning, with one of *Veratrina* 3, at noon daily.

On the 1st October.—Sp. gr. 1025. He feels very well, and only feels the tingling now and then. He has taken a less restricted diet than ordered. Continued.

20th.—Feels quite well and has taken much exertion without fatigue and common diet. Urine 3 pints, sp. gr. 1027, no sugar, urea 32 per 1000.

The patient was quite well in the spring of 1879.

CREASOTE has had its advocates. Bähr (loc. cit., vol. i, p. 624) reports a case where it first disagreed, probably

from over-large doses, then *China* was useful. After this *Creasote* was returned to, and was followed by complete disappearance of the sugar. Oehme gives an abstract of a case where a man, aged twenty-eight, suffering from marked diabetes, quite recovered after the continuous administration of *Creasote* pills. Another case he gives is of no therapeutic value (*Hom. Kl.*, 1873, p. 89). Jousset (loc. cit., p. 116) says *Creasote* rendered him some service, but he is unable to fix its indications. Prout, whose experience is the largest of any English physician, says:—“Like many other remedies, some of them, as, for instance, *Creasote*, have sensibly diminished the quantity of urine and its immediate consequences, but here their good effects have ceased, and neither these nor any other remedies that have yet been proposed exert to my knowledge any direct effect in improving the saccharine quality of the urine” (*Stomach and Renal Diseases*, p. 51).

SILICA.—This remedy, so valuable in the specific therapeutics, has lately been tried in ordinary practice, and among its uses Dr. Battye reports its action in diabetes. His article appeared in the *Edin. Med. Jour.* (vol. xx, Nov., 1874), and is abridged in the *Br. J. Hom.* (vol. xxxiii, p. 89).

He reports two cases of mild glycosuria, the first of them doing remarkably well in six weeks; all the sugar had vanished from the urine, and the sp. gr. was reduced to 1015. A relapse at the end of a year yielded to treatment as before. The second case improved very much in six months, though it is not stated that all the sugar disappeared; after the lapse of a year he was still improving.

Then come three cases of pronounced diabetes. The first ended fatally in spite of the sp. gr. of the urine being reduced occasionally to 1015, thus evidently showing the power of the drug, although the action could not be maintained. The second case improved, but the patient went away and was lost sight of.

The third case, a middle-aged man, lost forty pounds in weight in four months; the constitutional symptoms of diabetes fully developed themselves. The sp. gr. of the

urine varied from 1034 to 1037, with large amounts of sugar, tested by Professor Rodgers and Nimsely, the quantity passed being not less than six pints by night and perhaps as much more by day. After three weeks' fruitless treatment with *Perchloride of Iron* and *Chlorate of Potash*, he was placed on the *Silica*, one grain night and morning.

During the first four months the sp. gr. scarcely altered, but after four months it ran down to 1028, and at the end of seven months was 1017, and gave no trace of sugar. Since then health and strength have been quite re-established, and at the end of three years his weight is nearly up to its original mark, and not a symptom of diabetes is to be found in him. In the treatment of these cases there was no restriction of diet.

These reports are very interesting, but knowing how many medicines have been vaunted as curative in diabetes which have not stood the ordeal of experience, further trials are required before the therapeutic stamp of true coin can be placed on *Silica*.

LACTIC ACID has been recommended by Cantani, and used with considerable success by others in diabetes. An erroneous theory as to the function of the liver in secreting *Lactic acid* led him to try it. Senator classes it rather as a dietetic agent, that is, it is a substitute for the *Lactic acid* which in health is converted in the stomach from sugar, and this conversion may be restricted in diabetes. *Lactic acid* is entirely oxidised in the blood; it is used up there, and becomes a source of power, which does not occur in the same manner with grape sugar, which finds its way into the blood. The dose has been from 75 to 1000 grains, given daily, in 8 to 10 ounces of water. The danger from continued use of such or larger doses is the probability of exciting acute rheumatic polyarthritis. Foster made observations on two diabetic patients, in whom the prolonged administration of *Lactic acid* invariably produced this disease in a perfectly characteristic form, the symptoms always subsiding when the medicine was discontinued.*

* The Synthesis of Acute Rheumatism, *Brit. Med. Journ.*, Dec. 1871.

This result has been observed by other writers. Two cases of diabetes are reported, but without details, in which 5 or 6 drops of *Lactic acid* 1st dec., given twice a day, proved effectual.* It is still a question to be decided if minute doses are sufficient to elicit the undoubted good results of *Lactic acid* in diabetes.

NATRUM SULPHURICUM.—Aegidi records a case occurring in a man aged 43, where a great number of ordinary homœopathic remedies failed (*Sul.*, *Calc.*, *Phos. ac.*, *Phos.*, *Mer.*, *Ars.*, *Sil.*, *Magn. m.*), until, under the idea that the patient had gonorrhœal cachexy, one dose of *Thuja* 30 was given; then, as the patient was supposed to have a “hydrogenoid constitution,” *Natr. Sul.*, 3, five drops four times a day, was given for four months with complete success. Dr. Aegidi remarks, “This remedy failed completely the same year in another case, which, however, was yielding to a remedy of surprising power, which he declines to name until further experiments have made him better acquainted with its employment.

The case was well marked, *e. g.* great weakness, bodily movements difficult, pain in the ankle-joints, heaviness of feet. After sleeping in the morning, fatigue and powerlessness; all the ailments aggravated during rest; thirst all the forenoon, with internal chilliness; confusion of head, pressive frontal headache, especially after meals; noise in the ears, sometimes vertigo, followed by nausea and difficulty of swallowing (*Br. J. Hom.*, xxii, p. 164, from *Allg. Hom. Ztg.*, November 16th, 1863).

ARGENTUM was suggested by Hahnemann as a remedy likely to cure some forms of diabetes. There is little or no clinical confirmation of this. Rückert (*Klin. Erfahrungen*, 2, p. 49) mentions a case which was relieved by *Arg. fol.*, but died of tuberculosis afterwards. The symptoms were emaciation, great weakness, face sallow, urine turbid, sweetish tasting, profuse; scrotum and feet œdematous. The lack of chemical examination mars the value of the case.

HELONIN, active principle of *Helonias Dioica*, has not been shown to excite glycosuria, whatever renal action it may

* *Brit. Journ. Hom.*, vol. xxxiii, p. 359.

otherwise have. Dr. Paine (an Eclectic) details a case occurring in a man, aged 26, where *Helonin*, given every two hours during the day, for sixteen consecutive days, had a very beneficial effect in reducing the sugar. With this and *Quinine* and *Cod-liver oil*, and occasionally *Iron*, a cure was soon effected. He says several other marked cases have been treated in a similar way and with the same results (Hale, *New Remedies*, 2nd edit., p. 536).

Rhusin, *Trillin*, *Lycopin*.—Dr. A. Stokes, in his analysis of Dr. Grover Coe's work on *Concentrated Organic Remedies*, notes, "Diabetes.—*Rhusin*, tonic and astringent, valuable; *Trillin*, tonic; *Lycopin* of remarkable efficacy, two to four grains ter die, regulate the bowels with *Hydrastin*, valuable" (*Br. J. Hom.*, xxii, p. 74).

Quinine arsenite also *Iodide of Potassium* recommended by Kafka (loc. cit. 2, p. 714).

"*Nux v.*, *Aco.*, *Sul.*, *Chin.*, *Bell.*, and some other remedies" of marked benefit, in a widow, aged 47, where fifteen pints, containing a pound of sugar, were passed daily. No symptoms given (Dr. Sharp, *Br. J. Hom.*, ix, p. 589).

MINERAL WATER.—The consensus of medical opinion is greater in favour of certain mineral waters than of any of the numerous drugs used in diabetes. The waters most in repute are those of Vichy and Carlsbad; the rationale of their beneficial action does not yet admit of any satisfactory explanation. The latter is to be preferred when there is evident hepatic derangement, or the patient gouty, and able to stand the aperient action which follows the use of Carlsbad, but not necessarily of Vichy water. These waters rarely bring about a radical cure, but they are very efficacious in modifying the disease, and moderating its course. Vals (Ardèche) in France, is recommended by some, as also Neuenahr, near Remagen, on the Rhine, but they have still their reputation to make.

Some mineral springs in the centre of France are strongly recommended by M. Gubler, especially for diabetics who are anæmic.* He names Rouzat (saline and ferruginous), Saint Maurice, Vic de Comte, Saint Nectaire

* *Lond. Med. Record*, 1874, p. 708.

(warm saline, and contains arsenic), but he gives the preference to La Bourboule, which is a warm saline spring containing more arsenic than any known mineral water. It has a reputation in skin and strumous conditions, is easily borne by weak stomachs, and is said to be very efficacious in "organic cachexias." It is about half an hour's drive from the famous springs of Mont Dore, which also contain arsenic.

When failure to correct the malassimilation of sugar arises, and this, unfortunately, is too often the case in confirmed diabetes, recourse must be had to such remedies as meet the general exhaustion, and the local injury to various organs.

DEBILITY may be met by *Phos.*, *Phos. ac.*, *Ars.*, *Chin.*, *Mosch.*, *Camph.*, *Picric ac.*; it is rarely benefited by alcoholic stimulants, especially in the last stages.

THIRST.—A feeling of thirst, dryness, and burning in the throat often seriously distress the patient, and being local manifestations of the general lack of fluids due to the increased secretion of kidneys they are difficult to relieve, but they are also partly due to the actual presence of sugar, for they are most intense an hour or two after meals, and may be present, as in Case No. 2 (p. 57), with low specific gravity and scanty urine, the sugar accumulating in the blood instead of being eliminated by the kidneys. *Acon.* was useful in this condition; *Atropine* and *Ars.* may also be indicated; fomentations to the loins and a free use of diluents. The sense of thirst led Dr. Drysdale to prescribe *Atropine* in the cases reported (p. 360). Remarkable dryness of the mouth is a very distinctly marked action of this drug, and even a moderate dose renders the central part of tongue, the palate, and back of the œsophagus, as dry and glazed as paper. It also excites polyuria, and tenesmus of the urinary organs.

Digitalis may also be useful, and it bears in several points a resemblance to the general symptoms of diabetics. Dr. Lauder Brunton has observed that *Digitalis* causes thirst. When experimenting on himself with this drug, the excretion of urine was greatly increased on one occasion by

its use. Shortly afterwards intense thirst came on, which obliged him to drink more than his usual allowance.* Thirst is relieved by fatty foods, and liquids acidulated with *Carbonic acid* and lemon juice.

CONSTIPATION is very generally present, and its diminution invariably quickly follows the action of any remedy which tells on the saccharine assimilation; failing these, recourse may be had to *Nux, Op., Sul., Alumina*. Enemata are rarely useful. When the constipation proves obstinate, causing headache and hepatic disturbance, a mild aperient is required. Of these a small glass of *Friederichshall* or *Hunyadi János* water is most efficacious, giving relief to the whole system. It is a curious circumstance that no sugar is found in the solid fæces, only when there is diarrhœa.

LIVER.—This organ is very frequently affected functionally; organic changes rarely take place, except in the last stages of diabetes. The functional derangement is generally shown in diminished appearance of bile in the fæces, and this is a condition more difficult to relieve than when there is increased flow. In the former case *Dig., Kali bich., Mer. sol., Iod. m., Hep. s., Sul.*, are the most useful remedies; in the latter case *Euonymin, Iridin, Leptandrin, Podophyllin, Merc. corr., Iod. m., Nit. ac.*, are indicated. But there may be much liver disturbance without the bile secretion being apparently affected; it may fail in performing the important function of converting the albuminoid matter circulating through it into urea, a soluble product which can be readily excreted by the kidneys, and in lieu of this there is a deposit of lithates and insoluble lithic acid in the urine, the general disturbance expressing itself by headache, frontal, sometimes occipital, occasionally vertigo, languor, weariness in the limbs, uneasiness about liver or scapular regions, tongue large, furred, and often indented at sides, loss of appetite, flatulence, great depression and irritability of temper, constipation, with dark or pale motions, or normal colour, sometimes alternating with diarrhœa, intermitting pulse, and palpitation of heart. For such a

* Article on "Diabetes," in *Reynolds' System of Medicine*, 1879, vol. v, p. 388.

state the best remedies are *Nux*, *Lyc.*, *Nit. ac.*, *Merc. corr.*, *Iod. m.*, *Chelid.* The effect of these is sometimes better marked after one or two doses of such remedies as *Euon.*, *Lept.*, *Irid.*, *Pod.*, given in doses from a tenth to half a grain, so as to secure their physiological action.

Rheum is also a remedy homœopathic to much of this condition, but its efficacy is best shown when given in a dose sufficient to act slightly on the bowels; it then can, with advantage, be followed up by *Nux*, *Strychnia*, or *Nit. ac.* This hepatic condition is often attended by chronic catarrh of the fauces, indicating *Kali bich.*, *Nit. ac.*, *Iod. m.*, *Hep. s.* Dr. Sharp has found *Chamomilla* useful in two diabetic cases with hepatic symptoms.*

Ammonium muriaticum (*Chloride of Ammonium*) is a remedy which is so useful in functional derangement of the liver attended especially by lithæmia, and when the catarrh of the fauces extends to the stomach, that it is strange it is so little used by the homœopathic school. Noack and Trinks, in their *Arzneimitellehre* (p. 47) give a long list of diseases in which it is used by the old school, so corresponding with its employment by the homœopathic school that they may well remark: "Is not all this homœopathic doctrine and practice?" Great thirst is a marked symptom, also increased excretion of urine, especially at night. Urea is always excreted in abnormally large amounts by diabetics, and, according to Boecker's experiments, *Chloride of ammonium* increases the nitrogenous solids of the urine; the mean daily increase he found to be not less than seventy-four grains.†

Liver disturbance is also frequently present in the gouty diabetic patient, and probably is an important factor in producing gout. With manifestations of gout this hepatic disturbance requires *Colch.*, *Nux v.*, *Kal. iod.*; all of these, especially the first and the last, act better in tangible doses. *Kal. iod.* is also indicated when there is suspicion of a syphilitic taint. Kafka (*Therapie*, vol. ii, p. 709) quotes Professor Jaksch, who is of opinion that diabetes often depends on inherited or latent syphilis.

* *Essays on Medicine*, p. 791.

† *Purkes on the Urine*, p. 165.

URINARY AND SEXUAL ORGANS.—The secretion of urine is sometimes much and rapidly diminished below the normal quantity, causing general disturbance from the non-elimination of sugar, and producing local distress in the form of strangury, with excessive itching of the labia, and sense of fulness in vagina. Remedies: *Acon.*, *Camph.*, *Tereb.*, *Canth.*, *Kal. b.* In an obstinate case of this kind, where diabetes had long existed, the writer found a wineglass of Hunyadi János gives very marked temporary relief.

Frequently eczema of the labia, attended with distressing itching is present; this irritation may extend down the thighs. Less frequently in men balanitis, phymosis, and paraphymosis are set up. These conditions are probably due to the local action of the sugar, and the existence of a peculiar fungus, but the sugar in the blood seems to have some specific irritation on these parts, for in Case No. 2 the labial and vaginal symptoms were always worst when the urine was almost suppressed, and the glycosuria ceased.

If the general specific remedies which give the greatest relief to the glycosuria cease to act, and under such circumstances *Ars.* is well indicated, recourse must be had to such local applications as borax, muriate of ammonia, chamomile tea, and glycerine with almond emulsion; this last has proved most useful in the writer's experience. The regular use of the catheter with females is reported to have diminished the distressing irritation.

LUNGS.—Not unfrequently chronic pneumonia leading to phthisis appears in confirmed diabetes. That the lungs at last become involved is not a matter of surprise, for in diabetes the respiratory power is early affected, the amount of carbonic acid excreted and of oxygen inhaled is less than usual; they lose the power which healthy persons possess of storing up oxygen in the body during the night for utilisation during the day.

Remedies: *Phos.*, *Ars.*, *Iod.*, *Hep. s.*

NERVOUS SYSTEM.—There is an increasing opinion that some kind of textural change in the brain stands at the foundation of diabetes, especially occurring in the young, though such may not so often be the case when this disease

affects those past middle life. There is also a connection, due to hereditary predisposition, between diabetes and diseases of the nervous system, particularly epilepsy and mental affections. Pathological anatomy shows sometimes the medulla oblongata affected by degeneration, sometimes by inflammatory softening, sometimes by the pressure of a tumour. Are such conditions always the exciting cause, or are they the results? Dickinson noticed dilatation of the arteries, and perivascular spaces to be so frequent that he considers this condition to be peculiar to diabetes; as also the same state in the spinal cord, the substance sometimes hardened, sometimes softened. But the constancy of their appearance is disputed.*

The presence of such states if established indicates for the cerebral class *Acon.*, *Atrop.*, *Phos.*, *Arg.*, *Aur.*, *Kal. iod.*, and for the spinal, *Nux v.*, *Ver.*, *Sil.*, *Phos.*

There is sometimes a partial cerebral congestion which may run on to apoplexy. Remedies: *Acon.*, *Atrop.*, *Op.*, *Nitrite of Amyl*; or it may take a form of coma peculiar to the diabetic, which from the theory that it is due to acetone in the blood, of which there is no evidence, has been styled acetonæmia. It may occur, as in Case No. 2 (p. 59), without any assignable cause; in others it is generally agitation or over-exertion which excites these fatal symptoms. If the attack comes on slowly as in Case No. 2, the remedies indicated are *Morphia* or *Atrop.*; if in a rapid form, then either *Nitrite of Amyl* in inhalation or stimulating doses of either *Carbonate of Ammonia* or *Moschus* dissolved in ether suggest themselves as possible remedies.

FURUNCLES, and CARBUNCLES. The former occur in all the stages of diabetes, the latter are generally confined to the confirmed cases where the disease has told on the constitution, and in these circumstances they are often the cause of death. The simple furunculus requires little interference; *Arnica* or *Phos.* internally, with poultices, followed by application of pitch plaster. Carbuncle is a much more serious condition. *Arnica* and *Arsenicum* have

* Drs. Taylor and Goodhart on the "Nervous System in Diabetes," *Guy's Hosp. Reports*, 1877.

been recommended, but in the writer's experience they have not modified the course, though the latter may diminish the exhaustion which attends the sloughing stage. *Silica* and *Hepar s.* are supposed to exercise a useful influence in the suppurative stage. The experience, already quoted, of Dr. Battye of the beneficial action of the former in diabetes gives it a further claim when carbuncle is forming. The action of *Hepar* is increased by its free local application.

Dr. Thomas, in an interesting report of four cases of diabetes occurring in connection with the gouty diathesis, corpulency, and carbuncular inflammation, writes: "I would here remark, before passing on, that I do not advocate the indiscriminate use of the knife in carbuncles. I have treated many by incision, and they have all done well; on the other hand, I have also treated a few with medicine and poultices &c., and so far these have done well. I am quite convinced that carbuncles, like all other diseases, vary much, and cannot be treated upon one invariable plan; but my rule would be to leave the carbuncle alone if I found the skin sloughing quickly, while on the other hand, if the tendency to spread was great, I should incise it." He also states that in one of the cases he tried the treatment of carbuncles with caustic, a mode recommended by Mr. Augustine Pritchard, of Bristol, as being both safer and quicker than any other. Dr. Thomas tried it upon three occurring in a stout corpulent diabetic, but in spite of it they spread rapidly, and each had to be crucially divided before it could be arrested. "The plan I adopted at last, and found most successful, was, when one was discovered, to divide it thoroughly, carrying the incision (as Mr. Syme so strongly insists) a little distance beyond the limits of the disease. I then plugged the wound with lint moistened with turpentine. This quickly set up healthy suppuration, and so destroyed the diseased action."*

* Since the above was in type I have received the following case from Dr. Dudgeon:—

A gentleman, æt. 59, who had long resided in India, but had been in Europe for the last ten or twelve years. He was subject to the recurrence of aguish symptoms, rigor followed by heat, on the occurrence of any acute affection, such as cold, dyspepsia, &c. In the beginning of July last he was

REVIEWS.

The Encyclopædia of Pure Materia Medica. A record of the positive effect of drugs upon the healthy human organism. Edited by T. F. ALLEN, A.M., M.D. Vol. IX. *Silicea—Thuja*. New York and Philadelphia: Boericke and Tafel. London: Turner, 170, Fleet Street.

THE present year is to witness the conclusion of Dr. Allen's great undertaking; and its penultimate volume has already been for some months in our hands. It reaches, as will be seen, to *Thuja*, whose exhaustive re-proving by seized with acute intercostal neuralgic pain, simulating pleurisy in the left side of the chest inferiorly. This, after a few days treatment with *Bry.*, subsided, and he went to Scotland for a change. When he left there was, and had been, nothing remarkable about the urinary organs, excepting occasional irritability of the bladder and the appearance of an increased quantity of vesical mucus. When in Scotland he wrote me that he felt extremely weak and prostrated, and that he had frequent desire to pass water, which came away in unusual quantity. At the same time he had vague and irregular aguish attacks. I urged his return home, and when he arrived I examined the urine, which was still passed in enormous quantity, the exact amount per diem was not ascertained, but the secretion was very large and frequent. He had to take a railway carriage compartment to himself coming from Scotland, as he was obliged to urinate so frequently, and at night he had to get up at least every hour to empty his bladder. I found the specific gravity only 1025, but the *Liq. pot.* test showed, by its deep brown colour, a considerable amount of sugar; no albumen or anything else abnormal in the urine. I prescribed appropriate diet and *Phos. ac.* ℞, two to four drops three times a day. Under this treatment the secretion of urine gradually diminished in quantity, and at the end of three weeks it was normal in amount, sp. gr. 1015, and not a trace of sugar could be discovered by the *Liq. pot.* test. I should mention that while the diabetic symptoms were present the thirst and the craving for food were very great, but these subsided with the diabetic symptoms, and his strength improved so much that he was at the end of three weeks able to resume his very active and responsible duties in connection with a most important Government office. Of course, sufficient time has not elapsed to enable me to decide if the cure is permanent, but at present (20th Sept.) he is apparently in perfect health.

the Austrian physicians is for the first time incorporated with Hahnemann's. The same is to be said of *Sulphur*, which has here a pathogenesis of 4085 symptoms. Of other new matter, we have for the first time a full collection of the toxic effects of *Strychnia*, *Tabacum*, *Terebinthina* and *Thea*; we have large additions to the pathogenesies of *Silicea* and of *Stramonium*; we have that of *Tarantula*, hitherto almost unavailable, and an excellent presentation of some of the old provings, as those of *Spigelia*, *Spongia*, *Stannum*, &c. Fuller information than ever is given as to the manner in which the experiments were conducted, so that we can tell precisely the value of each symptom; and for *Sulphur* we have the advantage of Dr. Dunham's verifications, as far as Hahnemann's symptoms extend.

Since the above was in type we have received the 10th and last vol. of the *Encyclopædia*. We propose to give an account of the entire work in our next number.

Essays on Ophthalmology. By GEORGE EDWARD WALKER, F.R.C.S., &c. London: Churchill, 1879.

THIS is a remarkable little volume, full of originality and displaying a thorough practical acquaintance with the subjects of which it treats, and which are handled by the author in an unconventional manner.

The main portion of the work is occupied with glaucoma and its treatment. The author says he never was enthusiastic about iridectomy as a remedial measure in acute glaucoma, for he is convinced that even where it seems to succeed at first the ultimate effect is often very disastrous, and vision is completely lost. Several such cases having occurred in his own practice he was induced to try Hancock's operation for dividing the ciliary muscle, but seeing serious objections to this method he devised an operation for cutting the ciliary muscle, which he calls "hyposcleral cyclotomy," and which is performed in this manner:—"The patient was fully etherised in a sitting position, then, the lids being

opened by the wire speculum, I pinched up the conjunctiva with toothed forceps slightly to the inner side of the vertical diameter below, and then thrust perpendicularly through the cornea, well within transparent tissue, a very narrow knife, edge upwards, exactly opposite to the point held by the forceps; then, depressing the handle so as to bring the knife-edge parallel to the curve of the tunics, I thrust it through the iris, and slowly withdrew it, cutting, as I did so, everything up to the sclerotic. I felt a distinct sensation as of cutting a gristly body as I made the return incision." (This he afterwards tells us was occasioned by the knife cutting through the fibres of the ciliary muscle, but surely any one who has dissected the eye must know that cutting through the extremely fine and soft fibres of the ciliary muscle could never have communicated the sensation of cutting through a "gristly body;" probably the ciliary processes were divided at the same time to cause this sensation.) "The pupil, up to this time of a medium size, dilated at once towards the wound, and then all round. Some aqueous and then a little blood followed the withdrawal of the knife, and the eye was then bound up." The operation was attended with complete success. The dull, heavy pain was at once relieved, and some smarting pain remained for a short time, soon followed by absolute ease.

This operation—if only equally successful, and the author asserts that it is much more so—is a decided improvement on iridectomy with its unsightly disfigurement of the eye.

The author gives a case (at p. 40) which seems to show that acute glaucoma may be produced by the instillation of *Atropine*, which may be a useful hint to us as showing that *Atropine* or *Belladonna* may be useful homœopathically in curing acute glaucoma; but we believe that the best results have hitherto been obtained by the frequent administration of *Aconite* in acute glaucoma. He is of opinion that chronic glaucoma may be cured by the frequent instillation of *Eserine* (the alkaloid of the *Calabar bean*). He accounts for this by the physiological fact that contraction of the ciliary muscles (which *Eserine* induces) is attended by an opening of the discharge pipes of the anterior

chamber, whereby the aqueous humour escapes and tension is relieved. The solution of *Eserine* he uses varies in strength from 1 grain to $\frac{1}{34}$ nd part of a grain to the ounce. He generally alternates the use of *Eserine* instillation with that of a 4-grain solution of *Strychnia sulphate*. The over-use of *Eserine*, he incidentally remarks, is capable of causing glaucoma, so that its curative effect may be an instance of homœopathic treatment.

Mr. Walker believes that accommodation for distance is not merely passive, depending on the elasticity of the capsule of the lens, as is generally held to be the case, but that it is owing to an active contraction of the radial fibres of the ciliary muscle, and hence must be esteemed a voluntary muscular action. He adduces some experiments made on his own eyes with *Daturine* and *Eserine* to prove this, but they are hardly sufficient to settle this question. He also believes that myopia is occasionally caused by spasm of the ciliary muscle, and that this form of myopia is readily relieved by instillation of atropine. He adduces several striking cases in corroboration of this view.

His next essay is on the differential diagnosis and treatment of exophthalmos of intra-cranial and intra-orbital origin, which is well worth attention, but as his conclusions are founded on the observations of two cases only, it would be premature to say that he has absolutely proved the correctness of his views.

The next essay is on that destructive ophthalmia known by the name of gonorrhœal, which includes many, if not all, of the virulent cases of ophthalmia neonatorum. He condemns the treatment by solutions of lead or lunar caustic, and, in fact, all the other methods in common use, which, he says, are all distinguished by their indifferent success, and he is satisfied that the application of *moist heat* is the most powerful agent for preventing and limiting this severe suppurative inflammation. Lint moistened with a lotion of sulphate of zinc (2 grs. to the oz.) is laid over the eyes and covered with gutta percha. By this means not only was the disease cured in the early stages, but cases in which the cornea was ulcerated and perforated were

cured and the sight of the eye saved. If further experience should corroborate the utility of this treatment it will be a great gain to practical medicine. We notice that in one case *Aconite* was used by the author, which, we should imagine, had something to do with this favourable result. This treatment he has found equally successful in the purulent ophthalmia of infants and in the gonorrhœal ophthalmia of adults. Mr. Walker does not seem to attach much importance to the *Sulphate of Zinc* in the lotion. He mainly insists on the wet lint being completely covered with the waterproof.

A favourite mode of treating neuro-retinal atrophy has been for some time back the administration of *nux vomica* or *strychnia* to the verge of tetanus. The results were not very encouraging. Our author has been more successful with the instillation of a neutral solution of *Sulphate of Strychnia* gr. iv to 1 oz., of distilled water. He mentions that a form of this disease is often occasioned by smoking strong tobacco. He also conceives that great loss of blood by profuse catamenia and flooding after labours is sometimes a cause of neuro-retinal atrophy in the offspring. All such cases are benefited by the instillation of *Strychnia*.

The last essay is on sympathetic ophthalmia, and the author is an advocate for early enucleation of the injured eye, though he confesses that there are some cases in which enucleation does not suffice, and where vigorous mercurial treatment is required in addition, and still other cases, where the sympathetically inflamed eye is not benefited by enucleation and subsequent mercurialisation, but where the inflammation once set up goes on until the vision is irreparably lost.

On the whole, we are much pleased with the essays, which will raise their author to the position of an original authority on some of the most serious diseases of the eye, and we are of opinion that the rational practitioner of whatever school may gain a great deal of instruction from them. It may be of advantage to us to adopt the author's method of applying ophthalmic remedies locally to the eye, and not confine ourselves to their administration by the mouth.

The local employment of *Eserine*, *Morphia* and *Strychnine* especially seem to have been singularly efficacious in the author's hands, and perhaps we might find that some of our remedies, such as *Gelseminum*, *Euphrasia*, *Ruta*, *Phosphorus*, &c., might also with advantage be used in the way of instillation, with more decided effects than we have hitherto obtained by their external exhibition.

OUR FOREIGN CONTEMPORARIES.

GERMANY.—*Allgemeine Homöopathische Zeitung*, vol. xcvii, No. 18 (continued from p. 309).—In 1871 a man consulted Dr. Hendrichs with lupus on the left side of the face, spreading over two thirds of the face. He treated him for a year with *Ars.* 30 and *Lyc.* 30 without the slightest benefit. The second year he gave *Ars.* 2 (one dose every night). This was continued with several intermissions, and the patient got 130 doses. The result was satisfactory, the lupus ceasing to spread and getting a better appearance. The patient was not contented, and gave up the treatment. He tried several other doctors, but the lupus continued to increase. In August, 1875, he came back to Hendrichs. By this time the disease had spread all over the left side of the face, and had eaten away the half of the ear. The back of the hand and a portion of the forearm were also affected. He now got *Ars.* 2, a dose twice daily. By September, 1878, the lupus was completely healed.

In No. 19 Dr. Dörr mentions that he had cured with *Arsen.* inwardly, and *Carbolic acid* externally, a case of lupus of the right side of the face.

Dr. Hendrichs found low dilutions of *Nux vom.*, 2 or 1, very efficacious in some severe cases of proctalgia. He also cured a bad case of eczema of the hands with *Rhus* 2, after an ineffectual employment of *Graph.*, *Carbo*, *Sulph.*, and *Rhus* itself in higher dilutions.

Dr. Nöthlichs found *Naphthalin* very efficacious in asthma.

In No. 21 Dr. Dörr relates a case of advanced locomotor ataxy with amblyopia amaurotica, which he cured in a few weeks with *Acid. picotoxicum* 8x.

Dr. Simrock mentions three cases of violent and troublesome chronic bronchial catarrh with cyanosis of the face, and complicated with eczema of the lips, to which, on account chiefly of the latter symptom, he gave *Ol. croton* 3x, with a perfectly successful result.

In No. 24 Dr. Sigmundt relates a case of very severe colic from renal calculus, descending through the urethra, cured by *Colocynth* 8, in a very short time. He was called to see the patient, a man aged 36, at 5 a.m. He found him suffering from horrible pains in the abdomen. The pain was shooting, involved the region of the flexura coli sinistri and spleen, and spread downwards to the bladder and rectum. There was ineffectual straining to urine and stool and empty eructations. The regions mentioned were very sensitive to pressure, and the abdomen was distended. The pains were constant but varied in degree; they sometimes came in paroxysms of intolerable agony. The patient could not lie in bed, but ran about the room groaning, bent double, the hands pressed on the abdomen. Skin cool, moist; pulse 80, weak. The previous day he had had three loose stools, and the pains had commenced about midnight, increasing gradually in violence. *Coloc.* 8, in half a pint of water, a mouthful every quarter of an hour. The first dose gave relief, he was soon able to lie in bed, and by 9 a.m. he was quite free from pain. In the course of the day he passed nine small stones, from the size of a pin's head to that of a pea. They were round, not quite smooth, of red colour and rather hard, but could be crushed. Their chemical composition was uric acid. During the next day four more stones were passed and a considerable quantity of gravel. Under the use of a diet chiefly of vegetable substances, and *Coccionella* the gravel gradually disappeared, and the urine became clear, and the patient was soon quite well.

Dr. Köck relates the case of a peasant woman who, three weeks after confinement, was terribly frightened by a fire

that broke out in a neighbouring house. She jumped out of bed, ran into the street in her night-dress, and the same night had a severe rigor, followed by heat, headache, and abdominal pains. Then she went raving mad, and talked constantly about fire, manifesting the utmost degree of terror. The physician in attendance advised her removal to an asylum, but her husband, not agreeing, sent for Köck. Remembering that Dr. Buchner had observed that "dreams with fear of fire" constantly occurred after the employment of *Aurum*, Köck gave *Aur. mur. nat.* 4, a dose night and morning, which speedily cured the woman. After this she, while apparently quite well, was subject to fits of laughing and almost ecstatic excitement and exhilaration. This lasted a considerable time and resisted all the remedies mentioned in the manuals for such symptoms. At last *Agar. musc.* 3 was given, which completely restored her to her normal condition of mind.

In the early numbers of vol. 98 there is a good proving of *Carduus Mariæ* by Dr. Buchmann, so well known by his masterly proving of *Chelidonium*. This new proving is a valuable addition to our *Materia Medica*, and we regret that it has not been incorporated in the supplement to vol. x of Allen's *Encyclopædia*.

In No. 6, vol. 98, there is a report of some of the cases treated in the New Children's Hospital of Vienna, endowed by the liberality of the late Dr. von Lebenswarth, whereby we perceive that this hospital has already begun to be of good service.

In No. 7 there is given an extract from the *Annual of the Barefooted or Lesser Brothers of the Order of St. Francis of Thann*, for the year 1517, which seems to show that diphtheria, which by many is held to be a new disease, was not unknown in ancient times, and that epidemics of it occurred which proved fatal to vast numbers. The passage, which we translate from the old German dialect, is as follows:—"About Lent there occurred in the land an unknown disease; the tongue and throat of the patients became white as if covered with mould; they could neither eat nor drink; this was accompanied by cruel

headache and pestilential fever, which deprived the patients of reason, and destroyed nearly 2000 persons in Basel alone in the space of eight months ; here and in Mülhausen, Altkirch, Ruffach, Gebwiler, Sulz, many died, also in the whole of Lower Elsass and Swabia. For a long time no remedy could be found for this malady ; at length it was discovered that he who would be cured must, in addition to other means employed by the physicians, have his mouth cleansed till blood came, every two hours, and then washed clean with honey, &c."

In No. 8 Dr. Pröll relates a case which he diagnosed as ulceration of the stomach. The patient was a widow lady, seventy-eight years old, who, though good-natured, was of a very fiery disposition, occasioned, as Dr. Pröll thinks, partly by her constant residence in the hottest part of the town, partly by her repeated over-indulgence in red wine, which in Nice is looked upon as an indispensable aid to digestion. When she began to have her catamenia, as they were for a few years scanty and painful, she was advised to take some allopathic secale powders for them, which brought on the most frightful metrorrhagia. Although she recovered from this, it left a weakness in the eyes, especially the right, and in the stomach. She complained of constant heat in both, and when the menopause came (she was never pregnant) she got cataract in the right eye and the commencement of cataract in the left, and she suffered constantly from rheumatic pains in the whole body and from continued heat in the stomach and bowels.

At the commencement of December, 1877, she determined to be no longer treated allopathically, so she sent for Dr. Pröll. He was told that her inflammation of the stomach had become so violent that the priest had been sent for to administer extreme unction. He found her in a horrible state of excitement, with a quantity of allopathic medicines on the table by her bedside, together with concentrated beef tea, pieces of half-raw beefsteak, and strong red wine, which she was taking to keep up her strength. But after every mouthful she swallowed she had indescribable burning pains in the stomach, with inclination to vomit,

and often vomiting up all she had taken, but no blood, only a few brown streaks. Every stool, which only occurred after repeated enemata, was very hard and extremely painful. *Status presens*: 1, amblyopia amaurotica, right eye occasionally very red, hot; 2, countenance deady pale (Hippocratic); 3, frequent severe vertigo and frontal pain; 4, tongue furred white, red at the tip; 5, constant eructation; 6, thirst not very great; 7, appetite not quite gone; 8, taste salt and sour; 9, lungs and heart sound; 10, in the whole epigastrium, especially in the scrobiculus cordis, constant aching and burning like fire, so that the bed clothes must often be renewed in order to cool her; 11, abdomen much distended, hot to the touch; 12, urine dark yellow, scanty, with sour reaction; 13, constipation, feet and legs cold; 14, pulse 100; 15, respiration accelerated. No emaciation since the end of October, when her present illness commenced. On the touch, in the region of the eighth, ninth, and tenth vertebræ, a constant aching burning pain. The disease commenced with frequent eructations, nausea, inclination to vomit, for which she had got purgatives, but as these weakened her, strengthening food was given. Attacks of retching came on every half hour and brought the patient to the last stage of weakness, almost syncope.

Dr. Pröll prescribed an exclusive milk diet, and water that had been boiled and cooled; nothing more. He would prescribe medicine next day. This prescription was declared to be impossible to be carried out, as she had not drunk milk for sixty years, and could not digest it. He insisted upon it, and the milk was given in very small quantities and was well borne. At the evening visit he found that she had taken repeated teaspoonfuls of milk, which seemed to relieve her, and the retching was rarer. No medicine was prescribed. The following night was rather restless, but every attack was allayed by milk, which was not vomited; only a few sour-smelling, slimy masses were ejected, but no more blood flakes. In the morning the pulse was 90. Less restless. She had taken two cupfuls of milk, and retained them. In the evening the pulse was 90. Vomit-

ing as before. On the third day she took two cupfuls of milk with dislike. Appetite returning, but the burning and tension in the abdomen, the anxiety before the vomiting, and the painful eructations continued. Prescribed *Carb.* v, 6x, 10 drops in 100 grammes of distilled water; 10 drops on the tongue alternately every two hours with milk, *i. e.* one hour milk, the next hour *Carb.* On the fourth day she had a quieter night. The burning less severe, abdomen less distended. Passage of flatus for the first time, which gave relief. Sickness as before. Stool still black, passed by means of enemata. Pulse 90. *Carb.* 10 was continued till the seventh day. After this no more sickness. Tongue clean, but very often burning pain, which on the ninth day became unusually severe, and was not allayed by *Carb.* Great thirst, but very little water suffices to quench it. Appetite gone. Secretion of saliva stopped. The fiery hot feeling continues, but is no longer relieved by throwing off the clothes. Milk is more grateful now warm than cold. The sickness and vomiting of slimy brownish flakes returned. She tossed about anxiously in bed, and this was followed by a kind of fainting or fear of death. Prescrip: *Arsenicum* 10, two drops every hour, whereon relief ensued; then every two hours, alternately with a cup of warm milk. This was continued for two days, and great improvement ensued. Now *Ars.* 20 was given three times a day, and the pains having returned on the fifteenth day *Ars.* 30 was prescribed, which in two days produced great improvement. The *Ars.* was now discontinued, and nothing but milk and water given, of which she drank a quart daily with relish. In spite of the manifest improvement she had frequently vertigo, and the heat of the abdomen continued, as also the burning pain in the stomach (pylorus) and back, for which *Ars.* no longer did good. There came now a general itching of the skin aggravated by scratching. Along with this there were always hard motions, mingled with coagula of blood, great weakness, greyish-blue coloration of the lips and gums, pulse hard, 100, sad disposition, the amblyopia increased almost to blindness, bluish swelling of the right nostril, and discharge of a brownish fluid. Intense thirst,

increase of the urine, and palpitation of the heart. For these symptoms *Arg. nit.* 10 was given every three hours. On this the pains began to diminish internally and gradually went away, also the dark colour of the mucous membranes and stools. After three days she got appetite for solid food, and toast and bread crusts soaked in milk were allowed and well borne. She also drank two quarts of milk per diem. She then got white fish, and afterwards farinaceous food. The *Arg.* was continued for several days in different dilutions. Eleven days after commencing the *Arg.* she could leave her bed. On the twenty-first day she could take ordinary mixed food (except soups and butcher's meat), her only drinks being milk and water. All the symptoms disappeared except the amblyopia, especially of the right eye. After two months she could eat all kinds of food, and even butcher's meat. Acids only were forbidden. Two years have now elapsed and this lady is now better than ever, with the exception of the amblyopia. She eats everything, drinks wine, and goes out every day for some hours. If she now experiences any heat of the stomach she takes a small dose of *Carbo. veg.*, and the heat at once goes off. She continues to drink milk with relish.

In No. 9 is an extract from the *Berliner Med. Wochenschr.*, vol. xv, No. 38, giving the experience of Dr. Bogomolow with regard to the efficacy of the ordinary black beetle (*Blatta orientalis*) in dropsy depending on heart and kidney affections. It diminished the dropsical swellings, increased the urine and eliminated the albumen, and increased the perspiration.

In No. 10 Dr. Crüwell relates two cases of chronic hoarseness cured by *Carbo. veg.* 12.

In No. 19 Dr. Crüwell relates the following case:—A girl, æt. 20, blonde, unmarried, being unable to obtain a situation as domestic servant, had remained at home for three months, during which time she occupied herself with needlework. On the 1st March she came into the doctor's house as housemaid. She was extremely thin and pale, and her eyes were conspicuously surrounded by red

borders. After a fortnight she sought advice for her eyes. Dr. Crüwell found the conjunctiva of the lower lid covered with pale, not very elevated, granulations, the left eye being the worst. He prescribed *Arsen. iod.* 6x, three times a day. In eight days the red edges and the granulations had quite disappeared, and they have not since returned.

In No. 22 Dr. Köck relates the following curious case:—A lady had for a fortnight suffered from a peculiar cough, for which she had tried various domestic remedies and taken *Spigelia* and *Nux vomica* without result. After every meal, while sitting in her chair, she was affected with palpitation of the heart, which was worse when she lay down on the sofa, when she was affected with cough. The palpitation and cough were ameliorated by rising up, sitting up erect, or on lying on something hard, *e. g.* when she placed beneath her back, two hands' breadths above the pelvis, a hard sofa pillow. The cough was dry, with a feeling of fulness in the upper part of chest, *i. e.* a hand's breadth below the clavicles. The palpitation was so violent that she felt like blows from the back to the sternum, whereupon she must cough. The feeling was like (as she expressed it) a locomotive ejecting its steam; this sensation came from the back, and when it occurred she must cough two or three times; if she suppressed the cough, the blows became more violent, so that she must now cough with increased violence, but the sensation often would go off without cough if she expired forcibly. This cough and palpitation lasted always an hour after eating, but it sometimes came on when she fasted too long, but this did not always happen. Percussion revealed nothing abnormal. When the stethoscope was applied to any part of the sternum the cough was immediately excited. The heart's sounds were stronger, and the beats quickened. In the upper part of the chest on both sides the breathing was much interrupted. There was no expectoration. The only cause that could be ascertained was perhaps catching cold, or carrying about a sick child. The woman was thirty-one years old, and the mother of four children. She had never previously suffered from affections of the respiratory organs, and all her functions were normal. Dr. Köck

prescribed *Calc. muriat.*, 4th trit., a small quantity on the tongue every three hours. On visiting her next day she had no cough after breakfast, and no sense of the inward blows. The medicine was continued in smaller doses every four hours. The following day he was informed that she was able to lie down after dinner without the recurrence of the former symptoms, and she never afterwards was troubled with them.

In No. 23 the editor has an article, in which he accounts for the insufficiency of the homœopathic chairs established in allopathic universities by pointing out that the lectures delivered were not made compulsory, that the opposition to them by the other members of the medical faculty is bitter and unceasing, that students are deterred from attending them by the fear of the examiners, who are all of the hostile camp, and that the wards of the hospital set apart for the demonstration of the results of homœopathic treatment and for clinical instruction are, by the intrigues of the allopaths, only supplied with incurable and hopeless cases. Hence it comes that the professors lecture to empty benches, and that homœopathy derives no advantage from the existence of these chairs, that have been forced on an unwilling faculty by the action of the Government. He says that the American plan of having complete medical schools, where all the branches of medical science are taught "in the light of homœopathy," is the only plan that can be successful, but that this plan is impossible to be adopted in Germany.

A notice is given in this journal of the new method of illuminating the interior of the bladder by electric light, the invention of Dr. Nitze, of Dresden, but the details of the method are not given.

Hirschel's Zeitschrift für homöopathische Klinik.—We resume our notice of this periodical with No. 7 of vol. xxiii (xxvii).

The editor, Dr. Lewi, relates a case of nephritis hæmorrhagica post scarlatinam. A boy, æt. 3, had been treated allopathically about four weeks previously for an eruptive disease, which was apparently scarlatina that had not had

a full development of the exanthem. There was a sort of miliary eruption in various parts of the body, the papules varying in size from an extreme minuteness to that of a millet-seed, some of them being seated on a slightly reddened base. The eruption is chiefly on the back, abdomen, chest, face, arms, and legs. The fingers show slight desquamation, as also the tip of the nose. Face, hands, and feet are œdematous, so also is the abdomen slightly. Percussion over the region of the bladder is extremely painful. The skin is white and moist. He has profuse sweats without relief. The temperature and pulse are slightly increased. Sleep disturbed. Excessive thirst after midnight. Frequent talking and screaming in sleep. He was subject to curious convulsive attacks, during which he frequently stood on his head. Tongue white, furred at the back. Appetite not bad, longing for pastry and apples. Stool constipated, only hard lumps coming away after straining. For half a year whenever he sat down to stool and passed anything he leapt up, as if mad, crying "it stinks, it stinks!" and cannot be soothed until the utensil is taken away. The urine is passed with great straining in drops; it was usually alkaline or neutral. In the forenoon it was of a blood colour, in the afternoon brown or even blackish in colour, and in spite of its alkalinity it contained a large quantity of uric acid sediment. The microscope showed a quantity of blood-corpuscles and granular and hyaline epithelial casts, with vesical mucus and a considerable quantity of albumen; this and the alkalinity were evidently owing to the admixture of blood. He was evidently suffering from hæmorrhagic parenchymatous nephritis, the consequence of abnormal scarlatina. After putting him on easily digestible nourishing diet, he got *Calc. carb.* 6, then *Puls.*, *Merc.*, *Ferrum*, and *Phosphorus*, all without result, for four weeks. During this time the desquamation increased. Then he was affected every morning with temporary blindness, which, however, lasted but a short time each day. He now got *Secale corn.* 3x, three times a day. Under this medicine the urine lost its bloody character and became acid; its colour also became

normal. The other symptoms also gradually disappeared, and in two months from the commencement of the treatment he was quite well.

In No. 11 Dr. Heyberger relates some cases of nævus:—
 1. A female infant, six weeks old, had on the right side of the upper lip a nævus that looked like a bruise. She was born with it, and it had increased considerably in size since her birth. It was of a bluish colour, the size of a scarlet bean, and projected like a nipple from the lip. Under the use of *Bellad.* 3 this swelling gradually subsided and ultimately disappeared. 2. This was a male infant, one and a half month old, who had on the right side of the chest a nævus of a violet-red colour. It occupied a fourth part of the side of the chest, was raised above the skin, and had an irregular surface. Under *Bell.* 3 it disappeared in a few weeks. 3. A female child, two months old, had a nævus on the left auricle. It was of a violet-red colour, the skin was hypertrophied and uneven, the blood-vessels small. This, too, disappeared in a short time under *Bell.* 3.

In No. 12 Dr. Hartlaub relates a case of severe stomach affection, which he diagnosed as carcinoma ventriculi, and which was cured with *Phos* 30, but the correctness of the diagnosis seems to us extremely doubtful.

Dr. Heyberger relates a case of hypertrophy of the heart in a boy, aged ten years, cured by *Iod.* 3 in about six months.

Dr. Goullon, *à propos* of a case of dysentery cured by *Carbolic acid*, shows the homœopathicity of the treatment by citations from the pathogenesis of this drug.

In No. 13 Dr. Lembke relates three cases of non-homœopathic cures. The first was that of a man, sixty-eight years old, who for several weeks had general dropsy. The limbs, face, and body were swollen. He could neither lie nor eat. He had cough and scanty urine. He had been treated allopathically without benefit. *Tartar. boraxat.* was first given, but did no good. After some days he got *Squilla* ϕ , 10 drops every two hours. This caused a great flow of urine, and in eight days all the dropsical swelling

had disappeared and the patient was quite well. The next case was that of a young woman who, in the third month after marriage, had a miscarriage. Hæmorrhage continued for three months afterwards, but she said nothing about it until her strength became so exhausted that she was attended for four months by two physicians, who gave her all sorts of remedies without stopping the discharge. At length, at the suggestion of a friend, an old woman was called in, who did nothing but rub her abdomen with her hands, whereupon the bleeding stopped and the menses returned regularly, and after this she had three children, and never had any more hæmorrhage. The third case was an old ship's captain, ninety years of age, whose limbs, face, body, and chest were dropsical, and he had a cough with mucous expectoration. He got *Ol. terebinth.* in doses of a teaspoonful. The water rapidly disappeared, the old man was restored to health, and lived three or four years afterwards, dying at last of old age.

In No 14 Dr. Goullon relates a case of chronic ulcer of the left side of the tongue with great pain, which was much aggravated by *Merc. sol.* 3, but was treated with *Apis* 4 alternately with *Silic.* 12, and latterly with *Silic.* alone, and was cured in a fortnight.

In No. 16 Dr. Goullon gives a couple of cases of gouty rheumatic pains in the joints, worse after resting, in which *Salicylic acid* was of benefit. He mentions that this remedy is often useful in cracking of the joints.

Among other cases related by Dr. Schelling we extract the following:—A woman, aged forty-nine, family living, strong and sanguine, was much reduced by care and sorrow. In July, 1869, she complained of pain in the stomach and precordium, nausea and weakness; then she got mucous diarrhoea with pinching in the abdomen, eructations, chills and heats, great thirst, and disturbed sleep. Then she became yellow all over, especially in the face and eyes. She got a variety of domestic remedies, but grew daily worse, and in four days she became so weak that she could not leave her bed; no appetite, food makes her sick, eructations, stomachache, motions white, urine icteric, breath-

ing oppressed, alternate chills and heats, sleep disturbed and unrefreshing. On the 25th of August she got *Acon.* 20 in the evening, and on the 26th *Arsen.* 40 every two hours. 27th.—More sleep, urine clearer, breathing anxious, weak. 29th.—Sleep still disturbed but more refreshing, some appetite, urine lighter; is out of bed; *Ars.* 40 every three hours. 1st Sept.—Appetite and sleep returned, urine normal, skin much less yellow, eyes clearer; *Ars.* and *Sulph.* 20. 6th.—Quite well.

In No. 17 Dr. Schelling relates several cures by *Colchicum*:—1. A stout man, 32 years old, was always well until autumn, when he got a chill when working hard on the railway. He had catarrh and cough, and thought he was cured after taking some domestic remedies, but thereafter he had frequent attacks of weakness, rigors, and pains in the limbs, especially in cold damp weather, with headache and vertigo. Whilst these symptoms got worse and better, he complained of pain in back and chest, with loss of appetite and feeling of fulness and pressure in the scrobiculus cordis. In December his sufferings increased greatly, and to these were added burning pains in stomach and chest, with drawing and shooting from the chest to the back, pinching in the abdomen, especially towards evening and into the night, with frequent urging to urinate; urine scanty and opaque yellow, passed with great scalding; rigor; cold feet prevent him sleeping till midnight; sleep uneasy and full of dreams. On the 15th December he got *Colch.* 5 three times a day. On the 17th much relieved, the burning in chest and shooting in back gone, the urine clearer and without urging, chills also less, sleep quieter. *Colch.* every three hours. On the 18th all right except the pressure in the scrobiculus cordis; *Colch.* The following day quite well.

2. A man, aged 69, very subject to affections of the stomach and bowels, affected with an inguinal hernia, had, while working in the fields in summer, complained for eight weeks of pain in back and sacrum, with frequent call to make water, which scalded. In July, in consequence of a chill, he got toothache in one eye-tooth, which, after eight

days, was relieved by warm fomentations, and ended in swelling of the cheek, whereupon the back and loin pains increased, and at the end of July extended to the chest. He got so bad that he was unable to walk or work on account of the pains, and sought advice. On the 7th of August the following symptoms were noticed :—Burning in stomach and chest; little appetite; pressure and tension after a little food; flatulent distension of the stomach, with pain in the scrobiculus cordis; frequent discharge of fetid flatus; frequent call to make water, with scanty discharge of burning urine, which is dark yellow and cloudy, depositing white flakes on standing. Day and night violent pains; tearing and shooting in the back, loins and sacrum, with twitching in the thighs down to the knees, especially on the right side. At night he can hardly find an easy position; sleep none, or only short and uneasy; at the same time he has constant rigors; cold extremities; face pale grey, the lips dry and bluish red. He got *Colch.* 5 every three hours. The following day he was relieved, the pains were better. On the third day he had no pain when reposing, only when going about; sleep quieter; urine copious, and passed without discomfort. The following day he went about his work without difficulty. No relapse occurred.

3. A girl of 18, in whom the menses had not yet appeared, suffered for several weeks in autumn from diarrhœa day and night, with rumbling in the bowels without pain, appetite good, but difficulty of going to sleep before midnight. She complained of constant ice-cold hands and feet; they did not get warm even in mild weather, and the hands got stiff, thin, and cold on walking in the open air and washing. She suffered much from chaps on the skin, and every winter from chilblains and cramp in the hands. She got one dose of *Colch.* 4. By this one dose she was cured of the cramp in the hands and the diarrhœa, but the coldness of the extremities returned.

In No. 18 Dr. Mossa relates a case of severe cardialgia in a young man, aged 20, which was worse when moving, better when lying and sitting, but sometimes went off when

he took violent exercise and got into perspiration. The pain was as if a stone lay in the stomach. His appetite was good, but the pain was excited by eating. He was soon cured by *Argent. nit.* 3, a dose four times a day.

Dr. Lewi relates, in No. 20, the following case of melancholia acuta, cum migratione nocturna et conatu suicidii. A girl, aged 18, of rather limited intelligence and of shy disposition, had already suffered for some years from attacks of melancholy. These attacks became very frequent. She was sent to be treated at the town hospital, but no good result followed; the attacks became more frequent and more violent. *Status præsens.*—She is apparently of good constitution, only rather pale. No derangement of any of the functions. Her father, who was a robust man, living in comfortable circumstances, had unexpectedly committed suicide. The present attack had already lasted four or five days. She is restless, does not sleep at night, but wanders about the house under the impression that she has committed some great crime, and that she is not worthy to live. During all this time she would neither eat nor drink. She must be constantly watched, for once she ran off to the police office to denounce herself as a criminal, and once she attempted to hang herself. She is always worst at night. To the doctor she accused herself of the supposed crime, and expressed her fears that she would be taken up by the police. She twisted her hands together, and continually changed her position. Her expression indicated the deepest grief. Two doses of *Nux vomica* were given without effect. She then got *Arsen.* 6x, two drops in water for a dose. The effect was marvellous. The first dose calmed her greatly, she passed a quiet night of refreshing sleep, and next morning she was quite well and spoke perfectly rationally. Four years have since elapsed, and she has remained well, without the slightest recurrence of the attacks.

In No 22 Dr. Lewi relates a severe case of ophthalmia scrofulosa after measles, with ulceration of the cornea, which was rapidly cured by *Hep. sulph.* 6x.

In No. 3 of vol. xxiv are two observations by Dr.

Heyberger on neuralgia cured by *Sepia* :—1. A woman, about forty, after getting wet while engaged in field labour, got joint rheumatism with pain, that lasted three days. Soon afterwards she got pains in the teeth, upper jaw, and temples of the left side, which gradually increased, and, especially at night, were of frightful intensity, remitting towards evening, the pains boring, shooting, and burning in character. *Arg. nitr.* did no good, but after a few doses of *Sepia* 3 the pains went off as if by magic. 2. A young lady, of twenty-one, after being heated, drove at night in a carriage, and did not notice that the windows were open, whereby she was chilled. Two days later she got violent, apparently rheumatic, pains in the teeth, that became intolerable at night. The pains spread from the teeth through the upper jaw and the temples of both sides, but were worst in the left side, and went to the top of the head and occiput. All sorts of domestic remedies were employed, and two carious teeth extracted without affecting the pain, which got worse. The doctors in attendance gave *Bark* in large doses, which caused the pains to increase enormously in intensity. She then sought the advice of Dr. Heyberger, who gave *Sepia* 3, after two doses of which the pain completely disappeared.

In No. 4 the editor commences a paper on the oriental bubo plague, which is continued through several numbers, and gives a tolerably complete account of this serious disease.

In the same number is a paper giving a series of experiments on the lower animals with *Carbolic acid*.

Dr. Mossa gives an account of Keppler's investigations respecting acute *Saponin* poisoning.

In No. 8 Dr. Pröll relates the following case :—A young lady of elegant appearance, apparently in the best of health, with all the functions in order, was affected with such a fetid breath that no one could come near her without disgust. As she was engaged to be married in three months she was very anxious to lose this disagreeable symptom. On examination the nasal and buccal mucous membrane was quite normal, her teeth were perfect, the tongue clean,

the stomach in good condition, no eructations, no cough. Percussion and auscultation showed that the lungs were all right, and yet the breath was horribly fetid. The eyes, nose, and lips showed a scrofulous type, and she had when a girl had enlarged cervical glands. She got *Aurum. muriat.* 10x, a dose every morning. After two weeks of this medicine the smell had nearly disappeared, and a fortnight later, when no more medicine was given, she had not the slightest remains of her disgusting affection. In three months she was a happy bride.

In our April number we made some progress in overtaking the arrears of American homœopathic journalism. On the present occasion we must begin with an attempt to do the same for France, Belgium, and Italy.

FRANCE.—Our last review of the periodical literature of this country (October, 1878) brought it down to June in last year. We have, therefore, more than a twelvemonth's way to make up; but, on the other hand, have only two journals of which to treat, as the *Bibliothèque Homœopathique* seems to have come to an end with the lamented decease of its editor, Dr. Pitet. At least, we have received no number of it since that October, 1878.

L'Art Médical, July, 1878—August, 1879.—This journal, too, has to lament the death of its *redacteur-en-chef*, but to it (though not indeed to homœopathy in France) the loss is merely nominal, as Dr. Davasse—the prey to a mortal malady—had long ceased to be able to discharge his office, and the *gérant responsable et actuel* has been Dr. Jousset. A tribute from his pen to his late colleague adorns the number for July in the present year. We translate its touching and dignified conclusion.

“And now that death has done its work, one can apply to Jules Davasse the ancient inscription which marks the entrance of a Roman cemetery: ‘Happy is the dead, since he is at rest.’ He is at rest from his labours, from the contradictions of his life, and the sufferings so long-drawn-out of his malady;* he is at rest with our master, J. P. Tessier.

* Dr. Davasse died of locomotor ataxy,

There he has rejoined Timbart, Escallier, Gabalda, J. Hélot, Milcent, Maillot, Champeaux, the first-fruits of that band of *internes* who, with the generosity of youth, sacrificed their future prospects in the hospitals to their attachment to that which they regarded as the truth in therapeutics, and also, it must be said (for the sentiment does them honour), to friendship for a master unjustly persecuted. Those who survive are old and wearied, but not discouraged; the thankless task they fulfil finds them day by day at the breach, and, although convinced that they are too old to assist at the triumph of therapeutic reform, of the advent of that triumph they do not doubt for a moment. And why should they doubt? The study now so general of the physiological action of medicines, the demonstration of the law of similars by the very writings of their adversaries, small doses replacing those of perturbing magnitude, the general proscription of polypharmacy, even the common use of granules—do not these constitute sufficient signs of the approaching triumph of the truth? Assuredly, we shall not have the satisfaction of seeing the victory, or of tasting the joy of those who triumph; but we are of a school where it is taught that 'he that planteth is nothing, and he that watereth is nothing, but God who giveth the increase.' And when we shall have rejoined J. Davasse in those high realms where reigns absolute truth, what to us will be the hurrahs of earthly success?

'As for you, ancient colleagues, who have had the weakness to join our persecutors, it is you who have to lament. The war you have waged against us is an unjust war, because we were not unknown to you. You lived in our intimacy during the happy days of our *internat*; you were our colleagues, and you have broken from that sacred fellowship which, despite your injurious doings, we have never forgotten. You know well that we are neither ignoramuses nor charlatans; our life has been honest, always open to your view; and yet you have associated yourselves with our persecutors; you have become the accomplices of those who have first deprived us of the possibility of cultivating the science which you know

we love by excluding us from the hospitals, and now refuse us the consideration which is due to every honourable practitioner of medicine.

“It is you, I repeat, who have to lament; and I hope that you may live long enough for the triumph of the therapeutic reforms to which we have sacrificed ourselves to make you exclaim: Well, after all, Davasse and his friends were in the right.”

The fourteen numbers of *L'Art Médical* now before us contain several fresh clinical lectures by Dr. Jousset, presenting all the excellences of the published series, to which we hope that they will some day form a companion volume. In them also is concluded the treatise of Dr. Frédault, *La cellule vivante et la théorie du protoplasma*, of which we spoke in our last notice. Dr. Frédault cannot accept the protoplasmic theory of life, and puts very forcibly the objection that it fails to account for the *morphology* of animated nature, the development and perpetuation of so many distinct specific forms. Dr. Ravel also continues to enrich the pages of this journal with his learned collections of testimony on points pathological and therapeutical; and Dr. Imbert-Gourbeyre maintains his corresponding fame as a pharmacologist by an article (May, 1879) on poisoning by arseniuretted hydrogen.

While every number of this ably conducted journal presents something to instruct and interest the actual reader, there are few points in the present series on which a survey such as ours can dwell. We would only note two—the articles by Dr. Claude in the May number on the treatment of nocturnal enuresis and of chemosis, and that by Dr. Cramoisy, in June, on the use of *Aconite* in cholera. Dr. Claude begins by speaking of the occasional value of *Belladonna* in the first-named complaint, relating two cases in which it proved successful in his hands, in the dilutions from the third to the thirtieth. He admits, however, that it often fails, and calls attention to the claims of *Equisetum* to greater confidence. He then adds to the observations previously published by him as to the efficacy of *Guaræa* in conjunctivitis, when chemosis occurs, two others not less

satisfactory. Here, too, it acted well in the 6th dilution, while in his former cases he had given the 1st decimal. Dr. Cramoisy furnishes some further evidence of the value of *Aconite* (given in the mother-tincture) in choleraic conditions. He justly takes credit for being the first to perceive the appropriateness of the remedy, and to apply it in practice in France; but he must not say, as he does, "before the application which I made of it in 1865, *Aconite* had never been given in cholera." The "numerous researches" by which he says he has satisfied himself of this have hardly extended to American homœopathic literature, or he would have found Dr. Hempel taking up the same position as that which he now holds in the epidemic of 1849.

Bulletin de la Société Médicale Homœopathique de France, July, 1878—July, 1879.—The numbers of this journal for August, September, and October, 1878, have failed to reach us, in spite of our reclamations; and those of June and August have not been received at our present writing (August 29th). The nine numbers before us maintain their wonted excellence, but present little to note or extract. We would call attention to a mistake made by Dr. Tessier in speaking (at p. 126 of the May number) of the treatment of plague. He refers to Hahnemann's pre-indication of the remedies for cholera, and gives them as having been *Cuprum*, *Veratrum*, *Arsenicum*, and *Camphor*. If he will refer to Hahnemann's writings on the subject, he will see that *Arsenicum* was not mentioned by him. At p. 728 of the same number, Dr. Jousset mentions that Hahnemann gives "gangrene" among the symptoms of *Belladonna*, and justly expresses doubt as to the correctness of the observation. He speaks of "deux paragraphes" as containing this symptom; we can only find one, S. 1268 of the pathogenesis in the third edition of the first volume of the *Materia Medica Pura*. This is indeed most erroneously cited from the author to whom it refers, as may be seen at p. 664 of vol. xxxi of our Journal. It should read—"death forthwith ensued, and a universal gangrene throughout the body, which in a short time became black throughout, and so flaccid, that the cuticle adhered to the surgeon's hands."

If Dr. Jousset will tell us where to find the second paragraph of which he speaks, we may be able to give him a similar explanation. The number is chiefly occupied with the essay of Dr. Espanet, on the reconstitution of the *Materia Medica*, which we have discussed in our last issue.

In the May number we read the following regrettable announcement:—"On the initiative of our colleague, Dr. Gonnard, the gathering"—the late Paris Congress—"moved by his persuasive eloquence, took a grand resolve; it named a commission for studying a plan whereby there should be a collective teaching of homœopathy at Paris. This commission has elaborated a well-defined scheme, formulated by the author of the proposal; it has been submitted to you with unanimous assent. Alas for the fate of mundane affairs! This ingenious conception has become abortive in the face of the impossibility of finding a neutral ground on which we could agree. What can you expect, gentlemen? We can easily decree teaching, but we cannot command harmony." It seems as difficult to agree about a School of Homœopathy in Paris as it has been here in London.

In the same number Dr. Gonnard relates a case of osteomalacia, occurring in a woman at the climacteric age, in which the progress of the disease has been entirely checked by *Phosphorus* and *Calcarea*, each in the 30th dilution, administered for six months, fortnight by fortnight, with a corresponding interval of repose between each alternation. At p. 39, last line of the text, "*acidum*" should read "*aurum*."

We will notice the July number when we have received its predecessor of June.

Bibliothèque Homœopathique, July—October, 1878.—In departing its life this journal has left us something to extract. The passage occurs in the August number, in the course of a lecture delivered (it does not say where or to whom) by Dr. Kruger. "I have myself observed certain effects of *Sepia*. I used the third trituration, *i.e.*, one containing the millionth part of the substance. I intermingled some doses of the 12th dilution, which represents a septillionth

part.* Now this minute fraction sensibly augmented the effects of the drug, which showed themselves in a peculiar fermentation of the blood, slight fever, disagreeable sense of nausea, ebullition in all the vessels, heat at the stomach and in the lungs, noises in the ears, troublesome dreams, determination of blood to the head. But the most remarkable effect was the being awakened with a start, by violent beatings of the heart, slow and regular, as in hypertrophy, felt strongly in the head, and producing a slight feeling of *anxietas*. After about a minute this ceased abruptly, and it felt as if the cardiac pulsations were entirely arrested. I anxiously sought to feel the heart beat at its normal place, and did not recover calmness until I had found it, or rather until it returned under my fingers. This was at 4.30 a.m. On that night I had taken a dose of *Sepia* 4, and had felt a contractive sensation in the forehead, followed by a peculiar itching. Next morning I discovered at the same spot an eruption of a vivid rose-red, formed of little round spots, circling like a crown the roots of the hair. At noon it was still there, on the right side. On the chest, where I had felt a similar itching, little yellow spots appeared. On another day I experienced persistent irritation at the nape of the neck, with a sensation to the touch as of the presence of small elevations.

“The itching was considerable, very different from that caused by insects, returning instantly after scratching. It seemed as if the fingers were unable to disperse the ebullition of blood accumulated at this point. It gave me the impression of an internal irritation without external cause. I experienced also at the apex of the chest slight drawing pains, which went immediately to the forehead, becoming there dull and pressive in character. Is there not something strange in this communication between the two sets of spots? The various sensations had quite an unwonted feeling to me, one at once lively and fugitive. I had never felt anything just like them. I could compare them to the effect produced by arrest of perspiration (*Sepia* is much

* We need hardly point out that Dr. Kruger's arithmetic is at fault, Hahnemann's 12th dilution is a quadrillionth.

employed for this accident). I experienced besides a great feebleness of the limbs when walking, and a general excess of moisture in the alimentary canal."

BELGIUM.—*L'Homœopathie Militante*, July, 1878—July, 1879.—This new journal, under the management of its active editor, Dr. Gailliard, continues to flourish, contributing much to our polemical literature, and somewhat to our practical. It is, we confess, a little too militant for our taste, but perhaps the circumstances of its country require that it should be so.

The collection of facts relating to the physiological action of *Quinine*, by Dr. Ch. de Moor, is continued throughout these numbers, and is of much value. Dr. Gailliard himself contributes to each some similarly obtained observations as to the pathogenetic action of various drugs; and the same indefatigable writer has once more gone at length into the question of the poison which was administered to Socrates, maintaining (with Dr. Imbert-Gourbeyre) that it was our *Conium maculatum*. Other communications of note are as follows.

In the August number, Dr. van den Berghe relates a case of chronic hydrocephalus, cured by *Calcarea* and *Sulphur*, in the 30th and 200th dilutions; and Dr. van den Heuvel has some practical observations as to the place of *Rhus* in typhoid fever. "During its march," he writes, "on the eighth, tenth, or twelfth day, in the midst of an abatement, there often supervenes an aggravation of the fever and of the general condition, nearly always accompanied with a liquid evacuation, fetid, but not very abundant. This means that erythema of the intestine has declared itself, and that from thence to ulcerations, to perforations, to adhesions, to intestinal hæmorrhages, there is but a step. This state of things occurs in nearly every typhoid fever. . . Those who have tried it are satisfied that a simple dose of *Rhus*, given at the moment when one suspects the presence of this intestinal erysipelas, nearly always arrests at once the *cortège* of accidents we have to dread, and permits the disorders to terminate in a happy convalescence on the eighteenth or twenty-first day."

In the September number Dr. Eenens communicates some cases, showing that the ancient repute of *Phellandrium* in pulmonary disease is not unwarranted, and can be sustained by its use in infinitesimal doses. He gave the 6th dilution.

In December we find a series of cases of cure of meningitis, by Dr. van den Berghe. He finds *Sulphur* the remedy for the dry form, *Graphites* for the humid.

In February, we find another incorrect account of Hahnemann's prescription of the homœopathic remedies for cholera. It is represented (by Dr. De Keersmaecker) as having been made in 1848, at Paris. Hahnemann died in 1843, and his recommendations about the treatment of cholera were written at Coethen in 1831.

In April we were startled to find the editor declaring that there were "*deux cent quatorze journaux de médecine homœopathique actuellement publiés*" in the United States. We give his own words, that we may not be representing him. For this astonishing statement he refers to the *United States Medical Investigator* for February 15th; but what is said there is "no less than 214 Homœopathic journals have been started in the United States." This is a very different thing from saying that that number are published at the present time. It would be more correct to set them down at eight.

The last three numbers reproduce at full length the essays of Drs. Espanet and Ozanam, on the reconstitution of the *Materia Medica* and on the acid diathesis respectively, which have appeared in the *Bulletin* of the French Society. We regret such wholesale transfers, when the language is the same, as they indispose the readers of one journal to take the other; and our aim should rather be to induce as many practitioners as possible to become acquainted with the periodical literature of their school, and so to give it the sustenance it so much needs. We cannot, moreover, approve of Dr. Gailliard's claiming (in July) that "if *Secale* causes uterine hæmorrhage it is solely because it can provoke such flux." He must know that the occurrence of metrorrhagia under the action of ergot is a very rare

phenomenon ; and that its power of checking hæmorrhage from the uterus is much more readily explained by the contracting influence it unquestionably exerts upon unstripped muscular fibre. There are, of course, cases to which *Secale* is homœopathic, and here it will act well in infinitesimal doses ; but these are correspondingly rare. Such excessive claims for our method weaken the real force of the evidence in its favour.

Revue Homœopathique Belge, July, 1878—July, 1879.—Contrary to the fears we expressed in our last notice, the *Revue* continues to flourish by the side of its rival. We hope it may long continue to do so.

The chief feature of the numbers before us is a study of the homœopathic treatment of constipation, by Dr. Bernard, which runs throughout them, and displays much erudition and industry. We hope it will appear in a separate form, as it deserves to do. Dr. Bernard also communicates (August 1878 and June 1879), some interesting reminiscences of a year spent by him in Paris, in 1860, during which he enjoyed much intercourse with the then luminaries of French homœopathy. From the January number we learn of the formation of a new society at Brussels, under the title of “ Association Centrale des Homœopathes Belges.” Why it should be required, seeing that a “ Société Homœopathique Belge “ already exists in that city, we can hardly see ; but our Flemish colleagues probably know best about their own affairs. The rivalry here does not seem due to the quarrel which has elsewhere divided homœopathists into two distinct camps—that between pure Hahnemannism and more liberal views of the system. From a paper read by Dr. Martiny, editor of the *Revue*, at the first meeting of the new society, we extract the following, which bears upon some questions recently discussed among ourselves :—“ We fear not the light, we earnestly ask for it ; we do not dread comparison : we wish that students of medicine should have an opportunity of learning our method ; but for this it is necessary that there should be professors who are *au courant* with its history and its literature, who have sufficient practical experience in it, and who have sounded the depths of the

numerous questions which belong to it. We do not wish that our *confrères* of the old school should believe us animated by the spirit of sect or system in that which we propose. If there are patients who wish to be treated homœopathically, they ought at least to be able to secure physicians acquainted with the method ; if there are students and practitioners of medicine who wish to practise homœopathy, they ought to have means of studying it. No faculty of medicine in this country will supply this supplementary teaching ; it is urgent to draw the attention of the Government to this deficiency, so lamentable from the point of view of a great number of our fellow-citizens. We do not hesitate to declare it ; the teaching of homœopathy ought to have a supplementary character. All those who are destined to practise homœopathically are also initiated in every branch of medical knowledge. The new system cannot have any influence on the sciences auxiliary to medicine, nor can it affect the teaching of mechanical surgery or of the obstetric art."

In the May number Dr. Loosvelt contributes another characteristic symptom of *Lycopodium*, which he thinks worthy to rank with the celebrated "fan-like motion of the *alæ nasi*." It is that the patient sleeps with the eyes half open. This is well known to be a phenomenon of serious import ; and if *Lycopodium* can improve the vital condition it indicates, another leaf will be added to the laurel-crown of that great medicine.

ITALY.—*Rivista Omiopatica*.—This journal continues to reach us, at somewhat irregular intervals. It is doubtless of value to the homœopathic practitioners of its country, but it presents little original matter which can be utilised as a contribution to the common stock of our literature.

AMERICA.—The journals of the United States were last surveyed by us in our April number ; but, as there mentioned, the notice was written for that of January, and does not therefore come down beyond November, 1878. Since that time, several changes have taken place in the periodical literature of the country. Of the journals we have previously had to notice, the *Ohio Medical and Surgical*

Reporter and the *California Medical Times* have ceased to appear. The *American Homœopathist* has dropped the final "ist" from its title, and is now published at New York ; while its place has been taken at Chicago by a new venture, the *Medical Counsellor*, which we have not yet seen. Two other accessories to our exchange list are the *Homœopathic News* and the *American Journal of Electrology and Neurology*. Of the former we have received two numbers, for July and August (1879) respectively, purporting to be the 94th and 95th of an old, the 46th and 47th of a new series. It is published at St. Louis, and edited by Dr. Goodman. Its chief occupation seems to be the giving a *résumé* of the other homœopathic journals of the English tongue. The second is a new undertaking, and is conducted by Dr. Butler, late medical officer to the Middletown Lunatic Asylum. Though Messrs. Boericke and Tafel are the publishers, and the contributors to the first number are all known as homœopaths, there is nothing to prevent the journal from becoming a neutral ground, where men of all schools can combine to relate their observations in the field which it cultivates.

Of the older journals, we hear of the continued existence of the *Cincinnati Medical Advance*, though we never see it. The rest continue to reach us, and we will begin—if we cannot finish—a notice of their salient points.

We are reluctantly compelled by want of space to leave our review of the American periodicals until our next number, where we hope we may be able to give them due attention.

MISCELLANEOUS.

Congress of British Homœopathic Practitioners.

THE Congress was held this year on the 11th September, at Great Malvern, and was attended by about forty practitioners. Dr. Richard Hughes was President, and commenced the proceedings by reading an address, which was attentively listened to. As our readers will have an opportunity of reading it in the columns of our monthly contemporary, we shall not attempt to give an abstract of it, further than to say that it was concerned with the present position and future prospects of homœopathy. After the address Dr. Herbert Nankivell read a paper on cases of consumption treated by *Arsenic*, *Hepar*, the Mineral Water of Eaux-Bonnes, and *Lachnanthes*, and on the influence of a winter residence at Davos on pulmonary disease. A discussion followed, the speakers being Dr. Holland, who mentioned several cases that had fallen under his own observation, which had derived much benefit from Dr. Nankivell's treatment at Bournemouth; Dr. Hayward, who objected to the treatment as being empirical, and the cases not fair specimens of homœopathic treatment; Dr. Pope, who differed from the author with respect to the value of Davos as a winter residence for consumptives; Mr. Stephens, who extolled the advantages of Cannes as a winter resort for consumptives; Dr. Pearce, and Dr. Drury, who mentioned that Colorado had a high reputation in phthisical cases. He stated that consumptives were benefited by a residence in moderately elevated localities, but that, if they went above a certain height, in place of deriving benefit they suffered injury. Dr. Nankivell replied to the objections of Dr. Hayward, and contended that his treatment was thoroughly homœopathic.

In the absence of Dr. Burnett, Dr. Pope read his paper "On the Revival and Further Development of Organopathy during the First Half of the Present Century," in which he gave an account of the peculiar system of Rademacher and his disciples. Some remarks on this subject followed from Dr. Dudgeon, who mentioned that

an account of Rademacher's system was given in an early volume of this Journal under the title of "The Modern Paracelsists;" from Dr. Hayward, who considered that Dr. Burnett's paper was just such an essay as was suited for a Homœopathic Congress, and Dr. Jagielski, who criticised severely the method of Rademacher.

The afternoon's sitting was occupied by a paper "On the Homœopathic Treatment of Internal Aneurism," by Dr. Flint, which gave rise to an animated discussion, and by a lively controversy respecting the recent action of the London School of Homœopathy in regard to the proposed recognition of the lectures of the University of London.

The place of meeting of the Congress for 1880 was fixed for Leeds, on the second Thursday of September, Dr. Yeldham being elected President.

A dinner at the Imperial Hotel concluded the proceedings of the Congress, at which numerous speeches were made and great harmony prevailed.

A printed letter was distributed to the members of the Congress, addressed to them by Dr. Hilbers, of Brighton. In this letter Dr. Hilbers regrets that, "owing to adverse circumstances," he is unable to be present, because he observes that "the principal subject of discussion is the present and future prospects of homœopathy," a subject on which he conceives himself capable of "throwing some light." Now, Dr. Hilbers is entirely mistaken in supposing that "the present and future prospects of homœopathy" were to be a principal subject of discussion, for the fact is the only allusion to the present state and future prospects of homœopathy was in the President's Address, which, according to invariable custom, is not a subject of discussion at all. Hence, the members of the Congress cannot too much congratulate themselves on the fact that "adverse circumstances" prevented Dr. Hilbers from coming to the Congress, for had he been present he would have found his mouth sealed as to the subject of the President's Address, and it is to his absence, regretted by himself, but rejoiced in by the members of Congress, that we are indebted for the valuable light he throws on the present and future of homœopathy. According to Dr. Hilbers, "the truth, the whole truth, and nothing but the truth" is that, in this country, homœopathy is at present "rapidly going to the dogs, and its future prospects are that, ere long, it will have gone to the dogs, unless something is done to

check its downward course." The cause of this downward course of homœopathy, Dr. Hilbers asserts, is neglect of the teaching of Hahnemann. Our hold on public confidence is thereby "shaken and this, alas!" he wails, "is not only true as regards our skill, but as regards our *integrity* (sic) also." Now, Dr. Hilbers may be, and no doubt is, very attentive to his p's and q's, but it is evident, from the peculiar orthography of the word we have italicised, that he is not sufficiently careful about his r's, which he intrudes into unauthorised places. Dr. Hilbers thinks that the downward course of homœopathy may be checked by more careful study of the *Materia Medica*, but at the same time he inveighs against the only complete *Materia Medica* we possess, viz. Allen's *Encyclopædia*; and he refers, in terms of adulation, to (besides Hahnemann's works) "Curie's *Epitome of Jahr*, a most excellent work, now almost forgotten, Noack and Trink's *Handbuch*, Ruckert's *Darstellung*, and Boeninghausen's *Manual of Therapeutics*."

As *Jahr's Manual* has always seemed to us a most confused and confusing jumble of all sorts of symptoms, pathogenetic and clinical, without any indication as to their sources, we would be sorry to allow that Curie's epitome of this wretched patchwork was "a most excellent work," and are glad to know that it is "now almost forgotten." We should have thought that an author who is so zealous in recommending the two German works mentioned might have known that the name of the chief author of the *Handbuch* is "Trinks" and not "Trink," and that the author of the *Darstellung* is "Rückert" not "Ruckert." But, though homœopathy is "going to the dogs," Dr. Hilbers is able to discern "one bright spot on the homœopathic horizon," and that is "the course of lectures which Dr. Dyce Brown is delivering in London." To be sure Dr. Hilbers has not heard any of them, but he has heard "from those who are fully competent to form an opinion that they are as excellent in execution as they are admirable in conception." Surely Dr. Hilbers's admission that there are some persons "fully competent to form an opinion" on the excellence of Dr. Dyce Brown's lectures is another "bright spot on the homœopathic horizon," for, judging from previous utterances of Dr. Hilbers, we had come to the desolating conclusion that there was but one person in this country fully competent to form an opinion on any point connected with homœopathy, and that was Dr. Hilbers himself. How many such fully competent men there may be we know not,

but surely the existence of even two or three such competent men, may serve, if not to prevent, at least to retard, the downward course of homœopathy "to the dogs." If homœopathy must eventually go to the dogs, perhaps, on the whole, it is more satisfactory that it should go to these intelligent animals than be monopolised by other less intelligent creatures, who are fully competent to write down their name without the aid of a literary Sexton.

Now, as is well known, Dr. Brown argues for the homœopathic action of blisters, and prescribes mustard and iodine as external homœopathic applications, besides advocating the application of nitrate of Silver to an ulcerated os uteri, and swabbing the diseased part in follicular pharyngitis with a solution of nitrate of silver, gr. xx, ad ʒj; and he says, "We charge our opponents with prejudice, but we forget that we ourselves may be equally prejudiced, and for fear of using what seems to savour of allopathy, we may neglect to use what may sometimes be of benefit to our patients." As, according to Dr. Hilbers, Dr. Brown's teachings are the "one bright spot on the homœopathic horizon," perhaps he will find in these specimens no departure from the teachings of Hahnemann, and nothing resembling that "homœopathised allopathy," or "allopathised homœopathy," so detested by himself.

Dr. Hilbers "fears that the remnant that is left of what was once the *British Journal of Homœopathy* may be sorely vexed with him" for having given us a bit of his mind ("*levavi animam meam*," he classically puts it). We, the remnant alluded to, hasten to calm Dr. Hilbers's apprehensions. So far from being vexed at what Dr. Hilbers has said, we are quite delighted with it, for had he refrained from writing this most instructive letter we might have been left completely in the dark as to the condition of homœopathy in the present and its prospects in the future; and how could we ever have known, except from Dr. Hilbers himself, that he is almost, if not quite, the sole representative of homœopathy in this country who abides by the teaching of Hahnemann and who considers Curie's *Epitome of Jahr* "a most excellent work?"

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Notes on the Position and Progress of Homœopathy in the United States. By A. C. POPE, M.D. London: Gould, 1879.

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St. Louis Clinical Record.

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The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

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The New England Medical Gazette.

El Criterio Medico.

L'Art Médical.

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Allgemeine homöopathische Zeitung.

The Homœopathic World.

The Homœopathic Times.

L'Homœopathie Militante.

The Organon.

The Medical Herald.

The Medical Record.

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The specimens of this disease were placed by Dr. Roupell in the Museum of St. Bartholomew's Hospital.

337. *New Sydenham Society's Publications*, 1864, vol. xxiii, pp. 409-11.

Abridgments of various reported cases. The originals should be examined.

1. Keber (*Caspar*, xxiii, p. 271; xxiv, p. 131) records ten cases. *Arsenic* was repeatedly given in small doses to a man and his wife, producing transitory irritant symptoms. After a time both had anæsthesia of hands and feet, so that pricking and pinching them produced no effect. Their limbs felt as if they did not belong to them. The man suffered from muscular weakness, finding it difficult to rise from his seat, and walking in a heavy clumsy manner, as if his feet were loaded with weights. The strength of his hands was also impaired. The muscular actions of the woman were less affected. *Schaper* has recorded similar symptoms as the result of *Arsenic*. In another case, a girl had vomiting and diarrhœa, but no pain. She was pregnant, and when the body was exhumed the fœtus was found lying between the thighs, with part of the membranes within the vagina. The duration of the mother's illness was fifty hours.

2. Casper (*Vierteljahrschrift*, xxiii, p. 193) alludes to a *doubtful* case, the prominent symptoms being headache and drowsiness, and gives some of the effects of *Arsenic*.

3. Köffler (*Allg. Wien. Med. Zeit.*, 1863, p. 93) records the poisoning of 138 persons. Many of them had a pustular eruption all over the body, but especially on face and neck.

338. *New Sydenham Society's Publications*, 1873, vol. lix, p. 463.

Vaudry says (Virchow and Hirsch's *Jahresber.*, 1871, p. 312) that *Arsenious acid* in doses of $\frac{1}{80}$ th to $\frac{1}{10}$ th grain, quickens and strengthens the pulse, facilitates respiration, improves appetite, aids digestion, increases all secretions except urine, imparts muscular activity and a general feeling of comfort, and causes an increase of weight. After it has been given some time the feeling of comfort disappears, but returns when the dose is increased by $\frac{1}{30}$ th to $\frac{1}{15}$ th grain. Doses of $\frac{1}{4}$ th to $\frac{1}{3}$ th grain cause disturbance of intestinal canal. In some persons even $\frac{1}{2}$ th

grain causes diarrhœa. Animals gradually acquire a tolerance of *Arsenic*.

339. *New Sydenham Society's Publications*, 1871, vol. 1, p. 414.

Dr. Du Vivier gave *Arsenic* to two women for psoriasis. Both aborted at seventh month of dead children (see *Annales de Dermatologie*, 1869).

340. *New Sydenham Society's Publications*, 1871, vol. 1, pp. 452-3.

Roth says (*Arch. f. Path. Anat.*, xlv, p. 499) that, while *Phosphorus* causes in stomach only ecchymoses and subsequent hæmorrhagic erosions as visible alterations, together with a sodden appearance of the mucous membrane and submucous tissues, appearances which must be regarded as the results of stagnation of the blood, and that whilst the same passive exudations of blood follow the subcutaneous injection of *Arsenious acid*, the internal administration of the latter, either when solid or in solution, or even of the metal *Arsenic* itself, invariably produces a truly inflammatory condition, and that this exhibits itself by results varying from simple capillary hyperæmia to diphtheritic exudation, with much sanguineous infiltration of the submucous tissues, followed by ulceration, these phenomena being exhibited chiefly in fundus and greater curvature of stomach. When solid *Arsenic* or *Arsenious acid* was given, these appearances were likewise met with in duodenum. A concentrated solution of *Arsenious acid* produced no visible effect when applied to the mucous membrane of stomach after death. Dr. C. E. C. Hoffmann, of Basle, relates (*Virchow's Archiv*, l, p. 455) three cases of *Arsenical* poisoning, in two of which the symptoms closely resembled those of cholera, and in both these a fungus was found in the intestines, exactly resembling in appearance that figured by Klobs as a cholera-fungus. Virchow noticed the same (*ibid.*, xlvii, p. 524).

341. *New Sydenham Society's Publications*, 1861, vol. x, pp. 441-9.

References to Schmidt and Bretschneider in *Moleschott*, vol. vi, p. 146, and *Canst.*, vol. v, p. 86; Schroff in *Wien Zeitschrift*, N. F., vol. ii, p. 44, and *Schmidt*, vol. 105, p. 176; Schmidt and Sturzwege in *Moleschott's Unters.*, vol. vi, p. 283, and *Schmidt*, vol. 105, p. 175; Keber and Hoogeweg in *Caspar*, vol. xv, part 2;

Maschka's *Medico-legal Contributions in Caspar*, vol. xv, part 1: Fasoli in *Compt. Rendus*, vol. li, p. 172; Chevalier in *Annales d'Hygiene*, vol. xii, p. 49; Oppenheimer in *Verh. d. Nat-med. Ver. zu Heidelberg*, vol. i, p. 220; Ziurek in *Froriep's Not.*, vol. iii, No. 10, and in *Pr. Ver. Ztg.*, N. F., vol. ii, p. 48; Sonnenkalb in *Deutsche Zeitschrift*, vol. xv., p. 94; Müller in *Wien Wochenschrift*, Nos. 18-21; Buchner in *Bayer Arztl. Intell. Blatt.*, No. 46, 1859; Fabian in *An. der. Chem. u. Pharm.*, vol. cxv, p. 102; Erdmann in *Journal für prakt. Chem.*, vol. lxxix, p. 121 (Abstract in *Journal de Pharm.* Jan., 1860); and Ziurek in *Polytechn. Journ.*, vol. clv, p. 465 (Abstract in the same).

Schmidt and Chomse say that the *Oxide of Kakodyl* causes increased action of heart, accelerated breathing, extreme muscular weakness, paralysis of iris, and stupor.

Lorinser gives several cases of poisoning by *Scheele's Green* in wall-paint, in *Wiener Med. Wochenschr.*, 1859, No. 43, 44.

The following is only an *abridgment* of some of the cases:

A woman, æt. 54, was affected at various periods with lancinating erratic pains in shoulder-joint and nucha, accompanied with fever. These increased from year to year till the winter of 1857—8, when she became languid, and lost flesh and appetite. She left town and got well. Towards the end of summer she returned. In November she was seized with violent fever, lancinating pains in head and shoulders, and subsequently profuse sweats, followed by disappearance of the fever. The lancinating pains diminished, but she had extremely painful sensations of irritation and distraction in head. These returned regularly every other night and lasted till morning, the attack always terminating in abundant sweating. The lancinating pains continued in shoulders, arms, and epigastrium, after the subsidence of the attack. There was complete anorexia, with clean tongue. The green paint was found to consist of *Arseniate* [? *Arsenite*.—E. W. B.] and *Acetate of Copper*. *Iodide of Potassium* was given, and *Arsenic* eliminated by the urine.

Another woman, æt. 17, had languor, anorexia, headache, loss of flesh (attributed to amenorrhœa). The languor increased, she became weaker, paler, and thinner, and, finally, lost her sleep, and had nausea and vomiting. She got well by removal from the room, and taking *Iodide of Potassium*.

A woman, æt. 45, had typhoid fever; in five weeks she was

convalescent, but did not recover strength. She had extreme anorexia, sleeplessness, excessive muscular weakness, but a clean tongue and natural pulse. This continued more than a month, and became aggravated by tremors of hands and racking pains in feet. She got rapidly better on removal from the room. *Arsenic* was found in urine. [Was the "typhoid" *Arsenical*?—E. W. B.]

A woman, *æ*t. 24, was similarly attacked with typhoid fever, after which she fell into a state of debility lasting two and a half years. The menses became irregular; she lost appetite, became sleepless, and complained of constant drumming in ears. She recovered immediately on leaving Vienna. On subsequently returning the old symptoms reappeared, accompanied with gastralgia, itching of skin, and occasional nausea and vomiting. *Arsenic* was found in the urine. The green was removed from the room, and she recovered rapidly. [Was the "typhoid" *Arsenical*?—E. W. B.]

342. *American Journal of Medical Sciences*, 1828, vol. ii, pp. 18, 19.

By Dr. Pennock.

Aug. 16th.—Introduced ten grains of pulverised *White Oxide of Arsenic* into the cellular tissue under the skin of the thigh of a large and a smaller dog. In forty minutes the smaller dog began to whine, gave some signs of pain, and had a considerable discharge of saliva.

The larger dog had no symptoms, so on Aug. 17th thirty grains more were inserted. In the course of a few hours it showed signs of pain, restlessness, intense thirst, and great muscular debility, especially of hind legs. The pain became more and more intense, and nausea, vomiting, and purging continued during night. On morning of 18th it died, twenty-three hours after second dose, and forty-eight from first.

Post mortem.—Mucous coat of stomach highly inflamed; subserous tissue of stomach and intestines congested with blood. Very dark blood in both ventricles of heart.

343. *American Journal of Medical Sciences*, 1829, vol. v, p. 237.

By Dr. Samuel Jackson.

Case of *supposed* poisoning by *Arsenic* [omitted as doubtful.—E. W. B.].

Dr. Male has frequently found rectum more inflamed than stomach in *Arsenic* poisoning ; Dr. Baillie found it mortified in several cases.

344. *American Journal of Medical Sciences*, 1831, vol. viii, p. 249.

Fristo's cases (from *Transactions Médicales*).

[These cases are somewhat differently given in No. 104 of *Pathogenetic Record*. The additional symptoms here given are, pains all over the body ; after death, bodies swelled and ecchymosed ; substance of brain inflamed, with a number of sanguinolent spots ; lungs hepatised and engorged.—E. W. B.].

345. *American Journal of Medical Sciences*, 1832, vol. xi, p. 61.

By Dr. H. Perrine.

September 20th.—Dr. Perrine mixed some *Peruvian Bark* in a glass in which 64 grains of *Arsenic* had been left, and drank all except what remained adhering to its internal surface, and then rode six or seven miles to see a patient. On the route he had sickness and uneasiness in stomach, which increased on his arrival, after unavailing efforts to sleep. He then caused vomiting by irritating throat with finger ; after this he had some partial slumber, which was interrupted by frightful dreams, accompanied with increasing uneasiness of stomach, severe pain in head, violent agitation of heart and arteries, and general tremor of the muscles. Four hours had thus passed, when he found he had taken *Arsenic*. This news excited a degree of mental power that apparently regulated and strengthened the hitherto unequal action of the vascular system. He then felt, or thought he felt, preternatural heat in stomach, and as the pulse had certainly become preternaturally strong, he had 40 oz. of blood abstracted, and in eight hours 24 oz. more. He repeatedly filled the stomach with warm milk and mucilaginous drinks, and immediately evacuated them with *Sulphate of Copper*. He took *Salts*, *Senna*, &c., but vomited them at once. After taking *Jalap* and *Rhubarb*, he took 210 grs. of *Calomel* in forty hours, with glysters, blisters, rubefacients, and warm baths. Pulse continued to increase in frequency during next two days till near midnight, when it apparently ceased. The coldness of extremities had by this time almost reached the trunk. During

several hours he was gasping for breath, and suffering all that mortal inquietude which generally denotes the near approach of death. He felt a sense of suffocation and weight on breast, and could barely whisper his desire to be placed in a hot bath. He fell asleep in the bath, was removed to bed, and sank into profound repose. He woke next day at dawn, at first doubtful of a change of existence, and next apprehensive of the occurrence of gangrene. He slowly passed his fingers to his wrist, and discovered perspiration, warmth, and pulsation; there was also a free discharge of saliva. He recovered.

346. *American Journal of Medical Science*, 1834, vol. xv, p. 259.

By Dr. W. G. Ramsay.

Twelve persons were seized with nausea and vomiting directly after dinner (2 p.m.) August 4th.

CASE 1.—Rosa P—, æt. 19, was seized with vomiting, retching, and burning sensation in stomach, directly after eating, followed by convulsions; pupils dilated; skin cool; pulse 120, small, quick, and irregular; when convulsions subsided, she had excruciating pains in head and stomach. An emetic of *Sulphate of Zinc* with warm water was given, which made her vomit freely; took white of eggs; sinapisms to legs; 12 oz. of blood from epigastrium by cupping; iced gum-water; ice to head.

At 8 p.m. has only vomited twice; skin not so cool; convulsions abated; stomach much easier; much determination to head; stupor. Continue gum-water and cold to head. Warm fomentations to epigastrium.

Aug. 5th, 6 a.m.—Slept well; skin warm; much headache; delirious; pupils dilated; intolerance of light; eyes suffused; pulse small and quick, 120. Took 6 oz. of blood from back of neck by cupping; cold to head, and warm fomentations as far as knees; *Castor oil*.

At 1 p.m.—Has been quiet; less pain; skin comfortable; brain symptoms much better; no stool. Ordered stimulating enema; continue applications.

At 8 p.m.—Drowsy, sleeps much with muttering; no stool. Ordered *Sulphate of Magnesia*.

6th, 8 a.m.—Did not sleep well; intellect confused; dull pain in head; the salts had operated, stool black and offensive; pulse

small and irregular, 112. Ordered twelve leeches to neck; blister between shoulders; continue the *Salts*.

At 2 p.m.—Much better; bowels well opened; intellect clear; pulse 100, regular. At 8 p.m. continues better; skin moist and comfortable; pupils natural; pulse 96. Next day, convalescent.

CASE 2.—Margaret P—, æt. 17, was seized immediately after eating with vomiting and burning pain in stomach, faintness, cool skin, pulse quick and small. Ordered emetic of *Sulphate of Zinc*; 12 oz. of blood from epigastrium by cupping; warm fomentations to epigastrium; iced gum-water.

5th, 7 a.m.—Has had a little sleep during night; much headache; bowels torpid; pulse 80. Ordered *Castor oil*.

6 p.m.—Feels much better; head relieved; bowels well opened, stools black and offensive.

6th.—Convalescent; swelling of face, especially eyelids; joints of fingers much swollen.

CASE 3.—Maria P—, æt. 6. Similar symptoms.

CASE 4.—Margaret W—, æt. 50, was severely attacked after eating with vomiting and purging; burning pain in stomach; constriction across chest; great arterial excitement; pulse slow, feeble, and irregular; difficult and painful urination; stools black and very offensive; burning pain at anus. Ordered warm water emetic; 6 oz. of blood from epigastrium by cups; 12 oz. from the arm; warm fomentations to epigastrium; iced gum-water.

5th, 7 a.m.—Had a little sleep; feels much better; much difficulty and pain in urinating; free discharge of blood from uterus during night, which she says is a return of the menses, though they had ceased for five years; it resembles the menstrual blood in appearance; vertigo and headache.

Ordered *Pulv. rhei* and *Cal. mag.*; fomentations to epigastrium and abdomen.

6th.—Rested well all night; feels much better; less burning on urinating; discharge continues, but in small quantities; head better.

7th.—Convalescent; slight discharge from uterus; swelling of face and joints.

CASE 5.—Louisa R—, æt. 40, was seized about an hour after eating with vomiting and violent retching; faintness; burning pain in stomach; pulse small and quick. She was relieved by an

emetic of *Zinc* with warm water. Warm fomentations to epigastrium; iced gum-water.

5th.—Rested badly; no pain, but great weakness; pulse very small and quick; three black and very offensive stools during the night. Ordered *Castor oil*.

6th.—Feels much better; pulse more natural.

7th.—Convalescent, but has troublesome palpitation.

CASE 6.—Ann B—, æt. 18, was seized directly after eating with vomiting and retching; faintness; burning pain in stomach; pulse small and quick; skin cool; much headache. Ordered 12 oz. of blood from epigastrium; emetic of *Zinc*; iced gum-water; warm fomentations to epigastrium.

5th.—Feels better; bowels torpid. Ordered *Castor oil*.

6th.—Convalescent; with swelling similar to the other cases, and also sore throat.

CASE 7.—Mary R—, æt. 15, had similar symptoms to Case 6; her convalescence was attended by the usual swelling.

CASE 8.—Agnes R—, æt. 12, said the soup had a bitter taste; quickly vomited it, and soon recovered.

CASE 9.—James R—, æt. 8, said the soup tasted bitter.

CASE 10.—Maria, æt. 5, had vomiting and retching immediately after eating the soup.

CASE 11.—Mary H—, æt. 35, was attacked directly after eating with vomiting and painful retching; burning pain in stomach; pulse weak, quick, and irregular. Ordered 6 oz. of blood from epigastrium; emetic; iced gum-water; fomentations to epigastrium.

5th.—Better; bowels torpid.

CASE 12.—Ann H—, æt. 4, was also attacked with retching and vomiting.

Buchmann says, in his work on poisons, that in many cases there are frequent, painful, and difficult urination; swelling of penis; pain in region of bladder; or pain of vagina, and excoriation of labia.

Dr. Ramsay adds that he has often seen the same swelling of the face and joints follow the continued use of *Fowler's Solution*. It was found that *Arsenic* had been placed in the soup.

Reference to paper by Bunsen and Berthold, read before the *Royal Academy of Sciences* at Paris. Also a case by Boulet in *Gaz. Méd. de Paris*.

348. *New Sydenham Society's Publications*, 1857, vol. xxxii, pp. 435-7.

Saikowsky's experiments *briefly* quoted from Virchow's *Archiv*, vol. xxxiv, p. 73.

Arsenious and *Arsenic acids* were given to animals in small doses, so that they lived from three to six days. The liver was always found considerably enlarged and very fatty; the fat was not diffused throughout the substance of the organ. In each acinus three zones were distinguishable—an external, pale red; a middle, dull yellow; a central zone, of comparatively trifling extent, and appearing as a reddish point. Microscopical examination showed that it was in the middle zone that the cells were enlarged and filled with fat-globules of various sizes. Kidneys were much enlarged, tubuli completely filled with fat-globules, and wherever the epithelium still existed its cells also were full of similar globules. Muscular fibres of heart and of diaphragm had also undergone a fatty change. The epithelial cells lining glands of gastric mucous membrane were often enlarged, and sometimes contained a quantity of fat. All these appearances were most marked after the *Arsenious acid*. When large doses (one and a half to three grains of *Arsenious acid*) were given to rabbits, so as to kill them in twenty to twenty-eight hours, the liver was found fatty, but the fat was diffused throughout substance of organ, so that the change was not so definite as in the more chronic cases.

Grohe and Mosler (*Virchow's Archiv*, vol. xxxiv, p. 208) report the following:—A boy, *æt.* 2, put into his mouth a piece of *green paint*, about 10 a.m. Within twenty minutes he vomited a very abundant green substance, in which *Arsenic* was detected. He became much collapsed, breathing rapid, pulse small, and not felt distinctly at wrist, abdomen distended. In afternoon, when reaction came on, region of stomach was tender, and pressure was followed by nausea and inclination to vomit; very restless; severe thirst; urine and stool passed involuntarily.

About 7 p.m. the collapse returned; afterwards he slightly improved, but died at 3 a.m., seventeen hours after taking the poison.

Post mortem.—In gastric glands were found changes which coincided perfectly with those observed by Virchow in cases of poisoning by *Phosphorus* (*Archiv fur Path. Anat. u. Phys.*, vol. xxxi, p. 399). The tubes in cortical substance of kidneys were opaque and finely granular, and their epithelial cells could not be isolated. A similar morbid condition existed in liver; the cells in periphery of lobules contained fatty granules, which were present only in small numbers in the cells lying nearer the intralobular veins. Muscular fibres of heart, especially of left ventricle, likewise granular, also soft, so that it was unusually difficult to isolate them. The degree of the granular change varied at different spots, so that every stage of it could be recognised. It was most intense in a patch of hyperæmia and ecchymosis which existed in the septum. At this point the fibres immediately beneath endocardium were completely broken down, and it appeared as if they had ruptured, for blood-corpuscles were observed mixed with the granular matter. In diaphragm there were similar changes, the muscular fibres being found in every stage of degeneration, from the slightest turbidity to complete breaking down of their structure. The fibres which were most altered were decidedly enlarged, being nearly twice their natural diameter. Very slight changes were also found in some fibres of pectoralis major, and adductors of thighs. Maschka's case mentioned, see *Vierteljahrschrift fur. ger. Med.*, N. F., ii, 1865, p. 51.

349. *New Sydenham Society's Publications*, 1869, vol. xliii, pp. 446-8.

Abstract of Kirchgässer's twenty-one cases of poisoning by *Green Wall-pigments*, in *Vierteljahrschrift fur gericht. u. offent. Med.*, vol. ix, p. 96.

General ill-health, faintness, loss of appetite, depression, irregularity of bowels, coldness of extremities, restless sleep with unpleasant dreams; patient appears as if in a consumption; skin discoloured, and becomes pale or a yellow clay colour, and then, in adults, brownish spots appear on face, and especially on forehead, temples, and cheeks; sometimes urticaria; in one case where there was a tendency to it, ecchymosis; hair of head falls off, but only in severe cases; in one case abnormalities of nails; when there is much feverishness there is absorption of fat, but where there is no pyrexia these deposits are left untouched, or there is even a

tendency to grow fat in parts, as in *Arsenic* eaters ; conjunctival catarrh and affections of eyelids are frequent ; mucous membrane of mouth either pale or red and inflamed, with increased flow of saliva, sometimes containing pus ; not unfrequently chronic inflammation of throat, dryness, tickling, and hawking up of viscid or purulent sputa, occasionally streaked with blood ; sometimes inflammation of pharyngeal mucous membrane, and diphtheritic symptoms, pain in swallowing, heartburn, sense of weight at stomach, eructations of odourless gases, nausea, vomiting ; appetite unaffected, diminished, or entirely lost ; colicky pains and loud rumblings in intestines ; of the abdominal organs liver is most affected, and sometimes there is slight jaundice ; in one case the internal organs underwent fatty degeneration ; kidneys undergo the same pathological change as liver ; painful urination is characteristic, though not always present ; in six cases out of eight examined, *Arsenic* was found in urine ; in one *Arsenic* was found in fæces eight weeks after the removal of the patient from the source of poisoning, but not in urine ; the female sexual organs are thrown into sympathetic irritation ; hoarseness and violent cough, most troublesome at night ; irritability and loss of memory, especially for recent events ; melancholy, and faintings, often intermittent, were notable symptoms ; quiverings of muscles, especially those of hands, face, and tongue, were prominent ; sometimes incomplete paralysis of extremities, preferably the lower ones, but the muscles remained susceptible to electricity ; disturbances of sensation usually slight, consisting of formication, numbness of hands and feet, in some cases diminution of sense of touch ; hearing often impaired ; frequent headache of the most varied situation and character ; sometimes so-called muscular rheumatism ; in mild cases no pyrexia, but in severer cases, where more *Arsenic* has been absorbed, there is fever, often intermittent (even though there may have been no exposure to malaria), speedy prostration of strength, and inflammation of different organs. The chief diagnostic signs of this poisoning are—weakness out of all proportions to the local lesions, cachectic appearance, and cold extremities ; brownish discolouration of face ; inflamed eyelids ; disturbances of mobility, especially in lower limbs ; a burning sensation during urination ; intermittent symptoms, and flying rheumatic pains.

M. A. Chevallier's cases in *Annales d'Hygiène*, vol. xxx, pp. 124, 423, referred to.

350. *New Sydenham Society's Publications*, 1865, vol. xiv, pp. 423-30.

Ollivier's case from *Gazette Méd. de Paris*, xviii, p. 704.

A young man inhaled *Arseniuretted hydrogen* during chemical experiments. He began to work at 7.30 a.m.; at 8.30 he had violent headache, which compelled him to open window, but he continued working till 10.30 a.m., when he breakfasted. An hour later headache increased, and pain at epigastrium came on, with vomiting of food. About 2 p.m. he was taken to hospital; face and lips pale, extremities cold, thirst, sense of constriction at the base of chest, intense frontal headache, and severe pain in loins. He took diuretics and a purgative, and at 10 p.m. was bled to 500 *grammes* with great relief. Urine abundant and red, free from blood. Next day still a little headache, but no lumbar pain, dull and slow in answering questions, passed no urine. Next day passed a small quantity of red urine, but on fourth day none. On fifth day much worse, could scarcely answer questions; tongue dry and brown, and protruded with difficulty; face yellowish brown; no urine; died at 6 p.m.

Post mortem.—Stomach contained greenish liquid, similar to that vomited; liver large and congested; spleen soft; kidneys large and congested, especially the tubules, in which the cells were granular and contained a few fatty globules; bladder contained some reddish urine.

Brisken's case abridged from *Caspar's Vierteljahrschrift*, xiv, p. 111.

Arsenic placed in vagina caused abortion, followed by much hæmorrhage. She afterwards had abdominal pains, vomiting, &c., and later cramps, cold sweats, and great depression. She died on eighteenth day after aborting; among later symptoms were delirium, and feeling of constriction in throat.

Maschka's cases in *Präg. Vierteljahrschrift*, 1864, i, p. 68, *briefly* quoted; loss of power and formication in both upper and lower limbs.

351. *American Journal of Medical Sciences*, 1835, vol. xvii, p. 501.

By Dr. Monod, from *Gaz. Méd. de Paris*, Aug. 22nd, 1835.

A man took $1\frac{1}{2}$ drachms of *White Arsenic*, and in half an hour *Hydrated Peroxide of Iron*. He had no violent colic, and twenty-four hours afterwards was nearly well.

352. *American Journal of Medical Sciences*, 1836, vol. xviii, p. 531.

By Dr. Jacob T. B. Skillmann.

Jane B—, æt. 21, took half an ounce of *Arsenic* April 26th, about twilight: it soon caused emesis and catharsis, which continued frequent during night.

April 27th, 8 a.m.—Pulse 140, and irregular; much pain in head, throat, and stomach; fauces much swollen and red; eyes considerably inflamed; frequent sighing; somewhat reduced and exhausted. Bled to twenty ounces; *Castor oil* and *Epsom salts* in soapsuds.

At 6 p.m. found she had rejected most of what she had taken, and the stool had been very scanty; pulse more frequent; more pain in stomach; continue medicine in smaller doses till bowels acted.

28th, 8 a.m.—Bowels had acted freely; stomach less irritable; more pain in throat, fauces, and stomach. Leeches to throat and stomach.

At 6 p.m. pulse more frequent; ash-coloured appearance of centre of tongue, edges much reddened by inflammation; much pain throughout system, with great and incessant itching of skin; some tenesmus and strangury. Ordered *Tartar emetic* and *Spirit. nit.*

29th, 8 a.m.—Somewhat better in every way; has eaten half a cracker. Dose of *Salts*, and continue *Antimony*.

At 6 p.m.—*Salts* had not operated; worse; continue *Salts* and *Antimony*.

30th, 8 a.m.—All symptoms better; has eaten a cracker; continue *Antimony*.

May 1st, 8 a.m.—Symptoms the same as yesterday; had had a very restless night; bowels acted freely.

2nd, 8 a.m.—Has had a comparatively comfortable night; tongue cleaning.

3rd, 8 a.m.—Still more comfortable; sits up part of day and seems convalescent. Only debility, and soreness of tongue; lower extremities somewhat œdematous; pulse frequent, but soft and elastic.

30th.—Well.

353. *American Journal of Medical Sciences*, 1839, vol. xxvi, p. 497.

Reference to Mackenzie's case in *Lancet*, Spaeth's case quoted from *Journal des Connaissances Méd.-Chir.*, March, 1840, and *Medicinisches Correspondenzblatt*.

A boy, æt. 3 years, took *Scheele's Green*. In half an hour he became pale, his countenance changed; violent vomiting soon came on, with diarrhœa, pain in abdomen, and burning thirst. *Peroxide of Iron* relieved in half an hour, and next day he was well.

354. *London Medical Gazette*, New Series, 1839-40, vol. i, p. 905.

By Mr. Benjamin Phillips.

Six drop doses of *Liquor Arsenicalis* has produced, in my practice, gastro-intestinal disturbance.

355. *Boston Medical and Surgical Journal*, 1836, vol. xiii, p. 334.

By T.

F. A. D—, æt. 23, took at 2 a.m. a powder, which was followed by vomiting in the course of half an hour; soon afterwards several dejections. Vomiting and purging at short intervals continued through the day. The evacuations consisted mostly of a serous fluid and bile. Quantity vomited during the day was reckoned at 6 or 8 quarts. In afternoon, on attempting to walk from one bed to another, he fell down senseless, was convulsed, had cramps in extremities, and was cold. At 7 p.m. he was as follows:—Extremities cold, bathed in sweat; skin blue and corrugated, feeling as if parboiled; no pulse perceptible at wrist; pulsation of carotids rapid and fluttering; eyeballs retracted in orbits; face livid; voice husky and guttural; extreme thirst; distress at epigastrium; frequent vomiting; his whole appearance was much like that of a person affected with malignant cholera.

Treatment had no effect. Cramps and coldness of extremities increased; vision failed; voice faltered; throat became dry; tongue swollen; hiccough; delirious; died next day at 3 a.m. He said he had taken about a teaspoonful of a yellow powder which he bought as *Calomel* and *Jalap*. He had the same symptoms which two others had who confessed that they had taken *Arsenic*, and whose bodies were examined after death.

356. *Boston Medical and Surgical Journal*, 1830, vol. ii, p. 748.

Case occurring in Worcester, England. [No reference given to *Journal* from whence copied.—E. W. B.]

A woman took $\frac{1}{4}$ oz. of *Arsenic* in gruel, and died in four hours. Internal surface of ventricular coats was highly vascular, and appeared to have been greatly inflamed.

357. *American Journal of Medical Sciences*, New Series, 1841, vol. ii, p. 513.

By Dr. C. H. Raymond.

Post mortem, after death from *Arsenic*.—Fluid in stomach and small intestines seemed to be a mixture of green bile and blood. Mucous membrane of stomach dark brown, between the colour of mahogany and chocolate. In several spots there were sloughs, and at their edges the mucous membrane was much thickened.

358. *British and Foreign Medico-Chirurgical Review*, 1870, vol. xlv, p. 538.

Reference made to pamphlet on *The Applicability of the Solution of Saccharine Oxide of Iron as an Antidote to Arsenical Poisoning*. By Dr. H. Köbler, Halle, 1869.

359. *Medical Times and Gazette*, 1873, vol. i, pp. 239, 274; 1872, vol. ii, p. 435.

Editorial.

Mary Ann Cotton poisoned three persons with *Arsenic*, the deaths being attributed to typhoid or gastric fever. Another victim, Charles L. Cotton, also died after five or six days' illness, with symptoms like those of his elder brother, viz. pain, vomiting, purging, and eventually collapse. In stomach and first eighteen or twenty inches of small intestine was red, patchy inflammation, the inflamed patches being covered with a thick layer of tough mucus. *Arsenic* was found in bodies of all four. Joseph Natras, æt. 35, one of those whose symptoms had been referred to gastric fever, had retching, with inability to vomit, for rather more than a fortnight before death. His stomach was found intensely inflamed over about three fifths of its surface, a deep red, darker in some places than others, containing bloody mucus. Duodenum highly inflamed, similar to stomach. Rectum inflamed, a bright red for about three inches of its lower part. Intestines contained a little mucus in their upper parts, and in their lower parts a bright-yellow substance.

360. *Medical Times and Gazette*, 1871, vol. i, p. 674.

By Dr. David B. Dalzell.

A man slept in an *Arsenically* papered room. The very first

night he felt much discomfort, his sleep being unrefreshing and disturbed by frightful dreams, and he rose in morning languid and weak, with much nausea and dull headache. Towards evening the symptoms abated considerably. The second night and day following the same symptoms occurred, with morning exacerbation and evening abatement. He now changed his room, and at once steadily recovered. A servant occupied the room, and immediately became affected in the same way. Another said she never could eat any breakfast when she slept there.

361. *Half-Yearly Abstract of the Medical Sciences*, 1871, vol. liii, p. 161.

By M. Blachiz, from *Gazette Hebdomadaire*, No. 8, 1871.

Arsenic causes slight sensation of heat at back of throat and along course of œsophagus, with sharper appetite and more active digestion. Sometimes with the heat there are nausea, diarrhœa, and colic. A rosy colouration of face is often observed. In medium doses it retards, and in poisonous doses accelerates, the pulse. One of the most constant results of *Arsenical* treatment is a very marked diminution in the quantity of urea eliminated; temperature is lowered; urine augmented; sometimes there is slight salivation, more frequently diarrhœa. In some cases there is produced a modification of the pigmentary material marked by brownish spots, which present [? persist, E. W. B.] for a long time. Urticaria and certain forms of eruption, including those of a pustular form, have also been observed; also swelling of eyelids and lachrymation. The liver, in cases of poisoning, undergoes a steatotic change. There is sometimes albuminuria.

362. *Boston Medical and Surgical Journal*, 1836, vol. xiii, p. 135.

By Dr. Robert C. Cumming.

A girl, æt. 14, took eight drops of *Fowler's Solution* three times a day, gradually increasing it to fifteen drops. It caused swelling of facial integuments.

363. *London Medical Gazette*, New Series, 1840—1, vol. ii, p. 739.

Dr. Watson says *Arsenic* causes salivation.

364. *Medico-Chirurgical Review*, 1844, vol. xl, p. 489.

Otto says (*Zeitschrift f. die gesammte Med.*) that *Arsenic* causes lowness and depression of spirits.

365. *American Journal of Medical Sciences*, New Series, 1843, vol. vi, p. 495.

Delafond's experiments on horses and dogs, *briefly* quoted from *Bulletin de l'Academie Royale de Médecine*. Experiments by Orfila, Flandin, and Danger quoted. The two latter state that the urine is suppressed in *Arsenical* poisoning, while the former denies it. Delafond says it is diminished, but not suppressed.

Five grammes of *Arsenic* in a litre of water were injected into the stomach of a bitch, which had been without food or drink for fifteen hours, and whose bladder was perfectly emptied, and the œsophagus tied. Death ensued in three hours and a few minutes. The mucous membrane of the bladder was an intense red, and contained one and a half decilitre of yellowish-red urine, in which there was *Arsenic*. These experiments verified an observation of Delafond, viz. the almost instantaneous production of false membranes, sometimes so compact that they may be removed in one piece, formed like a hollow cylinder, from the internal surface of the small intestines, in horses poisoned by *Arsenic*. This membranous concretion always occurs in less than two hours.

366. *American Journal of Medical Sciences*, New Series, 1843, vol. vi, p. 520.

By Dr. A. B. Shipman.

In 1838 a lunatic took a teaspoonful of *White Oxide of Arsenic* immediately after a hearty dinner, and washed it down with a draught of water. Within half an hour he vomited freely, and in the course of the day a diarrhœa set in, which lasted a day or two. He then informed his doctor, and expressed his regret and contrition. Within a week or two he was taken with severe pain in legs and arms, which he described as most excruciating, comparing it to the gnawing of rats or the boring of a gimlet into the bones; there was some swelling of legs and feet, but no unnatural heat. After the pain had lasted some days, a partial paralysis of the limbs was observed, which remained obstinate for months. *Strychnia* was finally given him for several weeks; the paralysis gradually left him, and he regained his health.

367. *American Journal of Medical Sciences*, New Series, 1847, vol. xiii, p. 219.

From *Gazette des Tribunaux*, August 9th and 10th, 1845.

A man and wife drank some wine containing *Arseniate of Potash*. In three hours the man had vomiting and general prostration of strength, succeeded by somnolency. In ten or eleven hours the wife had similar symptoms. Some of the wine was given to a dog, which died in four hours with vomiting and convulsions.

[From the subsequent remarks chattering of the teeth *seems* to have been a symptom of the case. The original must be examined.—E. W. B.]

368. *American Journal of Medical Sciences*, New Series, 1847, vol. xiii, p. 492.

By M. Lepage. Quoted from *Bulletin de l'Academie Royale de Médecine*.

At 11 p.m. a man named P. Delamotte took a large cupful of *Arsenic* dissolved in water. He vomited and purged repeatedly during the night.

Next day, at 6 a.m., he had a small irregular pulse; heat over the body; sense of constriction in throat; excessive thirst; horrible pain in stomach and bowels; urine scanty and high coloured; groaning incessantly. *Calcined Magnesia* was given, and he recovered. He probably took fifteen grammes of *Arsenic*.

369. *American Journal of Medical Sciences*, New Series, 1847, vol. xiv, p. 258.

From *Gazette des Tribunaux*, December 2nd, 1846.

A child, two days old, was poisoned by *Arsenic*. It was violently convulsed, and apparently suffering much; it had vomited the night after birth. It soon died. *Arsenic* was found in the body.

370. *American Journal of Medical Sciences*, New Series, 1848, vol. xvi, p. 121.

By Dr. Emory Bissel.

Peter G—, æt. 27, took nearly a scruple of *Arsenic* on the evening of March 4th. Two hours had elapsed when I heard of it, and I sent him thirty grains of *Sulphate of Zinc* to be taken in two doses. When I arrived, a distance of a mile, he had vomited freely twice, but without relief. The family had given him copious draughts of a weak infusion of *Tobacco*, which increased his

sufferings, so that he begged me to kill him if I could not relieve him else. His pulse was 130, small, and wiry. He complained of great constriction and dryness of fauces, but chiefly of a most agonising pain and burning in stomach, "as if it were filled with burning coals." As nearly three hours had elapsed I gave him the *Calcined Magnesia*.

During the hour which I remained with him his symptoms were rapidly becoming more unfavorable. The pulse was 150; the constriction and dryness of fauces extreme; the whole surface bedewed with sweat; the pain and burning in stomach seemed augmented to the highest possible degree, and the right hand was entirely paralysed; in short, everything betokened a speedy death. I left him at 10 p.m. Next morning he was much better, and had been much relieved five or ten minutes after the first dose of *Magnesia*. He complained of nothing except a general weakness, and a sort of faintness at the pit of the stomach. The right hand had recovered its power, and the pulse was 85. In a very few days he resumed his labour on a farm, feeling nothing except a muscular weakness of the legs, which was not very great.

371. *Provincial Medical and Surgical Journal*, 1842, vol. iv p. 119.

From *Oesterr. Med. Wochenschrift*.

Dr. Sigmund, of Vienna, has described a case of poisoning by strawberries, which had been kept for a few hours in a vessel coloured green. Three persons who ate them had nausea and vomiting, with considerable weakness, followed by burning heat at stomach. These symptoms lasted two or three days. *Arsenite of Copper* was found in the green colouring substance.

372. *Provincial Medical and Surgical Journal*, 1843, vol. vi, p. 385.

From *Gazette des Hôpitaux*.

Nine persons who were poisoned by *Arsenic* in food had vomiting, sense of suffocation, and pains in bowels. They recovered.

373. *Provincial Medical and Surgical Journal*, 1843, vol. vi p. 215.

By Dr. William Tomkins.

A man named Card applied a lotion, consisting of half an ounce of *Arsenic* to two quarts of water, to his thighs and scrotum for an eruption thereon. His brother gave evidence at the inquest that he applied the lotion on Tuesday and took two pills. The lotion gave him great pain, but he was not sick after the pills. On Wednesday evening he was very bad, complaining of heat and itching over his thighs. He had no rest the following night, and was in great pain, and continued much the same on Thursday. On Friday he was worse, and had a sort of fit. He applied no more lotion after Saturday evening. He continued to get worse from that time till he died on Wednesday at 2 a.m. On the Monday night preceding his death he was sick, and vomited, and was purged a good deal, and the sickness lasted till he took the medicine for it from Dr. Tomkins, who saw him on Tuesday. He had previously to using the lotion taken a tea of dock leaves and the middle bark of elm, pills, and used an ointment. On the Sunday before his death the scrotum was swollen. The vomiting commenced on Tuesday morning about 3 a.m., soon after taking some oil.

Dr. Tomkins gave evidence that he found the patient in bed and dying; the thighs swollen, especially the left. The scrotum, abdomen, face, and head were also much swollen. His tongue was dry, nearly black, and he had found great difficulty in swallowing. He was delirious, and incapable of answering any questions wholly except when roused; his eyes were suffused, and the pulse could not be felt at wrist.

374. *American Journal of Medical Sciences*, New Series, 1851, vol. xxi, p. 91.

By Dr. B. W. Robinson.

November 8th, 1849, at night, I was hurriedly summoned to see Mr. S—. I found him with a countenance evincing great anxiety and distress, surface cold, pulse extinct, breathing somewhat hurried, intense insupportable pain in epigastrium, and sense of sinking at præcordia. Dr. M— had seen the patient about 10 a.m. the same day, and was told he had been ill all the preceding night with nausea, vomiting, thirst, and pain at stomach-pit. These symptoms existed at Dr. M—'s visit; his pulse was rather small and feeble, and he vomited some mucous matters tinged with bile. After *Calomel* and *Opium* had several dark, fetid stools. A few

moments before he expired (which was in less than an hour after I saw him) he was raised to the sitting posture, and on being laid down gasped a few times.

Post mortem in thirty-eight hours.—Left lung collapsed. Stomach, duodenum, and some thirty inches of jejunum, showed very decided marks of inflammation. Larger intestines remarkably contracted and pale. Bladder contracted and empty. Stomach contained thirty to forty ounces of reddish-brown, bloody-looking fluid, with some semi-solid matters. Its inner aspect presented marks of a high degree of inflammation. There were numerous erosions of the villous coat, varying in size, the largest, situated near the cardiac orifice, being seven or eight lines in length by three to five in breadth, in and around which chiefly were patches of white agglutinated particles. A less intense, though very marked, redness pervaded that portion of the intestinal canal which had been removed, in which no erosions or ulcerations were detected. *Arsenic* was found in the body.

375. *American Journal of Medical Sciences*, New Series, 1852, vol. xxiv, p. 558.

From *Journal de Médecine et Chirurgie*, June, 1852.

Two young men took, at 11 p.m., for severe pain in the bowels, attributed to change of weather, some *Tartrate of Soda*, which was afterwards proved to contain an *Arsenical* salt. In about five minutes they were seized with violent cramps of the stomach. At about 5 a.m. their sufferings became so intense that they were obliged to cry out. One soon died, and the other remains in a dangerous state.

376. *American Journal of Medical Sciences*, New Series, 1854, vol. xxvii, p. 538.

From *Gazette des Hôpitaux*, December 31st, 1853; abridged from Chevallier's paper in *Journal de Chimie Médicale*.

A woman put *White Oxide of Arsenic* on the tip of her tongue. Soon followed pain and contracting of throat, so that she could not swallow.

377. *American Journal of Medical Sciences*, New Series, 1860, vol. xl, p. 110.

By Mr. M. Carey Lea.

A man told the writer that he never put up certain shades of green paper without swelling of nose, and often of the whole face. In a recent number of *London Chemical News* a case is related, and it is said that no one could have anything to do with that paper without irritation of the mucous membranes of throat and fauces. See also Graham-Otto's *Lehrbuch*, vol. iii.

378. *Narrative of the Efficacy of Bath Waters in Paralytic Affections.*

Published by the hospital, 1787.

A woman, æt. 26, took *Arsenic*, and had immediately thirst, violent pains in bowels, tremors, and convulsions, so that her death was expected for several days. After six weeks' suffering she was admitted into the hospital in the utmost state of weakness, not being able to walk, and having lost the use of her hands. This state lasted about fifteen months.

Two boys, æt. 9 and 13, ate, for three weeks, bread poisoned with *Arsenic*. The first symptom in them was violent retching and vomiting, with great soreness of stomach and belly, much thirst, and dryness of mouth. In three weeks after beginning the bread, the eldest began to lose the use of his limbs, a weakness and numbness beginning at the fingers and lower extremities and proceeding upwards. The numbed parts were very sore and painful. The younger began to be affected in the same manner in the course of a week. When taken into the hospital, the eldest was just able to walk. The younger was costive, and was totally unable to support himself.

379. *Provincial Medical and Surgical Journal*, 1843, vol v, p. 91.

By Mr. John Barrett.

The voice in cholera is called by Dr. Barry "the low whine like that of a dog dying from *Arsenic*."

380. *British and Foreign Medico-Chirurgical Review*, 1848, vol. i, p. 279.

By Orfila and Tardieu, from *Annales d'Hygiène Publique*, tom. xxxviii, pp. 390—412 (October No.).

Case of the murder of the Duchess de Praslin, and suicide of her husband.

On evening of August 18th the Duke was seized with vomiting, with very small pulse and great exhaustion. This state continued next day. On 20th Andral saw him. He found him better, his powers having rallied, and his voice became firm. But there was such extreme smallness of pulse that it could hardly be felt, while it was also irregular, and there was icy coldness of the extremities. In evening there was some reaction; the pulse became developed and regular but frequent, and the hands became warmer. On 21st he was removed to prison, and in the evening his pulse again became filiform and his extremities cold. There was great constriction of throat, intense thirst, and meteorism of abdomen. Little or no urine or stools were passed; no vomiting since 19th and 20th. Every symptom aggravated. Tongue and buccal mucous membrane intensely red, and a sense of burning extending from the mouth to anus. Pulse very frequent, sometimes weak, sometimes strong; two stools from enemata, and hardly any urine. From this time he gradually sank, and died on 24th.

Post mortem.—On inner surface of left ventricle were a large number of small hæmorrhagic spots, produced by the effusion of blood beneath the endocardial membrane, some of these penetrating into the fleshy substance of the heart. Within the large curvature of the stomach there were seven large black eschars. They were clearly defined by a yellowish-white border, the mucous membrane surrounding these being softened and of a deep red. The eschars did not involve the whole thickness of the walls of the stomach, and there was no perforation or ulceration. At the upper portion of the duodenum and lower portions of ileum the mucous membrane was found a deep red, inflammatory. Orfila says that such eschars do not result from the local action of the poison, for they appear in animals poisoned by introducing *Arsenic* into the subcutaneous cellular tissue of the thigh. *Arsenic* was found in the body.

On the second day he had frequent syncope, involuntary stools, feeble pulse, and excessive thirst.

381. *British and Foreign Medico-Chirurgical Review*, 1854, vol. xiv, pp. 546—9.

Case quoted from *Annales d'Hygiène*. [Omitted as doubtful.—E. W. B.]

M. Dieu's case in *Annales d'Hygiène*, April 1854, referred to. Dr. Caffé's case quoted. See below.

Case from *Caspar's Vierteljahrschrift*, April, 1854. On February 15th, 1842, E— was seized with pain in stomach, cramps, thirst, and vomiting, and died in evening of 17th. After ten years' interment, *Arsenic* was found in the body.

Case from *Journal de Chimie Médicale*, July, 1854.

An *Arsenical* plaster was applied to a chronic ulcer of the face. The same day he had general indisposition; next day severe headache, vomiting, and purging. After four days of suffering, he died. In the August No. of the same journal a similar case is reported.

382. *British and Foreign Medico-Chirurgical Review*, 1864, vol. xxxiii, p. 532.

Dr. Polli's case from *Annali di Chimica Applicata alla Medicina*, December, 1863.

A boy used *Tartar emetic* ointments for chronic bronchitis, which produced the characteristic pustular eruptions. A linseed-meal poultice was then applied, with a piece of muslin between it and the skin. In time he had symptoms not in accordance with the course of the disease. He had great prostration; pain sometimes in forehead, sometimes in nape of neck; and sense of dryness in fauces. Tongue was foul, lips dry, constant desire to urinate, with itching in urethra, discharge of very pale urine, and slight intermittent delirium. On second day, as he complained much of pain, Dr. Polli looked beneath the poultice, and found all the pustules empty, and exhibiting a little ulcer with a white base, as if a cautery had been applied. (*Tartar emetic* pustules leave black crusts). The muslin was green, and *Arsenic* was found in it in large quantities. On removing the muslin, the *Arsenical* symptoms quickly subsided.

383. *British and Foreign Medico-Chirurgical Review*, 1858, vol. xxii, pp. 518—22.

W. C. Jackson's case quoted. See below.

Dr. Edward Schaefer's case quoted from *Zeitschrift der k. k. Gesellschaft der Aerzte zu Wien*, March 8th, 1858.

A girl, æt. 14, took $\frac{1}{2}$ oz. of *Arsenite of Copper*. She was seized with severe symptoms, and in an hour and a half was brought to the hospital. On Dr. Schaefer's arrival, vomiting had set in; the vomit deposited a green sediment. She had sunken eyes, trembling of limbs, great thirst, burning sensation about throat, malaise; spat up mucus streaked with blood; gastric region tender, and touching it gave great

pain; pulse 132. Later, there was pain in calves. Vomiting was encouraged by warm water, and the *Hydrated Oxide of Iron* given, of which the first doses were vomited. After two hours she was no worse. As she had not urinated for four hours and a half, the urine was drawn off. Except headache, no other symptoms occurred on the first day. She gradually improved, and on the fourth day had regained her appetite, but on taking food she had a sensation of pressure in the region of stomach. She was dismissed cured on ninth day.

A woman æt. 35, was under the care of Professor Rzehaczek, for gangrene of left leg [? caused by *Arsenic*.—E. W. B.] She used to eat *Arsenic* every day. In consequence she had frequent vomiting and pain in abdomen. When she had taken *Arsenic* for two years, the vomiting became more frequent, and she wasted. She had a dry, hard, desquamating skin, and a remarkable wasting of the whole subcutaneous cellular tissue. The thigh was amputated on account of the gangrene of the leg; she had left off *Arsenic* eight or ten weeks previously. No *Arsenic* was found in the soft parts or bones of the leg.

384. *London Medical Gazette*, New Series, 1842-43, vol. ii, pp. 196, 238.

By Mr. John E. Erichsen.

Reference made to papers by Girdlestone, Bateman, Thomson, and Bielt.

Erichsen's remarks follow:—When *Arsenic* is given in medicinal doses one of the first constitutional symptoms produced by it is an acceleration of the heart's action; this, as Dr. Duffin has remarked, and as I have seen, sometimes becomes quickened after a few days by ten, twenty, or thirty beats per minute, the pulse also becoming hard and somewhat wiry. This acceleration is particularly observable in those of sanguineous or sanguineo-nervous temperament, in whom the heart's action is readily excited by physical exertion or mental emotion. In some cases before, but usually after, this acceleration, there appear evidences of irritation of the mucous membrane of the stomach; there will be more or less thirst; the tongue becomes coated towards centre and root, with red sides and tip; loss of appetite and sense of weight at epigastrium; about the same time there will be heaviness and pricking about the eyelids, with flashes of light before eyes when

closed, and after a time the eyelids become puffed and droop, giving the countenance a peculiarly melancholy and careworn appearance ; there will be more or less headache, chiefly over brows and lower part of forehead ; this headache is very often one of the first symptoms. There are very commonly confused and horrible dreams, especially in children. Girdlestone has remarked that in some cases the skin assumes a uniform lobster-red colour, that erysipelas comes on, or that phlyctenæ and pustules appear. I have frequently seen that the disease of the skin for which *Arsenic* is given, more particularly if it be chronic eczema, has evinced a decided tendency to increased action, the patches becoming red and irritable. If the *Arsenic* is still continued there results great irritation about the mucous membrane of the stomach and throat ; there will be nausea, vomiting, and total loss of appetite ; the headache increases in severity ; urine high coloured ; the countenance, which has become pale and sallow, will assume a remarkably sorrowful and anxious cast ; tremors of the limbs come on, with an occasional feeling of faintness, and the foundation of incurable and permanent disease may be laid in the digestive or nervous system. In some cases the first symptom is a degree of thirst and feeling of oppression about epigastrium ; in others pricking about eyelids and flashes of light before eyes ; in others, and this is very common, headache with disturbed dreams ; and usually antecedent to, or coincident with, any one of these symptoms acceleration of pulse.

A young lady took *Fowler's Solution* for psoriasis of the legs to such an extent that it caused excessive derangement of the stomach, followed by a violent neuralgic attack, together with, at a subsequent period, a distressing train of hysterical symptoms, which terminated in a state of dementia, which has now lasted nearly four years.

Arsenic is very badly borne by plethoric or highly sanguine or sanguineo-nervous persons. In these cases the pulse becomes rapidly accelerated ; irritation and even subacute inflammation of the gastric mucous membrane supervenes ; there is headache, and a sense of tension or weight in forehead, and the skin disease becomes aggravated.

Miss E. B—, æt. 22, took for an eczema of neck and head at first Donovan's solution of *Iodide of Mercury and Arsenic*, and, after an interval, two minims of *Fowler's Solution* twice a day,

Each caused headache and lassitude, with some thirst, and the eruption became more irritable, and spread to the back. The *Fowler's Solution* had been taken for four days when this occurred.

Sophia D—, æt. 23, took for pityriasis two minims of *Fowler's Solution* twice a day, with white precipitate ointment. On third day she had headache, chiefly frontal, thirst, languor, and loss of appetite.

385. *London Medical Gazette*, New Series, 1843-4, vol. ii, p. 187.

By Dr. Edward James Shearman.

I have given dogs and rabbits large doses of *Arsenious acid* in solution and powder, and immediately afterwards large doses of moist *Hydrated Peroxide of Iron*, and then killed them in a short time. The stomachs have shown minute patches of inflammation.

386. *Boston Medical and Surgical Journal*, 1837, vol. xvi, p. 99.

Mr. J. C. Bullock, a chemist of Penzance, Scotland, died with nervous and pulmonic symptoms from inhaling *Arseniuretted Hydrogen*.

387. *London Medical and Surgical Journal*, New Series, 1833, vol. iii, p. 74.

By Dr. Graves.

Arsenic causes sickness of stomach and headache.

388. *London Medical and Surgical Journal*, New Series, 1833, vol. iii, p. 216.

M. Furney, of Coligny, narrates a case very similar in all its symptoms to cholera, which he considers to have been caused by *Arsenic* thrown down a privy and evolving *Arseniuretted Hydrogen*. [No reference given for this case—E. W. B.]

389. *Pharmaceutical Journal*, 2nd Series, 1867, vol. viii, p. 420.

Cases of poisoning at Wrotham by *Arsenic* in flour referred to. No details given.

390. *London Medical and Surgical Journal* (Committee's edition), 1835, vol. vi, p. 418.

By Dr. Stokes.

In several cases where *Arsenic* has been employed in the cure of ague and other diseases, the patients, after their recovery, fell into a bad state of health, became weak, emaciated, and presented remarkable derangement of the digestive organs. Some of these persons sank in the course of a few years, others continued to drag on a miserable existence.

391. *London Medical and Surgical Journal* (Committee's edition), 1835, vol. vi, p. 669.

By Sir B. Brodie.

Arsenic causes pain and tormina in bowels. I know a lady in whom it generally causes a puffy œdema of the face.

392. *London Medical and Surgical Journal* (Committee's edition), 1835, vol. vi, p. 729.

Paper by Miguel and Loubeiren, from *Academie de Médecine*.

White Arsenic caused, in dogs, violent vomiting, copious purging, and dulness. [See original report, as this translation is only an abridgment—E. W. B.]

393. *London Medical and Surgical Journal* (Committee's edition), 1835, vol. vii, p. 358.

By Dr. Graves.

Paralysis often occurs from large doses of *Arsenic*. Orfila found it caused permanent paraplegia in dogs.

394. *London Medical and Surgical Journal* (Committee's edition), 1835, vol. vii, p. 519.

By Dr. Graves.

A girl took *Fowler's Solution* for psoriasis, beginning with three drops three times a day, and increasing first to five, then to seven drops, then she took ten drops three times a day; in a few days she had an attack of shivering, followed by symptoms of feverish excitement and herpes labialis.

Arsenic sometimes causes gastrodynia, nausea, pain or giddiness of head, a feverish state, or general nervous excitement.

395. *Medical Times and Gazette*, 1853, New Series, vol. vi, p. 179.

A child, æt. 6 months, died at Radcliffe, after violent vomiting and purging, from sucking an ornament coloured with *Scheele's Green*. There was inflammation of the stomach and intestines.

396. *Half-Yearly Abstract of the Medical Sciences*, 1845, vol. ii, p. 413.

Reference made to Dr. Bayard's case in *Annales d'Hygiène*, 1845, p. 858.

397. *Provincial Medical and Surgical Journal*, 1844, p. 1.

By Dr. E. J. Shearman.

Four dogs were killed with *Oxide of Arsenic*, ten grains each. I found all the stomachs exhibit the highly injected, diffused red appearance described by Hope, Carswell, and Roupell, in their plates.

I have also given dogs and rabbits large doses of *Arsenious acid* in solution and powder, and immediately afterwards the *Hydrated Peroxide of Iron*, and this killed them in a short time. The stomachs have shown patches of inflammation.

A pupil of mine for a long time breathed *Arseniuretted Hydrogen* in his private experiments, and in the works where he superintended gilding and silvering by galvanism, in which zinc is extensively used. It has brought on a peculiar kind of epilepsy, much like that described by Dr. Christison, which has latterly been gradually increasing, and his intellect, which was once one of the brightest, is now reduced nearly to fatuity.

Reference made to Beck's cases. See below.

398. *Provincial Medical and Surgical Journal*, 1845, p. 453.

By Dr. George Parker May.

April 25th, 1842.—A child æt. 20 months ate, at 4 p.m., a paste for destroying mice, which consisted of *Arsenic*, honey, and flour. He took at once a dose of *Ipec.*, which acted freely. I saw him a few minutes afterwards. The vomited matter consisted principally of slightly yellow mucus with pieces of the paste. The vomiting was encouraged, and he drank copiously of milk. Between the acts of vomiting he seemed lively.

6 p.m.—Has vomited much. Two natural stools. Is now sleeping calmly. Pulse 130; breathing a little hurried.

8 p.m.—The same.

9.30 p.m.—Still sleeping, but seems restless. Skin hot. Pulse 140.

About 10 p.m. some gruel was given him, which he soon rejected. Soon afterwards he got worse; extremities and face became cold; lips livid; eyes sunk, pupils fixed and rather dilated; pulse scarcely perceptible; respiration feeble, accompanied with sighing. After lying for about half an hour in this condition, he died without a struggle at 11.30 p.m.

Post-mortem in twelve hours.—Stomach contained a small quantity of mucus. Two or three very faint vascular patches were detected.

399. *Provincial Medical and Surgical Journal*, 1845, p. 556.

By Mr. William Allison.

December 2nd, 1844, I saw M. J—, a girl *æt.* 13, who had taken a large teaspoonful of *Arsenic* before 4 p.m., and another similar dose before 5 p.m., each dose in water. She had suffered violent spasmodic pain, "writhing, twisting about, moaning, and making faces," according to the report. I was sent for at 5.30 p.m., and on arriving at the house, three miles distant, I found her vomiting, more free from pain, but had a sensation of burning heat in the throat and stomach, with feeble pulse and cold skin. She recovered under treatment.

400. *Provincial Medical and Surgical Journal*, 1846, p. 5.

By Mr. W. H. Fry.

Some men were poisoned by drinking beer that was brewed in a copper previously used for boiling *Oxide of Arsenic*. In one old man the limbs became *œdematous*, and all the toe-nails separated.

401. *Provincial Medical and Surgical Journal*, 1846, p. 293.

By Mr. Edward Pye.

Several children died at Runcorn.

Richard P—, *æt.* 4½, was seen March 16th. He had been sick. On 18th, there was vomiting and purging. On 20th the mother said that he had had pain in stomach and bowels, and was very thirsty on previous afternoon, and died in evening.

Post mortem on April 27th.—Mucous lining round the cardiac and pyloric orifices exceedingly vascular.

Post mortem of James P—, *æt.* 10 months.—Peritoneal coat of stomach and intestines remarkably white and glistening. Vessels

of brain slightly congested. Internal surface of stomach very vascular, and also the intestines to a less extent. *Arsenic* was found in both bodies.

402. *Medical Times and Gazette*, 1854, New Series, vol. ix, p. 66.

Dr. Caffè's case of poisoning by a *green* salt of *Copper*, from *Journal des Connaissances Médicales*. See original. Also another case reported in *El Heraldo Medico*.

Tschudi has published two letters in *Wiener Medizinische Wochenschrift* on *Arsenic* eating, translated in *Journal de Médecine de Bruxelles*. When the practice is dropped, emaciation generally follows. *Arsenic* eating increases the sexual passion. If horses which have taken *Arsenic* regularly cease it they become thin, lose their freshness, get dull, and in spite of abundant food do not recover their former sleekness. *Arsenic* causes foam at the mouth in horses. (See *Gazette des Hôpitaux*, May 16th, 1854).

403. *Pharmaceutical Journal and Transactions*, 1871, 3rd Series, vol. i, p. 596.

From the *Daily News*.

A farmer named Knowles, near Wisbeach, mixed *Arsenic* with flour. Several persons who partook of it had violent pains and sickness, and one child died.

404. *Pharmaceutical Journal and Transactions*, 1871, 3rd Series, vol. i, pp. 1012, 1022.

By Dr. Calvert.

Several persons living at Linley Hill, near Beverley, were poisoned by *Arsenic*.

Mr. Dunn was suffering from violent vomiting, with pains at stomach, heat and burning at back of throat, headache, great thirst, drowsiness, and general collapse; skin cold and clammy; face pale; pulse small, and scarcely perceptible.

Mrs. Harper, Miss Harper, and a child, had vomited after partaking of tea. The two latter had symptoms similar to those of Mr. Dunn. A servant, Hannah Bromly, was also suffering similarly. Mrs. Harper and the child died; the former had suffered from a great amount of collapse.

Post-mortem of the child.—A thick brownish matter was oozing from the nostrils. Peritoneum highly congested. The contents of

abdomen were congested throughout. Stomach considerably inflamed, and contained a small quantity of stringy mucus. *Arsenic* was detected in it and elsewhere. Mrs. Harper's last vomit contained a large quantity of greenish deposit, which the microscope showed to consist of mucus containing partly digested food, and a few muscular fibres and fat globules. The green tinge was due to bile.

405. *Pharmaceutical Journal and Transactions*, 1848, vol. vii, p. 199.

By Mr. Hetley.

Three adults and eight children were severely affected with vomiting and retching from eating some *green* confectionery ornament. The symptoms appeared within ten minutes.

406. *Pharmaceutical Journal and Transactions*, 1847, vol. vi, p. 136.

Reference to Bussy's paper read before the French Academy of Sciences, May 18th (see *Gazette Médicale de Paris*, May 23rd, 1846).

407. *Pharmaceutical Journal and Transactions*, 1847, vol. vi, p. 343.

A man named Cotton, at Hull, rubbed some red powder, consisting chiefly of *Arsenic*, on a tumour of the wrist and the inflamed parts of the arm. In a day or two the patient had violent vomiting and purging, and excruciating pains in various parts of body, and died.

408. *Pharmaceutical Journal*, 1854, vol. xiii, p. 38; 1849, vol. viii, pp. 42, 349; 1852, vol. xi, p. 84; 1858, vol. xvii, pp. 142, 428, 520; 1861, 2nd Series, vol. ii, p. 343; 1862, vol. iii, p. 391; 1865, vol. vi, p. 615.

Various cases quoted. See above and below.

409. *Pharmaceutical Journal*, 1849, vol. viii, p. 237.

By Dr. H. Letheby.

In *Arsenical* poisoning there is from the first a sensation of heat and pain in throat, stomach, and bowels; then vomiting; then diarrhœa. The ejected matters are commonly dark, and often stained with blood. The pain in stomach and bowels is generally



