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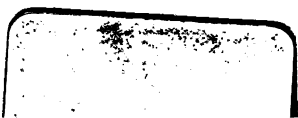
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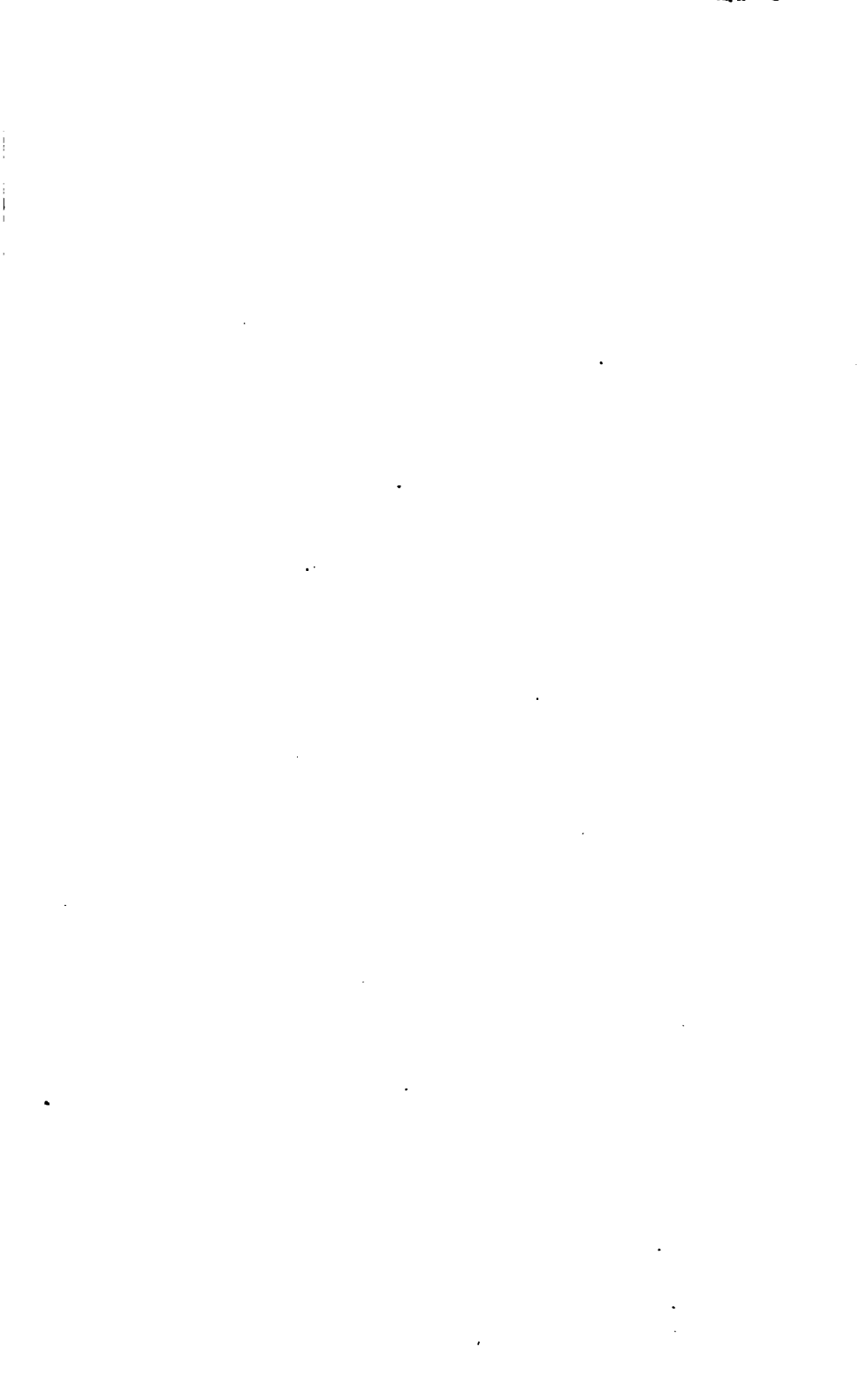
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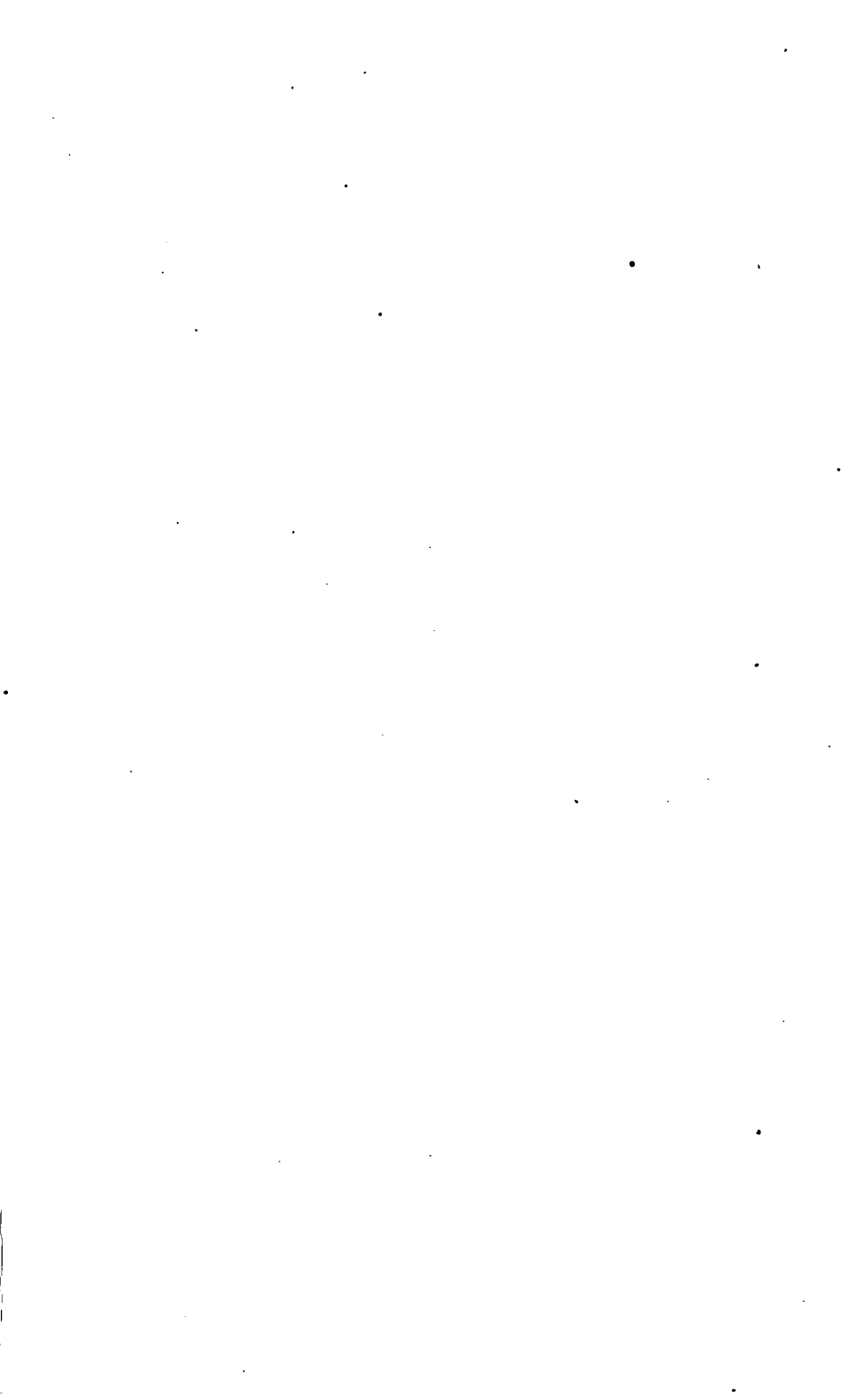
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THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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

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VOL. XXXV.

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THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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HOMŒOPATHY IN 1876.

It is now just seventy years since Hahnemann enunciated in his *Medicine of Experience* the principles of the new *methodus medendi* which for the ten years previous he had been elaborating. It seems a suitable occasion, now that homœopathy has reached its three-score years and ten, to take a survey of its past history and present condition, and endeavour to estimate whether it shows signs of senility and advancing decay, or whether the immortal youth belongs to it which is the dower of all real and fruitful truth.

The year now closed, moreover, has been in one way an epoch in the history of homœopathy. Hitherto its adherents in the several countries of the world have pursued their own course as best they could, with little knowledge of what others were doing elsewhere. Editors of journals, by means of their "exchanges," have been aware what was happening abroad, and have to some extent made it known to those at home. But the foreign periodicals themselves have had little circulation beyond their own region; and the intimate knowledge which they alone can give of what is being thought and said and done in their *entourage*, and by whom, has been lacking as between one country and another. Even England and America, though using the same language, have not had much medical inter-communion,

and know little of one another's minds. Now the gathering of a World's Convention of homœopathic practitioners, which took place last year at Philadelphia, has begun to destroy this isolation, and to make homœopathy cosmopolitan and catholic. When its second meeting is held (as is intended) in London in 1881, we think that all will find that they know one another better; that they form a more united body; and that they will be able, as they have never been before, to arrive at understandings among themselves, and to speak with one voice to the world around.

We gave in our first number for 1876 a full account of the history of the design of this Convention, and an outline of its intended working. We have not recorded its actual assembling, because this had already been done by one of us in the *Monthly Homœopathic Review*; and to his account, as that of an actual attendant at the meeting, there was nothing to add. But in our present survey of homœopathy in 1876 no event stands out before us in greater prominence, and we must briefly note its circumstances and results.

The Convention assembled at Philadelphia on Monday, June 26th, and continued in session till the following Saturday. With the address of the President, Dr. Carroll Dunham, we have already adorned our pages. It was worthy of the occasion and of himself: we cannot give it higher praise. The list of papers for discussion included contributions from men of eminence of nearly every country in which homœopathy is practised, and many of them will be found to be of permanent value. Nearly seven hundred names of medical men were registered, as having attended one or other of the meetings—a decided advance upon the old school Convention which followed in September, which could only muster some 420. The foreign delegation was small, but it gave the international character required; and America was represented by nearly all her worthiest sons, from Hering and Gray, bowed with years and honours, to the younger men who are now doing the work in the homœopathic colleges and literature of the country. Many

excellent speeches were made, and some lively discussion excited. The Transactions of the Convention, which we may expect soon to receive, will show all this. They will also contain the reports of the past history and present status of homœopathy (with its literature and institutions) which have been furnished from the various countries in which it has taken root; and these will be, both for immediate information and for future reference, of inestimable value.

An important resolution was arrived at on the concluding day of meeting, to the effect that the World's Convention should re-assemble in 1881, and every five years subsequently, in one or other of the chief cities of the globe. The officers of the present Convention were appointed a standing committee to receive invitations for the next gathering, and to co-operate with the representatives of the country which should be its scene in carrying it out. At the British Homœopathic Congress of 1876 it was unanimously determined to invite the Convention of 1881 to meet in London—which invitation has since been accepted; and a committee was appointed, consisting of Drs. Bayes, Clifton, Dudgeon, Hughes, and Pope, to initiate the necessary arrangements. This Committee has met; has appointed Dr. Dudgeon its chairman and Dr. Hughes its secretary; and has commissioned the latter to draw up a plan of action, to be submitted at its next meeting. This (in concert with Dr. Carroll Dunham, who was the chief organiser of the late meeting) is being done; and at the next Congress the committee will probably have a complete scheme to present for approval, and some immediate action (as regards the choice of essayists) to report.

The past year has been marked by another important movement, though this is not of an international character, but one belonging solely to our own country. In the second (April) number of this Journal we pleaded at length the necessity and opportuneness of the establishment of a School of Homœopathy in London. We gave an account of the lectures lately given at the London Homœopathic

Hospital, under the auspices of the British Homœopathic Society; and argued that the time had come for placing the instruction thus given on a more organised and permanent footing. We said that it was a School of Homœopathy, not of medicine in general, which we desired—a place where the student or practitioner might learn the special knowledge which pertains to the system of Hahnemann. We showed that such knowledge could not be adequately attained in the hap-hazard way which now alone was open; that it required the usual methods of medical instruction by lectures, tuition, and demonstration. We pointed to the Society and Hospital under whose fostering care lectures had already been given as supplying *matériel*, place, means, and men for the proposed School; and finally showed the importance of the scheme to the interests of our commencing practitioners, of their patients, and of homœopathy itself.

Since this was written the prospect of the establishment of such a School has become very bright and near. Dr. Bayes, to whose exertions and public spirit we acknowledged our obligations for the institution of the lectures, and for much of their success, had already expressed himself in the same sense as our own regarding their being merged in a permanent school; and at a meeting held at his house in May the plan as sketched out in our article was deliberately approved, and resolutions taken to carry it out. In September, many promises of substantial support having been already obtained, Dr. Bayes brought the subject before the British Homœopathic Congress at Clifton. Again a unanimous approval of the scheme was given, though a general wish was expressed that the management of the School should be independent of the Society or Hospital, and should be in the hands of a committee elected by the subscribers to the sustentation fund. Every effort is now being made to raise the latter to an adequate amount. Subscriptions of some £400 *per annum*, guaranteed for five years, have already been announced, with donations to the extent of nearly £1000 more. But a still larger fund is required. Besides the salaries of lecturers,

the hire of rooms, and the other expenses incidental to the working of a medical school, it is considered that a certain number of beds should be supported in the Hospital for the special purpose of the clinical instruction which the future students will need. We therefore call upon all our colleagues in London and in the provinces to exert themselves to bring before their patients the claim of this great work to their support. They must point out that a School of Homœopathy cannot, like other medical schools, live (at any rate at first) by the fees of its students. Owing to the prejudice which exists against the system, and the ban under which it is placed by the profession, students will here be few and fees scanty. Better times may be, probably are, in store for homœopathy; but, till they come, those who benefit by it must themselves provide the means for the impartation of knowledge concerning it to the men who are to practise it.

It is in this way, viz. by establishing a supplementary School where the specialties of homœopathy shall be taught to those who have already passed through the ordinary curriculum of medical instruction, that we in England seek to meet the demand everywhere expressed for qualified homœopathic practitioners. We hope that our example may induce a similar course to be followed in France, Germany, Spain, and Italy, where at present there exists no organised provision for the teaching of the method of Hahnemann. We hope this, we say, supposing their case to be the same as ours, and that they cannot look to State action in the matter. If, as in Hungary, they can get the authorities to institute homœopathic professorships of *Materia Medica* and *Practice of Medicine* in some existing University or College, giving students the option between the lectures of these or of the corresponding professors of the old school, while in other respects following the usual course, we hold that such a plan would be by far the most advisable. We have several times mentioned with pleasure the action of the people of Michigan (U.S.) in this direction. The first session of the medical school thus constituted



there is over, and a second has begun. We are glad to hear that decided success can be reported. The following is an extract from a letter received from Dr. Samuel Jones, the homœopathic Professor of Materia Medica:—"Our College-class has gained 100 per cent. on last year's number.\* The Regents of the University were much pleased at this, and they told me, 'you have more than demonstrated your right to exist; you may rest assured that henceforth homœopathy is a fixture in this University.' The Regents derive their power from the Constitution of the State, and they can defy all legislative interference,—as the Supreme Court has decided: you can, therefore, imagine how my heart thrilled when I found that this body had thrown its ægis over us. I have devoted my life to the founding of this College, and—God helping me—you shall soon see graduates of whom you will not be ashamed. More than half of the present class have the degree of B.A., and you cannot tell how I rejoice in having such material to work on, for, and with. This is the only homœopathic medical college in America which *exacts* a pre-matricular examination, and by thus getting choice material we hope to send out choice men. We shall soon demand three years' study. . . . In a year or so, if I get aid, I shall have a physiological laboratory established, and in three years I shall illustrate drug-provings by glass negatives (from poisoned animals) on a screen."

While this new departure is thus progressing favourably, the distinctive homœopathic colleges of the States seem also in a flourishing condition. That of Philadelphia has widened its basis by certain new appointments, and that of New York is more ably manned than ever. Chicago now boasts of two institutions of the kind. Next to Michigan, the most important movement (to our minds) is that which has been set on foot at Boston. Here a University has been founded and chartered, embracing every branch of

\* Lest it should be suggested that this may be an analogous case to the country parish which doubled its population in ten years by its sole inhabitant, a turnpike keeper, taking to himself a wife, we may mention that the class of 1875 numbered twenty-four.

knowledge; and its medical department has been placed under homœopathic management. The exclusive word is unmentioned, either in the titles of the professors or the diplomas of the students. Hence the former teach, and the latter learn medicine in general, though it is quite intended that the method of Hahnemann shall be set forth as the latest and highest advance of therapeutics. Here, too, evidence of preliminary general education is stringently required; and every endeavour is exerted—and this is true of all the homœopathic colleges—to induce the students to go through a three years' graded course before graduation instead of the two complete courses of lectures which is all that the law requires.

Such are the future prospects of homœopathy, so far as regards its supply of practitioners. When we come to inquire into the probabilities which lie before it, as a therapeutic system, the outlook is somewhat misty. Its past history has been very different in the old and in the new world; and it may be that its future also will run in separate grooves on the two sides of the Atlantic. In Germany, France, England, Italy, and Spain—we know not how it may be elsewhere on the Continent—its course has been one of rapid increase and abundant work up to a certain point; and then a stationary condition has supervened. For the last ten or fifteen years we have heard of no converts of note; the days of Henderson and Horner, of Tessier and Amador are passed. The three hundred or so which numbers the avowed practitioners of the system in the several countries we have named barely repairs its death-losses. Our literature contains no new provings (Buchmann's *Chelidonium* always excepted), and few attempts at developing the theory of homœopathy; it consists mainly of compilations, of practical observations, and of the controversies of the day. Our practice has become much more routine: there is little reference to the *Materia Medica*, and little evidence of its being studied and used in the treatment of cases. The reason of the latter in England is that we have not enough time at our disposal. The demand for homœopathic treatment is so great and the

supply so small, that those who can best afford it have the least leisure for the scientific and literary work which is needed, and which none can do so well. We suppose it is the same thing which operates in the other countries of the old world.

While we are thus living on the fruits of the productive period of homœopathy, and doing little to increase them, our brethren of the old school have seen no reason why they should not help themselves to these fruits and use them as best they can. Hence the recent outburst of homœopathic medication in ordinary practice, which in many hands is becoming very like our own in everything but dose. But, as many among ourselves are becoming more and more substantial in their posology, and these men whose advocacy and example have deservedly much weight with their younger colleagues, this one feature of dissimilarity is fast disappearing. The result of this approximation is that in the other camp they are saying to us, "Why do you keep up your distinctive name and exclusive institutions?" and to themselves, "On what just and reasonable grounds do we shut out these men from professional fellowship?" To the former question we have always answered that it is they who keep up the institutions in question by the very exclusion they practise. Admit us to free speech and action with the rest of you, and our distinctive position will cease at once and of itself. We shall take up the position we ought never to have lost, that, namely, of a *school* like those of ancient medicine, of advocates and practisers of a special method which we believe to be the best thing in therapeutics, while perfectly free to adopt any other mode of practice—of our own accord or in consultation with others—if we deem it good for our patients. If the history of the last forty years were to begin again, it is very unlikely that the profession of to-day would refuse us such liberty. It was but natural so to do when there was an orthodoxy in medicine, when no acute disease was reckoned to be treated *secundum artem* unless the patients were duly bled, leeches purged, and blistered. But now, when such practice is repudiated, and every man does that which is right in his

own eyes, no one would dream of ostracising his fellow practitioner because he chose to give in disease medicines which caused similar affections in the healthy, and because he gave these singly and in minute doses. The thing would be absurd, and many are feeling that it has been so in the past, and that their present attitude towards the so-called homœopathists is untenable. Hence the unexpected outburst of liberal feeling at Birmingham in the matter of the admission of homœopathists into the Midland Institute. The action then taken has remained single and sterile as yet; but we can hardly be wrong in taking it as an indication of what the leading men in the profession will do everywhere when the opportunity comes.

It is thus our strong impression that the future—and probably the immediate future—of homœopathy in this country is absorption into the main body of the profession. It is not that we shall in any way recede from our position. As we have said before in this journal, “We have no foot to stir, and no pardon to ask; we earnestly desire reconciliation and reunion, but this can only come about by a frank recognition on the part of our brethren of the soundness of our principles.” It would not be well for us even to make advances; they must, for justice’ sake, come from those who have oppressed us. “They have beaten us openly uncondemned, being Romans, and have cast us into prison; let them come themselves and fetch us out.” But if it is so done in England, the same action must follow in France, and Germany, and Spain, and Italy—so far, at least, as the opposite policy of exclusion has hitherto prevailed in those countries as it has here. In ten or twenty years more homœopathy, as a distinctive sect, may have ceased to exist in the old world. But as a creed and a practice, a faith to live and act by, we believe that it will be as flourishing as ever; aye, and even more so. For then the artificial hindrances which now deter men from even inquiring into its truth—the loss of place, fellowship, and emolument with which they know that their reception of it would be visited—would have passed away; and the doctrine would be to rise or fall in the balance by its own

inherent weight. We know which way the scales must turn.

While this is the prospect before us in Europe, it is otherwise in America. Homœopathy is there much more extensively diffused, more compactly organised, and more distinctively practised than it is on this side of the Atlantic. There we think it must continue to be a separate church, while here it may become a faith only, without independent embodiment. The great thing at which our brethren over the water should aim at is the full public recognition of the validity of their position. There is no established church in American religion, and there should be none in American medicine. Sanitary inspection, the medical service of the army and navy, and all other public posts should be as freely open to homœopathsists as to those who follow the ordinary practice. Much has been done already in this direction, but more remains. When it has been effected, then the position of homœopathy in the United States will be as sound as in another way it may by that time be in the old world. Its conquest of the whole realm of therapeutics, in which we cannot but believe, will be achieved there in the way of victory in battle, by comparative statistics and general results; here it will be a gradual process of leavening. In either way the end must be that the method of Hahnemann will be universally acknowledged as the true organon of specific medication, and that such practice will be recognised as the best which is conceivable and attainable in the whole range of the healing art.

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#### OPHTHALMIC THERAPEUTICS.\*

HOMŒOPATHY is now so old, the experience of its many practitioners is so vast, that it rivals the old school in its literature of special diseases. The eye, from the striking

\* *Ophthalmic Therapeutics.* By TIMOTHY F. ALLEN, M.D., and GEO. S. NORTON, M.D. New York: Boericke and Tafel. 1876.

and well-marked character of its maladies and from the facility with which they can be diagnosed and their progress watched has long been a favourite field for testing the powers of our remedies, and there are few organs of the body in which homœopathically selected drugs have displayed their curative efficacy more satisfactorily. It is too much the habit with specialists of the old school to look on the organ to which they specially devote their attention as if it were something apart from the rest of the organism, something to be treated *per se* with little reference to the body of which it is a component part, with which it is intimately connected, and by which it is perpetually influenced. This mode of regarding each separate organ as an isolated abstraction subject to laws of its own, and as independent of the general organism, has received too much encouragement from the practice of the old-school faculty of recommending their patients to resort to the specialist for the treatment of diseases of particular organs. Thus it is no uncommon case that patients while under the treatment of a physician for their general health, are, at the same time, treated by a specialist for some concurrent disease of the throat, ear, or eye. As long as the delusion prevails as to the proper treatment of such diseases being the application of local or surgical means so long will this practice obtain. But this is a mistake that will not be likely to occur in the practice of the follower of the new and more scientific method of homœopathy. He will not look on the objective phenomena of one organ as constituting the whole disease, still less as being a disease that is to be treated locally by itself without reference to the rest of the organism. On the contrary he will regard the affection of the eye, ear, or other organ as merely a local manifestation of the general malady of the organism, to be treated by remedies that act through the organism on the objectively affected organ. On this subject Dr. Clotar Müller has some excellent remarks in an address lately delivered by him in Leipzig, and published in vol. vii of the *Internationale* (p. 350). "We homœopaths," he says, "have palpably much more reason [than the physiological school] for discarding all

local pathology and local therapeutics, and we go farther, for we maintain that every morbid cause is capable of spreading itself from its points of attack in the organism over every part of it, when the requisite conditions are present ; so that every local form of disease is not to be regarded as that merely which it appears to be, as the disease of a part ; but as a disease of the whole organism presenting itself to our view, in greater or less extent, with more or less intensity. Hahnemann expressed this explicitly and positively when he says in the *Organon* that every disease is a derangement of the vital force indwelling in the organism ; and if this dictum of Hahnemann is no longer in consonance with or satisfactory to our modern ideas, this is only because the expression 'vital force' is repugnant to our notions, as having gone out of fashion. But it still remains indubitable that the conception of the essence of disease as a general affection of the whole organism is indispensably necessary in homœopathy. It is only by the complete acceptance of this axiom that our homœopathic principle of similarity can be available, comprehensible and capable of being utilised. Nay, more, in my opinion the very existence of homœopathy stands or falls with it."

The work of Drs. Allen and Norton, which has given occasion to these remarks, is a truly practical demonstration of the value of the homœopathic method in the treatment of some of the most important diseases of the eye. It is the outcome of the experience of these gentlemen in the clinical treatment at the Ophthalmic Hospital of New York, and is stamped with the true mint-mark of careful and constant observations of actual cases. It does not profess to be a systematic treatise on all diseases of the eye like the valuable text-book of Dr. Angell, but the symptomatology of the medicines recorded has all been verified in the treatment of cases at the hospital or, as regards some diseases, in the recorded treatment by others. It is, in short, a practical proof of the most valuable character of the power of medicines acting through the general system to cure many diseases of the eye which have hitherto, in the practice of old-school oculists, been con-

sidered as requiring only local and surgical treatment. It is a contribution to a complete treatise on diseases of the eye by careful and scientific practitioners who have known how to make the best use of the opportunities offered them in an extensive experience. It presents an example worthy of imitation by all who from their position have similar opportunities of observing particular classes of diseases. With the multiplication of works of this character we may hope at no distant date to see the scientific medical treatment of all diseases established in a satisfactory manner.

The first part of the work gives, under the head of each medicine that has been found serviceable in eye diseases, the ophthalmic symptoms objective and subjective, and the therapeutic corroboration of these symptoms. The second part treats of the diseases that have come under the notice of the authors, and the indications for the medicines they have found efficacious. All practitioners of homœopathy will find it a most valuable guide in the treatment of many of the diseases of the eye that continually occur in practice. It will show them at a glance what remedies, in the experience of the authors, have been successful in these diseases, and save them much embarrassment in the selection of the right remedy.

We subjoin a specimen from each part of the work in order to give our readers an idea of its practical value.

#### ARGENTUM NITRICUM.

*Objective.*—Ophthalmia, often with intense pain, abating in the cool and open air, but intolerable in a warm room. The conjunctiva, both ocular and palpebral, becomes congested, swollen and infiltrated, with scarlet redness. The caruncula lachrymalis is swollen and looks like a lump of red flesh; clusters of intensely red vessels extend from the inner canthus to the cornea. Profuse mucous discharge in the morning on waking, with dulness of the head, especially in the forehead and root of the nose. The margins of the lids are thick and red; the canthi red and sore.

(From the local application of this drug, most violent inflammation of the conjunctiva of the lids and ball ensues



with profuse muco-purulent discharge, which is not excoriating to the lids).

*Subjective.*—Boring above the left eye. Infra-orbital neuralgia. Burning, biting and itching in the eyes, especially in the canthi. Heat and pain in the ball on motion and touch.

Gray spots and bodies in the shape of serpents move before the vision.

*Clinical.*—Nitrate of silver has been very freely employed as an empirical remedy for various diseases affecting the conjunctiva and cornea; it is now, however, quite going out of fashion and being replaced by preparations of copper. It is very useful in blepharitis if the lids are very red, thick and swollen, especially if complicated with granulations, conjunctivitis or some deeper inflammation of the eye; in one case of ciliary blepharitis with entropium, caused from being over a fire, and ameliorated in the cold air or by cold applications, it effected a cure.

Nitrate of silver is not homœopathic to granular lids in the later stages, but is the appropriate remedy in the early stages of acute granular conjunctivitis, where the conjunctiva is intensely pink or scarlet red, and the discharge is profuse and inclined to be muco-purulent. Although these may be confounded with Euphrasia cases, there is a wide difference more easy to recognise than to describe. In Euphrasia the profuse discharge causes soreness of the lids and more or less swelling; the character of the inflammation is more acute and short-lived; as a rule the redness is much less brilliant. In nitrate of silver cases we may, indeed, have very little discharge, only flakes of mucus when the patient complains of itching and biting in the eyes and a dry burning sensation without real dryness. (*Cantharis* has intense heat and real dryness; *Sulphur* is very often indicated in these dry conjunctival catarrhs, especially if there be sharp sticking pains under the lids as if splinters were sticking into the eyeballs. Compare also *Graphites*, *Natrum sulph.*, *Nitric acid*, &c.).

The greatest service that *Argent. nit.* performs is in purulent ophthalmia. With large experience in both hospital and private practice, we have not lost a single eye from this disease, and every one has been treated with *internal remedies*, most of them with *Argent. nit.* of a high potency, 30th, or 200th. (Some have required other remedies, especially the form ophthalmia neona-

torum). We have witnessed the most intense chemosis with strangulated vessels, most profuse purulent discharge, even the cornea beginning to get hazy and looking as though it would slough, subside rapidly under *Argent nit.* internally. We do believe there is no need of cauterization with it, for that method does not cure all cases by many. The eyes *must be kept clean* with milk and water and not allowed to soak in the pus (this rule, indeed, is a good one for all similar diseases of the mucous surfaces). The subjective symptoms are almost none; their very absence with the profuse purulent discharge and the swollen lids, swollen from being distended by a collection of pus in the eye or swelling of the sub-conjunctival tissue of the lids themselves (as in *Bhus* and *Apis*), indicates the drug.

Pterygium of a pink colour was cured by a few doses of *Argent. nit.*—H. V. MILLER.

It has also relieved and contributed to the cure of diseases with destruction of tissue, as also of the cornea, in one case with pains like darts through the eye mornings, better evenings; keratitis with violent congestion of the conjunctiva, a vascular eroded cornea, with terrific pains from the vertex into the eye and with burning heat in the eyes. Coldness of the eye, with boring pain in the head and a sensation as if the scalp were drawn tightly, has been removed by *Argent. nit.* (*Alumina* is often indicated for coldness in the eye; *Crocus* has a draft of cold air through the eye; *Berberis* has a sensation of drops of cold water under the lid.) In the *Argent. nit.* cases we sometimes meet with trembling of the whole body and headache.

An interesting case of paralysis of the accommodation is reported in which *Argent. nit.* 6, four times daily, worked a brilliant cure; also a case of retino-choroiditis successfully treated by this remedy.—WOODYATT.

A very interesting case illustrative of the optical illusions of this drug, is reported by Dr. Liebold.—A young man was totally blind from cerebral disease, associated with loss of virility; was perfectly sane, but constantly complained that he seemed to see trees and people and green fields, &c., but everything was covered with *snakes*, writhing and twisting in every form; snakes over his body, over his food; snakes of all sizes everywhere; he would sit for hours and contemplate these snakes he seemed to see; some-

times he saw bugs. Dr. Liebold found in 'Berridge's Repertory,'\* under "tortuous bodies," *Argent. nit.*, among other remedies; it at once removed the snakes, but did not restore vision.

We have only space for one of the shorter articles from the second part of the work. It is not one of the best articles by any means, as it smacks somewhat of the repertory rather than of the bedside, but we give it because it is short.

#### PTERYGIUM.

This disease, considered by the old school as almost proof against medical treatment, frequently yields very readily to the proper homœopathic remedy, though it is true that we too often meet cases which prove very obstinate to treatment (probably owing to our incomplete knowledge of the materia medica), and in which we are compelled to resort to operative measures. Numerous methods have been advocated, chief among which are excision, ligature and transplantation; for the description of these we would refer to any of the text books on the subject.

*Argentum nit.*—*Pterygium of a pink colour*, especially if there is considerable discharge from the eye, inflammation better in the open air, unendurable in a warm room and associated with pain at the root of the nose.

*Arsenicum.*—*Pterygium* if accompanied by dryness of the lids and burning in the eye, or if there is considerable acrid lachrymation and discharge which excoriates the lids and cheeks; particularly if the general symptoms of restlessness, thirst, &c., are present.

*Calcarea carb.*—Especially indicated in pterygium, *caused from exposure to wet and cold* (see case in Pt. I).

*Chimaphila.*—We have used this drug in many cases when no marked indications were present, with some success, though we have also often failed with it. It is, however, valuable in some instances and should be thought of.

*Zincum* has been more frequently employed, and has given

\* He would have found the symptom more precisely given in *Müller's Repertory*: "Sehen von geschlängelten Körper," and still more precisely and in all its connections in the *Cypher Repertory* under five separate headings, each separate entry containing the whole symptom as recorded by the prover.

greater satisfaction than any other remedy, especially in that form of pterygium, which extends from the inner canthus (as it usually [we should say *always*] does), for the majority of the symptoms are found at the inner angle, as will be noted by examination of the provings. The lachrymation is usually profuse and photophobia, marked, especially by artificial light; pricking pain, *itching and soreness in the inner angle*, worse at night; also itching and heat in the eyes, worse in the cold air and better in a warm room; external canthi cracked. She sees a green halo around the evening light. There may also be present *great pressure across the root of the nose* and supra-orbital region.

The following remedies have all been employed with advantage in the treatment of pterygium, when suggested by constitutional symptoms or certain general characteristic eye indications:—*Lach.*, *Nux. mos.*, *Psor.*, *Ratan.*, *Spig.* and *Sulph.*

We have no doubt the medicines here mentioned have proved useful to our authors under the circumstances stated; but we would mention that pterygium is not usually accompanied by purulent discharge, nor yet by inflammation aggravated or ameliorated in the open air or a room, nor by lachrymation and discharge that excoriates lids and cheek, restlessness or thirst, nor by photophobia or green halo round the light; in fact these symptoms belong to something else than pterygium, and though we will not deny that they may occur in the course of pterygium, they are not of its essence, and can hardly be regarded as indications for the selection of a remedy for pterygium. We doubt very much if such symptoms will serve us in determining the medicine for each special case of pterygium. Some reference to the objective signs, such as whether it is crassum or tenue, whether soft or tendinous, whether dark red or light pink, would, we think, have been more to the point. As the authors seem to have had many cases to treat they might have mentioned which of the medicines are suited to the several species of pterygium, in place of giving us indications from symptoms that do not properly belong to the disease. One great advantage of having enjoyed a large experience in the treatment of a particular disease like this, is, that the repertorial indications may be

supplemented and completed by features drawn from an actual inspection of the disease under various aspects and of various species. Were these features accurately portrayed, we could dispense with much of the pathogenetic indications offered for our guidance.

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### OUR ERRORS.

“O wad some power the giftie gie us,  
To see oursels as ithers see us.”

It seems a long time since our allopathic friends have deigned to notice us, and we cannot help feeling somewhat aggrieved at their neglect. To be sure their notice is usually of that description which the late Duke of Wellington bestowed on the sweep, “Out of the way, you dirty rascal!” but even such notice, as the sweep felt and as we feel, is preferable to no notice at all. At length, however, the silence has been broken, and we have before us a delightful little book called “*The Errors of Homœopathy*, by Dr. Barr Meadows, Physician to the National Institution for Diseases of the Skin, Author of *Eruptions*,” &c. We don’t know how long this valuable work has been before the public—it had already attained its third edition before it became known to us, and that not through the courtesy of the author sending us a presentation copy, for that he neglected to do, probably on account of some lingering feeling of humanity, for no doubt he believed that the effect of his attack upon us would be most disastrous to our peace of mind. In case he should be anxious about the result we may assure him that we are none the worse, but rather all the livelier after taking his dose of bitters. In place of proving a deadly poison, it has only acted on us as a wholesome tonic.

Dr. Meadows being a skin doctor naturally felt himself the proper man to flay the homœopathists, so he rushes on to the attack flourishing his literary scalpel in the most

ferocious manner. But, like many of the diseases that form his special study, he does not get below the epidermis, and homœopaths after his onslaught feel themselves all the better for his superficial scratching. On the good old principle of "Claw me and I'll claw thee" we now propose to reciprocate his kind attentions.

Like Rip Van Winkle, Dr. Barr Meadows seems to have been asleep for the last twenty years, and so has remained profoundly ignorant of all that has occurred during the period of his prolonged slumber. Dr. Laurie's *Epitome of Domestic Medicine* is his authority for the exposition of the homœopathic doctrine, and *Simpson's Tenets and Tendencies* furnish him with his most telling refutations. The reports of Fleischmann's hospital for 1835-43 are his most recent statistics. All that has occurred since that period is a blank to our awakened slumberer, but he bursts upon us in his thread-bare statistics and worn-out arguments utterly unconscious of the incongruity of his appearance with the actual condition of modern thought and progress. Not only are his arguments and statistics of the stalest, but his very style is out of all keeping with the times. In these days when the chief authorities of old school physic in this country are coquetting with homœopathy and adopting its remedies wholesale—when the assembled faculty in Birmingham have declared in the most emphatic manner that practitioners of homœopathy are not unworthy of association with the best of them, and that no imputation can be laid upon their honesty and acquirements, it strikes one as almost mediæval to read that our statements are "naked lies," that our system is "imposture, standing revealed in all its unblushing impudence," that our practitioners are "totally ignorant of the principles of scientific medicine," that our ranks are recruited "from amongst the ignorant and feeble-minded," and that we employ the "wiles of falsehood and quackery." If our sojourner in Sleepy Hollow had not been slumbering all these years he might have seen how the therapeutics of his own school have been remodelled on the lines of homœopathy by Ringer, of University, and the ex-homœopath Phillips, of West-

minster; he might have noticed how all the favourite practices of traditional medicine have been abandoned by old-school practitioners in favour of treatments often closely imitated from ours; he might have observed that the physiological proving of medicines has been servilely copied from us by the Bennetts, Harleys, and Ringers of his school; he might have learned that in the United States of America the homœopathists tread closely on the heels of the so-called orthodox in the number of their practitioners, in the quantities of their colleges, universities, and hospitals, and in the quality of the instruction they give their graduates; he might have ascertained that one of the most illustrious universities of old Europe, that of Pesth, has added to its lustre by appointing two professors of homœopathy to its faculty. But while the world has been advancing, our medical Rip Van Winkle has been comfortably snoozing, and he now wakes up, a dermatological Bourbon, having learnt nothing and forgotten nothing, fancying the world has stood still at the exact place it was when he composed himself to sleep. For Dr. Barr Meadows there is still an orthodox physic; there are still colleges and faculties that enjoin a certain routine of practice on their students and graduates; there is still a fancied obligation on the part of a graduate or licensee to refrain from improving his practice by adopting any method not taught *ex cathedra*, after the model of Molière's celebrated Faculty; there is still a dominant school that can alone lay claim to the title of rational; there are still medical heretics who are mere ignorant pretenders and fraudulent quacks.

But let us see how Dr. Meadows understands the system he undertakes to upset. One of his great arguments against homœopathy is thus stated: "In large doses it is true that *Belladonna* is said to cause a rash upon the skin, with redness and dryness of the throat and fauces; and so would, indeed, give rise to symptoms *thus far resembling* scarlet fever. The homœopaths, however, do not so exhibit it, but order it in quantities whose effects upon the healthy subject would be *nil*—inappreciable—or, at any rate, by no means similar." He here makes the surprising mistake

of supposing the therapeutic rule *similia similibus* to be the explanation of the curative process. Again, let us see how intimately he is acquainted with the homœopathic practice he describes. "The common stinging nettle," he says, "coming in contact with the skin, produces an eruption so similar to urticaria (nettle-rash) as to have furnished the very name for that disorder. Yet, in their wildest moments, the most bigoted of homœopaths would pause, we imagine, ere he ordered this as a remedial agent." Had he looked into any homœopathic text-book he would have found the nettle (*urtica urens*) indicated by the least bigoted of homœopaths in their calmest moments as one of the remedies for a certain form of urticaria. Again, "Is *Colchicum* of benefit in gout, or *Quinine* in ague? If so, how is it that you are unable to cause with these medicines, given in any manner, symptoms similar to ague or gout?" Had he looked for a moment into our *Materia Medica* he would have found in the pathogenesies of these medicines symptoms precisely resembling certain forms of gout and ague.

Again, "will any known medicinal agents induce a diseased condition similar to croup, diabetes, peritonitis, &c. ? and if so, will such medicines cure these diseases? Who will dare to answer this, straightforwardly, in the affirmative?" Here, too, any homœopathic text-book will answer these questions affirmatively, as he might easily have known had he learnt his homœopathy from a homœopathic text-book and not evolved it out of his inner consciousness.

The antique character of Dr. Meadows' science is well shown in his explanation of disease: "These deviations from healthy or natural (*sic*) conditions depend upon derangement of vital force," which is precisely the explanation given by Hahnemann, and almost the identical words used by him. We thought we had passed considerably beyond the period when the vital force figured as an entity in the organism, but it seems that Dr. Meadows, at all events, has not yet got rid of that delusion. If further editions of his very popular work, which has already got to the third edition, should be called for, we would advise him,



following celebrated precedents, to bring it out with illustrations. A photograph, by the autotype process, of his deranged vital force in a strait waistcoat would no doubt prove highly attractive.

The present work is interspersed with sundry wonderful specimens of what are evidently intended for poetry, but as they are utterly devoid of rhyme and reason and have no author's name attached, we presume they are the learned doctor's own composition. Here is a specimen :

“ Thus have we robbed Similia of its trappings,  
Its base assumptions, and presumptuous ravings;  
And, viewing thus its native nothingness—  
Behold this ‘ Great Something ’—NAKED LIES.”

At p. 17 Dr. Meadows from the serene heights of his self-assumed judicial position awards to the disciples of Hahnemann the donkey's ears of Midas. To us it appears that in this little work Dr. Meadows has with infinite pains performed for himself what the sapient Dogberry longed that some one should do for him—namely, written himself down an ass.

## MR. HANDS ON HOMŒOPATHY AND OTHER THINGS.

MR. HANDS, a veteran disciple of Hahnemann and a pupil of Jenner (not the original one, surely, as he died in 1823) amuses his leisure by writing a book entitled *Homœopathy* [in large letters] *and other Modern Systems contrasted with Allopathy; also a Treatise on Diet and Digestion.* It is not exactly like the celebrated performance of the play of Hamlet “with the part of Hamlet left out by particular desire,” for there is a little about homœopathy in it; but it reminds us of Falstaff's reckoning, “only a poor ha'porth of bread to all that intolerable quantity of sack.” The part nominally devoted to homœopathy occupies only

seventy-six pages, and though much could not be taught about homœopathy in that small space, Mr. Hands contrives to curtail it by continually wandering away from his subject and gossiping about all sorts of things besides his theme. In fact *homœopathy* only serves as a peg to hang all sorts of miscellaneous matters on, for as for "homœopathy being contrasted with allopathy," there is as little of that as may be in the chapter nominally devoted to it, but a great deal about electricity, magnetism, soul matter, and other things, real or imaginary. The remainder of the book is given up to hydropathy, electricity, magnetism, mesmerism, steam-cure, heat-cure, movement-cure, isopathy, electro-biology, clairvoyance, dietetics, vaccination, the non-contagiousness of contagious diseases, &c., in short the book is *de omnibus rebus et quibusdam aliis*, the *quibusdam aliis* greatly preponderating. To any one who wishes a book whose contents are not rendered monotonous by the pursuit of one idea we would recommend Mr. Hands' little volume; like the gentleman to whom some one lent a dictionary to read, he will no doubt find it "very instructive but rather unconnected." We think Mr. Hands should have rather allowed mesmerism to occupy a conspicuous place in the title, for in the body of his work the curative results of homœopathy cut a very sorry figure when compared with the marvels wrought by mesmerism: thus an inflamed breast was cured in twenty minutes, a case of *phlegmatia* (sic) *dolens* in three or four days, and diphtheria in an hour; cancers, dropsies, and obesity yielded with more or less rapidity to this subtle agent, and phthisis pulmonalis and paralysis could not resist its magical power. Among other wonders related of mesmerism, Mr. Hands assures us that mesmeric clairvoyants are capable of instructing us in physiological knowledge. "The soul, they say, extracts from nourishing substances committed to the stomach the principles conducive to motion and vitality." This is certainly a hitherto unsuspected function of the soul, and one we should never have discovered without the revelations of clairvoyants, we would recommend it to the attention of theologians.

But we have not space to discuss all the novel views offered to us by Mr. Hands in this little volume. We can promise to those who will read it a vast variety of amusing information, and though we cannot guarantee its soundness we can at all events assure them that they will find much in the book which will give them occasion for thought, without the risk of subjecting them to the tedious necessity of agreeing with the author.

## PATHOLOGY AND THERAPEUTICS OF THE CERVIX UTERI.

By EDWARD T. BLAKE, M.D., Reigate.

### SYLLABUS.

- |                                |   |              |   |  |   |              |
|--------------------------------|---|--------------|---|--|---|--------------|
| 1. Pelvic Congestion.          |   | excoriation. |   |  |   |              |
| 2. Cervicitis-Secondary        | } | hypertrophy  | { | Cancroid.                              |   |              |
|                                |   | dislocation. |   | Cancer.                                |   |              |
| 3. Ulceration<br>[Excoriation] | } | Diathetic    | { | Class 1. Strumous, helminthiasis.      |   |              |
|                                |   |              |   | " 2. Venereal                          | { | Gonorrhoeal. |
|                                |   |              |   | " 3. Gouty, herpetic.                  | { | Syphilitic.  |
|                                |   |              |   | " 4. Osteo-arthritic [Rheumatic Gout]. | { |              |
|                                |   |              |   | " 5. Hepatic.                          | { |              |
|                                |   |              |   | " 6. Mammary.                          | { |              |
|                                |   |              |   | " 7. Cardiac.                          | { |              |
|                                |   |              |   | " 8. Asthmatic.                        | { |              |
|                                |   |              |   | " 9. Choreic.                          | { |              |
|                                |   |              |   | " 10. Cataleptic.                      | { |              |
|                                |   |              |   | " 11. Epileptic.                       | { |              |
|                                |   |              |   | " 12. Tetanic.                         | { |              |
|                                |   |              |   | " 13. Special Sensory.                 | { |              |
|                                |   |              |   | " 14. Mental.                          | { |              |
|                                |   |              |   | " 15. Moral.                           | { |              |
| " 16. Mechanical.              | { |              |   |  |   |              |
- 4a. Why should a single, uniform, pathological condition induce such varying results?
- b. Does the act of healing an established sore develop latent diathesis?
5. Treatment.
6. Illustrative Cases.
7. Axioms.

I PROPOSE to direct attention in this paper to some of the most characteristic types of passive, pelvic disease in the female subject.

Dr. Matheson, in his excellent lectures\* on the subject, speaks of the vague and varying character of sympathetic and subjective pelvic symptoms. It is then with the hope of throwing some little ray of light into this Cimmerian gloom, of showing some sort of order and sequence in this chaos of signs and symptoms, that I address myself to this wide and complicated subject, and crave your earnest attention to matters of most serious import, whose issues palpitate on our thresholds—in our very homes, with an ever-present vitality.

I must further preface my remarks by observing that in deference to common usage, I shall employ the term "Ulceration" in its old-fashioned sense, including the far commoner condition "Epithelial abrasion" or "Denudation."

First, then, we will consider

#### TYPICAL PELVIC CONGESTION.

A patient, generally young, enters our study complaining of slight frontal headache; there is a feeling of languor most marked in the morning; there is pain under the left breast, backache and probably a white discharge. If the patient be young, or if she lead a sedentary life, there may be more or less hysteria present.

Here we have to do with pelvic congestion, pure and simple.

#### CERVICITIS, SECONDARY EXCORIATION.

Add to the above group of symptoms, ill-temper and low spirits, marked debility, out of proportion to emaciation, sleeplessness, vertical uneasiness, superficial neuralgia (especially supra-orbital), certain peculiar perversions of the special senses, an anxious or distressed expression (the *facies uterina*), follicular pharyngo-laryngitis, flatulence, flushing, palpitation, epigastric and hypogastric "sinking," stitch in the left ovarian region, weary aching in the loins and hips, "bearing-down" after exertion, irritable bladder

\* Delivered during the past year at the Homœopathic Hospital in Great Ormond Street,

and rectum, yellow leucorrhœa, recurrent *pruritus vulvæ*, and above all, a fixed point of pain at the sacro-coccygeal articulation, and you may be sure that you have to deal with inflammation of the cervix, complicated with one or more of its results, epithelial denudation, hypertrophy or displacement.

This patient is often sterile; if the cervix be very patulous she may conceive, she is then likely to abort at the third month; should she, however, weather this storm, she will be prone either to convulsion during the dilatation of the cervix, to *post-partum* hæmorrhage or to adherent placenta.

If this patient survive the immediate casualties of child-bed, especially if she adopt the plan now gaining ground of rising early from the puerperal couch, the lochia will be profuse, florid and protracted. If, after the end of the second week, we see a red tint in the discharges; our attention should be always directed to the probability of local lesion. It is remarkable to observe the immediate improvement in these cases from local astringents. I have frequently seen the first application arrest the flow, and with none but good results.

Amongst the more uncommon symptoms depending on cervical diseases are itching of the skin, loss of hair, pain in the plantar region, paraplegia, osteo-arthritis (rheumatic gout), and a form of dementia which has been mistaken for religious mania.

*Hypertrophic cervicitis* { *cancroid.*  
  { *carcinoma.*

Branching from the preceding type there is a sub-group of cases having epithelial abrasion with an extreme tendency to hypertrophy of the cervix.

The sore usually originates in the pressure of the foetal head during a delayed delivery. The surface of the sore is raised actually above the surrounding tissues; its margin is defined, its colour strawberry, it is lobulated, each lobule consisting of a congeries of elongated villous loops, denuded

of epithelium. Hyperplasia has led to œdema and hypertrophy.

The clinical features corresponding with this state of things are languor, congested pile, backache, "bearing-down," and sometimes hæmorrhage *post coitum*. If the patient be not nursing, there may be metro- or menorrhagia.

As these sores are extremely common and yet neither give rise to grave, general symptoms nor to any very marked local uneasiness, they are usually left untreated.

Pathologically they are certainly of the gravest import. If there be favouring causes, such as general debility and much mechanical irritation, these are eventually converted into the so-called "cauliflower growths" (cancroid), often diagnosed as true carcinoma. Indeed, if the cancerous diathesis exist they may pass usually during or after the climacteric period into actual infiltrating cancer.

The facts that most abrasions commence within the cavity of the cervix—and that many maintain this intra-cervical character for a very protracted period—explain the discrepancy which occurs between the statements of different doctors, with regard to the same case. No man can pretend to diagnose intra-cervical sores by the hand. I know that they are overlooked even when the speculum is employed, if sight or light be defective and the cervical lips not drawn apart. Yet they shall be the cause of serious, constitutional disturbance.

I wish to pause here a moment, that I may draw attention to the pathological significance of supra-orbital neuralgia in women. In this sex I have always found it associated with lurking cervical abrasion,\* the cure of the latter in a large percentage of cases is followed by the disappearance of the former. This neuralgia (usually found on the left side), known to our forefathers as "brow-ague," often assumes the intermittent type so ably and accurately

\* An excellent example of this connection of "Brow-ague" with cervical ulceration is given by Dr. Washington Epps, at p. 679 of v. xx, *M. H. R.*, apparently endometritis with ulceration of cervix. The neuralgia was removed by *Kali bich.*

described by our *confrère* Dr. Cooper; then the lowest potencies of *Sulphur* yield a most satisfactory result.

Another point which I wish especially to bring before the notice of the reader, is the very different pathological value attached by different men to pain in the region of the ovary.

When I entered practice, I set these cases down, nothing doubting, as primary affections of the ovary, trying to classify them, as well as I could, as congestive, neuralgic, rheumatic, &c. I looked upon them as analogous to orchitis in the male, and so, indeed, gonorrhœal oophoritis may be, but the great mass of these cases have no correspondence whatever with orchitis. If they are analogous to any affections of men, it is to the varicocele and epididymitis of determined, male masturbators.

We shall find on inspecting the state of the internal genitalia, in cases of persistent ovarian pain, that the cervix is rarely sound, in something like 90 per cent. there will be decided disease.

The appearance of the uterine neck, and the local history, will indicate that the changes there preceded the ovarian symptoms.

If the cervical affection pursue its course without rest or treatment the passive congestion of the ovary may pass into acute congestion, and the organ may in time become greatly hypertrophied.

This state of things tends to self-cure at the climacteric. I have witnessed the entire disappearance of a tumour the size of a hen's egg in the left ovarian region without treatment. Doubtless, some of the cases recorded as "cures of ovarian tumour" or "cures of early stage of hydrops ovarii," may be relegated to this class.

It has twice occurred to me to see this secondary irritation of the ovary give rise to severe and repeated hæmatemesis.

I now propose to enter on the classes of "ulceration" as arranged in the syllabus at p. 24. First, we will take up the types which are associated with diathesis.

CLASS 1.—*Strumous*.

A pale, spare girl, of 18 to 25, is brought to us suffering from a disease which the medical adviser of the family is pleased to call "a decline." We search in vain for some trace of tubercle or other wasting disease, but, failing that, find perhaps that she was teased with ascarides as a child; that there are some traces of old strumous manifestations, associated, it may be, with aphonia and loss of flesh. She gets fugitive, ill-defined pains in certain nerve-areas, pointedly over the eye, in the temple, under the breast and in the ovarian region. There is often pustulous acne, especially on the chin. We note the presence of dyspepsia and perhaps so-called "spinal irritation." She shuns society, her spirits are unequal, and the general symptoms of anæmia are present. There is slight leucorrhœa, and sometimes vulvar pruritus.

The patient in answering your queries declines to meet your gaze. But the characteristic peculiarity that impresses you is the amount of deviation from health with a total absence of true organic lesion. On inquiry you find that there has not even been any disturbing influence of emotional character to account for a train of symptoms occurring in a patient in youthful prime, surrounded by hygienic conditions quite the reverse of unfavorable.

Here we have to deal with epithelial desquamation of the cervix uteri of scrofulous character induced by the irritation of ascarides, maintained by the strumous tendency and possibly aggravated by manustunation. This is the type which is especially prone to exhibit hysterical phenomena; it may pass ultimately into the epileptic form.

CLASS 2.—*Venereal* { Gonorrhœal.  
Syphilitic.

a. *Gonorrhœal*.—Superadd to the symptoms of subacute urethritis, with more or less cystitis, a considerable amount of creamy leucorrhœa. Let the vagina be dotted with raised, punctiform spots, the colour of uncooked salmon,



and there be seen on the cervix a superficial, but angry-looking sore, bathed with copious pus, and you have to deal with gonorrhœal ulceration.

Unless treated early, these cases give rise to grave consequences. The very virulent type of inflammation spreads to the endometrium, thence by the Fallopian tube to the ovary and broad ligament. A chronic irritation is set up through the entire track, which is strangely obnoxious to treatment.

Added to this, the health is undermined by the metorrhagia that is rarely wanting in these cases.

*β. Syphilitic.*—We must not expect the subject of hereditary or of inoculated syphilis to be necessarily very liable to miscarriage. These patients are without doubt peculiarly prone to degeneration of the placenta; if this degeneration be general, abortion will take place; if partial, there will be a tendency to adherent after-birth.

We may strongly suspect a specific taint, when a pale and rather emaciated woman presents herself with an ulcer, perhaps not so peculiar in its *physical*, as in its *clinical*, characters. It is aggravated by the local application of lunar caustic. Notably there has been nocturnal gastralgia, and the patient remembers having had a rash on the forearms. There is alopecia, but the history of primary specific disease is vague, perhaps totally blank. Though typical primary syphilis be rare in private practice, secondary and hereditary disease are perhaps more frequently present than suspected.

### CLASS 3.—*Gouty.*

The next patient is between forty and fifty, of bilious temperament, dyspeptic, languid by day, sleepless at night. Copious uric acid is excreted by the kidney.

The insomnia is due to an over-active condition of the heart at night; so much blood is sent to the brain, whilst the body occupies a recumbent posture, that the physiological anæmia, which we call sleep, cannot be set up.

This cardiac irritability owes its origin to the peculiar

stimulating effect of blood, rich in urea and its oxides, on the muscular tissue of the heart. The exciting cause of the lithiasis is reflex irritation of the sympathetic by an old-standing cervical sore; if we cure that sore, we shall find that the gout dies a natural death.

These are the patients who suffer in more advanced life from vascular tumour of the urethra.

SUB-CLASS—*herpetic* [eczema]. There is a modification the gouty type of pelvic disease which the French pathologists recognise under the term "herpetisme," and which they erect into an independent diathesis, the interesting feature of this is that nobody quite understands what is meant by the term! Possibly from this HAHNEMANN evolved his remarkable myth "psora."

This herpetic tendency (or as we should say now, eczematous tendency) may precede and predispose to ulceration. A patient presents herself for treatment having an eczematous rash on the mammary areolæ; on exploring we detect a similar eruption on the cervix uteri. If the cervix be exposed to any source of mechanical irritation, the heads of the vesicles will be removed, the resultant excoriations, bathed in acrid serum, will coalesce and form an annular sore. An ulcer formed in this way is frequently found to be most intractable; it will tax, at times to the utmost, both our ingenuity and our patience before we can dismiss the case labeled "cured." But here the wonderful influence of specific medication over the most obstinate diathesis comes into play, to aid the baffled surgeon.

#### CLASS 4.—*Chronic osteo-arthritis* [Rheumatic Gout].

Those of my readers who have in the course of their lives visited a "Women's Hospital for Incurables," will have been struck by at least two peculiarities. One is the general cheerfulness that prevails in a region over whose portal one would not be surprised to see inscribed the sad and celebrated sentence of the great Florentine poet:

"Lasciate ogni speranza, voi ch' entrate."\*

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\* "All hope abandon ye who enter here."—*Dante*.

The second feature that impresses the visitor is the large proportion of cases of hopeless rheumatic gout. These do not certainly form the most cheerful elements of the party.

Something infinitely more sorrowful than the sight of these cases is the sad thought that, guided by a more enlightened pathology, these patient sufferers might have been rescued from a life-time of endurance and enforced idleness spent on a Procrustean bed. During the early history of these cases, you will find that they had one characteristic in common—their peculiar proneness to recurrent uterine hæmorrhage. Why menorrhagia should lead to that particular *perversion* of nutrition, which consists in the slow conversion of cartilage into bone, I cannot tell. It is an imitation in youth of the misfortune of age—a sort of anticipated senility. One thing is certain, that the removal of the cause of the hæmorrhage, in the earlier stages of rheumatic gout, leads to an arrest of the osseous metamorphosis and to a remarkable amelioration in the condition of the patient. Our accomplished representative at Brighton has pointed out in his “Therapeutics” the correspondence between the remedies for rheumatic gout and those for uterine hæmorrhage.

#### CLASS 5.—*Hepatic.*

A stout patient, not under 30, enters our consulting-room. She is of the bilious type and complains to us of recurrent sick headache. She has had, she tells us, two or three attacks of genuine jaundice. As piles are present, we examine the liver and finding it extending from two to four inches below the hypochondrium we diagnose hepatic congestion, and treat the patient accordingly. But so doing we shall never cure this case! The *Nux vomica* we administer and the mercury we give [especially if we chance to select the perchloride] will benefit her certainly, because, without our knowledge, we shall be attacking the *fons et origo mali*.

Let us go a little farther back in the medical history of this patient. Long before the tendency to jaundice there

was plain evidence of pelvic congestion, backache, menstrual irregularity, and more or less uterine catarrh. We should find too that the hæmorrhoids preceded the hepatic disturbances. Nothing but the removal of the cervical disease will cure this patient, and *that* will cure her, as I have seen more than once, without any hepatic remedies whatever.

#### CLASS 6.—*Mammary.*

Occasionally the only prominent indication of pelvic mischief exhibits itself in the breasts. The mammæ will present either hyperæsthesia, aggravated by cold wind, or else congestion proceeding in rare instances even to abscess, if the local cause be ignored. These symptoms indicate that the case is complicated by congestion or inflammation of the ovary.

#### CLASS 7.—*Cardiac.*

A pale patient, not young, seeks our aid, complaining of "something wrong with her heart." This perversion of heart-action may assume very various forms. She may have palpitation or irregular action only. There may be any of the classic murmurs with their respective concomitant symptoms, and without either anæmia, chorea, or the climacteric to explain them upon a non-organic theory. We attack these cases with the customary cardiac remedies and we are surprised that we only produce temporary amelioration.

Some old standing irritation of the uterine neck underlies this puzzling problem, which we shall only solve by subduing the cervical condition.

CLASS 8.—*Asthmatic.*

CLASS 9.—*Choreic.*

CLASS 10.—*Cataleptic.*

CLASS 11.—*Epileptic.*

CLASS 12.—*Tetanic.*

Other types of uterine disease are the asthmatic, the choreic, the cataleptic, the epileptic, and the tetanic. As

they do not differ in kind from the same disorders arising from centric causes I need not inflict a description on you. It will serve to distinguish them from organic neuroses to note—

1st. That the attacks are not so frequent nor so periodic.

2ndly. That the symptoms are usually milder than in those cases where the explosion depends on organic lesion.

3rdly. That the phænomena rapidly disappear on removing the eccentric source of irritation.

#### CLASS 13.—*Special Sensory.*

This class includes those cases where we see some peculiar perversion of the special senses, notably of the sight and hearing, occupying a prominent place in the patient's mind, the primary symptoms having either fallen into abeyance or tolerance having been set up.

The affection of the sight is congestive in character, it is usually choroidal\* at the outset, but in process of time the other structures will become involved, and sight be gravely imperiled. The fact that some of the best eye-remedies have also a marked uterine action may explain how a lucky hit may be made in all innocence by the homœopathic practitioner.

Tinnitus, which does not yield to ordinary treatment, should always draw our attention to the pelvic organs.

Should these sensory symptoms be attacked in the right way, when they have existed for two or three years only, there is fair ground for holding forth a hope of their total disappearance with the removal of their remote cause. But nature will not hold up the warning finger for ever: established amaurosis and confirmed deafness may be benefited, but will not be entirely removed even by complete cure of the predisposing condition.

#### CLASS 14.—*Mental.*

Memory is often much impaired. Undoubtedly long-

\* Dr. Cooper narrates a case, *M. H. R.*, v. xv, p. 622, where apparently a congenital tendency to choroiditis is lighted up by pelvic congestion, probably cervical ulceration *plus* hypertrophy.

protracted uterine disease may, especially at the climacteric, gravely disturb the balance of the mental faculties. Excepting where there is a family tendency, I do not think the menopause will induce insanity, unless the way be paved by pre-existing pelvic disease.

Hallucination is by no means uncommon.

Primary mental disease is not, I should judge, commonly seen in women.

#### CLASS 15.—*Moral.*

Undefined apprehension, groundless terror, a distressing feeling of dread, especially felt during the night, which is either haunted by dreams, or long, dreary and sleepless, characterise some cases. In others the most painful pelvic symptom is marked irritability: utterly inadequate causes disturb the delicate equilibrium which we call "temper," marring domestic peace, embarrassing social intercourse. Moral principle and courtesy may conceal, but cannot efface this sad result. Many an unfortunate sufferer earns the reputation of being a vixen when, perhaps, a physical condition underlies all her accredited waspishness.

Not to swell my paper to too great a size, I omit a great variety of convulsive neuroses, as well as a number of cerebral and spinal congestions—apoplexy, para- and hemiplegia, general paralysis, febrile delirium, meningitis, &c.

I will content myself with reminding you that there is one other group; the possibility that a case may be relegated to this class must always be borne in mind.

#### CLASS 16.—*Mechanical.*

There is, then, another group of cases which we occasionally encounter: here the disturbing cause is the presence of a foreign body; most of us have witnessed cases of this kind. A curious example is that of E. C—, Case 12, where a large barrel-cork was found lodged on the posterior *cul-de-sac* of the vagina. Similar conditions have been induced by badly-fitting or displaced pessaries.

It is unnecessary to tell you that the preceding classes, arranged, for facility of reference, according to the leading

clinical features, are to a certain extent artificial and arbitrary. The divisions are rather diagrammatic than absolute, because in practice we should not be surprised if we encountered two or more combined in one subject. We could of course multiply their number, giving "hysterical," "spinal," "renal," &c., but I think I have included the typical varieties, most liable to mistaken diagnosis, the reflex condition being erroneously elevated to the post which should be occupied by the primary lesion. I think they are sufficient to show that in pelvic disease we encounter a curious and characteristic feature, viz. *that one and the same affection of the same organ shall give rise in different persons, and in the same person at different times, to dissimilar effects.* Hence, pure symptomatic treatment would involve us in a palpable absurdity.

I suppose that it has occurred to most in this room, to ask why a fixed, definite, morbid condition should present itself under such protean forms and should give rise to groups of symptoms so widely divergent in character in different subjects? I have little doubt that this curious fact is to be explained in the following way.

Given a disturbing element in the lower abdominal circulation; then, should neither diathesis nor hereditary predisposition exist, the patient will have ordinary pelvic congestion. This hyperæmia may be fostered with favouring circumstances into fundal metritis, cervicitis, abrasion, hypertrophy and the remainder of the classic pathological series. Should there be, on the other hand, a family tendency; we may look for a deviation of the secondary or tertiary symptoms into that special channel. This is illustrated by the instance with which you are already familiar. The subject of papillary hypertrophy may get in time a "cauliflower cervix;" but should that patient be the unfortunate descendant of carcinomatous ancestors, we may justly dread the accession of true cancer of the cervix.

A question of grave importance here presents itself. Does the healing of a chronic sore tend to develop a latent diathesis? This point I should desire to approach with

great diffidence, and, as far as possible, with a mind divested of bias. I will not give you my opinion on this subject; opinions are of little worth. My experience is this. I have healed a great number of abrasions in cases bearing marked strumous characters: in not one of these has chest-disease manifested itself to my knowledge. In two instances I have healed uterine sores where persistent apex-crepitation, &c., &c., gave the usual evidence of active tuberculisation. In both the general health has been decidedly benefited. There is certainly no increase in the area of crepitation in the one, whilst in the other it entirely disappeared during the local treatment. An interesting point concerning the former patient is that she had been prone, before the topical treatment, to temporary attacks of mental aberration. These always occurred in the morning; they ceased suddenly with the cessation of cervical symptoms.

With regard to cancer, the only case I can adduce is the following. A lady, aged 43, consulted me five years ago for very troublesome pelvic symptoms. Besides these there was a growing nodule in the outer border of the left breast, the size of an almond; two hardened glands, the size of peas, were found in the left axilla. Sir James Paget agreed with me that the mammary tumour was malignant and of scirrhus character. On examination I found extensive denudation of the cervix, whose circumference was enlarged to the size of a crown piece and was dotted with the hard, yellow nodules said to be characteristic of incipient cancer. I have occasionally touched these with carbolic acid with great benefit to the patient's general health, and certainly without any aggravation of the mammary tumour, which is scarcely larger than it was in 1871 (5 years).

#### TREATMENT.

Though I commence the consideration of treatment with the estimation of the relative value of drugs, and their appropriate selection, this is not because I consider that the



introduction of medicaments into the stomach plays the most important rôle in the drama of pelvic disease. Yet neither should we desire to undervalue the potent yet plastic means which the law of similars has placed at our disposal. Probably most uterine lesions are constitutional in their earliest stages; then they may be treated successfully by internal remedies alone; but it is notorious that our aid is very frequently not sought till other methods have been tried in vain, or the evil day is put off for merely secondary considerations, and thus a number of elements are one by one introduced, some of them essentially local in their nature, and mechanical in their action.

It is our wisdom to encounter mechanical disorders by mechanical measures, constitutional diseases by constitutional remedies. If we tilt at a windmill with the fine lance of Similia, our ludicrous failure will be evident enough to others, if not to our own *amour propre*.

The earlier adherents to the cause of homœopathy, had a strong leaning to the Physiological method. This is not surprising when we call to mind that they had witnessed, on the one hand, the abuse of mechanical measures, on the other, the remarkable results of specific medication. But now there is more danger of our lapsing into *laissez faire*ism. The medical mind is as prone as any other to swing, pendulum-like, to extremes. Doubtless, truth lies in a middle course. For example, it is more than questionable if a healthy uterus ever were dislocated by pure violence; its levity; its remarkable mobility, the resiliency of its environments when normal, render this a feat almost impossible to our understanding. Yet, given a disturbance in itself or its surroundings, the delicate equilibrium is upset, and what was so hard a task becomes the easiest affair in the world. The error lies in supposing that the proximate cause is the only factor. Just as erroneous is it to think that the methods of production of procidentia are of one kind, obviously they will be as numerous as the conditions that determine equilibrium.

*Typical pelvic congestion.*—The remedy whose symptoms correspond most closely with those of passive pelvic con-

gestion, appears to me to be *Actæa racemosa*; I use 1<sup>x</sup> to 3<sup>x</sup>. Here the various appliances of hydropathy are of marked value. Arranged according to frequency of use, the other medicines are *Nux. vom.*, *Podoph.*, *Hamam.*, *Aloë*, *Sulph.*, *Collinsonia*.

*Ulceration.*—If abrasion be present then the king of remedies is *Corrosive sublimate*. It not only has a specific relation to the genital sphere, but it meets the pathological process of ulceration arising from over-stimulated, then broken down glandular structure. It also covers many of the secondary remote symptoms.

If hypochondriasis be marked, *Actæa* is indicated; fretfulness, *Chamomilla*; debility, *Phos. acid*; debility from excessive leucorrhœa. *China*; insomnia, *Gelsem.*, or one of the *stramoniaceæ* according to the minute indications; vertical burning, *Cuprum*; vertical burning with vertigo, *Actæa*; vertical burning with flushing, *Lach.*; supra-orbital neuralgia, for the attack, *Chelid.*, for the tendency, *K. bich.*, *Arg. nit.*; facial neuralgia, *Plat.*, *Cham.*

Eye: Retinal disease, *Phos.*; muscular disease, *Arn.*, *Gels.*; choroidal disease, *Act.*, *Bell.*

Ear: Not much can be expected here from internal medication. *Quinine*, *Arn.*, and *Hydrastis* may be tried.

Laryngeal and pharyngeal affections, *Nux vom.* and the *Iodides of Mercury* and *Potassium*; flatulence, *Lach.*; flatulence, with abdominal distension, *Nux mosch.*; flatulence with borborygmus, *Arg. nit.*; flushing, *Lach.*, *Amyl. nit.*, *Glon.*; palpitation, *Lach.*; epigastric sinking, *Lach.*, *Act.*; hæmatemesis and ovarian pain, *Hamam.*; hypogastric sinking, *Bell.*; stitch in ovary; *Lach.*; lumbar aching, *Act.*; acute lumbar pain, *Bell.*; pain in hips, *Coloc.*; pain in thighs, *Xanthox.*; "bearing down" pain, *Secale*; pressure without pain, *Stannum*; fierce straining down, *Plat.*; irritable bladder, *Nux*; irritable kidney, *Verat. alb.*, *Act.*; irritable rectum, *Aloe.*; piles with itching, *Nux vom.*; piles with congestion, *Hamam.*; piles with tenesmus and engorged liver, *Podoph.*; piles with tic, *Verbasc.*, *Merc. corr.*; piles, chronic, *Sulph.*, *Collins.*;

pruritus vulvæ; *Ars. Calad.*; yellow leucorrhœa, *Nux vom.*; sacral pain, *Sepia*; itching of skin, *Sep. Sulph.*; alopecia, *Sep.*, *Phos.*, *Calc.*; paraplegia,\* *Bell.*, *Ars.*, *Con.*, *Cocc.*; fainting, *Lach.*; fainting with pallor, diuresis, or diarrhœa, *Verat. alb.*; fainting with muscular relaxation, palpitation, and nausea, *Tabac.*; dementia, *Actæa*, *Secale*; dementia, acute, *Hyosc.*, *Bell.*, *Mercuric methide.*

*Hypertrophic Cervicitis.*—If the amount of hypertrophy be slight, it disappears on curing the sore whose irritation gives rise to it, without any special treatment directed against it.

An organ so freely supplied with the lymphatics and possessing such large lacunæ as the uterus, is likely to become œdematous if any obstruction occur in the course of its circulation. With œdema is often seen a truncated appearance of the cervix, which becomes cylindrical, making it resemble in shape the upper part of a silk hat.

I then apply strong *Carbolic acid*, giving internally *Apis* or *Arsenicum*.

Sometimes the hypertrophy is chiefly vascular; then it readily bleeds and is extremely sensitive to the touch. I once saw this condition in a lady whose husband had forsaken her, possibly this was the cause of separation; if so, had the disease been recognised earlier and removed, on her part, much social misery might have been averted; on the other side, perhaps moral wrong prevented.

If the enlargement be due to true fibroid development from effused lymph, rare in my experience, it resembles in character the horny tonsils of strumous children, which we know too well in dispensary practice. This fibroid tissue becomes practically a foreign body, the contracting lymph strangles the vessels which would have carried away the mass by interstitial absorption. They yield to no medication (except in manuals), even let the remedies be selected by a Hahnemann, and persevered in with the patience of the patriarch of Uz! I treat both conditions in the

\* *Sulpho-cyanide of potassium, Practitioner, vol. i, p. 199.*

same way, melting them down with Morell Mackenzie's *London paste*.

Perhaps of all the diseases of women, none more imperatively demands complete physical, as well as physiological, rest than the villous hypertrophy. Excepting in this instance, and in actual inflammatory conditions, I do not dream of keeping my patient *absque marito*. In ordinary cases, not only is this morally indefensible, but patients are not the better, some even the worse. It is as well too not to interfere readily with a relationship so intimate and delicate as that implied by the married state.

My rule with regard to physical rest is to make it absolute as long as there be active inflammation or any extra-cervical excoriation, which might be aggravated by friction against the adjacent vaginal wall. When the external sore is healed, I relax a little and allow moderate carriage exercise.

I cordially agree with Dr. Moore, of Liverpool, in urging the operator not to finally dismiss his patient till he has cured the last trace of abrasion. If so much as a scratch be left all the symptoms may return, and much discredit come on the medical attendant.

A long probe or forceps armed with a light pad of Van Brun's wool (cotton-wool freed from all trace of oily material) passed very gently up to the *ostium internum* and revolved two or three times, should return with no trace of red discoloration.

Perhaps the best of all specula is Neugebauer's, or one of its modifications. Most gynæcologists employ, I believe, a bivalve. Cusco's speculum, with the right hand or anterior blade made much shorter, is a very useful instrument; for operations I use the double duck-bill of Marion Sims; for other purposes I prefer a tubular "Fergusson," galeated for easy introduction, and that a displaced cervix may be caught by the hood and brought into range; thus the use of the sound for preliminary reduction in cases complicated with displacement is dispensed with. The external rim being rendered greasy by the necessary lubrication, it is prone to slip suddenly from the hand; and because a slip under such

circumstances inflicts a good deal of pain, Mr. Weiss has devised for me a handle which projects from the posterior side of the rim; this acts also as a lever to assist in tilting a dislocated cervix into the line of vision. This instrument gives a good clear light, no small advantage; but it must be remembered that specula, coated with organic material, are prone, especially when they wear rough at the edge, to carry the germs of disease. They should therefore be carefully carbolized after use. This and their frangibility are certainly serious objections to their employment. To diminish, as far as possible, the suffering entailed by introduction, the vaginal orifice should be slowly and carefully dilated by means of the well-oiled index-finger. Then the coccyx should be pressed firmly back, and the instrument introduced with a screw-action as the left hand is withdrawn. Great care should be taken to dilate at the expense of the coccygeal side, and to avoid pressure forwards towards the pubic arch. I always request the patient to empty the lower bowel and to thoroughly douche the cervix previous to operation. The sore *and the cervical canal* should now be very carefully dried, and the paint applied from within out, commencing well above the seat of ulceration. One inch inside the *ostium exterum* will make sure of this in ordinary cases; to dress above this point will inflict severe pain with no benefit. Of course, if cervical hypertrophy be present, we must extend this limit in proportion to the amount of enlargement. If the patient be a nullipara, bearing in mind the deep sulci between the branches of the *arbor vitæ*, the operator will rapidly revolve his brush as a housemaid handles her mop. The most internal part of the sore must be first attacked, for after dressing the outer portions the cervix may convulsively close; it must be taken by surprise or the operator will be defeated. If the patient come to my consulting room, and especially if the sore be extra-cervical, I make a point of leaving some dressing between the lips of the cervix, bringing it over the external sore. This is very conveniently done in the following way. A spindle-shaped slip of lint\* is

\* I employ 'Ellesmere' lint, previously soaked in a hot solution of borax

attached to one end of a piece of twine, to the other a pad of cotton-wool. One point of the lint is introduced into the *os tinæ*, and the cotton-wool pad is applied to keep the lint *in situ*, a loop being left outside the vagina that the patient may easily withdraw the dressing before the evening injection. I never cauterise the cervix within seventy-two hours of the advent or disappearance of the menstrual flow.

I am sure that many cases are dismissed with the intra-cervical portion of the sore unhealed, and just as some careless diagnostors cannot credit the existence of an excoriation which they cannot see, so others think that when they have healed the extra-cervical abrasion the case is cured.

Of course, patients are prone to worry and tease the medical attendant to dismiss them before they are completely cured, but for his own sake he must be obdurate, for if the smallest raw place be left, especially if the patient be no longer young, all will recur.

Injecting the cavity of the uterus, I consider to be a mischievous and dangerous practice, which should only be resorted to under the most extraordinary circumstances. Should it ever be necessary to make applications to the endometrium, it is best done by swabbing.

*Dislocation.*—Displacement of the uterus is a subject of itself; I cannot here do more than notice those forms which are associated usually with cervical disease.

No one will be inclined to doubt that the most important element of displacement is the great variation under different circumstances, of its blood-supply, which not only greatly modifies its relations of gravity, but also those of size and of shape. Nature seems to have taken a great deal more care that this organ should have blood enough than that it should not have too much, when physiological inactivity converts its hyperæmic tendency into a source of inconvenience and even acute suffering.

There is one characteristic of the mechanics of uterine circulation to which I do not think any writer has drawn to remove any trace of grease. This lint is entirely made from flax, instead of having cotton one way.

attention. I speak of the syphon arrangement of the uterine arteries. In the vertical posture, the column of blood pressing on the uterine arterioles, forms a curve with a long ascending branch reaching as high as the transverse aorta. This is peculiar to the pelvic organs, it adds another to the many liabilities of the uterus to hyperæmia.

As the pressure of blood is greatest at the highest point of the distal arm, this may explain the causation of Routh's fundal metritis. Of course, the effects of this syphon-action are much modified by the sinuosities of the uterine vessels. This action of a syphon shows too a subsidiary reason for the existence of the tortuosities besides that usually quoted. Again, it furnishes us with another explanation of the benefit derived from a recumbent posture.

*General proidentia* is probably the result of general congestion often induced by the irritation of a cervical sore acting in a reflex way, just as, in the male, urethral disease will induce orchitis.

Cervical ulceration is usually associated in *multiparæ* with hypertrophy of the neck. This descends in proportion to its weight and to the relaxation of the tissues beneath and around it, sometimes dragging the fundus after it, more frequently, I think, than is commonly supposed. If the tissues around be not relaxed the cervix may descend at its own expense by elongation.

*Ante and retroversion.*—I have shown elsewhere that the action of *coitus* on a hypertrophied cervix, especially if the broad ligaments be contracted by previous parametritis, and the vagina be lax, is to induce anteversion. If the extra-vaginal cervix be flexible, and yet inelastic, retroversion may be the result.

*Hypertrophy* by its mechanical pressure interferes with the functions of the lower bowel, a packed rectum, especially if the bladder be irritable and frequently emptied, will tend to induce and maintain anteversion. On the other hand,

a chronically distended bladder, especially if constipation be absent, will assist in the production of retroversion.

#### ULCERATION.

We come, now, to the consideration of the third and most important section of our subject, the treatment of ulceration of the cervix, and taking up first the diathetic groups, we will attack

##### CLASS I.—*Strumous ulceration.*

I chiefly administer *Actæa*, *Ars. Iodid.*, *Calc.*, *Ferrum*, *Helonias*, *Puls.*, and *Sulph.*

Dr. Bayes has found good results from *Origanum* in those cases where masturbation is suspected. The helminthiatic diathesis must, of course, be treated on its own merits. I paint the sore in these cases with weak carbolic acid, and order *Hydrastis* as an injection.

##### CLASS 2.—*Venereal.*

*Gonorrhœal.*—I need not enter on the treatment of gonorrhœa as such, suffice it to say that frequent injections of tepid carbolised water are followed by capital results in the earlier stages, doubtless, in part, by destroying the trichomonads. I wish I could tell you a remedy which will neutralise the after effects—alas, I cannot; I fear *Thuja* has scarcely the virtues that are attributed to it.

*Syphilitic.*—I must leave the various phases of this diathesis to be treated at your discretion according to special indications. I find that the rapidly curative power of the bichloride ceases near the first centesimal dilution for primary syphilis. The higher potencies will certainly touch some primary cases, but very slowly. They are preferable in most cases of hereditary and secondary disease.

*Calendula* suits these patients best as an injection, and strong *Carbolic acid* as a topical application.

This is the only class of case where I have seen denudation extending actually into the uterine cavity, hence they require unusually high swabbing.



CLASS 3.—*Gouty.*

Here, the grand remedy is *Berberis*. A perusal of its pathogenesis will show its remarkable correspondence with the duplex pathological condition of gout and pelvic congestion. *Berberis* must be administered low, one to ten drops of the matrix tincture.

A cardiac sedative may be tried for the insomnia of these cases, but it will not be found much under the control of medication. I depend more on copious draughts at bed-time and during the night, of some slightly nutritious diluent as milk-and-water, barley water, &c.

Other remedies to be thought of for the diathesis are *Nux*, *Nitric acid*, *Lycopodium*, *Benzoic acid*, *Pulsatilla*, *Sulphur*. The local application I employ is *Carbolic acid*, whilst the patient injects *Calendula*.

I may here draw your attention to the capital little ivory urethral dilator recently invented by Mr. Bryant to facilitate the removal of vascular growths from the urethra. The best proceeding is to snip them close with scissors, then sear the peduncle with the galvanic or actual cautery. I may add that I have tried all sorts of escharotics and acids, including the chromic, recommended by Dr. Edis, without success.

The so-called "herpetic diathesis" is best met by *Thuja* locally and internally; *Arsenic* in a similar way, or *Sulphur* by mouth, with the topical application of *Carbolic acid* or *Liquor carbonis detergens* freely diluted.

CLASS 4.—*Rheumatic Gout.*

*Sulphur* exerts a greater influence over these cases than of any other drug with which I am acquainted.

In a patient of 50, who had been doubled at right angles from contraction of knee-joints for sixteen years, a remarkable change was induced by persevering with *Sulphur*. 6 and 30 for nine months; with occasional friction of knees with sublimed *Sulphur*. At the end of that time she could walk upright and without the aid of her crutches, upon which she had been quite dependent. *Sulphur* 3<sup>r</sup>, which I

first gave, had to be abandoned because it would always induce an attack of facial acne.

*Actæa*, especially if combined with the *Muriate of Iron*, is useful in more recent cases. I cannot say that I have seen decided effects from *Sabina*, *Ruta*, or *Caulophyllum*. But the state of the uterus must be ascertained to do any lasting good.

#### CLASS 5.—*Hepatic.*

Here *Merc. corr.* at once suggests itself, add to this *Nux v.*, *Berberis*, *Podoph.*, *Cham.*, *Sulph.*, *Hepar*, *Iodine*, *Lach.*, *Agar.*, *Hydrast.*, *Nitric acid*, *Lycopod.* Here we have a tough enemy and *pro consuetudine* a wealth of weapons to fight with! It may be borne in mind that Sundelin\* attributes to *Sabina* a powerful hepatic action, he says it stimulates the flow of bile. Generally these cases yield better to *Carbolic acid* than *Lunar caustic* for topical application.

A capital local treatment for the piles is to sit in cold water at night, carefully dry the pile and apply an ointment made by boiling the leaf of the great mullein (*Verbascum Thapsus*) in pure lard carefully freed from salt. This gives great relief. There should be no alcohol in any anal dressings, its presence gives great pain.

#### CLASS 6.—*Mammary.*

In the mammary cases we think of *Conium*, *Ham.*, *Bell.*, *Graphites*, and *Mercury*. But on healing the cervix the ovary dwindles away, and the mammary pains disappear spontaneously.

#### CLASS 7.—*Cardiac.*

The hepatic usually involves this class, therefore its remedies will probably be found in the hepatic list. For palpitation or irregular action of the heart I give *Cactus*. Palpitation with severe flushing, *Amyl.* Violent palpitation with pain, *Spigelia*. Palpitation with flatulence and flushing, *Lach.* Palp., flatulence, profuse urination and frontal head-

\* *Heilmittellehre*, bd. ii, s. 180, auf. 3te. Mohrenheim relates a case of savine abortion where vomiting was present, and the gall-bladder was found ruptured after death (*Murray, App. Med.*, v. i, p. 59).

ache, *Lycopodium*. Palp. with nausea—*Digitalis*. Palp. with gastralgia—*Hydrocyanic acid*. Palp. with pains in medulla oblongata—*Tabacum*. With pains radiating from medulla—*Naja*. Palp. with hysterical dyspnœa, *Moschus*. Palp. flushing of frontal ceph., *Sanguinaria*.

Local treatment same as in the hepatic class.

#### CLASS 8.—*Asthmatic.*

As a palliative, till the case be cured by removal of the cause, *Moschus* stands at the head of the list. Should this fail *Bell.*, *Con.* and *Cuprum* may be thought of.

#### CLASS 9.—*Choreic.*

*Actœa* if its symptoms be present. Mr. Arthur Clifton's indication for *Agaricus* is certainly a good and reliable one, the cessation of the movements during sleep.

Other remedies are *Ign.*, *Cauloph.* Passive exercises, tonic baths, and diet must never be neglected in these cases. Active out-door exercise I sacrifice entirely till the local cause be removed. This I find the best rule, for it is astonishing how soon patients recover from the bad effects of confinement and inaction, once their local trouble is removed. Plenty of eggs, fish, and milk, with bread made of Chapman's "whole-wheat flour." *Cod-oil* if it can be tolerated.

#### CLASS 10.—*Cataleptic.*

For this rare condition I agree with Dr. Richard Hughes, the similitum is *Cannabis*. Some students of Sir R. Christison after taking freely of *new* tincture of Indian hemp fell into a condition precisely resembling catalepsy. Added to this we know the hemp to have an elective affinity for the genital organs.

#### CLASS 11.—*Epileptic.*

*Bell.* begins the list both for theoretic and practical reasons.\* Next perhaps comes *Prussic acid*, I prefer the salt formed by combination with *Potassium* as being a more

\* *Vide* Dr. Rutherford Russell's *Clinique*.

stable preparation and not so evanescent in its action. *Arg. nit.*, *Ars.* or *Cuprum* may be used both locally and internally.

CLASS 12.—*Tetanic.*

Here *Strychnine* would be our sheet anchor, failing it we should recur to *Aconite*, *Prussic acid*.

CLASS 13.—*Special Sensory.* { eye,  
ear.

I have already given the indications for the selection of the eye remedies. Though little can be done by medicine for the affections of the ear, I should give a trial to *Quinine*. The Americans speak highly of *Hydrastis*; it might be employed locally and by administration. *Arnica*, with *Ferrum redact.*, sometimes gives temporary relief.

CLASS 14.—*Mental.*

Here I have seen very hopeful results from general treatment, local lesions having been removed. I have seen the memory steadily mend under *Anacardium*. *Phosphoric acid* and its ferric salts are valuable as nervous pabulum.

CLASS 15.—*Moral.*

Here too medicines are very valuable. A pelvic patient, who could not travel by train without being tempted to commit suicide by leaping from the carriage at speed, was entirely cured of the desire for self-destruction by *Actæa*. *Actæa* I find clinically the best remedy for "undefined dread of impending evil." Hypochondriasis is most marked in the subjects of extreme cervical hypertrophy, perhaps because they are so prone to constipation. Here *Merc. corr.* attacks both the cause and its effects. If it be an old-established case, and prolapsus be marked, *Secale*\* corresponds with both the mental and the physical conditions.

\* Gereleitschenko cured twenty-two out of twenty-nine cases of uterine catarrh by the application of *Ergot* to the cervical canal.—St. Petersburg *Med. Woch.*

Hypochondriasis with burning pains and pruritus demands *Arsenic*. Hysterical depression *Ign.* The religious element calls for *Aurum*. The sleeplessness is difficult to overcome by medicines. *Acon.*, *Bell.*, *Gels.*, *Coff.*, *K. Brom.*, *Ign.*, *Cannab.*, *Camphor monobrom.*, *Secale*, *Sulph.*, *Glon.*, are not too many strings to have to our bow.

Besides medicines, much may be done to relieve the sufferings of the sleepless by certain manoeuvres. In some cases sponging the feet with cold water is enough; in others a hot-bottle of water in the bed. If the patient be anæmic, an extra high pillow is sometimes all that is required to empty the brain of blood sufficiently for sleep. Above all, many persons lie awake when a little food would induce sleep. These patients should never retire without laying in a supply for the long and tedious nocturnal hours. A tumbler of milk, with whisky or rum if prostration be marked, and the symptoms of nervous waste present. If the liver be active, there is no better hypnotic than a glass of stout. When pelvic patients are cured, I make a point of absolutely forbidding alcoholic stimuli. Thus one of the great benefits of radically curing these patients is, that you render them independent of a treacherous ally, ever too ready to be metamorphosed into a deadly enemy.

#### CASES.

CASE 1. *Simple epithelial denudation of the cervix.*—Mrs. G. V—, æt. 25, slight, pale, vivacious, the daughter of a well-known author, herself not entirely unknown in literary circles, is naturally of mercurial temperament, of bright and cheerful disposition. Has been married five years, but has never been *enceinte*. Has gradually got out of health, her naturally happy temperament is replaced by alternate fits of excitement and depression; she finds that whereas she could formerly produce page after page of original writing without effort, her brain now refuses to generate ideas, let her lash it never so cruelly! There are loss of hair, slight vertical headache, and milky leucorrhœa; but

the most troublesome symptom of all is an incessant "sinking away" in the hypogastric region; now and then she is seized with an insane desire to "fly down stairs." I am called to her aid occasionally for an attack of clonic spasm of the diaphragm, which soon yields to the use of *Moschus*. This is varied by temporary trismus, for which she gets *Cicuta*.

*Actea* greatly relieved the supra-pubic sinking, and under *Cocculus*, *Ignatia*, *Nux vomica*, and mild chalybeates, accompanied by the shower-bath, this patient improved very markedly in general health, and I took my leave of the case.

Alas! I was soon summoned again. This time I asked for a local examination and found a cervical sore. Every seventh day I painted the cervix with a saturated aqueous solution of carbolic acid. At the end of a few weeks this patient lost all her symptoms, regained her mental powers and good spirits, and has remained well since that time, a period of two years.

CASE 2. *Ulceration with hypertrophy*.—Mrs. E. L., æt. 33, tall, and clear skin, florid colour, dark hair and eyes, inclined to be stout. Has been married thirteen years; had seven children, no miscarriage. Is pregnant at the present time; has piles and a cough without expectoration. Was weak and ailing in childhood; remembers that she had threadworms. Catamenia commenced between seventeen and eighteen, and have never been arrested except by natural causes. Has always suffered during menstruation from vertical headache, nausea, colic, and flatulence. The period is followed for some days by yellow leucorrhœa. Five years ago she had some inflammatory affection of left lung, which has left a good deal of emphysema. Has always lost blood freely at her labours. Has been, for the past six years, prone to attacks of excruciating pain over the left eye. Has taken, under allopathic advice, immense quantities of quinine and port wine, unfortunately without benefit. She wakes with the tic and lachrymation of left eye; the pain steadily increases till midday, then slowly subsides.

*Physical examination* revealed a sore, the size of a shilling, surrounding the *os tinæ*. There was so much hypertrophy of the posterior lip that it overhung and completely concealed the cervical orifice. I painted the abrasion half-a-dozen times with carbolic acid; in three months she was perfectly cured of all her symptoms; and has had hitherto no recurrence (two years). This patient took internally *Nux v.*, *Bry.*, *Ars.*, *Puls.*, *Kali bich.*, and *Ferrum redact.* *Sulphur*  $\phi$  gave remarkable relief during the attack of tic: happily she had but one opportunity of testing its efficacy.

CASE 3. *Strumous ulceration (ascarides)*.—Miss H. B—, *æt.* 24, is tall and slight, with white skin and black hair. prone, from early childhood, to threadworm; has latterly had persistent lumbar aching, unusual pallor of skin, indifference, depression of mind, fugitive frontal headache, brownish tongue, poor appetite, leucorrhœa, and occasional vulvar *pruritus*. Is sometimes constipated. There is a superficial abrasion on the cervix. This I healed, taught the patient how to remedy the anal and vulvar itching, and having warned her mother against the grave consequences of manual counter-irritation of the external genitalia, I dismissed the patient sound in body and with steadily returning cheerfulness of mind. The remedies employed internally—*Act.*, *Bap.*, *Ign.*, *Sulph.*, *Fer. red.* After the local treatment, *Rhus tox.* was very beneficial to general health.

CASE 4. *Gouty*.—Lady R—, *æt.* 58, had been some years resident in a hot climate. Came home suffering of course from “engorged liver,” and has been actively treated for it ever since. The use of strong cholagogues followed by full doses of bark, administered by her allopathic advisers, relieved but failed to cure.

There was a chronic proctitis, with frequent discharge of mucus. This, I have no doubt, depended purely upon local irritation of an adjacent uterine sore. She passed daily large quantities of uric acid.

This case was benefited by general treatment, and would,

I have no doubt, have been cured entirely by local attention. I had no opportunity of remedying the local origin of disease.

CASE 5. *Hepatic*.—Mrs. G. R.—, æt. 28, has suffered since girlhood from “biliousness,” with now and then an attack of true jaundice. Has borne no children. She is naturally strong and muscular, but is worn down by constant backache.

I found, I think, the most extensive simple sore I have ever seen; it extended from the cervical canal to the extreme circumference of the neck, where the cervical epithelium is reflected on the vaginal wall.

This excoriation was healed by the local application of carbolic acid; the patient lost both her “backache” and “biliousness.” She feels better than she can ever remember doing before.

CASE 6. *Hepatic*.—Mrs. Q.—, æt. 44, is tall, spare, very dark hair, and dry parchment-like skin. She says her family are all “bilious;” has a valetudinarian brother, who is very bilious indeed. Has always been regular except during her three pregnancies. For some years has suffered from extreme constipation, piles, loss of hair, backache, great depression of mind, irritability, and sleeplessness. There is also bad appetite, and religious hypochondriasis varied by attacks of hysterical crying. No decided uterine symptoms.

Here was a case with a family tendency to portal congestion, and everything to point to primary liver disturbance. She was accordingly treated on the liver tack for two years, and with a most humiliating absence of success. She then sought, by my wish, the advice of one of our leading consultants, who recommended courses of *Nitric acid*, *Lycopodium* and *Hepar*, then a resort to Benrhydding. These directions were religiously carried out, with the same amount of improvement as had attended my own discouraging efforts. I then proposed an examination of the uterus. I found abrasion with slight hypertrophy; the



spot of soreness was not larger than the little finger-nail. I painted it six or seven times with *Arg. nit.* (gr. v ad ℥j). Her symptoms all passed away, and her life became a pleasure instead of an infliction. Whereas she had been constantly under my care she has not required to consult me since the operations, now more than a year ago.

**CASE 7. Hepatic.**—R. D—, æt. 51, spare and dark, catamenia commenced at twelve, was regular but always accompanied by much pain, which was relieved by vomiting. At the age of twenty-eight began to suffer from “rheumatism” (osteo-arthritis) and “blind boils;” the latter continued till the age of forty-five. These were always worse in the autumn. Then she was much tortured with severe vulvar *pruritus*, to which, when I saw her, she was still prone. This alternates with numbness of internal genitalia. She had, too, considerable external piles, and could not digest her food.

In 1863 she occupied a damp room (age now being forty), and her symptoms grew worse; had vertigo, and more pains in arms and shoulders, which were aggravated by the warmth of bed. The periodic flow grew scanty, was dark and treacly. She consulted a homœopathic physician at Hastings for three months; no examination was made, and no benefit accrued. Returning to Reigate she steadily grew worse with attacks of pubic pain and flatulence varied by occasional vomitings till 1869 (age forty-six), when she had jaundice, which left her very depressed in mind and sour in temper. Now the period began to intermit, and the symptoms one by one disappeared, with the exception of the piles, the peppery temper and the *pruritus pudendi*. About this time she was troubled with a sore navel (eczema); and a vesicular rash (eczema) broke out on the arms and in the scalp. Insomnia also was added to the list of her misfortunes. The period ceased in 1873 at the age of forty-eight. Since that date she has had throbbing headaches, piles, vulvar *pruritus*, and successive crops of eczema.

On examining the patient, 3rd Oct., 1876, I found no

organic disease present, but the cervix presented an extensive abrasion. I gave it as my opinion that on the disappearance of this sore she would be free from piles. The event justified the prediction. With the use of astringent dressings the sore soon scarred over, the piles and *pruritus* disappeared. She sleeps quietly, and is now restored to health and cheerfulness.

Here is an interesting case commencing very early with, we may safely predicate, cervical stenosis, then abrasion; afterwards the case assumes the osteo-arthritic type, general nutrition being impaired. In process of time reflex irritation of the liver is set up, then some latent gouty tendencies are fanned into a flame formed by the continued pelvic irritation.

How much misery would have been spared this wretched creature had her pelvic symptoms been grasped at an early date, and with a firm hand crushed out of existence!

CASE 8. *Cardiac*.—Mrs. T—, æt. 60, has suffered for some years with palpitation and irregular action of the heart. Was much relieved by Dr. Guinness, “who did something to the neck of the womb;” this was some years ago, and, though she has since been under many homœopathic practitioners, she has experienced no decided relief from any.

I removed from this patient's cervix a very vascular little polypus measuring three centimètres in circumference. The cervix was large, covered with herpes; a narrow annular sore surrounded the *os tinæ*. There was present also a large bunch of purple piles. I touched the sore occasionally with *Arg. nit.* gr. x ad ℥j, and ordered injections of *Thuja*. Gave *Aloë* 1 night and morning. *Ferrum redactum* ℞ after luncheon daily as food, the patient being anæmic, with lower lids puffy and ankles swollen. After the *Aloë*, *Lycopod.* 6 and 80 were given. For the sympathetic heart-symptoms *Aconite* and *Tabacum* were found useful.

Under this treatment the local symptoms passed away, and the heart became firm and regular in action. The insomnia, which was a prominent and distressing symptom

in this case, diminished *pari passu* with the pelvic improvement.

**CASE 9. Mammary.**—Miss S—, æt. 40, a stout, lethargic patient, unmarried, complained of severe pains in both breasts, which were very large and tender, but not discoloured in any way. The pains were always worse at the period, and were also aggravated by cold and damp weather. I saw this case many years ago, and did not realise that the mammary symptoms were entirely dependent on some latent pelvic mischief. I can understand now why no treatment directed to the breast ever did her the slightest good.

**CASE 10. Mammary.**—Mrs. T. C—, æt. 20, slight and fair, with strumous teeth, had recurrent mammary abscesses, appearing regularly in spring and autumn from thirteen to sixteen years of age. The illness dated from a certain Christmas day, when the menses made their appearance for the first time, and were arrested by cold, wet feet. Then came tenderness and swelling of the abdomen and acute pain in the left ovarian region. No attention was paid to this, but in February one breast became hard and tense, with throbbing pain, and the advice of several medical men was sought. The breast was invariably treated as the *fons et origo mali*, and so the disease recurred again and again, and remedies seemed futile. Happily the active measures adopted, necessitated confinement to bed, this gave the primary morbid condition a chance of healing itself. The patient married at nineteen, and came under my professional care at twenty.

I found on examination immobility of uterus, which was in itself normal; there was marked left lateral deviation. The patient suffered severely from dysmenorrhœa.

This is a very instructive case. Undoubtedly after the arrest of the first period acute, primary ovaritis set in. This was followed by secondary parametritis from extension. Contracting lymph on or between the layer of the broad ligament had caused the immobility and left lateral dislocation of the womb. The mammary abscesses, from their com-

parative painlessness, were probably strumous in character, but certainly ovarian in origin. This patient bore a child ten years after, when twenty-nine. The cervix was sound before delivery. She had a good time, but was troubled afterwards with a persistent, florid discharge for two months. I found a superficial abrasion, and on healing this the drain ceased with no untoward symptoms.

CASE 11. *Mammary*.—An illustration that affections of the breast may be related to the cervix, as well as to the ovaries, is afforded by the following case occurring to Dr. Barnes:—"A single lady came to me from the country, suffering so much from dysmenorrhœa that her health was breaking down. She had, besides, a suspicious, hard tumour in the left breast, for which she consulted the late Mr. C. H. Moore, surgeon to the Middlesex Hospital. The dysmenorrhœa I concluded was due to extreme narrowing of the os uteri. I dilated this by incision, and almost complete relief from dysmenorrhœa ensued; and whereas the tumour of the breast had been progressing unfavourably under monthly exacerbations of pain and swelling, it now became quiescent and scarcely gave any distress. Several years have now elapsed and the tumour is still dormant."\*

CASE 12. *Mechanical*.—E. C—, æt. 17, is a pale, reserved-looking girl, has always been considered delicate. Passed a lumbricus at the age of three. Became unwell at fourteen; the flow is pale and scanty. Has been living at Croydon for two years; whilst there suffered from constant leucorrhœa, bearing-down, backache, "biliousness," with foul breath and constipation. The last symptom was attributed to lime† in the water she drank.

On examination I found a beer-bung (cork) four centimètres in diameter, embedded in the posterior *cul-de-sac*, surrounded by free granulations, from which oozed a fœtid and

\* Barnes on *Diseases of Women*, 1873, p. 275.

† Professor Tyndall says that Croydon water is remarkably free from lime, being, in fact, purified by Clarke's process.

purulent discharge. I tried in vain to remove this with strong vulsellum forceps, the cork breaking down with each attempt at withdrawal. The feat had to be performed with circumspection for fear of producing a recto-vaginal fistula. The cork being eroded was extremely rough and would not travel. It was too large to pass through the largest speculum. I finally delivered her of her curious progeny, by means of a pair of Simpson's short forceps, at the same time gently "shelling out" with the left index in the rectum, to prevent too much pressure that way.

With injections of *Calendula* she made a speedy recovery.

#### AXIOMS.

1. Piles in women point to *pelvic* rather than *portal* congestion.

2. Portal congestion may be present, but it is usually superadded.

3. The presence of piles or of *prolapsus ani* is a pathological indication of cervical hypertrophy rather than of retrorse displacement of the fundus.

4. Complete retroflexion may exist without either rectal or anal symptoms.

5. Ulceration leads to *prolapsus via cervical hypertrophy*.

6. Procidentia is commonly caused by the weight of the hypertrophied neck dragging down the fundus, not by the fundus thrusting down the neck.

7. Uncomplicated fundal congestion predisposes to version rather than to flexion.

8. Fundal congestion *plus* cervical hypertrophy lead to general procidentia, accelerated by flaccid vaginal walls and a ruptured perinæum.

9. Stenosis of the cervical canal [dysmenorrhœa] will lead to hypertrophy of the uterus, corresponding with eccentric hypertrophy of the heart from aortic obstruction; thus predisposing the womb to procidentia.

10. Systematic, puerperal flooders and *post-partum*

drainers are, if there be no hæmorrhagic diathesis, probably the subjects of neglected uterine ulceration.

11. If a sore be aggravated by the topical use of nitrate of silver, it is probably diathetic in origin, *i.e.* either gouty, strumous or syphilitic.

12. Extensive abrasions which yield readily to the local application of carbolic acid, combined with the internal administration of mercurials, are usually syphilitic.

13. Supra-orbital neuralgia (especially left), coexistent with symptoms of pelvic congestion, is pathognomonic of ulceration.

14. Pain at the vertex and enlargement of the ovary are seldom significant of primary ovarian disease; in the great majority of cases the ovarian irritation is secondary to long-standing cervical disease.

15. Uterine disease is aggravated by exertion—standing, walking and lifting.

16. Ovarian disease is aggravated by vibration—driving, railway travelling.

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## CLINICAL LECTURE.—No. 2.

By ROBERT T. COOPER, M.D., Dublin.

### *Ulcer of the Stomach (continued).*

GENTLEMEN,—It will be readily seen that throughout the concluding paragraphs of our last lecture we laid particular stress upon “the condition of system” present in the case last reported, that of gastric ulcer. What we wish to impress upon all who would successfully prescribe for disease is the necessity for endeavouring to become conversant with the prevailing condition in which the system at large may be thrown along with a given abnormality in a particular part of it; we may be, and often are, successful in arriving at the indicated remedy by merely taking cognisance of the existing condition of system, and without

inquiring into what are the local symptoms. Not that I by any means advocate an insufficient, in preference to a full, inquiry into the entire circumstances of the case; not at all, but I do most decidedly advocate the taking into account the prevailing condition as the first and most important feature towards the right understanding of the required remedy for the majority of, at all events, chronic cases.

I must protest, and with all the power I can, against our resting satisfied with a contracted and a really microscopical inquiry into drug action, to the exclusion of a preliminary inquiry into the condition of system that necessarily attends upon the local manifestation, and which condition is before everything else indicative of the remedy. The recognition of this—I say it from practical experience—will very often lead us to a successful selection, where in default of the observance of it a catalogue of symptoms would be entirely insufficient. How often have we all known this to hold good of our *Aconite*, our *Ignatia*, our *Belladonna*, and our *Bryonia*; how often have we, with the greatest accuracy, been enabled to prescribe for a sciatica with *Aconite* by keeping this principle in view, when perhaps a repertory would have led to a far different selection. And, however opposed to such generalising Hahnemann's teachings may seem, in practice he followed a like course, as seems evident enough from his well-known nosological classification of chronic disease.

I have shown in the pages of this Journal (*vide* vol. xxxii, pp. 409-442), I think plainly enough, that a condition of system characterised by a painless form of irritability is producible by, and consequently subordinate in treatment to, the preparations of *Iron*.

Now, no one can have attentively studied the actions of (*Nitrate of*) *Silver* and of *Iron* without being impressed with a resemblance between them; you will see this plainly enough if you remember that in their irritant action they are much alike, and both are remedial in anæmic diseases. Taking *Iron* and *Silver* as they come to us from allopathy there is this singular difference, that *Silver* has been em-

ployed by the allopaths almost exclusively upon homœopathic principles, *Iron* upon principles that can hardly be said to be rigidly either homœopathic or allopathic. And this arises mainly from the fact that I have so often insisted upon, that *Iron* owing to the painlessness of the irritability produced by it can be administered in doses that would be absolutely prohibitive in the case of *Silver*, owing to the very sharp and painful irritability set up by the metal *Silver* and its preparations. By giving *Iron* as allopaths have done in such large doses in disregard of its aggravations, which are more plentiful than apparent, they have come to confine its utility to one only of its "conditions of system," that of anæmia, and have ignored its appropriateness for that of irritability. They thus deprive themselves of a large department of its therapeutic sphere. But while this contrast holds good as between *Silver* and *Iron*, the therapeutic contrast between *Silver* and *Arsenic* shows a great preponderance in the irritating and consequently aggravation producing properties in the latter, and it is in this way explicable why allopaths are still more benighted in respect to the curative action of *Arsenic* in irritable conditions of the system. Were this otherwise, were salts of *Silver* as often followed by aggravation as are those of *Arsenic*—allopathy would never have retained *Silver* as remedial in painful sub-inflammatory affections.

Following up the subject in hand we append this case illustrative of the deficiency in curative power of *Iron* in painful anæmia, and also illustrative of the pathology of the form of *ulcer of the stomach* treated of in our last lecture.

Kate W—, 'æt. 19, a lady's maid, a delicate anæmic girl, the treatment of whose case began at the Southampton Homœopathic Dispensary the 18th January, 1871, and terminated in the middle of August in the same year. She has been out of health for eight months, and her symptoms are rapidly becoming more developed.

There is much feeling of sickness after meals, with fainting on attempting movement, and very acute pain in the left submammary region on drawing a deep breath, with pain shooting through to between her shoulders.



These symptoms began, and I would lay particular stress upon this, by cessation of a monthly illness, since which time the catamenia have come on pretty regularly as to time, but increasingly scantily, and at last period there was complete cessation.

Appetite good, but feels very sick and in pain in the region of the stomach after eating. Is in least pain when lying on her right side. Bowels regular.

It would be tedious to give each week's treatment in detail of this case; we shall therefore take a hurried review of the results.

During the first three weeks she was under *Nitrate of Uranium*, and, as I thought, at first with benefit, but really without improvement. At the end of this time reports that it is now two months since the last monthly period.

For the next fortnight was on *Ferrum phosphoricum*, in the 1st decimal, with *Conium* 2nd decimal at night; for a time apparently better, but not so in reality. Tongue is fissured transversely.

For the next four weeks gets *Hydrastis* 1st dec., and at the end of each week expressed satisfaction, and her tongue lost its fissured appearance. Her appetite improved, and the stomach pains changed to one that is "worse before she begins to eat." During the last week of this interval, though feeling otherwise better, she had much increase of pains in the stomach.

For the next week *Sulphur* in the 30th was given, with improvement in the pain through to the back, and reappearance of the catamenia.

Then *Hydrastis* for a week was repeated, but it now disagreed and "phlegm kept constantly rising."

*Sulphur* 30 was again given, but the bowels became confined, and subsequent weeks were passed under *Hydrastis*, followed by *Phosphate of Iron*, and then *Phosphate of Iron* by day, with *Hydrastis* at night. The *Hydrastis* evidently acted somewhat upon the bowels; and she kept on with these, improving in general health from week to week, from the 26th April till the middle of June, the monthly

period during this interval coming on at the proper times. One symptom we must particularise as occurring during this interval and throughout the former period of her illness, namely, occasional attacks of epistaxis.

We must notice that up to this time no real improvement had resulted in the symptoms referable to the ulcer of the stomach.

We now put her upon *Phosphorus* in the 30th during the day, and *Cactus grand.* in the 1st decimal at bedtime; and from the moment she began taking these the obstinate ulcer pains ceased, and after steady improvement she left the dispensary quite well, having been under these two remedies from the 5th July to the 16th of August.

The above report is wanting in fulness and distinctiveness of description, and gives an altogether inadequate idea of the severity of the case. Still much may be learned from it.

There is, firstly, the lesson taught of the protracted duration of a case so long as the indicated remedy is withheld. Then there is the interesting fact of an exacerbation of symptom from a decubitus upon the side opposite to that in the case of gastric ulcer in our former lecture, pointing to the seat of ulceration as occupying a position in the cardiac extremity of the stomach, and inferentially testifying to the necessity for a treatment of such cases that enjoins the maintenance of a position recumbent upon the side opposite to the seat of disease. While then, again, there is the important etiological feature of a simultaneous accession of stomach and uterine symptoms.

Brinton, who has written so ably upon ulcer of the stomach, and whose opinion must necessarily carry much weight, gives us in his treatise\* two cases, very similar to the ones we have reported, and among the remarks upon the first of these, he thus states his opinion:—"The symptoms of this case are of especial interest, because they illustrate what I believe to be the true relation of the amenorrhœa to the ulcer in the above group (the gastric

\* *Ulcer of Stomach.* William Brinton, M.D. Pp. 154—155. Reports i and ii. London, John Churchill, 1857.

ulcer complicated with amenorrhœa). The priority of the gastric symptoms in this particular instance, as well as in others of the same kind which have come under my notice, seems to prove that in these cases the amenorrhœa is the result of the ulcer, and is not in any way concerned in the production of the lesion;—that, in fact, the suspension of this periodic hæmorrhage is a result of the same law as that which often gives rise to its cessation in even the earlier stages of phthisis and other constitutional disorders, and which normally suspends it during pregnancy and lactation.”

The intimate connection, then, of the gastric ulcer with the amenorrhœa is established beyond the possibility of a doubt. In some instances the menstrual flux has had a specific influence in provoking and increasing the ordinary pain of gastric ulcer, and this pain has recurred at the menstrual periods, long after every symptom of the gastric malady had disappeared (Brinton).

The inter-connection between gastric ulcer and amenorrhœa may be as Brinton says the result of the same law as that which gives rise to amenorrhœa in phthisis. This we repeat may be quite true; but so far as my observations go there is this peculiarity in the amenorrhœa of gastric ulcer, that it is more frequently dysmenorrhœic than that of phthisis. More than this, we have in phthisis nothing analogous to the specific influence of the menstrual flux in provoking and increasing the pain of gastric ulcer, save the altogether exceptional, certainly comparatively exceptional, amelioration of phthisical symptoms simultaneously with an artificial induction of the catamenial flow. No, I believe—and I have many observations in proof of it—that that condition of ovary which announces itself by subcardiac pain is extremely liable to lead on to gastric ulcer, probably from irritating the pneumogastric twigs distributed to the coats of the stomach, and that therefore an ovarian weakness may have been actually though not noticeably in precedence of the ulcer.

In considering this question we would confine attention more to the existing structural alteration in the womb and

ovaries than, as Brinton has done in the passage quoted to the symptomatic amenorrhœa or dysmenorrhœa. The question will resolve itself into whether, prior to the onset of gastric ulcer, there exists a structural change in the womb and ovaries like to that existing in the coats of the stomach and predisposing the coats of this viscus to the ulcerative process.

Then, further, our case, gentlemen, shows us that, with the aid of remedial agents, it is possible to amend the general state of the system without improving the specific condition accompanying it. For while we found that *Sulphur* induced a return of the catamenia, and that *Phosphate of Iron* exhibited, along with *Hydrastis*, as well as when given by itself, improved the general tone of the system, we also found that no real benefit accrued in the condition of the ulcer until the *Phosphorus* was given by day and the *Cactus* at night.

*Phosphorus* is known to exert a very decided effect upon the stomach, the lesion most characteristic of it being gastritis. We have no data in the progress of the case upon which to found an opinion as to whether it or the *Cactus* was the curative agent. Both of these remedies produce dysmenorrhœa, both produce epistaxis (which was present with our patient), both would meet the pain after food. But with *Phosphorus*, "delay of the menses is a secondary effect," with *Cactus* it appears to be primary; *Cactus* would probably better meet the sympathetic palpitation of the heart that exists in cases of gastric ulcer, and it certainly would be more appropriate for the dysmenorrhœa. *Cactus* produces two symptoms that bring it into relationship with ulcer of the stomach, namely, "bad digestion; all food causes weight in the stomach, and so much suffering that he prefers to remain fasting," and "copious vomiting of blood." In one case of œdema of the hands, reported in our first lecture, *Cactus* seemed to induce "a distressing sinking and gnawing at the chest, with pains under the shoulders, coming on at different times, especially after eating, with a sense of fulness in the abdomen." Now this sinking and gnawing at (the pit of)

the chest, with pains shooting through to the shoulders, is, as we all know, symptomatic of gastric distress, and as such particularly likely to be present in cases of gastric ulcer. "A dorsal pain, first described by Cruveilhier, is also subsequently established, generally in a few weeks or months after the epigastric pain" (Aitken, *Practice of Medicine*, vol. ii, p. 903).

It is obvious that dyspeptic symptoms are a necessary accompaniment of gastric ulcer of whatever kind it may be, so that, in reliance upon gastric symptoms only, it would be easy to point out many likely remedies for it, but gastric ulcer is just one of those affections in which clinical experience is indispensably necessary to confirm any recommendation; and any clinical experience bearing upon this subject ought to give as full a description as possible of the local and the concomitant symptoms, in the hope that with these before us we may be able to ascertain the variety of gastric ulcers that has been cured.

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### A CASE OF ADDISON'S DISEASE.

By J. GIBBS BLAKE, B.A. M.D. Lond., Physician to the Birmingham Homœopathic Hospital.

C. M—, æt. 55, the mother of five children, the youngest aged ten years. Three years ago she had a long illness, irregular scanty menstruation, attended by much mental distress little short of melancholia, but in four months she recovered her usual health, and she passed through the climacteric period without further disturbance of health, and the last appearance of catamenia was about twelve months ago.

On May 12th, 1876, I was called to see her on account of great prostration, nausea, and vomiting of mucus; her appetite was very bad, amounting to disgust for food. I

found her in bed lying on her back. The pulse was very feeble, scarcely perceptible at the wrist, but the heart was beating regularly and, though weak, was not so feeble as the absence of pulse at the wrist would indicate. The tongue was tolerably clean and moist, no tumour was discoverable in the abdomen, for carcinoma of the stomach was suggested by the cachectic look of the patient. There was no œdema of the feet or eyelids, no albumen in the urine, no leucorrhœa, and a subsequent examination of the uterus excluded disease or malposition of that organ as a cause of the vomiting.

I gave her *Arsenicum* 3<sup>x</sup>, two drops every three hours, and continued it for a week without any benefit. Then *Ipecac.* 1<sup>x</sup>, followed by *Pulsatilla* 3<sup>x</sup>, but the whole of the symptoms were so suggestive of *Arsenic* that I returned to it again, but without any benefit. The wall paper of the bedroom was partly coloured with emerald green, and, when examined, was found to contain arsenic in large quantity. This paper had been on the wall for three years, and the wallpaper of a sitting room usually occupied by the patient also contained arsenic. Both papers were removed and the *Arsenicum* 3<sup>x</sup> discontinued, but the symptoms remained unchanged.

Shortly after this the complexion of the patient began to alter. At all times in health the tint of the skin had been sallow without any fresh colour, but the tint became darker on the hands. The pigment appeared in irregular spots like large freckles on the dorsum of the hands, and the patient assured me that these spots were recent. The creases of the palms of the hands were much darker than the rest of the palm, and had the appearance of a hand imperfectly washed after being stained with the juice of fresh walnuts.

June 14th.—Some slight improvement took place and she was able to go and stay with a friend two miles off, and bore a careful drive in an easy carriage well. The nausea was distinctly worse on first rising in the morning; dislike to all exertion, and actual disgust for all food, still not much emaciation; considerable sacral pain, with infrequent

stools, but not more than the small amount of food would account for.

27th.—No material change. I prescribed *Apomorphia* 2ʳ, one grain to be taken dry on the tongue three times a day.

July 1st.—For the first time the patient attributed benefit to medicine. The nausea and vomiting improved after the first day of taking the *Apomorphia*, and she was sitting up, feeling much better and able to take more food. I mentioned that I was going out of town for a month, and that I should leave her under the care of my colleague, Dr. Wynne Thomas. To this she answered that she felt so well that she thought she should be able to do without treatment. The discoloration of the skin of the hands improved at the same time, and this marked change I feared might be only part of the natural history of the disease. I therefore communicated my fears both of the nature of the disease and of the improvement to my colleague, for I did not feel sufficiently confident of the diagnosis to tell the friends of the patient that the case was one of hopeless prognosis. She continued to improve for three weeks, but on July 26th Dr. Thomas found her suffering from the same symptoms as in the middle of May. The *Apomorphia* now failed, and it is probable that the improvement attending the first administration was only accidental. It is worthy of trial, however, in similar cases.

August 1st.—After the interval of a month the increase of the coloration of the skin of the face and hands was very marked, especially the dorsal surface of the fingers and the creases of the palms. There was no pain except in the left flank, and this was dull generally, but sometimes more severe, and was referred to the course of the ureter, but not so violent as that of nephritic colic. The prostration was intense, and the patient lay on her back with perfect disregard of appearances, not caring to have her hair brushed or the bedclothes put straight. I then told the friends that the patient had Addison's disease, and that the prognosis was most grave. She remained in much the same state under my care till August 17th, and then was placed under an allopathic physician.

I am informed that her state varied little at first. The prostration and nausea remained till within a few days of her death, the nausea was then better. Cerebral symptoms were noted two or three days before death; delirium, with much incoherent talking, but during the intervals consciousness was perfect. The day before her death I was asked to see her again. She was quite conscious; more feeble than ever; her lips and teeth were covered with sordes, and on September 6th, at 8 a.m., after a restless night, delirious dozings, and conscious wakefulness, death came suddenly.

*Observations on the autopsy performed thirty-two hours post mortem.*—Permission having been obtained to examine the adrenals, an opening was made in the usual manner in the middle line of the abdomen. In the abdominal parietes was an inch and a quarter of yellow adipose tissue, the omentum laden with fat, and the organs of the abdomen well covered, and a large rounded mass of granular fat under the xiphoid cartilage.

The right suprarenal capsule was removed first and was surrounded with fat. Although carefully handled, the larger portion being converted into an ovoid mass one inch and a quarter in the long, and an inch in the short diameter; the cavity was filled with caseous matter, which escaped as the capsule gave way under the pressure of the hand.

The left capsule was removed entire.

No other organs were examined.

The body was not much emaciated, and no more discoloration existed than had been observed during life.

The result of a careful examination of the supra-renal capsules is subjoined.

*“ Report on the supra-renal Capsules from a case of Addison’s Disease.*

*“ Left capsule* divided longitudinally a little to one side of the median line. Much granular fat adherent to the exterior. The true substance of the organ appeared to be converted into a yellowish mass (Plate, a) an inch and a quarter long and five eighths of an inch broad. The



section is yellowish in colour, mottled, surface uneven. In consistence soft, but unequally so, some parts being firmer, while others are softening down. No proper distinction of medulla and cortex, but the outer portion is somewhat darker and firmer, and just at its junction with the fibrous capsule is decidedly pigmented (Plate, *b*) for a layer about one line in breadth. The outer fibrous capsule apparently normal and healthy, its inner surface pale and covered with fatty matter.

“*Right capsule* considerably torn in its removal, so that it now presents a mere cavity, from which, during the examination, there fell out a small pultaceous mass, oblong in shape, the size of two peas. This cavity is now empty, and none of the true organ is left. The shape, as far as it can be now observed, is rounded, and nearly an inch in diameter. The inner wall of the remaining capsule is soft to the touch, pale in colour, with fatty matter adherent. The fibrous capsule is tough; much granular fat adherent to the outer surface. No signs of calcareous deposit.

“*Microscopical examination.*—Specimens taken from the pultaceous mass of the right capsule, and from the lighter and darker portions of the left.

“In all the specimens the prominent characters are oil globules of various sizes and molecular *débris*. Some blood discs and a very few leucocytes are seen. Absence of ‘compound granular corpuscles.’ One or two dark irregular, crystalline masses, apparently pigmentary. In a specimen treated with ether some irregular fibrillation was seen. No definite structure could be made out, but the organ was evidently utterly degenerated. The specimens were mounted in glycerine jelly.”

The foregoing case unfortunately presents few points of interest when looked at from a therapeutic standpoint. Our *Materia Medica* contains no reference to any symptoms obviously connected with the adrenals, nor hitherto have the ardent and laborious physiologists given us any information as to the production of disease of the supra-renal capsules by drugs.

We may hope, however, that the numerous physiological laboratories now in active work will ere long enable us, on *à priori* grounds, by the law of similars, to give some medicine which will modify and perhaps arrest the morbid process.\*

## ON THE TRANSLATIONS OF HAHNEMANN'S PATHOGENESIES: WITH A PLEA FOR A NEW ENGLISH VERSION.

By Dr. RICHARD HUGHES.

WHEN Hahnemann first (in 1805) issued a collection of provings, he clothed it—as its name *Fragmenta de viribus medicamentorum positivis* indicates—in a Latin dress. It thus became the property of every educated physician throughout the world, and needed no translation. But when (in 1811) he began to reissue these provings in a more enlarged form, he saw good to depart from his former practice. From this time forward all his pathogenesies were published in the German tongue: we have them as the *Reine Arzneimittellehre* and the *Chronische Krankheiten*.

Consequently, as his method came to be practised in other countries, it became necessary to render the pathogenetic materials he had furnished into the vernacular of each. This has been done in France, America (for the English-speaking peoples), Spain, and Russia. Of the two latter versions I can say nothing; nor have they any direct interest for the readers of this paper. But an estimate of our English translation, with a view to inquiry whether we should be content with it, or should endeavour to compass another, is a matter of considerable importance. And, as most of us read French, it is

\* Explanation of Plate, showing section of left supra-renal capsule. *a.* The cheesy nodule. *b.* Pigmentary deposit at various points of outer portion of nodule.

worth knowing what sort of reproduction of the Hahnemannian pathogenesies we have extant in that language.

1. But, before I speak of the French and English versions, I must say something about a work very little known, viz. a rendering of part of the *Reine Arzneimittellehre* into Latin. In 1826 there appeared at Dresden a volume having on its title-page—

“*Samuelis Hahnemanni Materia Medica Pura, sive doctrina de medicamentorum viribus in corpore humano sano observatis, e Germanico sermone in Latinum conversa.*” Its joint editors were Drs. Stapf and Gross, Hahnemann's well-known and cherished disciples, and Ernest George von Brunnow. It contained the medicines of the first volume of the original work, as they stand in the second edition, viz. *Aconite, Arnica, Belladonna, Cannabis, Cocculus, Cyna* (sic), *Dulcamara, Mercurius, Moschus, Nux vomica, Oleander, Opium*. In 1828 appeared a second volume of the same kind, including medicines from the second and third volumes of the original, viz. *Arsenicum, Bryonia, Ferrum, Helleborus, Ignatia, Magnes, Pulsatilla, Rheum, Rhus, Scilla*. With this, unhappily, the undertaking came to an end.

I have examined these volumes (they are in the library of the British Museum) with much interest. The translation seems accurate and perspicuous. A vocabulary of the German terms used by Hahnemann to denote the various shades of sensation, with the Latin equivalents chosen or invented for them, is prefixed. As an explanation is also given by these well-informed disciples of what the master exactly meant by each term, this table is of great value, both to students and to intending translators. The editors have rendered Hahnemann as he stands, with one exception. His practice, in the first and second editions of the *Reine Arzneimittellehre*, was to arrange his own symptoms first, and then the “observations of others,” including in the latter both the provings furnished to him and the citations he collected from authors. In the Latin version it seems to have been considered that the provings of the master's pupils, made under his direction, were

worthy of being incorporated with his own, as homogeneous in character therewith; while the symptoms taken from recorded observations of poisoning and over-dosing might stand by themselves.

2. I will now speak of the French translations. These have all been made by a Mons. A. J. L. Jourdan, membre d'Académie Royale de Médecine. From his prefaces it would appear that he was not a homœopathist himself, but did his work in the interests of general literature and science. He began with the first edition of the *Chronische Krankheiten*, his version of which appeared in Paris in 1832. In 1834 followed the *Reine Arzneimittellehre*, translated from the third edition of the first two volumes and the second of the rest. In 1846 he published his rendering into French of the second edition of the *Chronische Krankheiten*, thereby completing his work. The first and third are reproductions of the original just as it stands; but his "Traité de Matière Médicale, ou de l'action pure des médicaments homœopathiques" rearranges the medicines after the alphabetical order of their French names. In all three the prefaces and notes are given in full; each symptom has a paragraph to itself, and the authorities are affixed. The references, however, for the symptoms cited from authors are—save in the few earlier medicines of the *Reine Arzneimittellehre*—omitted.

I do not know what is thought by experts in the French and German languages of the accuracy of this translation. So far as my own knowledge enables me to speak, I can say that it has not disappointed me when I have consulted it. The omission of the references of the cited symptoms is of little consequence, as any one who wished to follow them up would consult the original. On the other hand, the reproduction of the whole series of medicines of each work, and the full presentation of the prefaces and notes, are features of great value, as will be better understood when we come to speak of the deficiencies of our English version in these respects.

3. There had been no translation of Hahnemann's pathogenesis into English until 1846, when there appeared in

New York, from the pen of Dr. Hempel, five volumes of the *Materia Medica Pura*, and five of the *Chronic Diseases*. This version has preoccupied the field, and has continued to be the only one whereby English students could read the master in their own language.

The medicines of the *Materia Medica Pura* are herein rearranged according to the alphabetical order of their Latin names, beginning with *Aconite* and ending with *Veratrum*. The third edition of the original has been used for those of Hahnemann's first volume, but not, as might have been expected, for those of his second also. All names of authorities are omitted, so that for the medicines where the symptoms from all sources are thrown together we have no clue whatever to their origin, and in no case can we distinguish between the results of provings and the observations cited from authors. The pathogenesies in which Hahnemann has separated his own symptoms from those contributed by others are variously treated. Sometimes (as with *Bryonia*) the latter are made to follow the former in each division of the schema, enclosed in square brackets for distinctness. Sometimes (as with *Bismuth*) the two sets of symptoms are rendered successively, as in the original. Sometimes (as with *Argentum* and *Camphor*) they are thrown together in one series without distinction. The symptoms are printed continuously, and divided into paragraphs according to Dr. Hempel's classification of the schema.

From the list as thus presented to us we miss a number of medicines belonging to the original, and receive in explanation the following note :

"Several of the antipsorics had been originally introduced by Hahnemann into the *Materia Medica Pura* ; at that time Hahnemann had not yet discovered the antipsoric nature of those remedies. Afterwards, when this discovery had been made, those antipsorics were tried more minutely, and together with the other antipsorics were published as a separate collection under the name of 'Chronic Diseases.' The first proving of these remedies contained in the *Materia*

*Medica Pura* has been omitted in the translation, and only the results of the second proving have been given to the American reader, which are much more complete. The medicines which have been thus proved over again are the following :—Dulcamara, Causticum, Arsenic, Digitalis, Aurum, Guaiacum, Sarsaparilla, Sulphur, Calcareo acetata, Muriatic acid, Phosphoric acid, Manganum, Carbo, Colocynthis, Stannum.”

I give this passage just as it stands, though it does not raise our expectations as to Dr. Hempel's power of writing English. It has, however, graver faults than this. Its list of medicines omitted because of their reappearance in the *Chronic Diseases* is imperfect ; it should have included *Conium* and *Hepar sulphuris*. Its statement that these medicines had been “ tried more minutely,” “ proved over again,” is very incorrect. Two of them (*Dulcamara* and *Guaiacum*) have but a dozen or so more symptoms in the *Chronic Diseases* than in the *Materia Medica Pura* ; and one (*Stannum*) has as many less. *Calcareo acetica* was not “ proved over again,” but its symptoms were incorporated with those obtained from *Calcareo carbonica*, and distinguished by a sign, which Dr. Hempel quite as often omits as inserts. Nor is it true of the remaining medicines that they have been re-proved, so that their previous pathogenesies could be considered obsolete. The great majority of the additional symptoms given to them in the *Chronic Diseases* were furnished by Hahnemann himself, from his observation of their (supposed) effects on the patients who were taking them. He included them in the latter work for the sake of completeness ; but he obviously meant it to be used by those who already had the *Reine Arzneimittelehre* in their hands, for he shortens his prefaces, omits his notes and (very frequently) his references to the observations cited from authors, and even (as Dr. Wilson has shown)\* sometimes leaves out those notes of time after taking the dose and day of proving which he elsewhere affirms to be so important as *data*.

I must think, then, that Dr. Hempel establishes no

\* *Monthly Hom. Review*, vii, 671.

justification for omitting these medicines from his translation of the *Materia Medica Pura*; and that his work is materially injured by their removal. English readers have little notion of what *Sulphur* and *Stannum* (to mention no others) were in their original form.

Besides these omissions, which are intentional, the pathogenesis of *Ferrum* has dropped out, doubtless by accident.

But I have now to speak of graver defects, compared with which those already mentioned are insignificant. The duty of a translator varies according to the work on which he is engaged. If the latter be a poem or other artistic composition, his aim must be to give to the foreign reader as nearly as possible the same æsthetic impression as would be received by the author's own countrymen. Hence he is justified in taking a good deal of liberty with the words and structure of the original, so long as he preserves its actual meaning. It is otherwise, however, with such a work as the *Materia Medica*. Here everything depends upon exactness of expression and fulness of detail. Style is (comparatively) no object; the one thing the student needs is the faithful reproduction of the words of the original, so that he may be at no disadvantage as compared with those who read the latter. The two, original and translation, ought to appear if placed side by side as doubles one of another.

The question whether Dr. Hempel has carried out these obvious principles was raised by Dr. Wilson in the *Monthly Homœopathic Review* for 1862-3, and answered in the negative. I think that any who read his papers and the controversy they provoked, together with the comments of this Journal in the corresponding volumes, must admit that his case is abundantly made out. The most serious blot he has hit is Dr. Hempel's wholesale omissions. Fourteen medicines are mentioned in which the number of symptoms left out has been ascertained; they range from 13 in the case of *Aconite* to 472 in that of *Phosphorus*. Considerable evidence is moreover adduced in proof of carelessness in the rendering of those symptoms which are preserved.

These omissions and errors are indeed mainly discoverable in the later medicines of the *Chronic Diseases*, when the translator may presumably have become weary of his gigantic task, and yet have been under publishers' pressure to complete it. But though such explanation may palliate his fault, it does not repair our loss.

My own sense of the deficiency of Dr. Hempel's translation has been mainly excited by the renderings of Hahnemann's introductions and notes to the several medicines, for which I have often consulted his volumes when the original has presented difficulties to me. I have so often been disappointed by the curtailment, omissions, and obvious mistranslations I have encountered that I have ceased to have any reliance on his version being a faithful exponent of the original, and never venture now to quote Hahnemann as given by Hempel lest I should misrepresent him. When I put this together with the omissions and errors noted by Dr. Wilson, and the faults of the whole presentation of the work I have already mentioned, I cannot but come to the conclusion that we do not really possess Hahnemann's *Materia Medica Pura* and *Chronic Diseases* in the English tongue.

The inference must surely be that a new translation is imperatively needed, and that forthwith. Some dozen years ago a good deal was said about a new version from Dr. Quin's pen as being in preparation, and it was even advertised as to be published shortly. Nothing more has been heard of it; and the long retirement of Dr. Quin from public duties gives little hope of its accomplishment. Again, it is true that the pathogenesies of Hahnemann are being translated afresh by Dr. Allen for his *Encyclopædia*; and any one who desires to have a faithful rendering of any given symptom may depend on finding it there. But Hahnemann's pathogenesies are necessarily in this work incorporated with others; and its plan excludes his prefaces and introductions, and (to a great extent) his notes. Since, therefore, we can neither expect from the former quarter nor receive from the latter the thing we want, there is nothing for us but to undertake a new version for ourselves.



For such a work I earnestly plead; and think that England and America—as equally concerned—might well co-operate in the task. There are on both sides of the Atlantic masters alike of German and of English from whom any translation would be received with implicit confidence. I myself have no place among these; but there is one element of the work which I could and would gladly supply. Some five thousand of Hahnemann's symptoms are quotations from authors—English, Latin, French and Italian as well as German. It is easy to see what confusion is made when these are retranslated into English from Hahnemann's rendering of them into German. The examination of their originals which I am carrying out for Dr. Allen will enable me to supply all these quotations, if in English, in their own words, if in Latin, French, or Italian, in direct translation; besides the verification, illumination, and correction which I can give them from the same sources. I should be ready to perform this part of the work; and if two or three competent scholars from England and America would sustain the main undertaking, we might have in a year or two an English version of at least the *Materia Medica Pura* of which both countries would be proud.

I should feel grateful if any of the American journals would reproduce so much of this statement and appeal as they might think necessary.

## REVIEWS.

*The Encyclopedia of Pure Materia Medica : a record of the positive effects of drugs upon the healthy human organism.*  
 Edited by TIMOTHY F. ALLEN, A.M., M.D., with contributions from others. Vol. iv. Boericke and Tafel. 1876.

WITH most praiseworthy rapidity and punctuality this great work progresses. The present volume contains the medicines from *Cundurango* to *Hydrocotyle*. The publishers' original estimate that five or six volumes would complete the work, and that 1876 would see it finished, has indeed proved inadequate; but there is every reason to expect that in two years four more volumes will appear, and terminate the series. We shall then have, in eight manageable volumes, the most complete collection of the pathogenetic effects of drugs which has ever been seen, the sum and substance of all endeavours which have ever been made to ascertain the actions of medicines on the healthy human body, an indispensable and invaluable instrument for the working of the homœopathic law.

The growing excellence of the workmanship of the successive volumes, which we have already noticed, is again manifest here. Every source is laid under contribution, and all information that can be wished for given. Among the pathogenesies which are practically new we may mention those of *Cuprum arsenicosum*, *Digitaline*, *Equisetum*, *Eupion*, *Fagopyrum*, and *Ferrum iodatum*. Those of *Cyclamen* and *Euphrasia* are greatly enlarged from Hahnemann's original draught by later provings, and that of *Dioscorea* from Dr. Cushing's monograph on the drug. Watzke's and Buch-

ner's provings of *Gentiana cruciata* and *lutea* we have here for the first time in the English tongue, as also Lembke's of *Ginseng*. The pathogenesies of *Digitalis* and of *Gelsemium* (as Dr. Allen maintains that the plant should be called) are illustrated by sphygmographic tracings.

In the midst of this precious addition to our working material we have but one fault to notice. Hahnemann's pathogenesis of *Cuprum* contains symptoms obtained from provings of and poisoning by the metal, its acetate, and its sulphate. Dr. Allen, in a note (whose first sentence, however, is rather incoherent), shows his recognition of this fact. He thinks it best to arrange his own pathogenesis in three categories, headed *Cuprum*, *Cuprum aceticum*, and *Cuprum sulphuricum* respectively. In the two latter he places all Hahnemann's cited symptoms which belong to them, and he gives to the last the symptoms of the *Fragmenta de viribus* obtained from the sulphate. But those produced by the acetate he places, not under *Cuprum aceticum*, but under *Cuprum* itself. This seems inconsistent, and rather spoils the integrity of the rearrangement.

Those who have seen Dr. Allen's volumes must sometimes have wondered how the enormous mass of work it involves can be got through. It may interest our readers to have a glimpse at the workshop of the great undertaking, which the present writer, having been behind the scenes, is able to give. Dr. Allen has two assistants, one a medical man disabled from practice, another of the gentler sex. The former copies out the pathogenetic effects of the various drugs from the English volumes given him for the purpose, and, being a good French scholar, translates the provings and poisonings recorded in that language. The latter is scribe and amanuensis; to her also belongs the preparation of the material for press and the correction of the proofs. The editor is thus spared a good deal of mechanical labour; but after all the lion's share of the work is his. He has, besides superintending the work of his coadjutors, to find out and bring together the sources of the pathogenesis of each medicine; to translate the German provings (including those of Hahnemann, which are all newly rendered from the

original); and to arrange the symptoms, when complete, in their proper categories and order of succession. The labour is indeed great; but the result repays it, and its appreciation by his colleagues is steadily growing. Dr. Allen is earning the thanks of English-reading homœopathists all over the world; and erecting a *monumentum ære perennius* to his own fame and honour.

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*A Treatise on Diseases of the Skin.* By S. LILIENTHAL, M.D. New York and Philadelphia: Boericke and Tafel, 1876.

THIS is the treatise which we have several times mentioned as appearing by way of appendix to the *Hahnemannian Monthly*. It is now published as a handsome volume of 492 pages. Nearly half of it, however, consists of a Repertory; and for this the author acknowledges his indebtedness to Dr. Clarence Conant, of Middletown, N.Y.

We have hitherto had no special manual of the homœopathic therapeutics of cutaneous disease, and Dr. Lilienthal deserves our best thanks for having (at the instance, he says, of Messrs. Boericke and Tafel) provided us with one. In his preface he speaks very modestly of his "perfect knowledge of the imperfection" of his work; and looks forward to a new and enlarged edition (the present being a small issue), to which he invites the contributions of homœopathic practitioners in all parts of the world. At the same time he can conscientiously assert that he has gleaned critically and carefully from the best authorities in regard to the pathology and therapeutics of these forms of disease. His book, indeed, bears evidence of the utmost industry in this respect. His plan is first to give an account of the features, clinical history, and pathology of each cutaneous disorder, drawing mainly from Hebra. Then, after a glance at the measures (chiefly local) adopted in the old school for its treatment, he cites the recommendations of homœopathic

remedies as given by Kafka, Bähr, and other systematic writers, with any occasional experience of the malady which he may find recorded in our literature. The result is a very useful compendium of knowledge on the subject, to which reference may often be made with advantage when we have diseases of the skin to treat. It will not supersede (and should not) for the student the mastery of more elaborate works on the pathology of the subject, but for the busy practitioner it will be just the thing he needs.

We are sorry that Dr. Lilienthal has included the febrile exanthemata among cutaneous diseases. At the outset of his work he acknowledges the incongruity of so doing, and states that he shall omit all such diseases. But when he comes to the point he thinks that, "for the sake of completeness, and for the purpose of diagnosis, it may be advisable to describe the eruptions themselves." If he had done nothing more than this we should not object, not even when he includes typhus and typhoid fever and erysipelas among the "acute eruptive diseases." But, having once got upon the subject, he cannot refrain from the therapeutics of these familiar affections, and so we have some forty pages of matter quite foreign to the true scope of the book; and, while scarlatina is fully discussed, erythema nodosum is simply mentioned among the varieties of erythema, and nothing is said of its peculiar clinical history and its special therapeutics.

Nevertheless, as we have said, Dr. Lilienthal's work is good, and likely to be very useful. We wish we could say as much for that of his coadjutor in the preparation of the volume. Dr. Conant's *Repertory* is an example of a kind of thing for which there seems much demand in America at present, but which to our mind is very displeasing. It is divided into two parts. The first is entitled *Remedies*. Here, under the head of each constituent of the *Materia Medica*, is given a confused list of morbid conditions—nosological, objective, and subjective, with aggravations, ameliorations, and accompaniments. These are supposed to have been observed, either as effects of the drug or as having been cured by it, and are given without distinction as its

“characteristics.” One has only to read the very first, however, to see that half the symptoms mentioned are hypothetical and half of the rest irrelevant, while the mixture of pathogenetic and curative actions produces a most incongruous result. We cannot speak better of the second or “nosological” portion. To find, on its initial pages abscesses, adenitis and bed-sores reckoned among diseases of the skin is not inviting to further progress, and the divisions of the several forms of the diseases are conformable neither to science nor to observation. We do not think that the *Repertory* at all enhances the value of the book, and wish it could be replaced in the second edition of the work by a simple index to the skin symptoms of our proved medicines as they appear in Allen’s *Encyclopædia*, which by that time may have reached its completion.

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*Therapeutics of Diphtheritis: a compilation and critical review of the German and American Homœopathic Literature.* By F. GUST. OEHME, M.D. Boericke and Tafel, 1876.

THIS pamphlet of sixty-eight pages is an excellently conceived and excellently executed work. It is a collection, after the manner of Rückert, of the therapeutic experience of diphtheria recorded in German and American homœopathic journals up to April, 1876. The cases are recorded under the headings of the several medicines used; and after each section of importance, and again at the end of the whole, the editor sums up and comments on the results. He excludes “all cures with medicines in alternation, or by the use of one drug internally and another locally.” “Although,” he says, “such a mixed treatment may be justified in many cases, yet, as there can be nothing learned from them, it seemed useless to mention such.”

For most English practitioners knowledge of the literature of diphtheria is limited to the journals of their own

country and to the American monographs of Helmuth, Ludlam, and Neidhard. To such many of the facts here recorded will be novel and interesting. They will find that the single remedies which have proved most important are not *Belladonna*, *Iodium*, *Muriatic acid*, or the mercurial iodides, but *Apis*, *Carbolic acid*, *Lachesis*, and the *Cyanide of Mercury*. The facts about the latter drug are little known in this country, and are of great interest and importance. Its homœopathicity to diphtheria was first perceived by Dr. Beck, of Monthey en Valais. When the son of Dr. Villers, of St. Petersburg, was hopelessly ill with the disease, Dr. Beck suggested the remedy to him. The astonishing result he obtained led him to use it largely in his practice. He now reports that he has treated, during ten years, over a hundred cases under three different latitudes (Dresden, St. Petersburg, and another city in Russia); that he has found the disease always the same, and the *Cyanide of Mercury* the only suitable and quickly operating drug. He has not, during this time, lost a single case. He began by using the 6th dilution, but now considers the 30th most efficacious (he is speaking of the centesimal scale). "After using this drug," Dr. Oehme makes him say "the further extent and degeneration of the exudate is stopped at once; the improvement is very striking even after twelve hours; after twenty-four hours no vestige of exudate is generally to be seen, and after two or three days the disease is so far removed that the remedy is no longer necessary, as the patient is well. \* \* Paralysis and other after-diseases have not been observed after the use of this drug." Some of his cases are given: they could hardly have been more severe, or the improvement more rapid.

Dr. Oehme's little book will be worth many times its price to any one who has to treat this terrible disease.

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*Fifth Annual Report of the State Homœopathic Asylum for the Insane at Middletown, N. Y. Jan., 1876.*

WE have several times noticed the progress of this important institution. At the time of the report it had been open nineteen months for the receipt of patients; and from the statement of the medical superintendent, Dr. Henry A. Stiles, we learn that during that time 168 had been admitted. Of these 40 had been discharged cured and 17 improved—surely a very fair percentage. The statistics given by Dr. Stiles will enable any one who desires to analyse his cases to do so fully. His most interesting statement is the following :

“Our medical treatment continues to be purely according to the homœopathic law of *similia similibus curantur*, and entirely without resort to any of the forms of anodyne, sedative or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, &c., has ever been allowed in our pharmacy or given in our prescriptions, nor do we feel the need of them even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success.

“On the mooted question of dilution, which divides the homœopathic school of medicine, we endeavour to preserve a strict impartiality, using both the lowest and highest, as circumstances seem to indicate, and with that regard to exactness of detail in prescription which shall secure for the aggregate results of our asylum practice the value of a scientific experiment. Our case-book shows a brief but complete daily record of the mental and physical symptoms; the medicine, dilution, and form of administration; restraint used and transfers made in each case from the date of admission.”



We hope that ere long we shall have some Wurmb and Caspar-like clinical studies of mental disease and its homœopathic treatment from the large field of experience here open.

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*Essay on the All-sufficiency of Constitutional Treatment in the Special Diseases of Women.* By THOMAS SKINNER, M.D.

THIS paper was read before the Hahnemann Academy of Medicine of New York on June 21st, 1876, while the author and the other representatives of this country were there on their way to the World's Convention. It has been reprinted for the Academy from the *United States Medical Investigator* for October 1st, where it originally appeared. We have already welcomed Dr. Skinner to our ranks, though he compelled us to do so in an attitude of defence by the polemical front with which he first advanced. On the present occasion we have nothing but appreciation to express. Dr. Skinner has acquired the right to speak upon what is sufficient and what is insufficient treatment for the diseases of women; and when he testifies that he finds homœopathic constitutional medication all-sufficient for them, without the aid of local measures, we must listen to him with respect. When, moreover, he insists that homœopathic medication, to be such in the fullest sense, requires the closest individualisation, we go entirely with him, and commend the thought to those of our colleagues who do not find internal remedies to suffice in these cases.

## CLINICAL RECORD.

*Hysteralgia cured with Secale cornutum.*

By J. C. BURNETT, M.D.

Mrs. A—, æt. 25 or thereabouts, came under observation on May 9th, 1876, complaining of great distress in the hypogastric region.

*Anamnesis.*—Eight years ago, while on a tour in Switzerland, she overwalked herself, she thinks. After returning to England she felt a fearful bearing-down in the hypogastrium; the sensation she describes as “ghastly, worse than any ordinary pain.” At the same time irritation of neck of bladder at night only, which still continues, but only slightly. She bore this condition for three years, and then went to London and consulted the eminent ladies’ doctor, Dr. P—, who said it was slight congestion of the womb. She subsequently consulted various other physicians and surgeons, but all with like negative curative results. She was to get married, and the marriage state, it was hoped, would bring relief. She got married, but the hoped-for relief did not come. Then it was suggested that child-bearing would cure her. She became *enceinte* and got relief during the later months of gestation, but parturition brought back her old misery. Has since borne a second child, but she still continues unrelieved.

Has never been under homœopathic treatment; does not believe in homœopathy, and also does not expect to be cured by its aid; she seeks it merely as a *dernier ressort*.

*Status præsens.*—Most dreadful bearing-down, dragging-out feeling in the lower abdomen, so very dreadful that her life is almost unbearable; an ordinary labour, she says, is nothing to it. No piles. Every four or five days there comes quite a little

torrent of thick yellow discharge from the vagina. When she goes to urinate in the morning she cannot pass anything for a short time.

She is a martyr to rheumatism ever since she was fifteen. Is always rheumatic.

Is this neuralgia, rheumatism, congestion, spasm, or what? Hahnemann's law helps one over the bridge and spoils the diagnosis. Unhappy nosology! I had more than once observed this fearful bearing-down, dragging-out sensation in parturient women after a full dose of *Ergot*, and hence prescribed *Secale corn.* 3<sup>x</sup>, one drop on Sugar of Milk night and morning.

May 20th.—Patient called, and came into my room beaming with delight, and exclaimed, "You have hit it, doctor, you have hit it; after taking the second powder I felt so much better, and in seven days I was quite well; I am going away for a month, but I dare not be without these powders for fear it should come on again; may I get another box? Shall I go on taking them for fear it come back again? Oh, *do* you think it will come back again?"

I said I do not know; I do not wish you to take any more unless it returns; get another box and take it with you in case.

Oct. 10th.—I was seeing her little boy, when she said in answer to my question as to how she was faring, "I have had no return of it whatever, but I keep the second box of powders there (pointing to a drawer) in case it return. How grateful I am for what you have done for me; what I had for eight years you cured in seven days." And a lot more grateful talk about homœopathy and abuse of allopathy and her old doctors.

*Paraplegia and Incontinence of Urine, with Bronchitis and old-standing Emphysema.* By Dr. T. SKINNER.

MR. —, a widower, æt. 67, has been for the last ten or twelve years subject to winter cough with emphysema. He took a fresh cold after travelling from Matlock, in the spring of 1875, and was rather suddenly taken with the following alarming symptoms:—

I found him heavy, stupid, and shivering, and not at all aware of the serious nature of his case. He was always talking of getting up in half an hour. He had lost count of time, and mistook day for night, and evening for morning. I found the bed saturated with urine. On asking him how his bed was so, he said "he thought he must have upset the chamber utensil during the night." Nothing of the kind could have occurred, as he was powerless in the lower extremities, and the urine was still passing from him unawares. There was partial loss of sensation in both limbs. He could draw the right one slightly upwards, at most three inches slowly and with great effort. He could not separate his knees in the least, not even to admit the bed-pan. His breathing was difficult and laboured, and at short intervals day and night (with nocturnal aggravation) he had a copious expectoration of balls of greenish-yellow mucus; no rusty-coloured sputa. No dulness on percussion anywhere, but increased resonance; loud bronchial râles with coarse crepitus everywhere, and wheezing respiration. He was propped up in bed with his head high to relieve breathing and cough. Pulse 100, full but not strong.

On reviewing the case, the most urgent symptom seemed to be the incontinence of urine, the result of exposure to cold and night travelling. *Nux vomica* ʒo every hour after 1 p.m. On visiting the patient at 8 p.m. I found that he had retained his water ever since the first dose of the *Nux.*—S.L.

Next morning (24th March, 1875) the head symptoms and the paraplegia were *in statu quo*. *Belladonna* ʒo every two hours. At 8 p.m. I found his head clearer than it had been for months. All drowsiness and incoherence of ideas and speech left him soon after the first dose of the medicine. Urine less high in colour; and what I least expected, he was able to move both limbs a little.

On the 25th, or third day after the attack, the paraplegia and incontinence with cerebral paresis were all cured, and never again returned.

The bronchitis alone remained to be treated, and as my patient was advanced in years, as he was a martyr to bronchial catarrh and asthma with old-standing emphysema, I could not have had a more unpromising subject to deal with; more especially when we consider the serious state of the cerebro-spinal

centres he had just escaped from, and cold damp spring weather. Hot poultices over the chest or breast plates as I call them, and *Phosphorus C. M.* (Fincke), every two or four hours, followed by *Pulsatilla* 30, because he is a *noted miser*, soon put him all right; and what is most remarkable is, that he has never again suffered from bronchitis, from winter cough, from asthma or difficulty of breathing, and for aught I know to the contrary, the emphysema may also be *non est inventus*. As soon as he was capable of facing the weather I sent him to Southport, where he took a fresh lease of his life. He had long thought himself a dying man.

On inquiring of his niece the other day how he is, she told me that "he has had no return of his winter cough or of any difficulty in breathing, and that he is a perfect cure and a wonder to himself and all who know him."

*Remarks.*—What will our allopathic *confrères* say to this? Emphysema of the lungs of old standing *cured!* I have known and treated the patient's family as an allopathic physician for at least fifteen years; and if there is any faith to be placed in physical signs with functional disturbance of the respiration, this was one of the most aggravated and allopathically hopeless cases of emphysema I have met with in thirty years of practice.

## OBITUARY.

### DR. LIEDBECK, OF STOCKHOLM.

DR. P. J. LIEDBECK, known all over Scandinavia and by large circles abroad, departed this life, at Stockholm, in his seventy-fifth year, on the 5th of October last. He had hardly arrived home, late in the evening, from his daily round of visits to his patients, when he suddenly died from paralysis of the heart; thus he actually died in harness as he often had wished. His life throughout was full of unceasing activity and struggle. From the first he was, by a stern father, destined to the clerical profession; but his own taste was early bent towards medicine, in which, having already as a schoolboy read Hufeland's *Art of Prolonging Life*, he saw in his youthful imagination a grand and glorious object.

He was born 1802, admitted as a student at the University of

Upsala 1821, became a licentiate of medicine 1831, and graduated as M.D. in 1835. He commenced, in 1831, to officiate as Professor of Anatomy at the University, and continued in this capacity till 1846, lecturing on Anatomy for several terms, instead of the then professor at the University. The professorship, notwithstanding, at the vacancy, passed him by, evidently from no other cause than his medical heterodoxy. He removed to Stockholm, devoting himself henceforth exclusively to the practice of homœopathy. He had already as a medical student become a convert to homœopathy, of which he had first heard mention during a course of lectures on *Materia Medica* by the learned occupier of the Chair of Linnæus, Professor G. Wahlenburg, who, though not practising himself, was a great admirer of Hahnemann and his doctrine. In selecting as a motto for the inaugural thesis for his medical diploma, "*Qualis sit quantumque valeat methodus specifica in medicina,*" Liedbeck had already shaken off the fetters of the old school, and became, with a warm, living conviction a faithful and zealous pupil of Hahnemann and expounder of homœopathy. He had twice visited the Continent in 1832, principally in order to see Hahnemann, and he used often to speak of his conversations with and the teachings of his great master; in 1844 his continental tour was more extensive, undertaken for special anatomical studies at the expense of the University.

An indefatigable inquirer, a constant and studious reader, he kept himself *au courant* with the literature of the different medical schools. He thus became acquainted with Rademacher's writings, which no doubt exercised a considerable influence on his practice in late years. The traditional medicine, as living amongst the people, was also a subject in which he took great interest, and he even published two essays on the subject, of which that under the title *Popular Medicine in contra-distinction to Medicine and Quackery* (1858), ought to be mentioned. Among his other writings bearing more directly on homœopathy may be mentioned:

- (a). 'On the Influence of Alcohol on Man,' 1831.
- (b). 'On Homœopathic Medicine and its Literature,' 1832.
- (c). 'Hahnemann's Organon Translated,' 1835.
- (d). 'Is there a Remedy for Consumption,' 1841.
- (e). 'De Cerebello Humano,' 1845.

(f). 'De Veneficio Phosphoreo Acuto,' 1846.

(g). 'A Short Account of the Present State and Development of Homœopathy in Foreign Countries,' 1846.

(A). 'Directions for the Use of some Homœopathic Medicine in Cholera,' 1848.

(s). 'How to Cure Frostbites and Burns.' 1850.

(k). 'Homœopathic Information for the Swedish People:' a Monthly Periodical, 1855-56.

(l). 'On the Different Schools of Medicine at the Present Time, and their Principal Distinctions,' 1862.

(m). 'On the Spirit of Camphor alone as a Remedy for Cholera,' 1866, &c.

He was at one time a frequent contributor to the German homœopathic periodicals; also in this country interesting contributions from his pen have appeared. In his practice of homœopathy, he leaned more towards Hahnemann's early practice, as known by his *Lesser Writings*, than towards his later teachings as to the exclusive use of the higher dilutions.

By studying the question of diet and regimen in a country where the eating of salted food is very prevalent, he came to the conclusion that salt-eating was a cause of many ailments, thus confirming an old observation of Linnæus, who called a form of pyrosis from salt-eating *Pyrosis Suæcica*. Liedbeck's papers on Haliphagismus are, if not exhaustive, at any rate interesting as an incentive to further investigation on the subject. Pursuing the subject of dietetics still further he recommended the use of what has lately been called *food-medicines*, and gave special indications for their use. Thus originated with him what he called the *homœoplastic treatment*, which he meant to be used as a complement to homœopathy, thus annexing what will remain true in physiological medicine to the central truth of homœopathy, *similia similibus curantur*.

Notwithstanding the most indefatigable work for more than forty-five years there is none at present in Sweden who can take Liedbeck's practice. This can only be explained by the compact opposition of an organised state medicine which all these years has met the single-handed champion of homœopathy in Sweden whose loss we now record.

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## DR. WILLIAM HERING.

DR. HERING, who died on the 10th of October last, at Reigate, after repeated attacks of an apopleptic character, was one of the older race of homœopathic practitioners. He was born in 1803 and took out his licence to practise from the Apothecaries' Company, in 1826. Early in his career he became a convert to Hahnemann's doctrines, and continued steadily to practise homœopathically until the end of his professional life. Failing health compelled him to withdraw himself from the active duties of practice a few years ago, and he vainly sought renewed vigour in several of the most renowned German baths. Though a careful and successful practitioner Dr. Hering added little to the development of our art. A few practical papers scattered among our periodical literature are all that he has done in this way. But his death has created a more profound sorrow among his colleagues, and among an immense circle of friends than that of many a more conspicuous apostle of the cause. His popularity was greatly owing to his inexhaustible humour, his kindness of disposition, and his affectionate nature. These qualities served to gain him the friendship of many beyond the mere circle of patients and colleagues. Indeed he enjoyed the intimacy of many of the most distinguished men of his time, D'Orsay, E. Landseer, Theodore Hook, the Chalons, Ety, and indeed almost all those conspicuous in art were among his friends and acquaintances. His social qualities recommended him to the tables of wits and patrons of wit of the last generation, and no one could better entertain a company, or "keep the table in a roar" than our departed colleague. But the mere possession of a ready wit and uncommon powers of mimicry would not alone have sufficed to render him so beloved as he was by all who knew him. His heart was as warm as his wit was sprightly, and he was singularly free from the meaner passions of envy and spite, too often found in alliance with a turn for jesting. While broadly humourous there was never anything ill-natured about his stories. Of German descent he abounded in the German quality of *Gemüthlichkeit* or playful good humour. He has left a void in our little world it will be hard to fill.



## TO OUR READERS.

It is with great regret that we announce the retirement of Dr. Drysdale from the editorial staff of the *British Journal of Homœopathy*. Dr. Drysdale, as our readers know, was one of the original founders of the *Journal*, and he has laboured incessantly at the editorial work up to the publication of the last number. We need hardly remind our readers of the valuable essays he has contributed to its columns in his own name, but we may say that in the proper editorial work of this periodical his active co-operation has always been exercised in the most careful and judicious manner, and to this constant and untiring supervision we feel that the high scientific character of the *Journal* is mainly owing. Dr. Drysdale now wishes to be relieved from the work and responsibility of editor, in order that he may be enabled to give more time to the scientific pursuits which he has long been cultivating with such success. We felt that we were not justified in seeking to retain him at a task which he has so long and so ably performed, when it interfered with other pursuits that demanded his constant and close attention. At the same time we feel that all our readers will share our regret at losing the editorial co-operation of one who has always been identified with the *Journal* and with the history of homœopathy in this country. We are the more reconciled to our great loss by the knowledge that our late distinguished colleague will always retain his interest in the *Journal*, and that his sphere of usefulness in the advancement of the scientific development of homœopathy will suffer no diminution, but will rather be increased by his cessation from active editorial work.

We have felt that the retirement of our esteemed colleague and the altered circumstances of homœopathy in this country rendered it necessary to make some changes in the mode of conducting this periodical. When homœopathy was young in Britain, and when the *British Journal* was its sole organ in this country, the wants of the practitioners of homœopathy required a periodical of such a size as to be able to publish all the essays and contributions on theoretical and practical subjects, not only of a strictly scientific but also of a more

popular character. But since the establishment of our able and excellent monthly contemporaries, many of the articles which in former times would naturally have come to our Journal have been diverted to those periodicals, so that we have found it impossible to fill our sheets with the original contributions of British practitioners ; consequently we have been obliged to rely to a greater extent than we altogether liked on translations from foreign periodicals. In short, the necessity for such a large quarterly organ as the *British Journal* has hitherto been no longer exists, and indeed the propriety of discontinuing our publication altogether presented itself to us. But we found that such a resolution was extremely distasteful to many of our most esteemed colleagues, so we resolved to go on with our publication in somewhat diminished size, and with some modifications of the original plan which will be apparent to the reader. We have on various occasions altered the size and even the periods of publication of the *Journal* as circumstances seemed to require, and as present circumstances demand another alteration, we trust that the modifications we have introduced will meet with the approbation of our readers and contributors. With the reduced size we have also effected a proportional reduction in the price of the *Journal*, which no doubt will be welcomed by our subscribers.

Of course we hold ourselves free to increase the size of the Journal again should circumstances seem to require it.

In conclusion, we hope that our valued contributors will assist us to maintain the high repute of the *Journal* by their zealous and active co-operation.

## BOOKS RECEIVED.

*The Travellers' Medical Repertory.* By WILLIAM J. GUERNSEY, M.D. New York: Boericke, 1876.

*Ophthalmic Therapeutics.* By T. F. ALLEN, M.D., and G. S. NORTON, M.D. New York: Boericke, 1876.

*Homœopathy and other Medical Systems contrasted with Allopathy.* By JOSEPH HANDS, M.R.C.S. London: Leath and Ross.

*Corso Teoretico-pratico-alfabetico di Medicina Omeopatica.* Pel Prof. CATALDO CAVALLARO. Palermo, 1874.

*The Philosophy of Homœopathy.* By WILLIAM MORGAN, M.D. Third edition. London: Longmans, 1876.

*The Scientific Basis of Homœopathy.* By A. C. POPE, M.D. London: Gould, 1876.

*A Glimpse at Homœopathy in the United States.* By A. C. CLIFTON, M.R.C.S.

*The All-sufficiency of Constitutional Treatment in the Special Diseases of Women.* By T. SKINNER, M.D.

*Fifth Annual Report of the State Homœopathic Asylum for the Insane at Middletown.* New York: Albany, 1876.

*The Medical World; its Parties, its Opinions, and their Tendencies.* By T. HAYLE, M.D. London: Gould, 1876.

*On a New and Convenient Form of Ureometer for Clinical Use.* By J. G. BLACKLEY, M.B.

*Datta's Homœopathic Series.*

*La Revolution Médicale.*

*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.*

*The American Journal of Homœopathic Materia Medica.*

*El Criterio Medico.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*The Chemist and Druggist.*

*The Homœopathic Times.*

*Allgemeine homöopathische Zeitung.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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THE OBLIGATIONS WE INCUR BY THE  
ESTABLISHMENT OF THE SCHOOL.

THE foundation and getting into working order of the new School of Homœopathy have caused a little flutter and excitement among the partisans of homœopathy both in and out of the profession, and we anticipate much good to the cause of practical medicine from its operations. It is not of course, as our readers know, the first or only attempt to establish a School of Homœopathy in the metropolis, but it seems to rest on a sounder foundation and has received a more general support from medical practitioners and the public than any previous efforts. The character it assumes from the first is not that of a sectarian school, but the complement of existing schools of medicine. It is intended to afford instruction in scientific and rational therapeutics to students and graduates of the ordinary medical schools. This they cannot obtain at their respective alma maters, for with a strange perversity the constituted authorities of medicine in the various schools have one and all conspired to taboo from their institutions all mention of treatment that is founded on the one sole therapeutic law the history of medicine can show that bears the character of a general law and the truth of which experience has affirmed. By

the course they are taking the supporters of the new school of homœopathy, so far from widening the breach between themselves and the partisans of old physic, so far from acknowledging the sectarian character that their opponents have sought to affix to them, do indeed assert that the therapeutics they profess are the true therapeutics of medicine, that they are the logical deduction from the teachings of science, that they alone agree on all points with the modern discoveries in physiology and pathology, that, in short, the homœopathic treatment is the practical application of the true teachings of the collateral branches of science bearing on medicine. They say in effect to medical students : Our colleagues of the established schools teach you in a perfectly satisfactory manner all branches of medical science it is desirable for you to know excepting therapeutics, which are not taught on any scientific principle in these schools. We offer to supply the omission and to teach you scientific and rational therapeutics, which will form the natural and logical inference from the rational and scientific physiology and pathology taught you at your schools. Of course we do not mean to say that all the physiology and pathology taught in the schools is of this character, but there is much of it that is, and as true science in these departments leads up to homœopathic therapeutics, so on the other hand homœopathy will often serve to enable us to discriminate the true from the false in pathology.

Our position with respect to the orthodox school is pretty much what we imagine that of the Copernican astronomers was at first to the Ptolemaists. The Ptolemaic astronomy was taught in the established schools, while the Copernican astronomy was still extra-academical. The Copernicans would have no fault to find with the mathematics and natural sciences taught in the existing schools, but they would say, like us, that their system was the true outcome of the true science taught in the schools, and would not seek to set up other schools to teach a different science, except in astronomy alone.

The simple and rational Copernican system soon elbowed

the confused and irrational Ptolemaic out of the universities, so we may hope our simple and rational homœopathy will speedily oust the confused and irrational Galenism from its academic chairs.

But we should be very wrong to suppose that our work is done in establishing a School for the teaching of homœopathic therapeutics. So far from that, the very setting up of this school imposes on its medical promoters and supporters additional and novel duties which they dare not shirk without running the risk of seeing the progress of homœopathic truth more impeded than advanced by their school. We "pose" before the world as the possessors of scientific truth in therapeutics which we assert our teachers of the chartered schools have failed to grasp, so *noblesse oblige*, and we must prove that we possess that science we lay claim to. Our work henceforth must be distinguished by greater earnestness and thoroughness. We must not be content with slop-work compilations formed by the facile scissors-and-paste process of adapting the last allopathic treatise on disease to the repertory of the immortal Jahr, after the manner of the illustrious Mr. Jingle's celebrated essay on *Chinese metaphysics*. We have already a surfeit of appeals *ad populum* showing the defects of the old-school treatment and the immeasurable superiority of homœopathy.

There is plenty of serious work still to be done. The proving of new remedies and the reprovng of old ones; working up of single medicines in the style of the *Hahnemann Materia Medica*; the completion of the *Cypher Repertory*. Then all who have had large experience and opportunities for the treatment of special maladies should impart to their colleagues the knowledge which that experience and those opportunities have revealed to them. It is a dereliction of duty in those who possess this knowledge to keep to themselves what would be of benefit to mankind.

Thus there is work and plenty of it cut out for both older and younger practitioners, and we may depend upon it that, now we have assumed the aggressive and challenged the medical world by setting up a School of Homœopathy,

our work will be subjected to a more searching scrutiny than it has hitherto received from our professional brethren. The rising generation, who have not imbibed the prejudices of the earlier opponents of homœopathy, will judge for themselves whether our claims to the possession of the truth in therapeutics are justified by our practical results. It will fare ill for those claims should we fail to offer them papers of real practical value or show work not up to the mark in a scientific point of view.

That there are many of our colleagues well qualified to write useful monographs on medicines and diseases, we are convinced. Some have already distinguished themselves by their valuable contributions to practical medicine. Some possibly equally well qualified have hitherto kept their knowledge to themselves and silently profited by the labours of their colleagues without giving aught in return; we would point out to these colleagues the unfairness of their conduct. Give and take should be the maxim of all who are qualified to give as well as disposed to take, and we trust that we may yet see good work done by those who are so well able to do it.

As for those who without the ability to contribute anything of value to practical medicine content themselves with sneering at and disparaging the labours of those who have contributed to the actual development of our art, in the vain hope that by depreciating their neighbours they will increase in others' eyes their own importance, we trust they will continue in the future to act as they have in the past, for as the cause of scientific medicine could derive no advantage from their co-operation, they do the minimum of harm by indulging in their captious railing at those who do the real work of the profession, and who are not likely to be influenced by the croakings of envious incompetence.

We would not be thought to deprecate honest criticism by competent persons of anything we do or propose; on the contrary we would invite it, as we know how important it is that every scheme for the advancement of homœopathy should be subjected to the most thorough scrutiny of the ablest intellects amongst us.

THE EXTRA-HAHNEMANNIAN SOURCES OF  
THE HOMŒOPATHIC MATERIA MEDICA.

*Jörg—Hartlaub and Trinks—Stapf—the Austrian Provings—Hering—Hale—Allen.*

A Lecture delivered at the London Homœopathic Hospital,  
on Thursday, January 25th, 1877,

By Dr. RICHARD HUGHES.

[THIS lecture was the third and last of a series on "The Sources of the Homœopathic Materia Medica." Much of the matter contained in the first and second has already appeared in the pages of this Journal (see vol. xxxii, p. 631; vol. xxxiii, p. 103; vol. xxxv, p. 71); and it is not thought well to reproduce it here. The following summary of the two lectures taken from the report of them in the *Monthly Homœopathic Review* will suffice to introduce the present one.

"I. The first lecture was devoted to HAHNEMANN'S *Fragmenta de viribus medicamentorum positivis* and *Materia Medica Pura*.

The earlier of these two publications appeared in a single volume in 1805; it contained pathogenesies of twenty-seven drugs, each consisting of symptoms obtained by proving on the author himself and others, with observations of poisoning and over-dosing cited from authors. The provings were mostly made with single full doses of the several drugs.

The *Reine Arzneimittellehre* or *Materia Medica Pura* began to appear in 1811. Its first edition was completed by the publication of a sixth volume in 1821; by which time the pathogenesies of 61 medicines had been presented, 22 of which had already appeared in the *Fragmenta*. From the second volume onwards Hahnemann was assisted in proving by a band of disciples who had gathered round him, whose contributions henceforth form a large part of



his symptom-lists. A second and augmented edition of these six volumes appeared in the years between 1822 and 1827; and a third was commenced in 1830, which, however, terminated with the second volume in 1833.

The lecturer gave a full account of the contents and character of the *Materia Medica Pura* in its several editions, illustrating his statements by the volumes themselves, and by tables prepared to show the medicines they contained, and the number of symptoms obtained from each. He adduced evidence to show the great care and circumspection exercised in the provings, which were ordinarily made, he said, with the first triturations of insoluble substances, and the mother tincture of the vegetable drugs, repeated small doses being taken until some effect was produced. He was unable to speak so favourably of the citations from authors, when taken from observations made upon sick persons. He showed by a number of instances in which he had followed up the references, that the principles on which Hahnemann selected the true medicinal symptoms from among those of the disease are not such as we can approve at this day. All citations of this character must therefore be taken provisionally only, until verified from purer sources. He mentioned that in Dr. Allen's *Encyclopædia* the student is, for the first time, enabled to distinguish symptoms so obtained from those which surround them, and to learn all that can be known of the circumstances under which the observations were made.

Dr. Hughes concluded by a high eulogy of the wisdom and industry displayed by Hahnemann in his first contribution made on any large scale to the knowledge of the physiological actions of drugs.

II. In the second lecture Hahnemann's *Chronic Diseases* was discussed. The first edition of this work, published 1828-30, consisted mainly of pathogenesies of a series of new medicines, 17 in number, introduced to combat the mischief wrought (according to his theory of chronic disease now promulgated) by the "psoric" miasm. These pathogenesies appear without a word of explanation

as to how they were obtained, and no fellow-observers are mentioned. Coupling this with the advanced age of Hahnemann and his isolated position at the time, and many hints afforded in his prefaces to the several medicines, he came to the conclusion that the symptoms were not obtained by provings on the healthy, but were the (supposed) effects of over-doses (that is, of attenuations so low as from the third to the twelfth) taken by the chronic sufferers who resorted to him for relief.

The second edition of the *Chronic Diseases* was published in 1838-9. Besides the 22 medicines of the first edition it contained 25 others, of which 13 were new, and 12 had already appeared in the *Materia Medica Pura*. The new material of this edition was taken from several sources, such as the provings of Jörg, Hartlaub and Trinks, and Stapf, of which an account would be given hereafter. A large part of it, however, consisted of contributions from fellow-observers, which may fairly be presumed to have come from provings on the healthy, but all (as contemporary evidence showed) instituted with globules of the 30th dilution.

The lecturer then discussed the value of provings with infinitesimal doses, observing that their power to affect the healthy body was another question from that of their efficacy in disease. From a survey of the evidence on the point, he concluded that we had no right to reject symptoms so obtained; that at the utmost they needed clinical verification. The pathogenesies of the *Chronic Diseases* should not, he said, on this account be discredited. On the other hand, the new symptoms of the first edition had the additional feature of having been observed on the sick instead of on the healthy; and this, after the evidence presented in the first lecture of Hahnemann's unsatisfactory mode of choosing symptoms so obtained, he admitted to be a grave impeachment of their validity. They needed, he said, pathogenetic verification—their reproduction in the healthy, ere they could be admitted as genuine drug-effects into the *Materia Medica*.

Dr. Hughes concluded with an account of the transla-

tions of Hahnemann's pathogenesies suitable for the student, which was a recapitulation of his statements on the subject contained in the current number of the *British Journal of Homœopathy*.]

In my two previous lectures on the Sources of the Homœopathic Materia Medica I have given a full account of our chief mines of knowledge on this subject—the *Fragmenta de viribus, Reine Arzneimittellehre, and Chronischen Krankheiten* of Hahnemann. On the present occasion I have to speak somewhat more briefly of the other and later contributions to the pathogenesy of drugs which go to make up our wealth.

1. The first to appear in the field of drug-proving after Hahnemann had led the way was no follower of his, but a professor of the University of Leipsic, Dr. Johann Christian Gottfried Jörg. His academical position gave him pupils to assist him; and twenty-one of these, with himself, his two young sons, and three females (aged forty-five, eighteen, and twelve respectively), formed his company of provers. He published at Leipsic in 1825 a first volume of the results obtained, under the title of *Materialien zu einer künftigen Heilmittellehre durch Versuche des Arzneyen an gesunden Menschen*. It contained experiments with the following drugs:

<i>Acidum hydrocyanicum</i> (with aqua laurocerasi and aqua amygdalarum amararum).	<i>Ignatia.</i>
<i>Arnica</i> (flowers and root).	<i>Iodium.</i>
<i>Asafœtida.</i>	<i>Moschus.</i>
<i>Camphor.</i>	<i>Nitrum.</i>
<i>Castoreum.</i>	<i>Opium.</i>
<i>Digitalis.</i>	<i>Serpentaria.</i>
	<i>Valerian.</i>

All these substances were taken in moderate doses, repeated (and if necessary increased) until a decided impression was made. The experiments of each prover are related in full, just as they were made and as the symptoms occurred. In the preface a description is given of the age, temperament, and constitution of those engaged in the

task, and the assurance afforded that all were in good health.

You will see at once that in the mode of giving these provings to the world, Professor Jörg has greatly improved upon Hahnemann. While the latter leaves us in darkness as to the subjects of the provings, the doses taken, and the order and connection in which the symptoms appeared, here all is clear daylight. Of the intrinsic value of the provings the best evidence is that Hahnemann was glad to incorporate them in his own pathogenesies. He seems to have been ignorant of them up to 1833; for in the second volume of the third edition of his *Reine Arzneimittellehre*, then published, he credits Jörg's symptoms of *Ignatia* to Hartlaub and Trinks, who had simply copied them into the collection of theirs of which I shall speak next. But in the second edition of the *Chronischen Krankheiten* (1835-9) he uses Jörg's pathogenesies of *Digitalis*, *Iodium*, and *Nitrum*, referring them to him by name and work.

You have only, I think, to examine these provings to come to the same opinion of their value. You may see the original work in the library of the College of Surgeons; or may read its experiments in the fourth volume of Frank's *Magazin*, from which, moreover, many of them have been translated by Dr. Hempel in his *Materia Medica*. It is a pity that a volume so rich in instruction and usefulness has not long ago been rendered into English as it stands; and I commend the work to any competent person who desires to do service to his fellow-homœopaths of the English speech.

2. The next to take up the work of instituting and publishing drug-provings were two distinguished members of the homœopathic school—Drs. Hartlaub and Trinks. They also named their collection *Reine Arzneimittellehre*, evidently intending it to be a sequel to Hahnemann's work. It was published at Leipsic in three volumes, dated 1828, 1829, and 1831 respectively. Each contains an elaborate pathogenesis of certain new medicines, and shorter contributions to the knowledge of others already

familiar to homœopaths. The former, like Hahnemann's, are made up of original provings instituted by them and of citations from authors; the latter are chiefly single provings or cases of poisoning. All are arranged in the usual schematic order; and there is a great, though not entire, lack of information as to the circumstances of the experiments.

The first volume contains full pathogenesies of *Plumbum*, *Cantharis*, *Laurocerasus*, *Phosphorus*, and *Antimonium crudum*, and shorter additions to the symptomatology of eighteen other drugs.

The second volume gives us, in the first category, *Gratiola*, *Oleum animale*, *Alumina*, *Phellandrium*, and fourteen medicines in the second.

The third volume introduces to us *Bovista*, *Kali hydriodicum*, *Ratanhia*, *Strontian*, and *Tabacum*, and adds to our knowledge of no less than thirty other substances.

As these volumes came into existence between 1828 and 1831, it was obviously open to Hahnemann to avail himself of them for the third edition of his *Reine Arzneimittellehre* (1830-3), and the second of his *Chronischen Krankheiten* (1835-9). This he has done to the fullest possible extent. He has not only used their new provings, but has transferred to his pages the symptoms they have extracted from authors, and in doing so has frequently omitted the references to the work and page, leaving those curious in the matter to refer to Hartlaub and Trinks. I was much hindered in my work of examining the originals of some of his citations until I discovered this practice of his.

I come now to an important and much-questioned feature of Hartlaub and Trinks' pathogenesies—I mean the provings furnished by the person designated as "Ng." On the first occasion of Hahnemann's using their work in his *Chronischen Krankheiten*, viz. in the section on *Alumina*, he makes in his preface the following remarks:—"With merely these two letters (anonymousness indeed!) Drs. Hartlaub and Trinks designate a man who has furnished the greatest number of symptoms for their *Annals*, but

these often expressed in a careless, diffuse, and indefinite manner." He goes on to say that he has extracted that which was useful from his contributions, believing that he was a truthful and careful person ; but that it was not to be expected that in so delicate and difficult a matter as drug-proving, the homœopathic public would place confidence in an unknown person designated simply as "Ng." This note of Hahnemann's has led to a good deal of mistrust of the symptoms of the anonymous observer in question, which has been increased by their excessive number,—Dr. Roth having counted more than eleven thousand in the several contributions to the *Materia Medica* furnished by him between 1828 and 1836. So far has confidence been lacking, that the compilers of the *Cypher Repertory* have felt themselves warranted in omitting "Ng.'s" symptoms from the materials they have indexed. But there are important considerations on the other side. Dr. Hering has satisfactorily explained the anonymousness. "Ng.," he writes,\* "was a surgeon near Budweis in Bohemia, a candid, upright, well-meaning man, not very learned: his name was Nanning, and everybody knew it. According to the laws of his country he had no right to practise except as a surgeon. A lameness of the right arm disabled him from following his calling. His wife commenced a school and instructed girls in millinery; she supported the family by this. Nanning became acquainted with homœopathy, and soon was an ardent admirer. He had the grand idea to aid the cause by making provings on the girls in his wife's millinery shop. He succeeded in persuading them. Unluckily enough he came in connection with Hartlaub in Leipzig, instead of with Hahnemann himself. All Austrians were forbidden by a strict law to send anything outside of Austria to be printed; hence not only Nanning, but all other Austrians, appeared in our literature with only initials." Nanning himself has given, in the *Allgemeine Hom. Zeitung* for 1839 a similar account, to explain the number of his symptoms. "If I have perchance," so he writes, "made too many provings, for it is remarked

\* See Allen's *Encyclopædia*, III, 640.

that I have furnished too many symptoms, that should, in my opinion, deserve sympathy rather than ridicule. The exhortation of Hahnemann not only to enjoy but to put our hand to the work animated my zeal, and the active support of Hartlaub rendered it possible for me to do that which perhaps strikes Hahnemann as surprising. A number of persons, partly related to me, and partly friendly, were gathered together by me, and, in consideration of board and payment, made experiments. Along with them were also my two daughters, and with complete reliance on the honesty of them all, I gave one medicine to one and another to another, writing down all that they reported. It was a matter of conscience on my part also not to omit the smallest particular; and that thereby frequent repetitions have arisen I grant readily, but I thought that just in that way the sphere of action of the medicine could be best recognised."

It seems, then, that Nenning's symptoms were obtained in the true way, viz. by provings on the healthy body; but that the payment of the provers and the want of discrimination exercised in receiving their reports throw some share of doubt upon the results. I cannot think, however, that they warrant their entire rejection. The only thing which such symptoms need is "clinical verification," testing, that is, by being used as materials wherewith to work the rule *similia similibus curantur*. If, when submitted to this test, they (as a rule) prove trustworthy, we may safely assume them to be genuine, and admissible into the *Materia Medica*. Now, we have the testimony of three of the most industrious symptomatologists of our school—Bönninghausen, Hering, and Wilson—that they have found no reason to distrust Nenning's symptoms, and use them as satisfactorily as those of other observers. No statement to the reverse of this has come from the other side; so that we may accept Nenning's contributions as at least provisionally established to be good and sound additions to our pathogenetic material.

3. The next name on our list is that of Dr. Ernst Stapf. This physician, one of Hahnemann's oldest and most valued

disciples, began in 1822 to publish a journal devoted to the interests of the new method. He called it *Archiv für die homöopathische Heilkunst*; but it is generally known simply as the *Archiv* or—very often—Stapf's *Archiv*. To this journal the contributions most urgently called for and most largely furnished were provings of medicines. By the time that fifteen volumes had been published a considerable number of these had accumulated; and it became desirable to give them a separate form for practical use. Some of them—notably those of *Anacardium*, *Cuprum*, *Mezereum*, and *Platina*—Hahnemann (who had himself taken part in many of the experiments) designed to use for the second edition of his *Chronic Diseases*; and these Stapf left alone. But the rest—in all containing twelve medicines—he published in 1836 in a volume entitled *Beiträge zur reinen Arzneimittellehre, i. e.* Additions to the *Materia Medica Pura*. The medicines are—

<i>Agnus castus.</i>	<i>Ranunculus</i>	<i>Sabina.</i>
<i>Clematis.</i>	( <i>bulbosus</i> and <i>sceleratus</i> ).	<i>Senega.</i>
<i>Coffea.</i>	<i>Rhododendron.</i>	<i>Teucrium.</i>
<i>Crocus.</i>	<i>Sabadilla.</i>	<i>Valerian.</i>

All those as to which any information is given on the point were proved in Hahnemann's earlier manner, *i. e.* in moderate but substantial doses, generally taken singly. The results are presented in the usual schema form, but with copious reference to the separate experiments of the provers, when these are specified. The introductions to the several medicines are full and interesting, and contain much information about their former uses and about such homœopathic experience as had been gained with them. The whole makes a very valuable volume, and, as it has been rendered into English by Dr. Hempel, it is available for all students.

4. I have next to speak of the Austrian provings. By the year 1842 homœopathy had come to number many able and active representatives in Vienna; and it seemed to them (in the words of one of their number) "a shame to be stretching their indolent limbs and lolling lazily upon the couch prepared for them by the laborious toil of the



master ;” they determined to have “ courage to tread bravely in his footsteps, and to pursue, with untiring patience, the path he had opened up to them.” They considered the most serious obstacle to the practice and advance of the homœopathic method to be the form in which Hahnemann had given his provings to the world, *i. e.* as a schema of detached symptoms, without information as to how, or in what order and sequence, they were obtained. They set therefore before themselves, as their main task, the re-proving of medicines, without excluding occasional original experiments.

In pursuance of this object they gave us reprovings of *Aconite*, *Bryonia*, *Colocynth*, *Natrum muriaticum*, *Sulphur*, and *Thuja* ; and primary provings of *Argentum nitricum*, *Coccus cacti*, and *Kali bichromicum*. Each drug was entrusted to one member of the society into which they formed themselves, who undertook and superintended the experiments, and published them in full detail, with an elaborate account of all that was known of the medicines up to the time of writing. From twenty to thirty persons took part in every proving ; and, though trials of the attenuations were not neglected, the great aim of the experimenters seems to have been the development of the full physiological action of drugs from repeated and increasing doses of the mother-tincture, which (in the case of *Thuja*) even reached as much as 1000 drops at a time.

The monographs containing these most valuable provings were chiefly published in the *Österreichische Zeitschrift für Homöopathie*, a journal conducted by the Austrian Society, which runs through four years. Wurmb’s re-proving of *Sulphur* is contained in a later periodical, the *Zeitschrift des Vereins der homöopathischen Aerzte Österreichs* (vols. i and ii). Most of them have been translated into English\* with more or less completeness. They will always be ranked among the chief materials we possess for the construction

\* *Colocynth*, *Coccus cacti*, and *Thuja*, in Metcalf’s *Homœopathic Provings*, *Sulphur* in the *British Journal of Homœopathy* (vols. xv and xvi), and *Argentum nitricum* as an appendix to Hempel’s translation of Stapf’s *Beiträge*.

of the Materia Medica of the future; and the labourers at them, of whom we may mention as pre-eminent Watzke, Huber, Mayerhofer, Wachtel, Wurmb, Arneth, Gerstel, and von Zlatarovich, have written their names indelibly on the roll of the heroes of the homœopathic history.

While thus giving prerogative rank to the Austrian provings, it must be added that they are but one instance of the activity of German homœopathy in this field down almost to the present day. Not only Stapf's *Archiv*, but the other journals published in that country, as Hartlaub and Trinks' *Annalen*, Griesselich's *Hygea*, and, later, the *Allgemeine homöopathische Zeitung* and *Vierteljahrschrift*, teem with provings and reprovings. Among the former may be mentioned those of *Berberis*, *Coca*, *Colchicum*, *Hypericum*, *Kreasote*, and *Nux moschata*; among the latter those of *Agaricus*, *Chamomilla*, *Cyclamen*, *Chelidonium*, and *Euphrasia*. The men whose names stand out most prominently as conductors of these experiments are Buchmann, Buchner, Helbig, Hencke, Hoppe, Koch, Lembke, and Reil. The last great contribution to the Materia Medica we have received from this source has been Buchmann's *Chelidonium*; but an endeavour to have a thorough reproving of *Cuprum* has recently been set on foot by the Central Verein, and we hope it may bear good fruit.

Nor has the old school of medicine in Germany been altogether insensible to the exhortations and example of Jörg. Professor Martin, of the University of Jena, has occasionally proved medicines on his students, and published the results obtained; to this source we owe the pathogenesis of *Kali chloricum*. In 1848 the Vienna Society of Physicians set itself—in emulation of its homœopathic “double”—to make provings. The medicines selected were *Arnica*, *Belladonna*, *Chamomilla*, and *Chelidonium*; and each was tested by from five to twelve persons, taking the drugs after the manner of Jörg. Unfortunately, “the committee” (I quote from Dr. Dudgeon's account) “who had the drawing-up of the report of the results of the trial cut down the symptoms of each prover in a most arbitrary manner, and only recorded such symptoms as were common

to all or most of the experimenters." One of these, however—Schneller by name—has given a detailed account of his provings of the above-named drugs, and also of some additional experiments instituted on himself with *Aconite*, *Conium*, *Hyoscyamus*, *Rheum*, and *Stramonium*. You will find his communication translated in the sixth volume of the *British Journal of Homœopathy*. Besides these, the followers of Rademacher have made a few provings; their experiments with *Ferrum* have been translated in the ninth volume of the same journal. More recently Professor Schroff, though giving his attention mainly to experiments with drugs on animals, has not been unmindful of the value of occasionally instituting them on the human subject, and has given us (especially from *Aconite*) some valuable provings.

Before passing to the other chief scene of homœopathic provings—the United States of America—let me say a few words as to what has been done of the kind in the rest of the countries into which the method of Hahnemann has penetrated.

The only original pathogenesis of note which *France* has given us is that of *Quinine* by Dr. Alphonse Noack; and the two great compilers of *Materia Medica* in that country have been Drs. Roth and Jahr. All these three names point plainly to the German extraction of their bearers. Some indigenous proving, however, has been done by Pétroz, Teste, Molin, and Imbert-Gourbeyre; and published in the French homœopathic journals.

*England* has contributed little more to our pathogenetic treasury. The *Kali bichromicum* of Drysdale, the *Naja* of Russell, the *Cedron* of Casanova, the *Cotyledon umbilicus* of Craig, and the *Uranium nitricum* of Edward Blake—these are all the provings of any note of which we can boast during the forty years in which homœopathy has been practised in this country.

Still less can be said of *Spain* and *Italy*, which have only given us (so far as I know) one medicine each—the *Tarantula* of Nuñez from the former and the *Cactus* of Rubini

from the latter. From *Brazil* we have received a collection of provings of the plants and animal venoms indigenous to that country instituted by Dr. Mure, of Rio. They are of obscure origin and doubtful value; and hardly one of the substances tested has come into general use. Still more dubious are the *Nouvelles Données* of Dr. Houat, of the French island of *Réunion*. If you will read the review of his first volume in the twenty-seventh volume of the *British Journal of Homœopathy*, and will then verify the suspicions expressed by looking through a few of his pathogenesies as given by Dr. Allen in his *Encyclopædia*, you will not wonder that the latter places them in an appendix by themselves, as unworthy to rank with the *bonâ fide* experiments derived from other quarters.

5. I come now to the American sources of the Homœopathic Materia Medica; and the first and most illustrious name on the record is that of Dr. Constantine Hering. I should suppose that the number of medicines in whose proving this physician has taken a more or less principal part is hardly less than that which we owe to Hahnemann; and though the latter, being first in the field, has given us most of our greatest remedies, yet we cannot forget our debt to Hering for *Lachesis*, for *Apis*, and for *Glonoin*.

I believe that a good many of Dr. Hering's provings remain in manuscript to this day; and I hope that, in spite of his already venerable age, he may live to publish them. Those which have already seen the light are contained in the *Transactions of the American Institute* or the *American Homœopathic Review*, or they appear in one or other of his two separate publications—the *Amerikanische Arzneiprüfungen* and the first (and as yet only) volume of his *Materia Medica*. The former is written, as its name imports, in the German tongue, Dr. Hering having originally come from that country. He began to issue it, in parts, in 1852; and, when discontinued, it had come to contain monographs on twelve medicines—most of them new to homœopathy—embracing clinical observations as well as pathogenetic effects. Among the drugs included I may mention *Benzoic acid*, *Aloes*, *Apis*, *Allium cepa*, *Glonoin*, and *Millefolium*.

The greater number of these have been translated in one or other of our journals. In 1869 Dr. Hering set on foot the *American Journal of Homœopathic Materia Medica*, with the design of appending thereto another series of monographs on medicines. He ceased to do so when sixteen of these had been completed, and then published them separately as the volume of *Materia Medica* which I have mentioned. Besides elaborate arrangements of several of our old remedies—as *Cuprum*, *Spongia*, and *Stramonium*—it gives us the *Binioidide of Mercury*, *Natrum sulphuricum*, and *Osmium*.

I have omitted to mention Dr. Hering's first publication, which dates as far back as 1837. It is his *Wirkungen des Schlangengiftes*—a full collection of the observed phenomena of snake-bites, together with provings on the healthy subject mainly instituted with *Lachesis*, which great remedy he thus introduced to medicine.

But, while all would give the precedence to this honoured name among the American contributors to our *Materia Medica*, it is far from standing alone. In the earlier period those of Neidhard, Jeanes, Williamson, and Joslin may be named in association with it: in later times those of Dunham, Allen, and Conrad Wesselhoeft—not to mention Dr. E. M. Hale, of whose work I must speak separately. The chief instigation and collection of the provings of the United States has proceeded from the American Institute of Homœopathy. This association, at its first meeting (under Dr. Hering's presidency) in 1866, appointed a "bureau" (or committee, as we should call it) for the augmentation and improvement of the *Materia Medica*. The first fruit of its labours was the volume entitled *Materia Medica of American Provings*, whose third edition I now lay before you. It contains the original provings of the *Benzoic*, *Fluoric*, and *Oxalic acids*, of *Kalmia*, *Podophyllum*, *Eupatorium*, *Sanguinaria*, and several other important drugs. From that time to this, the *Transactions* of the Annual Assembly of the Institute have rarely failed to contain fresh provings furnished by its Bureau of *Materia Medica*, down to those of *Physostigma* and *Sepia* which

constitute its chief labours for 1874 and 1875 respectively. Provings have also formed a prominent feature in many of the American journals. Excellent material for them is now afforded by the students of both sexes who flock to the homœopathic colleges of the States; and the teachers of *Materia Medica* therein have not been slack in availing themselves of their opportunities.

6. A new fountain of *Materia Medica* was opened in 1866 by Dr. E. M. Hale, of Chicago. For some years previously his attention had been drawn to the mine of remedial wealth which existed in the indigenous plants of his country. A few only had been proved and employed in the homœopathic school, but all around him he found them in constant use by the common people, and by the "botanic" and "eclectic" practitioners—cures often resulting from them where both allopathy and homœopathy had failed. He determined to collect into one volume all pertinent information regarding the principal medicines thus obtained, to reproduce old and institute new provings, and to present all trustworthy recommendations and experiences as to their use. The result was the volume entitled *New Remedies in Homœopathic Practice*. It obtained great success, so that in two years a second edition was demanded. This appeared in 1867, following the same order as the first, but incorporating all fresh facts that had come to light, and adding thirty-five more medicines to the forty-five previously published. In 1873 a third edition was issued, in which (very unwisely, as I think) the materials previously collected were boiled down to a list of (so-called) "characteristic" symptoms." But in the fourth and latest form which the work has assumed this error has been retrieved. The first volume, indeed—entitled *Special Symptomatology*—is of the same character as the third edition. But in the second volume, or *Special Therapeutics*, history, account of provings, testimonies of authors, and narratives of cases have been restored. We only want the detailed provings of the second edition to make the work complete.

I do not hesitate to say that by these publications Dr. Hale has rendered an inestimable service to homœopathy,

and thereby to the art of medicine. There has been plenty of severe criticism on his indiscriminate collection of material, his too fond estimates of his new treasures, and the assumptions in which he has sometimes indulged. But these are small matters compared with the actual enrichment of our remedial treasury which has been effected by his means. We really owe to him *Actæa*, *Æsculus*, *Apocynum*, *Baptisia*, *Caulophyllum*, *Chimaphila*, *Collinsonia*, *Dioscorea*, *Eupatorium purpureum*, *Gelsemium* (as Dr. Allen will have us call it), *Hamamelis*, *Helonias*, *Hydrastis*, *Iris*, *Phytolacca*, *Sanguinaria*, *Senecio*, and *Veratrum viride*. It is no abatement of this obligation to say that some of these had been known previously, and that none have been actually proved by Dr. Hale himself. It was his book that made them current coin, wherever they had been minted before; and it was he who incited the new provings, though he acted only as their promulgator and expositor. The school of Hahnemann in every country owes him hearty thanks for all this; and allopathy is beginning to share our gain.

I would advise students, until they can obtain the fifth edition (which I have reason to believe will meet every requirement), to endeavour to procure a copy of the second, supplementing it, if possible, by a perusal of the second volume of the fourth.

7. I have now mentioned all the primary sources of the special *Materia Medica* of Homœopathy. In so doing I have had to bring before you more than a score of separate volumes, besides referring to whole series of Journals and Transactions. You will naturally ask whether no attempt has been made to bring these multitudinous and scattered provings into one collection, so that they may be accessible to the student and available for use by the practitioner. This brings me to the last name in my list to-day, that of Dr. Allen of New York.

Our only *codices* of symptomatology hitherto had been those of Jahr and of Noack and Trinka. Both date from thirty years ago; and were at the best abridgements. They were of great use in their time, but have long been superannuated. In 1874, however, a work was commenced

which it will take many decades to make obsolete, and which gives us our whole pathogenetic treasury in full. I speak of the *Encyclopædiâ of Pure Materia Medica*, of which the first four volumes, containing the medicines from *Abies* to *Hydrocotyle*, lie now before you. Here, under the head of each drug, are collected all the symptoms obtained from it by every prover who has tested it, from Hahnemann down to the latest student of the American colleges. All are copied, translated, and arranged afresh; and every available information is given regarding the circumstances under which they occurred. Nor is this all. Dr. Allen has made a new collection of symptoms observed from poisoning and overdosing, as recorded in medical literature since Hahnemann's day; and has thereby greatly enriched many of our old pathogenesies, and originated no small number of fresh ones. The work has been improving as it has gone on; and when the seven or eight volumes to which it must extend have been completed, it will be a treasury upon which the homœopathic practitioner will thankfully draw for many years to come.

I earnestly recommend all students of homœopathy to possess themselves of Dr. Allen's *Encyclopædiâ*; but I do not advise them to content themselves therewith. No collections of symptoms, however thoughtfully made, can convey the same instruction to the mind as the original records of provings. Procure, then (I would say), or seek access to as many as possible of the primary sources of our knowledge which I have characterised, and to which Dr. Allen's book will refer you in the case of each drug. Read the day-books of the provers, and (where we have them) such narratives of poisoning as are collected in Frank's *Magazin*, in Dr. Hempel's *Materia Medica*, and in the "Pathogenetic Record" which the industry of Dr. Berridge is now giving us as an appendix to the *British Journal of Homœopathy*. You will thus obtain that enlightened general knowledge of the action of medicines which, and which alone, will enable you to use the *Symptomen-Codex* aright.



## CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

Edited by Dr. H. VON ZIEMSEN.

Vol. VII.—*Diseases of the Chylopoietic System &c.*

THE volumes of this great work are issued with such frequency that we can hardly keep pace with them in our brief notices. We shall not therefore take the trouble to review them in the exact order in which they appear, nor is this necessary, as their publication is extremely irregular as regards the numerical sequence of the volumes. The volume at present before us is the latest issued, though by no means the highest numbered, for vol. xi was published some months since. This irregularity of issue is of no importance, as each volume is complete in itself.

The title on the back of the present volume does not give an adequate idea of its contents. The actual contents are: diseases of the naso-pharyngeal cavity and pharynx, diseases of the stomach and intestines, constrictions, occlusions and displacements of the intestines, intestinal parasites, disease of the larynx and spasm of the glottis. Thus it does not comprise all diseases of the chylopoietic system and does include other diseases not referable to this system.

It will not be expected that with the small space at our command we should attempt a review of all the subjects contained in this large volume of over 1000 pages. We shall select for notice some of the subjects that are particularly interesting to us, at the same time admitting that the chapters we select are not better or more exhaustively treated than the others. In fact, the fault we are disposed to find with the work is that every article is too exhaustively treated. Each author seems anxious to show that he knows everything that has been written on this particular subject, and the chapters in many cases, on account of this conscientious fulness, are apt to be slightly tedious. We do not so much wish to know what this or that or the other author

has written about a disease, its pathology, etiology, and so on, as what are the author's own conclusions on these points and his reasons for forming them. However, the encyclopædic form of the work and the large number of writers who have been employed upon it render this diffuseness perhaps inevitable.

The "Affections of the Stomach" are preceded by some preliminary remarks on the anatomy and physiology of the stomach which are well worth reading, and form a fitting introduction to the diseases of that organ. The gastric glands, we are informed, pour out their specific secretion, the so-called *gastric juice*, when an alkali is introduced into the stomach, as when the alkaline saliva is swallowed. A solution of soda gives rise to a particularly persistent secretion of gastric juice. This physiological fact may, we think, be of use in practice. Thus, if we find the saliva acid, we shall most likely find also a defective secretion of gastric juice. And, again, the fact that soda causes an extremely persistent secretion of gastric juice would lead us to infer, even if experience had not sufficiently proved it, that acidity of the stomach is only aggravated by the common mode of treatment of it by soda in all forms and combinations.

The author is of opinion that *hydrochloric acid* is the true acid of the gastric juice, though some French physiologists contend that the acid of the gastric juice is lactic acid. Our author (Dr. Leube) asserts that the lactic acid found in the stomach is produced during the act of digestion, by metamorphosis of starch in the stomach. One would think it would be easy to set this question at rest by a few careful experiments.

*Pepsin* is another constituent of the gastric juice necessary to digestion. Neither pepsin nor hydrochloric acid singly can effect the transformation of albuminous substances observed in digestion. It requires the presence of both constituents in a certain relative proportion in order to induce energetic digestive action. Different kinds of food require different proportions of the acid and pepsin for their digestion. Various acids in combination with pepsin are

capable of effecting the digestion of food, or rather its transformation into chyme; but none so effectually as hydrochloric acid. Ten times as much lactic acid, for instance, is required, which would seem to settle the question of the claims of lactic or hydrochloric acid to be considered the acid of the gastric juice.

The peptones, *i.e.*, the dissolved or digested albuminous matters, must be constantly removed from the stomach as they are formed, otherwise their presence will prevent the further peptonising of other portions of albuminous material. This circumstance will account for the frequent undigested condition of food long retained in the stomach from whatever cause.

About thirty pounds of gastric juice are daily poured out. Of course the greater proportion of this is again absorbed. Bernard has shown that acid as well as simple solutions of peptones are precipitated by bile, the pepsin being thrown down at the same time as the albuminous bodies. This explains how the presence of bile in the stomach causes a stoppage of the digestive process.

The section on *Acute Gastritis* by Dr. Leube is hardly satisfactory. The author seems to be in doubt as to whether this is gastric catarrh or acute dyspepsia. It seems to be anything but what is commonly, or at least used to be, considered acute inflammation of one or other of the coats of the stomach. If his pathology is hazy so also is his etiology. The chief cause he seems to ascribe to too long retention of ingesta in the stomach, and the cause of this prolonged retention is a deficient production of gastric juice. This seems like putting the cart before the horse, or rather confusing cause and effect, for we opine that the morbid gastric process, whatever its name, is the cause of the deficient supply of gastric juice whereon the retention of ingesta depends.

The treatment is as confused as the pathology and etiology are vague. In severe cases "treatment must be directed chiefly against the *exciting cause*." Now, as we were told that prolonged retention of ingesta was the chief exciting cause, our efforts should be directed to getting rid of the

ingesta. This may be done either by purgatives or emetics. As, however, by the employment of purgatives "the undigested fermented masses have to pass through the outer intestine before they are removed, they may irritate its mucous membrane also." So it is best to resort to emetics. *Apomorphia* is the best medicinal emetic, but a still better means of clearing the stomach is the stomach-pump, which is "in every way preferable." After removing the contents of the stomach by the pump, the mucous membranes may be advantageously cleansed by the introduction of a solution of soda to neutralise the remaining acid. We fail to see the relevancy of this acid-neutralising treatment, as we were told just before that the cause of the long retention of the ingesta (which again was the cause of the gastritis) was a deficiency of acid in the gastric secretion. If Dr. Leube had remembered what he said in the physiological part, he would rather have said that the soda acted by promoting an increased secretion of the deficient gastric juice. Indeed, in the very next paragraph he again contradicts himself by advising the administration of dilute hydrochloric acid for acute affections. A few lines further on he advises the administration of bicarbonate of soda—the very substance that at p. 121 he told us gives rise to a "particularly persistent secretion" of the acid gastric juice—in acid eructations and heartburn! But the charming part of this scientific and rational treatment of dyspepsia is the use of the stomach-pump to evacuate the contents of the stomach and the subsequent washing it well out with soda. Evidently he has learnt his therapeutics in the kitchen, for is not this precisely the way the cook treats her foul pots and pans? She first empties out their contents and then scours them well out with carbonate of soda in order to get rid of all acids and make them sweet and clean for the next meal. We can picture to ourselves the consternation of a patient suffering from an attack of indigestion were we to produce a stomach-pump from our coat-pocket, and insist on there and then emptying his stomach of its contents and scrubbing it out with soda. On the whole we imagine it would be more satisfactory to all parties were we to give him a small dose

of nux vomica and recommend him to be careful not to overload his stomach for a day or two.

The chapter on *ulcer of the stomach* by the same author is altogether superior to the one on "acute gastritis." The pathology, etiology, symptomatology, and diagnosis are excellent. The author mentions a mode of distinguishing between cardialgia and ulcer which is new to us. If, he says, the pain disappears within a few minutes after the application of a constant current from a battery of from 20 to 40 cells, he regards this fact as indicative of cardialgia; in gastric ulcer he has never yet been able to produce a cessation of the pain by the use of the constant current. The increase or production of pain by pressure is not such a certain mode of ascertaining the existence of ulcer, for cases are occasionally met with where pressure causes relief to the pain.

With regard to the treatment we cannot give so much praise. The dietetic and hygienic rules are excellent, but the medicinal treatment is beneath contempt, or, we should rather say, is nil. The cause of the ulcer, or at least of its persistence and extension, being held to be the corrosive action of the gastric juice, the aim of the doctor is to lessen this corrosive action either by neutralising the acid secretion by alkalies, or by securing the expulsion of the contents of the stomach as speedily as possible. As we do not know the amount of acid in the stomach at any given time we cannot tell the quantity of alkalies to administer, so Leube does not recommend this plan. Remains the other remedy, viz. to get rid of the contents of the stomach as speedily as possible. Here the stomach-pump is evidently the author's favourite method, but as an alternative measure for such patients as might object to that admirable instrument, he proposes to hasten the expulsion of the contents of the stomach in a more natural direction by means of salines, especially Carlsbad salts. In an otherwise admirable essay on ulcer of the stomach by the editor of this *Cyclopædia*, in Volkmann's collection of clinical lectures published by the New Sydenham Society, we find precisely the same treatment recommended. Carlsbad salts

and, when stricture of the pylorus is a consequence of ulceration, leading to dilatation of the stomach, the daily use of the stomach-pump ("every day in the early morning"), and subsequent scouring of the human pot with soda *à la cuisinière*. This mechanico-chemical treatment seems to be the last outcome of scientific therapeutics. We should mention that with becoming modesty Leube ascribes the invention of this stomach-pump and soda treatment to Schliep, while v. Ziemssen credits Kussmaul with its discovery, otherwise they agree as completely as Ananias and Sapphira. For our own part we have already hinted our belief that the idea of the manœuvre may be traced to a much humbler source.

The most important part of Dr. Leube's treatment of ulcer of the stomach seems to be the employment of what he calls "meat solution" as an article of diet. This meat solution is actually partially chymified meat, and is made by digesting meat with a strongly acid solution of pepsin in hermetically sealed vessels and at a temperature much higher than that of the human stomach. The meat is thereby reduced to a very fine emulsion containing a considerable quantity of peptones. This looks highly rational treatment, for if we save the stomach the trouble of converting the albuminous matter of the food into peptones, we give it rest and so allow the ulcer to heal up. Dr. Leube says he has uniformly met with good results from this treatment. We have been told that when a great man in China can no longer masticate his food satisfactorily he hires a person to chew it for him. In this case the starches of the food will be converted into glucose and the alkaline saliva of the chewer will excite the gastric glands of his patron to pour forth their gastric juice, thus saving considerable digestive labour to the great man. So perhaps Dr. Leube's plan of half digesting the food before he puts it in the stomach is suggested by the old Chinese procedure, just as our compass, fireworks and competitive examinations all come to us from the Flowery Land. However that may be, we think Dr. Leube's suggestion one worth bearing in mind in all cases where the stomach

is unable to digest the food introduced into it. We should not *à priori* have thought that this solution of beef prepared with "a strongly acid solution of pepsin" was so suitable for ulcer of the stomach, which according to our author is caused or kept up by the acid secretion of the gastric glands, but perhaps by the time the emulsion reaches the stomach its strongly acid character is gone, or, maybe, as the introduction of an alkali causes a great flow of the natural gastric acid, the ingestion of another acid may rather suppress the natural acid secretion. In cases where the power of digesting both starch and albumen was entirely gone how would it do to combine the Chinese and Leubean methods, and employ a chewer (a mechanical one supplied with ptyalin would do) to *glucosise* the farinaceous and a Leube's digester to *peptonise* the albuminous constituents of the food? In this way a patient "sans teeth, sans taste, sans everything" almost, might be able to enjoy and assimilate a varied meal of meat and vegetables. We merely throw this out as a hint to Dr. Leube, for as medicine is, as we all acknowledge, a progressive science, and as modern rational medicine seems more an affair of diet and machinery than of pharmacy, it is not likely that our progressive doctors will stop short at finding a substitute out of the body for the gastric juice. When the physiology of digestion in the bowels is sufficiently understood, some ingenious doctor will doubtless invent some machine for performing their functions when defective. This is an eminently scientific and mechanical age, and as we have machines for performing all the operations for which men in less enlightened ages employed their muscular system, and sometimes for doing many intellectual operations, such as writing, calculating and speaking, we see no reason why there should not be machines for performing all our animal functions, at all events such of them as we are disinclined or incompetent to perform for ourselves. When that happy epoch arrives, when not only our muscular actions and our intellectual operations, but also our animal functions, are carried out for us by external machinery, the unembarrassed human soul will be able to devote

itself wholly to the cultivation of Sweetness and Light, and the millennium will have come.

Let us, however, leave "the medicine of the future," and inquire what is the treatment of ulcer of the stomach actually recommended by the author. It is briefly this:—The patient is kept in bed during the course of treatment; hot poultices applied to the abdomen (for how long not stated) if hæmorrhage threaten, a compress or ice to the stomach at night (why not by day?); active movements of the body to be avoided. During the first few days Carlsbad salt, one tablespoonful to a pint of warm water, every morning. If the salt do not evacuate the stomach, then the pump is to be used, and the stomach afterwards washed with warm water (the soda seems somehow to be forgotten). The diet consists of one pot of beef solution per diem = half a pound of beef, with a little milk and a few rusks. All food should be warm. After two or three weeks (is the patient all this time in bed?) the patient is allowed pigeon, chicken, mashed potatoes, chicken soup, wheaten bread, &c., and after eight days more coarser food.

As for medicines Dr. Leube talks contemptuously of them. A dose of *Morphia* may be given to soothe the cardialgia, but *Subnitrate of Bismuth* and *Nitrate of Silver*, the only other medicines he alludes to, he thinks little of, apparently, on account of "the impossibility of explaining their action."

"When perforation occurs, the only treatment in most cases is to induce euthanasia." A year or two ago some gentleman—we forget his name, but he was not a doctor—advocated euthanasia as the best mode of treating some cases, but this is the first time we have seen it openly recommended in a medical book, so we are progressing.

However, Dr. Leube goes a little too fast, we think, for he immediately afterwards alludes to some cases where recovery took place even after perforation, by the employment of "energetic measures," among which is his favourite stomach-pump. Throughout Dr. Leube's articles the stomach-pump plays a most conspicuous part, and seems to be his most important and most cherished



therapeutic agent for almost all stomach diseases. Indeed, when he comes to treat of dilatation of the stomach his enthusiasm for his beloved instrument culminates in presenting his readers with an exquisite portrait of his great remedial machine. Somehow, Dr. Leube with his stomach-pump irresistibly reminds us of "*M. Fleurant, une seringue à la main*" in Molière's *Malade Imaginaire*; as that illustrious apothecary never appears without his squirt, so Dr. Leube is ever ready with his stomach-pump for almost every form of gastric disease, from simple gastralgia up to cancer and even rupture of the stomach. This constant resort to one machine in all these various affections betrays a remarkable poverty of therapeutic means, and, indeed, the therapeutics throughout are utterly insignificant, in most cases purely negative.

The article on softening of the stomach is interesting, but rather unsatisfactory. Dr. Leube says that the most recent pathologists are agreed that softening of the stomach is a post-mortem change. But he adds, that "no evidence has been adduced to show that the inception of gastromalacia during the last period of life is absolutely impossible," and he gives a case from his own practice to show that this actually occurred. So we are left in a rather uncertain frame of mind as to whether we are to hold with Rokitansky, Jaeger, and others that gastromalacia is a vital process, or with Oppolzer, Virchow, and most recent writers (following J. Hunter) that it is a cadaveric change. Practically the question is of little moment, as the only way in which the disease can be recognised in life is by the occurrence of perforation—for which euthanasia is the most approved remedy.

In the article on hæmorrhage from the stomach we find mention of the sudden and hitherto incurable double amaurosis that sometimes accompanies this disease. The ophthalmoscopic appearances are not very decided, showing only whiteness of the papillæ and thinning of the retinal arteries, in short, differing in no way from the state of the retina in anæmia. But amaurosis from anæmia produced by other causes and even by other hæmorrhages goes off

when the anæmia is removed. This amaurosis from hæmatemesis, however, remains after the anæmia is gone. We have not as yet met with a case of the sort in our practice, but the number of instances recorded is too great to allow us to doubt the causal relation of this amaurosis to hæmorrhage from the stomach, though as yet no satisfactory explanation of its pathology has been afforded.

The article on *Intestinal Parasites* by Heller is particularly interesting and important. It contains the natural history of all kinds of intestinal parasites hitherto found in man, as far at least as their natural history has as yet been made out. We have not space to do more than mention some points with regard to the natural history, but especially to the treatment of the more common forms of intestinal worms, viz. the *Tænia solium*, the *Tænia saginata* (*mediocanellata* of Küchenmeister), *Bothriocephalus latus*, *Ascaris lumbricoides*, and *Oxyuris vermicularis*. The cysticercus or embryonic form of the *T. solium* is found only in the pig, and the perfect animal is only met with where pork forms an article of diet. The cysticercus of the *T. saginata* has its habitat in the flesh of ruminants, and is more widely distributed. People—like the Abyssinians—who live on raw beef are very subject to this species. The *T. solium*, as all know, attaches itself to the small intestine by a circlet of hooks and four suction disks; the *T. saginata* has no hooks, but only suction disks. The *Bothriocephalus latus* is chiefly confined to certain parts of Europe, of which the British Isles do not seem to be one. The *T. solium* is the most important of these worms, as its embryo may under certain circumstances infest the body of its host. They have even been found in the eye; Mr. Pridgen Teale's case of a cysticercus in the anterior chamber is familiar to all ophthalmological students; and a case is given in Mackenzie's work.

The treatment of all these tapeworms is the same. As there are no certain pathognomonic signs of the presence of a tapeworm, no anthelmintic treatment should be resorted to unless segments of the worm are observed to be discharged in the fæces. The object of the treatment is to sicken the

worm, cause it to lose its hold of the intestine, and expel it quickly from the bowels. *Imprimis*, the way is to be made clear for the expulsion of the animal by clearing out the bowels by the exhibition of "the very mildest purgatives" for two days before commencing the cure. During this time the patient should only take food that furnishes the smallest amount of residuum, such as meat, white bread, milk, coffee, tea, beer, wine, &c. Then the evening before the cure he should take a supper of things known to be unpleasant to his unbidden guest, such as a herring salad, made of finely cut raw salt herring flavoured with onions or garlic. In the morning the patient may take a breakfast of coffee and white bread previous to swallowing the anthelmintic—the best is *Kouso*. The quantity of this substance necessary for the expulsion of *T. solium* is five drachms; the *T. saginata* requires seven and a half drachms. The best way to administer it is in Rosenthal's balls or discs coated with gelatin. The patient should take the whole quantity at intervals within an hour. Two hours after the last dose he should get an ounce of *Castor oil*, and in from one to several hours the worm is expelled. *Koussin*, an alcoholic extract of *Kouso*, is equally efficacious in the dose of thirty grains. Various other remedies are mentioned for the expulsion of tapeworm, but *Kouso* is said to be the best. We have succeeded in expelling the worm by the bark of *Pomegranate root*, but its effects are generally more unpleasant than those of *Kouso*. *Felix mas* is said to be particularly efficacious in expelling the *Bothriocephalus*.

The round worms (*Ascaris lumbricoides*), "when present in small numbers, do not as a rule give rise to any phenomena." In large numbers they cause itching of nose, colicky pains round navel, boring and tearing pains in abdomen, inflation in region of stomach, changeable appetite and diarrhoea, with expulsion of mucus occasionally tinged with blood, swelling of face, darkness of eyelids, unequal dilatation of pupils, foul breath, and general wasting; irregular pulse, unpleasant dreams, grinding of teeth in sleep, starting from sleep in a fright, and pains in

limbs. We think we have found most of these symptoms in cases where there was no reason to suspect the presence of many worms, but of very few or even of one only, and there is another symptom of round worm which we have often observed, and that is ephemeral attacks of fever from time to time lasting only a few hours.

“The most favourite and never-failing remedy is *Santonica*.” The active constituent *Santonine* is most generally used. It should be given in doses of one third to one and a half grain three or four times a day, and followed by a purgative.

The most common, most troublesome, and most difficult to get rid of, of the worm tribe, is the threadworm or *Oxyuris vermicularis*. The natural history of this little pest shows us why it is so difficult to exterminate. The eggs when introduced into the stomach rapidly develop an embryo in from four to six hours, which escapes by a spot on the egg softened by the gastric juice. The small worm makes its way into the small intestines, where it rapidly increases in size, and, after impregnation, the females collect in the cæcum, where they remain till their eggs are fit for laying, when they slowly descend the large intestines and deposit their eggs in the rectum. By their wriggling movements in the rectum they occasion the characteristic and intolerable itching. The time required for their full development from the egg is not more than five weeks. It is a mistake so to suppose that threadworms inhabit the rectum; they only frequent it for the purpose of depositing their eggs, otherwise they chiefly live in the cæcum; *i.e.*, the pregnant and mature females do so; the males (and the young animals) are mostly in the small intestines. The eggs are not hatched in the rectum, but are expelled from the bowel with the fæces. As their life is not very prolonged the intestines would soon be clear of them were they not always receiving fresh relays by the ingestion of more eggs into the stomach. However the child may have originally got eggs of the threadworm into its stomach, whether by the dirty hands of a threadwormy mother or nurse, there can be no doubt but that when once it has a colony of

worms in its bowels it keeps up the supply by constantly bringing more eggs into its stomach. The itching, especially at night, makes it bore its fingers into the anus; these fingers, loaded with the minute eggs, go to the mouth, and thus we have a "vicious circle" of ever renewed infection carried on until effectual measures can be taken to break it. The fingers of a child affected with threadworms may readily convey the eggs into the mouths of companions. Merely touching food with these egg-laden fingers may infect with worms another who eats this food.

The eggs of the oxyuris cannot be conveyed in drinking water, as they rapidly perish in water, and Heller states that a person cannot be infected by salads, as the vinegar always destroys the eggs. But as many persons eat lettuce and other salads without vinegar, this remark is not very relevant.

As regards treatment, since the chief habitat of the worm is the cœcum, the common expedient of throwing injections into the rectum will evidently only remove those worms which may be at the time in that locality, but will leave the main colony intact. *Santonine* is, Heller says, of little use, and the other anthelmintics of none. His treatment consists in washing out the intestine by Hegar's method, with a solution of Castile soap in distilled water from one to two and a half grains to the ounce. This quickly destroys the worms and their eggs without irritating the mucous membrane. Hegar's apparatus consists of an enema tube with an olive-shaped point, a piece of gutta percha tubing about eighteen inches long, and a glass funnel. With this simple instrument, the patient lying on his back with thighs flexed, we may fill the large intestine as far as the ileo-cœcal valve. If there are hardened fæces in the bowel these should first be removed by lukewarm water injections. When the bowel is empty it can be washed out with from three to four quarts of the soap solution. A caution is to introduce the solution slowly, taking about a quarter of an hour or twenty minutes to do it. We can in this way destroy all the worms in the large intestine except those which may be lodged in the appendix vermiformis. The

prophylaxis consists in preventing the patient conveying his fingers to the anus and then to the mouth, which must be a difficult matter, especially with children, as this is chiefly done at night.

This treatment is, Heller says, the most rational and successful, but it will be difficult to persuade any one not very seriously inconvenienced by the parasites to submit to it, when he knows that a few doses of a purgative will often give him temporary relief. We were assured by a thoroughly good and accurately observing practitioner only a few days ago that he had cured two cases of very annoying threadworms in a brother and sister by a few doses of *Cina* 30. The worms came away in vast numbers and the patients had perfect and abiding relief from their very troublesome symptoms. At all events we can try *Cina* first before we resort to the extreme measures recommended by our author.

We have no space left to give even a brief notice of the excellent article on *Diseases of the Larynx* by v. Ziemssen, nor of Steffen's paper on *Spasm of the Glottis*. Perhaps at a future period we may return to this interesting volume.

#### DR. HILBERS ON HOMŒOPATHY.\*

WHEN a veteran adherent of homœopathy, one who, as Dr. Hilbers himself informs us, has had "over thirty years' practical experience with these medicines, during which time I have treated thousands upon thousands of cases of disease, comprehending every known form of malady to which British flesh is heir, from Asiatic cholera to common cold," finally appears as the author of a work on "Homœopathy," his colleagues naturally look forward to a rich treat of practical counsels and maxims derived from such a vast experience. "Thousands upon thousands of cases!" "every known form

\* *Homœopathy: a Letter addressed to a Friend.* By George Hilbers, M.D. London: Smith, Elder, & Co., 1876.

of malady . . . from Asiatic cholera to common cold !” here is the very man we want to enlighten us on the difficult points of practice that perpetually occur. We are rather disappointed on finding that the work produced after such a long incubation is only a tractate of twenty-five pages. Somehow we think of the parturient mountain of old Æsop, but we dismiss the comparison thus involuntarily suggested, and reflect instead on the aphorism that the most precious things are often in smallest bulk, and we recall to our mind the saying of the sage that “ a big book is a great evil.” Why should we not have the knowledge derived during over thirty years’ practical experience in thousands upon thousands of cases in a concentrated form within the limits of a thin pamphlet, just as we have the essence of twenty beeves in a small potful of Liebig’s famous extract? So once again we turn with hope to Dr. Hilbers’ work. The title is enticing—*Homœopathy: a Letter addressed to a Friend*. Had it merely been addressed to the public, the great public for whom no one can have a very definite affection, the letter might contain mere platitudes and “padding,” for of course all we want of the “P. T. Publikum” is that they should buy our book and little reck we what they think of it provided only they will buy it. But when we address our work particularly and individually to “a friend” we intend to give him something that will please him; we would be ashamed to offer him trite platitudes which would bore him; we mean to present him with something that it shall be worth his while to read, and if we publish our work so addressed, we hope that the public will also find it worth their while to read it. So we turn once more to the book with eager anticipations of delight.

Alas for the vanity of human hopes! What does this work on homœopathy addressed to a “dear friend” amount to? What is the outcome of these thirty years’ brooding over “thousands upon thousands of cases of disease?” A laboured effort to induce this dear friend to stick to homœopathy, and not to be badgered by other dear friends into going over to allopathy. A few of the stock commonplaces in proof of the superiority of homœopathy to allopathy are

given, but not an original argument or an original idea in the whole twenty-five pages, unless it be the suggestion at p. 18 that when patients are worried about dismissing their homœopathic attendant, they should go and consult two, three, or four doctors of repute separately, when they will find that no two of them agree, unless in the prescription of the last fashionable novelty in medicine. It was hardly worth while to write a pamphlet for the sake of making such a suggestion, and we are curious to know what the dear friend thought of the proposal. After reading Dr. Hilbers' letter he would probably think that he would not find greater unanimity of opinion among two, three, or four homœopaths than among a like number of allopaths. For in an appendix Dr. Hilbers asserts that there are divergencies of opinion and practice among practitioners of the homœopathic school fully as important as those among partisans of orthodox medicine. As for himself he tells us at page 10 that he belongs to that class of medical practitioners "who for many years past have been treating all their patients entirely on the homœopathic principle." This hardly agrees with his statement in Appendix I, p. 21, respecting the course which he has "for many years adopted. If on any occasion I have felt it desirable to prescribe any other than the usual homœopathic remedies, I have taken the precaution of writing a prescription in the most orthodox form, signing it with my name in full instead of the customary initials, and directing it to be sent to the allopathic chemist. By this course I not only avoid any mistake as to the non-homœopathic nature of the prescription, but I also vindicate my perfect freedom of prescribing whatever I think best for my patient—a right I would not part with for any advantage the world could give me." And yet he denounces in the strongest language those who act precisely as he claims for himself the right to do, as laying themselves "open to a plausible imputation of dishonesty and duplicity." "No honourable man who realises his responsibility as a practitioner of medicine," he says, "can have a moment's hesitation in prescribing for a patient any remedy which at the time he believes to be most desirable, never mind under



what 'pathy' it is recognised." But those who do this are reviled as practising "homœopathised allopathy or allopathised homœopathy." The sole difference between "dishonesty and duplicity" and honourable conduct is, that you sign your name in full and send your prescription to an allopathic shop. If you do this you may take the credit of "treating all your patients entirely on the homœopathic principle." But again we read that those who thus mingle allopathy and homœopathy should say "that they do not believe in the uniform (*sic*) applicability of our law of healing, in which case they should discard the appellation of homœopath." Well, apply this to Dr. Hilbers' own confession that he occasionally prescribes allopathic remedies, thereby acknowledging that he himself does not believe in the "uniform"—universal we presume he means—applicability of the homœopathic law, and we see no reason why Dr. Hilbers himself should retain the name of homœopath. The mere signing of his name in full instead of the customary initials and sending the prescription to an allopathic chemist can make no difference as to the fact of this being what he calls "hybrid practice." Indeed, it would in most cases be necessary to send a prescription for an allopathic medicine to an allopathic shop, as homœopathic chemists do not usually keep in stock the preparations of the British Pharmacopœia, so that the difference between honesty and duplicity would consist, according to our author, in the signing of one's name in full or in initials, which, after all, is a mere matter of professional etiquette, the rule being, as we have been informed by the highest authority, that physicians should sign their initials to a prescription, while surgeons put their names in full. By his own confession Dr. Hilbers stands convicted of practising himself what he denounces in others. He might have the charity to credit those who act as he does with equal honesty of intention, and an equal sense of their responsibility as practitioners of medicine. But this would hardly answer the purpose he seems to have in view in this pamphlet, which is, apparently, to discredit those who "vindicate their perfect freedom of prescribing whatever they think

best for their patient," and to claim for himself all the honesty and all the consistency of one who treats all his patients "entirely on the homœopathic principle." Had Dr. Hilbers contented himself with merely giving his "dear friend" reasons for sticking to homœopathic treatment, we would have had nothing to say against this "letter," and we might have even overlooked the bounce about the "thousands upon thousands of cases of disease, comprehending every known form of malady to which British human flesh is heir, from Asiatic cholera to common cold," which reminds us of the common boast of juvenile swashbucklers, that they are ready for anything, "from a pinch of snuff to manslaughter." But it is different when we find, from the tenor of his Appendix I, that he seeks to discredit an unknown number of his colleagues, and to enforce his own pretensions to be considered as *par excellence* the honest representative of true homœopathy. This style of thing reminds us of the assertion of an advertising tailor in days gone by, that "many have adopted the name, but none are genuine save those made by" so and so. This letter with its appendix may be thus epitomised: "Homœopathy is the best method of treatment, but distrust others who call themselves homœopaths; none are genuine save and except yours ever, George Hilbers." Surely not a very edifying exhibition of the fruits of "over thirty years' practical experience." After all those years and all those enormous opportunities Dr. Hilbers has enjoyed of observing the effects of his treatment on "every known form of malady to which British human flesh is heir," has he nothing better to communicate to the world than this appeal to his patients not to give him up? Is the be-all and end-all of homœopathy (as it almost appears to be in Dr. Hilbers' view, from his giving the title "Homœopathy" to his pamphlet) to formulate a new shibboleth: "There is no true physic but homœopathy, and Dr. Hilbers is its prophet?" Is "Homœopathy" only an elaborate form of giving utterance to the not very elevated sentiment "Codlin's your friend, remember, not Short?"

.A statement made by Dr. Hilbers in a note at page 18

requires some comment. Talking of *Nux vomica*, "Phosphorus and the phosphates," and Bromide of Potassium, he says, "all these are excellent remedies, and they are all cribs from us." Now, some of the modern uses of *Nux vomica* and Phosphorus by the orthodox sect may be truly said to be borrowed from homœopathy. But what are "the phosphates" that, to use Dr. Hilbers' elegant expression, are "cribs from us?" The only phosphate that can claim a place in our *Materia Medica* in virtue of a proving is the *Phosphate of Lime*, and in no sense can the allopathic use of that substance be said to be a crib from us. What the other phosphates are to which Dr. Hilbers refers we are at a loss to conceive. The *Phosphate of Strychnine* has been prescribed by homœopathic practitioners, and the *Phosphates of Iron* and of *Soda* will be found in our *Pharmacopœia*, but as no proving has been made of any of these substances we can hardly claim them as among our remedies. Again, the use of *Bromide of Potassium* by the allopaths is not borrowed from us, as all who are acquainted with its history in the treatment of epilepsy are well aware. On the contrary, some of our own school have borrowed from orthodox writers the employment of *Bromide of Potassium* in convulsive diseases, about its utility in which we knew nothing before Sir C. Locock directed attention to its use in hysterical epilepsy. Such provings as have been made with it give no indication of its applicability to epileptic cases. As Dr. Hilbers says "we have been in the constant habit of using them [i. e. *Nux v.*, Phos., "the phosphates," and Bromide of Potassium] very largely for these many many years past," if this is not mere "tall talk," like his boast of having treated all the diseases British human flesh is heir to, we should like him to tell us especially all about these unknown and mysteriously indefinite "phosphates," what they are and what they are good for.

We hope that when Dr. Hilbers next appears in print it will not be to sow distrust of his colleagues, but to give some of the fruits of the experience of which he can boast, which have never yet seen the light to smooth the path of the beginner, or to benefit other patients besides his own.

## OUR FOREIGN CONTEMPORARIES.

GERMANY.—*Internationale homöopathische Presse*. Resuming our review of this periodical from where we left off last October, we come to the sixth number of the seventh volume. Here we find the commencement of an essay by Dr. von Villers, which gained the prize offered by the Hahnemann Society. This is the second Spanish prize carried off by our German colleagues, a former one having been taken by Dr. Goullon, junr. This number also contains Dr. Cl. Müller's speech at the anniversary commemoration of Hahnemann's birthday, from which we quoted in our last. In vol. viii, No. 1, is a striking paper by Dr. Huber on the relation of mercury to albuminuria and acute Bright's disease. He first gives the pathogenesis of various preparations of mercury as far as these bear on the kidney affection, and then quotes the observations of a number of our colleagues illustrative of the good effects they have observed from the employment of mercurials in nephritis and albuminuria.

Dr. Koeck, of Munich, contributes some cases of interest. The first is that of a Polish nobleman who was taken ill at the establishment of a quack doctress with violent headache, continual vomiting of everything, even of a drop of water. These symptoms had lasted for three days and frightened the medical lady to such a degree that she sent for Dr. Koeck, believing the patient was going to die. He had been sent eleven weeks previously to Kissingen for an affection of the bladder and had got pretty well then, but had been complaining of headache for about a fortnight. His appearance was lamentable—dirty grey complexion, deep sunken dull eyes, face swollen, hands and feet slightly œdematous. Stools frequent, loose and scanty. Very little urine passed, and that of a bright colour and highly ammoniacal odour. *Nitr. ac.* caused it to effervesce like champagne. The doctor suspected uræmic poisoning. He gave *Cupr. ac.* ʒ. a dose every hour. This very speedily stopped the vomiting and the patient eventually recovered. Another case of incessant vomiting in a pregnant lady, where the physicians had declared that abortion was the only

way of saving the mother's life, was rapidly cured by *Cuprum ammoniato-sulphuricum*, half a grain in an ounce of distilled water, five drops every quarter of an hour. A third case is that of a railway employé who had a very disagreeable affection. When the doctor came near him he perceived a most horrible stench, which the patient accounted for with a smiling countenance by saying that he had the unfortunate habit of always letting fly in his breeches without being aware of it himself. This caused him to be an outcast among his fellows, and he had serious thoughts of putting a bullet through his head. He said that ever since the war with France he had had looseness of the bowels, but for the last two months he never knew when the motions came away. The doctor was at a loss for a medicine for this complaint. He searched all the books at his command in vain, until at last he found in Trinks's *Materia Medica*, under *Secale cornutum*, "involuntary discharge of thin liquid excrement." (We may remark, by the way, that we are not strongly impressed with the diligent character of Dr. Koeck's search, for had he looked a little more carefully through the same work he would have found precisely the same symptom under *Ant. tart.*, *Calc. carb.*, *Hell.*, *Ign.*, *Merc. sol.*, *Rhus tox.*, and *Staph.*, and almost the identical symptom under several other medicines. It was lucky, however, as the result shows, that he happened to light upon the one medicine only). He gave it in the form of *Ergotine* 2, a drop every three hours, and after taking the remedy for three days the patient was completely cured.

In No. 2 Dr. Huber has another of his interesting papers on the pathogenetic and curative effects of *Mercury*—this time in the cutaneous sphere. It is a masterly *résumé* of all our knowledge on this subject and will, we hope, soon appear in an English translation.

In an account of the Congress of Homœopathic Practitioners held last year at Pesth we see that Dr. Kafka read a paper combating Jürgensen's views on the origin of pneumonia, which we discussed in last volume, p. 302. Dr. Szontagh, on the contrary, defended Jürgensen's theories regarding the disease.

In No. 8 we have the presidential address delivered at the Homœopathic Congress, at Pesth, in August last by Dr. von Bakody, who our readers will remember is the University Professor of homœopathy and the physician of St. Rochus' Hospital. This address, which, for scientific and logical clearness and brilliancy of language, deserves a place beside Dr. Carroll Dunham's address at the Centennial Congress in Philadelphia, is devoted to the task of showing that the reform begun by Hahnemann is the true scientific method of advancing therapeutics, and that the recent advances in physiology and pathology all lead up to the specific therapeutics of Hahnemann. He shows further, not only by reasoning but by the confession of so great an authority as Virchow, that the method instituted by Hahnemann for ascertaining the pathogenetic effects of remedies gave the impulse to the modern minute investigations of the orthodox school; and he stimulates his audience to advance ever farther in the way opened out by Hahnemann, as far as that way consists in the observation of real natural phenomena, while they may leave on one side the ideal and fanciful and unimportant in the doctrines of the master and in the subjects often discussed and quarrelled over by his disciples, among which he reckons the dispute about posology. On the whole it is a remarkable address, and is rather to be regarded as a manifesto addressed to the whole scientific world of medicine than to adherents of the homœopathic school only; and this was to be expected from a man placed in the remarkable position of Dr. v. Bakody. Alone (for his fellow homœopathic professor Dr. Hausmann is dead, a martyr to the science he so zealously cultivated) in the University of Pesth as the representative of the Hahnemannian reform, he has to bear the whole brunt of the open assaults and secret machinations of his allopathic colleagues, who take every opportunity of showing their dislike to having a homœopathist occupying a chair among them. It was therefore most natural and proper that he should embrace this opportunity of showing the consistency of the great principles of Hahnemann's doctrine with the general progress of medical science, and to our mind he has done

this in a most masterly manner. But he has not pleased every one, and in the fifth number Dr. von Villers attacks him in no measured turns, and tries to make out that Dr. v. Bakody has misrepresented homœopathy, and has proved false to the teachings of Hahnemann. To him Dr. von Bakody replies in the first number of vol. ix, and defends the position he took up in his address in a clear, forcible, and convincing manner.

Dr. Cl. Müller gives the historical statistical sketch of the homœopathic Poliklinik of Leipzig which he prepared for the Centennial Homœopathic Congress in Philadelphia, which is at the same time a history of the progress of homœopathy in Germany, and is a valuable contribution to the great work undertaken by the American Congress under the direction of the lamented Dr. Carrol Durham.

Dr. Müller also contributes an article on the state of homœopathy in America and the proceedings of the Congress in Philadelphia.

No 4 contains the conclusion of Dr. Gerstel's able study of *Zinc*. A case of croup by Dr. Fielitz is related with much dramatic force. The patient was a fat apopleptic-looking boy of four years of age, in whom the disease came on with great violence and suddenness after exposure to a cold north-east wind. There was high fever (temperature not given), horrible sawing respiration, bloated copper-coloured face, harsh cough, dyspnœa to a frightful extent, almost inaudible voice. *Aconite*, *Spongia*, and *Hepar* did nothing. The dyspnœa increased, threatening suffocation; the respiration was so harsh and sawing and the cough so loud and rough, it could be heard forty-eight paces from the house. No sleep. This state of things went on for three days. The parents begged the doctor to employ allopathic remedies which he had in former days employed successfully in the case of another child similarly affected. So he applied leeches to the throat, a blister to the chest, and gave *Cupr. sulph.* as an emetic, but all in vain. The disease seemed rather to be aggravated. So on the fourth day, when the child seemed at the point of death, paralysis of the lungs being imminent, he gave a drop of *Sambucus*  $\phi$

in water, repeating the dose every hour. In five hours the child was out of danger. The cough became loose, perspiration and sleep came on, and a few doses of the third dilution removed all the disease excepting a hoarseness which yielded to *Carbo veg.*

No 6 contains a paper by Dr. Minor, of New York, on the internal treatment of varicose veins and hæmorrhoids. The therapeutics of varices is as simple as the celebrated chapter on snakes in Iceland. "There are no snakes in Iceland." "There is," says Dr. Minor, "no cure, either medical or surgical, for varices, with the exception of those few cases that depend on suppressed menses." He could hardly have said less. In regard to the therapeutics of hæmorrhoids he is somewhat more cheerful. "In venous hæmorrhoids," he says (for he alleges there are arterial hæmorrhoids which require surgical means for their cure), "the following remedies have proved useful in my hands:—*Æsc. hip., Collinson., Aloes, Ac. mur., Nux v., and Sulph.*" He then goes on to give the indications for each.

*Æsculus.*—Absence of constipation and constant feeling of dryness in rectum. There is also the sensation of a foreign body, such as a splinter of wood, in the rectum, and fulness, as if the mucous membrane was swollen and obstructed the passage. In the rectum raw feeling, and in anus soreness, burning, pressing, and itching. Many of these symptoms are common to other remedies, but there are characteristic differences to guide our selection. *Collinsonia* has the same feeling of a foreign body, a splinter, sand, &c., in rectum, but the presence or absence of constipation determines our choice. *Aloes* has the same burning in the anus, but this is generally the consequence of a hot liquid stool, and it lasts some time. The burning, too, extends into the rectum, which is not the case with *Æsc.* The burning of *Æsc.* is not dependent on diarrhœa, is transient and limited to the piles; that of *Aloes* is owing to the action of the diarrhœa on the piles, which otherwise are painless. *Acid. mur.* has burning in the piles and raw feeling like *Aloes*, but there is also generally bleeding, which is not the case with *Æsc.*, and in addition a



peculiar sensitiveness of the anus, which distinguishes it from all other remedies.

*Collinsonia*.—Constipation is a constant accompaniment of the piles, which are chronic, with or without bleeding. At the same time there is a tendency to flatulent colic, and frequently an alternation of the hæmorrhoidal sufferings with brain or heart affection. The only pronounced local pain is a sensation of sand, grittiness, or piece of wood in rectum; with the usual pressing, fulness, &c. It is one of the most reliable remedies of its kind, and in its symptoms indicates an extensive employment in this disease. It does not offer the peculiarity of the symptoms which point to *Asc.*, *Aloes*, and *Ac. mur.* as special remedies for particular cases. It is rather indicated by the absence of peculiar symptoms, and corresponds to the more ordinary hæmorrhoidal states. It most nearly resembles *Nux vom.*, but is a much more reliable remedy for hæmorrhoids.

*Aloes*.—The most important symptoms are, feeling of heat and burning in rectum and anus, aggravated or produced by thin watery stools, and lasting long; the anus feels sore, and the patient dreads going to stool, but is unable to close the sphincter, for he has not only the feeling of soreness but also of weakness and paralysis of the muscle; the piles come out, and are sore and sensitive; they seem raw, are given to bleed, and are relieved by cold water. The hæmorrhoids for which *Aloes* is indicated are irritated by a characteristic easily recognisable diarrhœa. It occurs in the morning, drives the patient out of bed, not from pain, but from the fear that the motion will come way involuntarily. At the moment when he opens the sphincter of anus or bladder there rushes out a windy stream of thin, hot, burning motion. A kind of tenesmus remains as if more would come, and he is afraid to pass water or flatus lest fœces should come away at the same time. In this way he loses all confidence in his anus. So when the patient has piles, these are irritated by the diarrhœa and participate in the burning pain in anus and rectum. As a consequence of the laxness of the sphincter which they cause, and of the local limitation of the blood, of which the tenesmus is a sign, bleeding occurs. Without this complication with diarrhœa I would be unable to characterise the kind of hæmorrhoids for which *Aloes* is suitable, not because the diarrhœa is an invariable accompaniment, but because it shows the essential condition of irritation of the piles.

*Acid. muriaticum.*—The peculiarity of the hæmorrhoids here, as in the case of *Aloes*, lies in their great size and sensitiveness, only they do not bleed so much or so often. They are attended by intolerable itching and a marked tenderness of anus. These anus symptoms are the most reliable indication for *Hydrochloric acid*. The tenderness is so great that the part can hardly be touched, and bad as the other symptoms may be they are completely overshadowed by this one. It does not extend far into the rectum like the *Aloes* pain, but seems to be confined to the anus. The piles themselves share in this tenderness, and are excessively irritable and painful. In this they are not dependent on diarrhœa as with *Aloes*, nor on constipation as with *Collins.*, but they most nearly resemble the painful piles of *Æscul.*, from which, however, they differ by the predominant characteristics of the anus pain, the absence of rectum symptoms, and the disposition to bleed.

*Nux vomica.*—A great likeness of this remedy to *Collins.* is found in respect to the symptoms of headache, constipation, belly-ache, and hæmorrhoidal swellings. But the character of the constipation is different, for *Nux vom.* has a large, hard, and very dark stool, which comes away in small quantities after much ineffectual straining. The evacuations of *Collins.* are light coloured and lumpy, and without the great straining of *Nux vom.* *Collinsonia* is most useful in hæmorrhoidal affections which alternate with cerebral and cardiac suffering, whereas in the case of *Nux vom.* the hæmorrhoidal sufferings are more frequently accompanied by other derangements than alternate with these. *Nux vom.* has most of the ordinary symptoms of hæmorrhoids, but the local indications are not so valuable as those belonging to the general state of the patient. A sad, complaining, irritable disposition, a bilious temperament, a dyspeptic condition and general laziness, speak more for the remedy than any local symptom.

*Sulphur.*—This remedy also is more indicated by the general than the local symptoms. It is not a remedy for acute states, but for cases that have gone through acute attacks, have got out of the sphere of other remedies, and have become chronic. Its clinical reputation is not confined to homœopathic practice. It generally completes the cure in the medicinal treatment of hæmorrhoids, because it corresponds so accurately to the symptoms of chronic cases.

With these six remedies I have cured some and much benefited other cases. Some cases, however, resist all medicinal treatment; therefore we cannot yet dispense altogether with surgical means. It will be observed that several reputed remedies are omitted from my list. The reason is that I have not seen any effect from their administration. *Hamamelis* has proved useful as an external but not as an internal remedy. *Acid. nit.*, *Pulsat.*, and several other remedies that are good for other affections of the rectum, gave me only negative results in hæmorrhoids.

Goullon, in continuation of his practical retrospect of homœopathic literature, collects the cases of restoration of defective milk in nursing women by *Asafœtida*.

Dr. Abe recommends *Kali chloricum* (*Chloride of Potassium*) as the best remedy for burns; two parts of the salt to ninety parts of warm rain-water applied externally.

A lecture by Jürgensen (in *Volkmann's Clinical Lectures*) entitled "Scientific Medicine and its Opponents," at present exercises the mind of our German colleagues, and has given rise to several replies, one of which appears in No. 1 of vol. ix, by Dr. Zwingenberg. The lecture seems to be an attack on homœopathy in the Simpsonian style. Unfortunately we have not seen the attack, for the New Sydenham Society, which has published two volumes of *Volkmann's Clinical Lectures*, has omitted to give us this one of Jürgensen. It has thereby saved us a little trouble, for we might have felt bound to reply to it had it appeared in an English dress, and we have no great inclination to enter on the field of controversy and give a *rechauffé* of the arguments that were so serviceable in past years.

Dr. Haupt has an elaborate paper "On the Fungi as Disease Producers." Under the term fungi (*Pilze*) he includes all the minute organisms met with in morbid conditions, not only of the mycetes properly so called and their various species, but also *sarcina*, bacteria, and all their varieties.

Dr. Huber furnishes another of his masterly essays on the physiological effects of *Mercury* and their application to diseased states, this time in the sphere of the digestive organs.

A memoir of Dr. Veith by Gerstel closes the No.

*Hirschel's Zeitschrift für Homöopathische Klinik.*—We resume our review of this journal with No. 22 of vol. xx. In this and the following Nos. we find a continuation of Dr. Puhmann's Prize Essay "On Bright's Disease."

Dr. Hirsch gives a case of neuralgia of the trigeminus, which offers some points of interest. A lady, aged 45, of delicate constitution, but in other respects perfectly healthy, had suffered for a length of time from neuralgia of the trifacial nerve. The pain was seated in the right side of the face one and a half centimètres from the ala nasi, and was excited by talking, sneezing, and rubbing the face during washing. The pain came on suddenly, was of the most violent description, darting with lightning-like rapidity to the upper lip. It never occurred when at rest; even the nights were always free from pain. Examination showed that it first occurred when after having lost two molar teeth the patient, in order to supply their place and to prevent the falling-in of the cheek on that side, had resorted to an expedient for preventing the deformity of the cheek by stuffing the gap with a piece of paper rolled up, and afterwards with a piece of sponge, the pressure of which on the inside of the cheek had developed a tenderness of the mucous membrane on that spot whence the pain proceeded through the alveolar nerve when the affected part was moved or rubbed by the operation of talking, chewing, or rubbing the cheek. At first she got *Arnica* 1<sup>2</sup>, two drops mixed with a tumblerful of water, and held in the mouth for a minute or two. This treatment did no good. She then got *Ruta grav.* 6 in watery solution, a tablespoonful every three hours. Under this remedy the sensitiveness of the inside of the cheek went off, and the neuralgia was somewhat relieved, but as after a while the amelioration came to an end, *Conium* 6 was given. Under this remedy, which was given in the same manner as the last, the pain was much diminished in five days and in five days more was completely cured.

Dr. Herzberger gives his experience of an epidemic of variola in the south of Bohemia. The epidemic lasted

from February to the end of June. The character of the disease was inflammatory synochal fever; gastric and typhoid fevers were rarer, but there was often a tendency to the putrid character. The complications were mostly pleuritic and pneumonic affections; sometimes bad sore throats with croupy symptoms. *Thuja* was the chief remedy employed. Under its use the disease was rendered very mild, its whole course shortened, the various stages abbreviated, the suppurative stage altogether suppressed, and the whole disease diminished as to danger. Sometimes *Thuja* alone sufficed for the cure, but occasionally the fever ran so high that *Aconite* in alternation was required during the first stage. In the typhoid and putrid fevers *Acid. sulph.* in alternation with *Thuja* was of service. When the irritation of the pocks was considerable, olive oil was applied externally with benefit. The pneumonic complications demanded *Phos.* and *Acon.* The dreaded sore throat was amenable to *Merc.* and *Bell.* in alternation. After these symptoms were removed *Thuja* was continued. Under this treatment convalescence was hastened and sequelæ were absent. The average duration of the disease was from ten to fourteen days. Of 75 cases so treated 5 died; of these 1 was an infant two months old, there were 3 men and 1 woman; the woman and 1 of the men came under treatment too late, and 1 of the men committed a grave dietetic excess. *Thuja* 1 and 3 were given as a prophylactic to upwards of 300. Of these only 14 took the disease, and in a very mild and modified form. *Thuja* cannot be regarded as a substitute for vaccination, but it is useful as a preservative during epidemics of smallpox.

An essay by Dr. Sorge on *Iodine*, read before the Berlin Homœopathic Society, is worthy of reproduction here.

Iodine was discovered in 1812 by Courtois of Paris, and soon afterwards its combinations with soda and potash were discovered. Soluble in spirits of wine in the proportion of 1 to 10, it is discernible to the naked eye in the 6th decimal dilution. It is soluble in water in the proportion of 1 to 5000. A few drops of the pure tincture in a cup of

water make a clear solution. It is supposed that in the stomach and in the blood iodine combines with potash and soda, so that the action of those salts is not distinguishable from that of pure iodine. When taken by the mouth it is speedily found in the urine and perspiration, and also in all other physiological and pathological excretions of the body. Its presence can be demonstrated after adding a little muriatic or nitric acid by starch, which produces a blue colour. It has a great affinity for albumen, pus, &c. ; a strip of paper coloured blue with iodized starch soon loses its colour in albuminous fluids.

Its physiological effects were first investigated by Joerg, of Leipzig, afterwards by Schroff, of Vienna. Its employment in the cure of goitre, in otherwise healthy individuals, has elicited more of its physiological effects. The proving by v. Gersdorff and Gross in the second edition of Hahnemann's *Chronic Diseases* was probably only made with high dilutions, and is not of much value. Hahnemann directs that it should be prepared like the antipsoric medicines, three triturations and afterwards alcoholic dilutions. All are now agreed that on account of its volatility this is an inappropriate method, and we therefore now prepare it from the alcoholic solution. Joerg dissolved forty-eight grains in an ounce of strong spirit, and with this he made his provings. He and his disciples proved it in doses of one and two drops up to eighteen drops for a dose once a day, and with a few drops often obtained marked effects, of which the following were the chief :—Confusion and pain in head, pain sometimes in the whole forehead, sometimes semilateral, sometimes in the temples or occiput, the pain often changing its locality several times in one day, ameliorated by rest, increased by motion, combined with congestion of the head and uneasy sleep. Scraping in the pharynx to the nasal orifices, roughness in the larynx and trachea, along with rough, dry cough, in some with increased secretion of the mucous membrane of nose and windpipe ; pain in thoracic cavity, increased by deep breathing, occasionally dyspnoea and increased quickness of pulse, pressure in cardiac region, with feeling as if warmth

spread thence to the skin with rapid pulse; frequently increased urinary secretion, more frequent call to urinate, with scanty discharge; in Joerg himself tickling in penis with pressure down into the testicles. In the mouth salt taste, increased flow of saliva, gnawing hunger, increased appetite, rumbling and griping in bowels with increased and thin evacuations.

Schroff observed after small doses increased appetite, increased secretion of urine and sweat, and slight acceleration of pulse. These small doses continued for a long time occasioned ravenous appetite, feverish disturbance, ebullitions of blood, *hæmorrhage from lungs and uterus*,\* sleeplessness, diminished size of the female mammæ, rarely of the testicles, general emaciation. After a lengthened use of *Iod.*, Sorge saw in a strong man scraping in the throat, acne-like eruption on the face, especially on the forehead, and violent beating of the heart, with pulse from 120 to 130.

As a consequence of chronic poisoning by iodine, Schroff repeatedly saw considerable salivation, even in cases where there had been no previous mercurial treatment, impaired digestion, tendency to diarrhœa, urticaria, eczema, and especially acne, various chest affections, cough, hoarseness, pains in chest; in many predominant nervous symptoms, great restlessness, anxiety, fearfulness, headaches, vertigo, confusion of head, roaring in ears, dimness of sight, a peculiar trembling of the hands, arms, and legs, even convulsive twitchings.

I take the following physiological observations from Frank's *Magazin*. Greatly increased sensitiveness of the retina, so that in the daytime objects appear as if in a fiery, red, brilliant light, and in the evening artificial light cannot be borne (vol. i, s. 65, in a hysterical woman of 32). In the same place in a girl of 11 years, stomachache, vomituration, headache, febrile disturbance (vol. i, p. 515). In a single woman of 28, palpitation of heart, vertigo, twitching of facial

\* A case was recently observed by the reviewer in which small and large doses of *Iod. of Pot.* invariably occasioned hæmorrhage from the lungs. The patient was of phthisical habitus with syphilitic taint.

muscles, incessant call to make water (p. 516). In a girl of 20, aching and shooting pains in hepatic region; in another woman wasting of the mammæ (p. 518). In a captain, aching in the frontal sinus; on trying to read he saw straight in front of him nothing but white paper; it was only when looking at the end of the line that he saw its beginning sideways (p. 527). Aching in supra-orbital region, rheumatic symptoms, pain along the right spermatic cord (p. 531). Excitement of sexual desire (p. 517). Asmus saw several times puckering up of the gums, with scorbutic smell from the mouth. (P. 524): In a scrofulous girl of 17, who took from five to eight drops three times daily, of a solution of 3 oz. *Iodine* in one drachm of spirit (*sic*), aching in the chest, violent palpitation of heart, indescribable confusion of the head, trembling of hands, small rapid pulse, expression of great anxiety in eyes, afterwards commencing evacuation.

(In vol. ii, p. 120): A single woman of 24, menstruating regularly without phthisical trembling or habitus, took for an indurated gland in the neck *Iodine* internally for two months. Towards the end of this time there came on a dry cough, which soon increased, was accompanied by expectoration and a feeling of tightness and weight in the chest, and disturbance of the night's rest; the expectoration inconsiderable, sometimes mixed with fine streaks of blood; pulse quick and feverish; nothing did any good; complete pulmonary phthisis developed itself, which proved fatal in four months (From Horn's *Archiv*, vol. xlvi, Toel).

(P. 757): In a young man there occurred feeling of numbness in the upper and lower extremities, and marked trembling of hands (Hufeland's *Journal*).

(P. 758): In a woman, fever with delirium and subsultus tendinum, floccitation, &c. (P. 759): In a strong man of 25, after a lengthened course of *Iodine*, paleness of face, cold sweat, trembling of limbs, constriction of chest, constant retching without vomiting, anxiety, headache, fainting, for two years afterwards slight indigestion, with headache that often took away his senses. (P. 760): A young woman of 25, with induration of the os uteri, after twenty-eight drops



of *Tinct. Iodii*, frequent faintings, violent ebullition of blood, heat, sleeplessness, and extraordinary excitement of the nervous system; afterwards with vertigo, and labour-like cramps in the abdomen. (P. 120, No. 2): Impotence with wasting of the testicles was caused by the application of *Iodine*.

(Vol. iii, p. 533): Courtois had repeated violent colic after breathing the vapour of *Iodine*. (P. 534): Gairdner saw trembling like chorea, often lasting a long time, great and continued anxiety, depression of spirits.

Herrman's *Toxicology* gives, as the general effects of *Iodine*, catarrhal inflammation of various mucous membranes, especially of the nose and its adnexa (sinus frontalis), the so-called iodine catarrh of the conjunctiva, of the mouth, of the pharynx (salivation, angina), of the larynx, of the stomach (vomiting of fluid containing *Iodine* with throwing-off of the epithelium), of the bowels, &c., besides exanthematic inflammation of the skin. From its prolonged use, wasting of the fat and muscles, disappearance of the breasts, testicles, and thyroid gland, feebleness of heart's beats, increased contraction of arteries, elevation of the temperature, iodine fever.

This short summary of Herrman's indicates only a portion of the sphere of action of this great remedy. The various kinds of headache, not only in the frontal sinuses, accompanied by congestions, the confusion, empty feeling denote iodine intoxication, sleeplessness, delirium, show a marked action on the brain.

The headaches combined with congestion are ameliorated by rest, aggravated by motion. The twitching of the facial muscles in one case points to affection of the facialis nerve. The trembling of the limbs in a young man accompanied by a feeling of numbness in upper and lower extremities, points to implication of the spinal cord.

Several observations show affection of the optic nerves, not merely of the conjunctiva; the roaring in the ears, combined with the angina, indicates affection of the Eustachian tubes.

In the organs of respiration, besides the larynx, the

lungs were especially acted on ; the occurrence of dry cough with pains in chest and hæmoptysis, the development of complete pulmonary phthisis in a young woman afford striking proof of this.

The palpitation of the heart so often noticed, the increased rapidity of the pulse, anxiety, oppression, &c., along with weakening of the pulse, show the close affinity of the drug to the heart. I am unable to say if the iodine fever proceeds from the heart.

Copious secretion of urine points to the kidneys ; frequent urging to urinate, with scanty discharge, to the neck of the bladder. That *Iodine* has a marked action on the womb is proved by the copious metrorrhagia and the labour-like pains in the abdomen of the young woman of 25.

Noteworthy is the action on the skin ; according to Schroff various kinds of furuncular eruptions and papular exanthemata were observed. *Iodine* causes a wasting of mammæ, thyroid gland, and testicles. Its action on the liver is indicated by the aching and shooting pains in the hepatic region in the girl of ten years old. The marked emaciation of the muscles and the disappearance of the fat, with increased appetite amounting to ravenous hunger, can best be explained by its injurious action on the lymphatic glands.

From these data, if we now inquire what is the homœopathic foundation of the great number of cures by *Iodine*, I must first confess that the diminution of goitres, of swollen mammæ and testicles, and also of inflamed lymphatic glands, is not effected by homœopathic power. Its frequent employment in general scrofulosis, and its frequent successful use in scrofulous affections of the bones and periosteum, cannot be referred to our therapeutic principle. Its employment in constitutional syphilis is purely empirical and can only be explained by the antagonism that exists between *Iodine* and *Mercury*, for *Iodine* is seldom of use in syphilis that has not already undergone a mercurial treatment. The cure of mercurial ptyalism by *Iodine* is homœopathic and well known ; one would have thought

that *Iodine* would be the best remedy and prophylactic of mercurial trembling, as *Iodine* causes much trembling of the limbs and muscles apparently proceeding from the spinal cord like the mercurial trembling; but trials on a large scale on the workers in the quicksilver mines of Idria, undertaken by order of the Austrian government, did not bear out this opinion.

Acute hydrocephalus has repeatedly been cured by large doses of *Iodide of Potassium*, and the same remedy has proved successful in paralyzes, in one case after apoplexy, in another after a fall on the head (Frank's *Magazine*, vol. ii, p. 763, and vol. iii, p. 204). These cures could only be explained by the power of *Iodine* to cause absorption, but on what does this power depend? On its action on all the lymphatic glands or vessels of the body, or on those only of particular organs? At all events the explanation is doubtful, considering the great affinity of iodine to the brain.

A very considerable swelling of the liver accompanied by consensual vomiting and great emaciation was cured by *Iodine* enemata (Frank's *Mag.*, vol. i, p. 539). To assume a physiological action of *Iodine* on the liver would be going too far. Rademacher, after making numerous experiments, declares that *Iodine* is not a liver remedy.

A dropsy of the thoracic and cranial cavities after scarlatina in a boy aged nine years was cured by *Iod. of Pot.* (vol. ii, p. 136), copious diuresis ensuing, which is a physiological action of the drug.

In spite of the contradiction of almost all the above cases a great proportion of the remedial effects of *Iodine* is referable to the law *similia similibus curantur*.

George Schmid, of Vienna (*Gabengrösse*, p. 120), cured a meningitis cerebialis rheumatica in a girl aged twelve suffering from acute articular rheumatism rapidly by means of *Iodine*; the severe inflammation of the hand suddenly subsided, the child was delirious, very restless, &c. After a few hours' use of *Iodine* consciousness and the inflammation of the hand returned.

Mrs. P— was suddenly, apparently in consequence of a chill from a draught of air, attacked by a rheumatic and

peripheral paralysis of the left facial nerve. Some days thereafter, on the 30th June, I found not only the facial muscles of the affected side immovable, but also the orbicularis palpebrarum incapable of contraction. Guided by the physiological observation, "twitching of the facial muscles," I gave the *Iod. pot.* 1<sup>ss</sup>, eight drops three times a day.

12th July.—The eye has wept much, the skin perspired profusely, the orbicularis is again active, but the eye cannot be closed completely; on smiling the mouth is drawn towards the left again. *Pergatur*, 10 drops three times a day.

27th.—Complains only of bad taste in mouth, all else is normal. To take 6 drops three times a day for eight days.

The physiological observation of photophobia and the loss of central vision in the captain point to an affection of the retina, and perhaps to the employment of *Iodine* in detachment of the retina. Its employment in chronic, especially scrofulous, conjunctivitis has a physiological foundation; in one case from five to eight grains in six ounces of water were successfully employed; in a case of opacity of the cornea. Lobethal gave *Iodine* in affections of the hearing caused by catarrh of the Eustachian tube.

Chronic cases of coryza and ozæna narium, of angina faucium, of stomatitis catarrhalis, often find their homœopathic remedy in *Iodine*.

Two obstinate cases of great swelling of the gums, accompanied by profuse flow of saliva without previous employment of *Mercury*, I have cured with *Iod. pot.*

Its employment in croup and chronic hoarseness is truly homœopathic; so also in pulmonary complaints. Scudamore cured three cases of advanced phthisis pulmonalis, with pectoriloquy, &c. (*Rust's Magazine*).

A young villager with incipient phthisis, whose father had succumbed to that disease, was cured by *Iodine* (*Frank's Mag.*, vol. ii, p. 120).

Many years ago Lobethal drew attention in the *Allg. hom. Zig.* to this curative power of *Iodine*, and made extensive use of it; and of late Kafka recommended *Iodine* in pneumonia on the principle of *similia similibus curantur*.

It exerts an extraordinary power over the heart; it deserves more attention than it has received, not only in debility of the heart, but also in endocarditis and thickening of the valves.

George Schmid was treating a pregnant woman, aged 30, for high fever with great weakness; for some days a slight eruption appeared, but it could not be distinctly characterised. Frequent attacks of anxiety and oppression of breathing, with faintness, especially in the night; the weakness always increased, so that fatal paralysis of the heart was apprehended. In this dire extremity *Cupr. acet.* was of no use, nor *Arsenic*, but *Tinct. iod.* (1 to 24), two drops every half hour, was of use. Twenty-four hours afterwards smallpox was developed, and the danger was over. The woman was confined of her ninth child in due course (*Gabengrösse*, p. 128).

Its vitalising action on the heart makes it of great use in inflammation of the lungs.

As a gastric remedy it deserves to be used, especially in violent pains accompanied by frequent flow of water from the stomach (water-brash).

It cured two cases of puerperal metritis, in doses of one quarter of a grain of the *Kal. iod.* every three hours (Frank's *Mag.*, vol. ii, p. 121, from Horu's *Archiv*).

The excellent cure of two cases of severe hysteria (Frank's *Mag.*, vol. i, p. 85) must be attributed to its action on the uterus. Leucorrhœa, not only of syphilitic origin, has frequently been cured; it is especially adapted for fluor uterinus, not vaginalis.

The allopaths caution us against using this remedy during pregnancy; we have reason to recommend it in threatened miscarriage in small doses. Menostasia has frequently been cured by large doses on the principle *contraria contrariis*.

Experience has proved its efficacy in many cases of stricture of the urethra and in gonorrhœa. Our therapeutic principle indicates its utility in male impotence with commencing wasting of the testicles.

The marked affinity of the drug to the cutaneous surface

has been but little utilised. I treated an illustrious diplomatist for *eczema verum barbæ* and *auriculæ* of the right side. *Mercury* aggravated, *Iodine* cured him rapidly. The patient had formerly taken much *Mercury* for syphilis, as I afterwards learnt. Its utility in acne, especially of young women with profuse menses, is referable to *similia similibus curantur*.

I have searched our records in vain for the employment of this remedy in chorea, although its physiological effects point distinctly to this employment.

This essay gave rise to a discussion. Träger and Windelband asserted that *Iodine* was a good remedy for primary syphilis without any preliminary mercurial treatment. Träger further remarked that he was treating a scrofulous boy for gonitis with *Iodine* 80, and that the patient became covered with a papulous exanthem all over the body, which lasted as long as he was taking the medicine; the knee affection was not benefited.

Windelband treated an actress for menostasia dolorifica of many years' standing with large doses of *Tinct. iodii* successfully; she had been under the care of many celebrated physicians without benefit.

Jacobi had often cured the morning diarrhoea of scrofulous children, and Mayländer had seen very good results from *Iodine* in the acute hydrocephalus of scrofulous children.

Weil had obtained excellent results from *Iodine* in chronic arthritis, rheumatism, and arthritis nodosa.

Fischer many years ago, when he was an allopath, successfully treated gastromalacia in a child of two years with one drop of *Tincture of Iodine* in a cup of water, given in doses of a teaspoonful. He had seen fatal phthisis follow the dispersion of a goitre by *Iodine* inunction in a woman. Jacobi considered *Iodine* a dangerous remedy when there was tubercular predisposition. Syphilis in tuberculous subjects treated with *Iodine* was often followed by phthisis. Mayländer remarked that *Kal. iod.* in homœopathic doses was of little use, but *Iodine* was efficacious in small doses. Ameke recommended *Iodine* in parenchymatous nephritis with albuminuria. Sulzer said he had

often employed *Iodine* with success in pneumonia, &c. Windelband had cured the abnormal appetite of scrofulous children with the 2nd dil. of *Iodine*.

Windelband cured a case of nephritis parenchymatosa with albuminuria by the sole administration of *Kal. chlorat.* 2 dec., two cases after scarlatina in from two to three weeks, two true chronic cases in from five to six weeks. He had cured a case of tic douloureux that had lasted for years, and always occurred at the menstrual period, with *Magn. phos.* 3rd trit.

FRANCE.—*L'Art Médical*, July—December, 1876.—Three more of Dr. Jousset's excellent clinical lectures are contained in these numbers, the first being on typhoid fever, the second on pneumonia; the third on rheumatism. We observe that he speaks of three forms of continued fever as observed at Paris (where true typhus is unknown) "l'éphémère, la synoque, et la fièvre typhoïde." This "synoque" must be the "gastric fever" in which some of us believe as an independent malady, and the "simple continued fever" of the Nomenclature of the College of Physicians, "l'éphémère" being its "febricula." His chief remedies for typhoid are *Belladonna* alternated with *Muriatic* or *Phosphoric acid* in the early period of the disease, and *Arsenicum* when it is at its height. When speaking of pneumonia he has a word for the reported success of expectant treatment, when used as an argument against the reality of homœopathic cures. He points out one important difference in the termination of the two classes—that pneumonias abandoned to nature show a sudden and rapid defervescence, while under homœopathic medication there is habitually a gradual decrease of the symptoms till complete recovery is attained. He shows, moreover, with regard to Dietl's statistics, that his 7·4 per cent. of deaths in his first year of expectancy (1849) was a lucky accident, for in 1852 his mortality under the same treatment was 9·2 per cent., and in 1854 20·7. Still less satisfactory results have been obtained by others. He then turns to the late Dr. Hughes Bennett's statistics, which on the sur-

face are more favourable even than Dietl's at the outset, as he claims only 3·10 per cent. of deaths in 129 cases. He charges the Edinburgh professor with ignorance of auscultation, with arranging his figures, and with being far from treating his patients by expectation alone. The last objection is certainly just, but no adequate support is given to the first, which is exceedingly unlikely to be true. The second is the most important point; and Dr. Jousset shows that in other parts of his communication Dr. Bennett speaks of 13 more deaths of complicated cases which he has not reckoned, and of "some patients" brought moribund to the hospital; while he entirely excludes cases whose treatment was commenced or terminated by his colleagues. Dr. Jousset concludes that it would be a moderate estimate to put down Dr. Bennett's mortality at 25 instead of 3·10 per cent.

The July number contains Dr. Molin's report of his "trimestre" at the Hôpital Saint Jacques, ending August 31st, 1875, which is not only late, but has already appeared in the *Bulletin*. This is waste of valuable space. In the same number Dr. Ravel communicates some important facts regarding the action of *Arsenic*, *Plumbum*, *Mercury*, and *Phosphorus* on the spinal cord.

In that for August Dr. Guérin-Meneville begins a series of papers in which he translates for French readers the new features of the third edition of Dr. Hughes' *Manual of Pharmacodynamics*,—he having already rendered the second edition for them. In September we have an account of some remarkable researches on diabetes, conducted by Dr. Cantani, of Naples. He has established two important facts; the first, that if a patient be put upon "diète absolue" (*i. e.* the absence of all ingesta save water) for a few days, the sugar entirely disappears from the urine; the second, that the diabetic sugar is not glucose, but a substance having no action of a polarised light which Dr. Cantani would call "paraglycose," and which is incombustible in the organism. The bearing of these facts upon the pathology and dietetics of the disease is obvious. In October, Dr. Jousset records a case of paralysis (with



wasting) of the muscles of the neck and of those of deglutition, occurring in connection with acute rheumatism, and caused—as he considers—by an acute myelitis of the anterior grey substance, rapidly cured by *Plumbum* 30. The same number follows our own example in giving to its readers Dr. Carroll Dunham's Presidential Address delivered at the late Convention at Philadelphia.

In December, Dr. Frédault, long honourably known as a philosophic writer on medical subjects, commences an article entitled "De la mort par ataxie." He discusses in a very interesting manner the distinction between this condition and that of adynamia, algidity, gravity, irregularity or anomalousness, perniciosity, and malignity. Adynamia is not an independent state, but a symptom accompanying other states; the same is to be said of algidity and also of stupor. Gravity is opposed to benignity; it simply means that the disease is severe, extensive, or intense. Dr. Frédault points to a leaden tint of the countenance as a frequent sign of the gravity of any disease; later, this becomes the *facies hippocratica*. Irregularity or anomalousness is a departure from the typical course of a malady, and need not be of any serious moment. Perniciosity is a grave and menacing quality which is liable to imprint itself on intermittents and other malarious diseases. Malignity is explained as "a certain kind of gravity in which there are no gleams of true amendment, no crises which give a respite, no signs of relief which encourage hope, and where there seems an utter absence of amenability to treatment." Having thus cleared his way, he reserves the account of ataxy itself to the next number.

*Bibliothèque homœopathique*, July—Dec., 1876.—More than three fourths of the matter contained in these six numbers are furnished by two writers—Drs. Chargé and Chauvet. The former is giving us a series of instructive studies of the pathogenetic and curative symptomatology of drugs; he treats here of the ammoniacal preparations, of *Sepia*, and of *Ipecacuanha*. The latter carries on the compilations and translations which are appended to the journal under the name of "Pathogénésies nouvelles," finishing

*Coca*, disposing of *Chromic acid* in one number, and beginning on *Baptisia*. He also contributes to most numbers a "Clinique," consisting of cases and practical observations rendered into French from the journals of other countries. Useful as is the material thus furnished to its readers, we wonder that the Hahnemannian school of France, which the *Bibliothèque* represents, does not produce more original work.

It is a pleasure to find, however, that (unlike many of its prominent characters elsewhere) it is good tempered. Irritated by the animadversions of its literary organ upon his criticisms of Hahnemann, and by the unwillingness of the editors to admit a reply from him, Dr. Jousset has, in the December number of *L'Art Médical*, expressed himself rather severely upon the school, describing it as "founding journals without readers, and scientific societies—for drinking tea," and designating the *Société Hahnemannienne Fédérative* here alluded to as *un salon des refusés*. The *Bibliothèque* hereupon has an article headed with the phrase last cited, and begins, "The *Société Hahnemannienne Fédérative* had terminated its last meeting, when—after tea—there reached it the number of the *Art Médical*" containing the article in question.

But, seriously, we are sorry to see these quarrels. Let the moot points of our system be discussed fully and freely, but do not let us divide into parties, or adopt the tones of rancour or condemnation.

In the October number Dr. Ozanam calls attention to a mistake into which Dr. Guérin-Meneville in *L'Art Médical*, and Dr. Hughes following him in his *Pharmacodynamics*, have fallen, in citing the observations of Révillout on *Ambra*, as if it were ambergris of which he is speaking. His remarks really belong to amber, the "succinum" of the Pharmacopœia, whose preparations were in repute of old as antispasmodics. In November, Dr. Turrel contributes several cases of warts occurring in crops, and disappearing under *Natrum carbonicum* 24 and 30; also five instances in which ganglia of the wrist have been dispersed by *Benzoic acid*, not locally applied (as recommended

by Dr. Bayes), but given internally in the same high dilutions.

*Bulletin de la Société Médicale Homœopathique de France.*  
—We regret that no numbers of this journal have reached us since April last, though our own has been sent regularly in exchange.\*

BELGIUM.—*Revue Homœopathique Belge*, July—Dec., 1876.—Translations continue to form the chief feature of this periodical, and they are doubtless of much value to its readers. As, however, we notice the originals whenever they are of moment, their reproductions need not detain us here. One of them—the chapter of Dr. Kafka's *Thérapie* on pneumonia—has given rise to a lively discussion among the Belgian homœopaths, some of whom cannot endure the German writer's rejection of *Aconite*, *Phosphorus*, and *Sulphur* in croupal pneumonia in favour of the preparations of *Iodine* and *Bromine*.

The December number announces the formation of our new school under the high-sounding title of *Une Université Homœopathique à Londres*. It is not quite this; but we thank our contemporary for its felicitations.

*La Révolution Médicale*, August 15th, 1876.—This is the only number of Dr. Flasschoen's journal which has reached us since we last noticed it. There is nothing in it of note.

INDIA.—*Calcutta Journal of Medicine*, Oct.—Dec., 1874. July—Oct., 1876.—We had received no number of this journal since that of Aug.—Sept., 1874, and had feared that Dr. Sircar had been unable to carry on his laborious undertaking. Since then, however, the seventh volume has been completed by a triple number referred to Oct.—Dec., 1874, and an eighth has begun with July, 1876, the intervening year and a half being ignored as time which cannot be made up.

Dr. Sircar continues to be almost single-handed in his

\* Since writing the above, we have received the numbers for June, October, November, and December. The rest are still wanting.

task of supplying matter for the *Calcutta Journal of Medicine*; and we regret to observe, from some controversial articles appearing therein, that he is not likely to be supported by the other representative of our system in Calcutta, Dr. Salzer, whose communication to the World's Convention showed a competent and well-informed physician. If he and Dr. Sircar could stand side by side, homœopathy would make a good show in the capital of British India.

The recently published numbers of the journal show that Dr. Sircar is as earnest in the cultivation of general as he is in that of medical science. The idea of a Science Association for the Natives of India was first mooted in his journal in 1869, and in the number for August, 1876, we have an account of the inaugural meeting of "The Indian Association for the Cultivation of Science," under the presidency of Sir R. Temple, Lieut.-Governor of Bengal. That Dr. Sircar should be a Trustee of this Association and Secretary to its Committee of Management, and that he should have been chosen to give its Introductory Lecture, sufficiently shows the active and appreciated part he must have taken in its formation. We hope that the other scheme he is advocating—the establishment of a homœopathic hospital and dispensary in Calcutta—may have equal success.

In the numbers before us Dr. Sircar has provided plenty of wholesome medical food for his readers; but, as it consists mainly of translations or cuttings from foreign medical literature, it does not come within the range of our notice.

AMERICA.—The periodicals of this country we must reserve for our next issue.

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## HYOSCYAMUS AND ITS ALKALOID IN MANIA.

In the *Practitioner* for July, 1876, Dr. Lawson describes the therapeutic effects of *Hyoscyamus* in some cases of insanity, and in the number of that journal for March of this year Dr. Ringer gives the history of a case of mania treated by *Hyoscyamus* among other things. That the effect of *Hyoscyamus* in cerebral derangement is not unknown to the homœopathic school is evident from Dr. Chapman's remarks on the subject in our eighth volume, p. 229. Recently too, the drug has been used by Dr. Hayward in chronic monomania with success, and now Dr. Blake has found its alkaloid entirely successful in a case of acute mania following scarlatina. We subjoin Dr. Hayward's and Dr. Blake's cases.

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 HYOSCYAMUS IN INSANITY. By JOHN W. HAYWARD, M.D.

The cases of cure of insanity, marked by symptoms resembling those of poisoning by *Hyoscyamus*, by the administration of *Hyoscyamin*, related in the *Practitioner* of July, 1876, illustrate rudely the operation of the homœopathic law just as do the cures of syphilis by large doses of *Mercury*.

But as it is not necessary to salivate in order to cure syphilis in cases where *Mercury* is the appropriate remedy, so it is not necessary to produce the poisoning effects of *Hyoscyamus* for the cure of cases of insanity for which *Hyoscyamus* is the appropriate remedy. *Hyoscyamus* will cure its own proper cases of insanity without the production of any of its physiological symptoms. Of the truth of this there are many illustrations to be found in homœopathic literature, and the following case which has just occurred in my practice is another.

Mr. J. G—, æt. about 50; for some years he had

entertained groundless suspicions that he was being watched by the members of a family with which he had had some little misunderstanding. This perversion gradually increased into a monomania, so that he dressed himself in different clothes every day, that he might avoid being recognised by them, and lately he would scarcely leave his house for fear of being seen by them; and finally, about the middle of September, 1876, he left the country, taking steamer for Bordeaux: His son accompanied him. On board the steamer he behaved so strangely that the captain told off two men to take charge of him. On arrival at Bordeaux he was taken to the hotel and a doctor sent for; leeches were applied to his feet and cold lotions to his head, and draughts containing *Morphia* and *Chloral* were given, and it was recommended that he should be taken to an asylum. His friends were communicated with. A second physician was called in, and he agreed that it was a case for an asylum. His friends, however, procured two keepers and brought him home, keeping him under the influence of the *Morphia* and *Chloral* draughts all the way.

He arrived at home about 3 a.m. on October 14th. I did not see him until evening, as it was a railway journey into the country, but I remained in the house two nights and a day. I found his keeper had put him to bed: He recognised me, but immediately went off again into delusions. I mixed *Hyoscyamus*, 1 dec., in water, and gave him half a drop every hour. During the night he had very little sleep, and kept uncovering and exposing himself and committing many other insane acts, but he was not unmanageable. Next morning and forenoon the medicine was administered only every two hours. During the day and evening he committed many insane acts and made many insane observations; he was continually counting, at one time in French at another in English and at another in both; he was continually fixing himself to correspond with the points of the compass and looking through his fingers; also tracing the pattern of the carpet with his feet and twisting his legs till he nearly fell down; also grasping at imaginary objects; watching his relations suspiciously and

imagining he might be poisoned ; talking to himself, &c, —markedly symptoms corresponding with those of *Hyoscyamus*.

After a midday dinner he was persuaded to go to bed, and he slept quietly for three hours ; after this the medicine was given only every three hours. During the next night he slept well at intervals and did not uncover himself, and on the following morning he was evidently much less insane. The medicine was continued five times a day. He slept tolerably well during the next night, and after the third day of treatment he was not so insane as he was two months previously, and his keeper was dismissed.

The amendment has gone on rapidly, so that now, November 2nd, he is almost fit to return to business.

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HYOSCYAMUS AND ITS ALKALOID IN MANIA. By EDWARD  
T. BLAKE, M.D., M.R.C.S.

W. K—, æt. 15, is tall and manly, with a muscular figure and very fair complexion. Is gentle and refined in manner. There is no definite history of insanity on either side. His mother, who is passing through the climacteric epoch, suffers from hypochondriasis. But as this is chiefly during the molimen, it does not count for much. Besides, with pelvic congestion and in social circumstances of a peculiarly sad and depressing character, we have more than enough to account for her lowness of spirits. A maternal grandfather was epileptic late in life. This was after the birth of his children, and the disease appeared to be traumatic in origin.

*Medical history.*—Born April, 1861 ; first illness was in 1863 ; he had been eating freely of some indigestible food, was then exposed to a hot sun ; he became unconscious for a short time ; in a few days the symptoms all passed away. He is said to have had after this two attacks of gastric fever, in both of them he “wandered,” one was in 1865. In 1868 he had mumps. He was attacked by measles in

1871, and was again delirious. In April, 1873, I saw him for piles and ascarides; this was my first attendance. When he had been cured of these he enjoyed good health, (living then at the sea-side) until the present year, when he came to reside in the house which he now occupies.

November 3rd, 1876, I was consulted for anorexia and languor. I found the tongue slightly coated, the tonsils greatly hypertrophied and covered with discrete aphthous patches. The patient looked pale and seemed generally below par. The case not yielding to treatment, I suspected sewage-poisoning. I found the following state of things to exist. The house stood on the side of a hill at a point where the ground was freely supplied by springs; the sewage passed into a cess, which had no upcast shaft, was indeed hermetically sealed; no ventilating-shaft to soil-pipe, no gully-trap under sink-pipe, which ran continuously with the house-drain into the cess. With such an arrangement the autumn rains, filling the surface springs, would flush the cess and its supply-pipe, and constantly force upwards any gases that might generate in the sewage. These having no other outlet would pass up the sink- and soil-pipes into the house. Rising by dint of their rarity they would seek the upper rooms, which were, of course, bedrooms. Four persons occupied the house; of these, two were adults; they, as usual, escaped. My patient was affected in the way described. His sister was rendered dyspeptic, and slowly passed into a chronic anæmic condition. I at once ordered the family to the sea-side, where the younger members soon recovered.

Spite of my earnest protestations, the house remained unaltered. I was not, therefore, surprised at being summoned on the evening of the 5th of December to go and see my former patient, who had been ill two days with "a sore throat." As I approached the bed a peculiar fœtor came from the mouth of its occupant; the tongue was white and, on examining the pharynx, I found the tonsils in apposition. The aphthous patches were reproduced in an aggravated form; the superficial vessels were deeply injected; the sub-maxillary glands tense and tender. There was a hard globular swelling over the right mastoid cells.



On removing the bed-clothes I found that everywhere the skin was covered with a florid papular rash like acne. Each pimple stood in an area of clear skin about two inches in diameter. Pyrexia was present, but not marked. Pulse 84; temp. 101.4°. To have his hair cut. Thick, cold compress on mastoid swelling and cervical glands. *Bell.* 3<sup>x</sup> every hour. I diagnosed Rough Scarletina.

December 6th.—Mastoid abscess larger and more tense. Throat slightly better; itching of skin. Repeat *Bell.* 3<sup>x</sup>. Gargle with Condy's fluid; hot sponging of entire body and scalp, followed by inunction of carbolised oil twice a day; a.m., pulse 76, temp. 98.6°; p.m., pulse 72, temp. 99.5.

7th.—Throat better; mastoid tumour smaller. Repeat *Bell.*; a.m., pulse 60, temp. 98.4°; p.m., pulse 60, temp. 98.3°.

8th.—Better; rash is fading away. Repeat *Bell.*; a.m., pulse 64, temp. 98.2°; p.m., pulse 60, temp. 98°.

9th.—Rash gone, but no desquamation. Better in every way except the mastoid abscess, which remains *in statu quo*. *Merc. corr.* 3<sup>x</sup> die, *Bell.* 3<sup>x</sup> nocte; a.m., pulse 64, temp. 97.7°; p.m., pulse 52, temp. 97.6°.

10th.—Progressing well; talks a little in his sleep; mastoid abscess better. Repeat medicine; a.m., pulse 56, temp. 98°; p.m., pulse 50, temp. 97.7°.

11th.—Better in every way. Repeat medicine; a.m., pulse 56, temp. 98°; p.m., pulse 56; temp. 97.6°.

12th.—Steadily improving in all ways. Repeat medicine; a.m., pulse 60, temp. 98.4°; p.m., pulse 60, temp. 98°.

13th.—Still better. Repeat medicine; p.m., pulse 60, temp. 99°.

14th.—The patient now appeared to be perfectly well; so that temperature and pulse being normal, they were not taken after this date. The urine, which had been tested daily, revealed no trace of albumen. Repeat medicine; p.m., pulse 64, temp. 98.4°.

15th.—At this time the patient began to be very communicative. On inquiry I found that he would have talked all night to his attendant had it been permitted.

Albumen appeared for the first time in the urine. The mastoid abscess is gone. Pupils dilated; tongue dry and yellow; bowels confined. Head to be shaved; cold compress to scalp; warm soap-enema. *Apis* 2<sup>x</sup> die, *Hyosc.* ̄ gtt. xx at bedtime.

16th.—Albumen disappeared from urine and recurred no more during this attack; phosphates plentiful. Bad night; very talkative and excited; no sleep; *subsultus tendinum*. His face is flushed; his mien eager; pupils dilated; tongue dry and yellow; bowels confined. His ordinary quiet and correct conversation is now replaced by noisy, florid utterances freely garnished with oaths and slang expressions. He has "put in" moustaches and an imperial by means of burnt cork; and now, sitting up in bed and gesticulating with his arms, he roars out a verse of some comic song; now he quotes a passage from the Liturgy; anon he recites, in that curious way only heard upon the stage, a line or two from one of the plays of Shakespeare. *Ign.* 1<sup>x</sup> die, *Hyosc.* ̄ gtt. xxv, at bedtime, in a half-glass of stout. Repeat enema.

17th.—Sleepless night; volubility the same. *Ign.* 1<sup>x</sup> die, *Stram.* ̄ gtt. xx at bedtime in a little stout.

18th.—No better. *Phos.* 3 die, *Stram.* ̄ gtt. xxv at bedtime in stout. Repeat enema.

19th.—Much the same. Repeat *Phos.* die, *Ext. Hyosc.* P.B. gr. j nocte.

With the *Extract of Hyosc.* we obtained sleep, so the treatment was only varied by gradually increasing the quantity of the *Henbane* to gr. iij. By the 23rd all mental symptoms had disappeared, the functions of the body were regular, and, with the exception of slight depression, the patient was well. From this time things went on quietly till the last day of the old year, when there was a trifling reappearance of albumen.

Alas! this proved to be the precursor of a mental relapse, and the first day of the new year found him noisy and more unmanageable than ever. I was suddenly summoned, to find my patient trying to make his escape into the open air in his night-shirt. He was violent, even

dangerous. I ordered a blanket to be wrung out of hot water and placed upon half a dozen dry ones, then by a sudden movement I managed to get the patient on the top, and tightly imbricating the blankets one by one around him I successfully prevented his injuring either himself or his attendants. The face was sponged with hot water, an evaporating lotion placed on the head, and in a couple of hours he fell into a quiet sleep.

Though we resorted each night to this excellent means of restraint, feeling that we should at the same time benefit the tendency to albuminuria, after the first evening it quite failed to induce sleep.

Obstinate insomnia now formed the most distinctive feature of the case. Specific remedies in small dose had already failed us in the lighter previous attack. Now *Morphia* and the *Bromide* in full adult doses failed to bring us

“Respite, respite, and nepenthe.”

The P.B. extract, too, now lost its efficacy. Thinking of Lawson's success with “*Hyoscyamine*,”\* Mr. Steward, the homœopathic chemist of Reigate, procured from Harvey and Reynolds, of Leeds, some of the alkaloid “as supplied to Dr. Lawson.” Feeling my way up, I gave as much as gr. viij for a dose without any physiological effect.

I now obtained some *Merck's Hyoscyamine* from Martindale (£72 per ounce!), and, misled by my experience of the Leeds alkaloid, said also to be Merck's, I administered two grains, and, to my dismay, very nearly obviated

\* The reason why Dr. Lawson specially selected *Hyoscyamine* is rather curious. He says, “The effect on man of the administration of sufficient quantities of the drug was shown to be the production of a subdued form of mania, accompanied by almost complete paralysis of the voluntary muscles and ending in quiet and refreshing sleep. The consideration of the character of the phenomena produced, led to the hypothesis that therapeutically *Hyoscyamine* might be useful in substituting for the extreme forms of excitement which accompany or result from many brain diseases a quieter form of mania, which, on disappearing in its turn, might leave the patient in a state of quiescence.” Here Dr. Lawson comments on the value of this hypothesis as a guide in the treatment of insanity. Is this the “*médecine substitutive*” of Trousseau or the “*homœopathy*” of Hahnemann?

the necessity of any further treatment! I was recalled in two hours, and found my patient opisthotonic, face deeply flushed, pupils greatly dilated, the heart's action tumultuous, the pulse innumerable. I gave immediately *Soda bicarb.* ʒss, dissolved in warm water, to neutralise any of the alkaloid that might remain unabsorbed in the stomach.

He was soon relieved, and in twenty minutes dropped into a sleep, which lasted nineteen hours, and woke none the worse for his dose.

I need not say that after this I restricted myself to a single grain, as recommended by Dr. Lawson. We found we could always depend on this dose to give the patient a quiet night; and that the action was truly homœopathic is evidenced by the fact that he always woke without mental haziness, and feeling better in every way. At this time there were no periods of suspended insanity.

The patient, unless under the influence of a sedative, remained noisy and loquacious, this condition being varied only by a slight exacerbation in the morning and by a severe accession of violence in the evening. As an example of the state of things I will give one incident which may, with propriety, be termed "striking."

I was awaiting one evening the arrival of the attendants with materials for the blanket-pack, when the patient suddenly leaped from his bed, and catching a chair by its back rushed at me in a fit of maniacal fury. Before the awkward weapon had time to descend, quickly dropping my head to the level of my assailant's epigastrium, I bore him back by the weight of my body to the bed, and the chair dropped harmlessly behind me. Of course the whole episode was instantaneous; and before the patient recovered from his temporary surprise I caught his left wrist across the right arm and purposely burst into a fit of laughter, in which he heartily joined on finding that I looked upon the matter as a sort of practical joke!

It would prove tedious to give the daily detail of the progress of the case from this point. Phosphates appeared in considerable quantity in the urine, with now and then a trace of albumen. *Phosphorus* was administered by day, but

rather as brain-food than as physic. When albumen appeared in the urine, the *Phosphorus* was replaced by *Apis* and *Ferrum muriaticum*. *Hyoscyamine* was given, usually on alternate nights, for sleep. Under this treatment, reason by degrees re-asserted her sway, and by the middle of January, the patient being quite rational, I was able to take my leave of the case.

Acute mania, consecutive on scarlatina, is sufficiently uncommon to render the preceding case worthy of record. This is not, however, my chief reason for bringing it before the readers of this Journal. It is with the hope of eliciting, especially from our senior practitioners, experience with regard to the use of *Henbane* in similar cases. Hitherto I had always administered *Hyoscyamus* in its dilutions to mental patients. I think, without exception, the violent cases drifted either into allopathic hands or into that "country from whose bourne no traveller returns" —sequels of treatment nearly equally objectionable!

In the *Materia Medica Pura*, HAHNEMANN, writing on the use of *Henbane* in mental disease, says—"It is a real crime (*ein wahres Verbrechen*) not to give very small doses, indeed as small doses as possible," &c.

Now, it is curious that whilst in 1818 (1st edition) it was criminal to give *Hyoscyamus* lower than 12, in 1825 (2nd ed.) it became a misdemeanour to administer even the 12th dilution, the use of any stronger form than the 15th cent. being stigmatised in the same way as a criminal offence!

Deep as is the veneration in which we all hold the greatest Light that has ever shone on applied medicine, we cannot be blind to the suspicion that such language borders on the intemperate.

When we reflect on the variety of causes with which we are acquainted, on the enormous number which probably exist, but of which we know nothing, as modifying the effects of a remedy, we recognise the impropriety of dogmatising on the question of dose.

When we consider too that, as a class, maniacs show such striking insensibility to ordinary influences as cold, hunger,

fatigue, and mechanical violence, we certainly should on *à priori* grounds expect them to be equally callous to drug-influence. Experience confirms this anticipation.

Undoubtedly we had here a case very strongly calling for the use of *Hyoscyamus*. Whether we consider the "anxious sleeplessness," s. 92 H; the "headache alternating with exalted fancy," s. 31; the simulation of intoxication, ss. 4, 5, 6, 7; the "sparkling eyes" (dilated pupil), ss. 42, 52; the "dry throat" and "impeded deglutition," ss. 113, 114 to 130; "costiveness," s. 207, with "hæmorrhoids," s. 211; subsultus tendinum, s. 91 H, s. 361; or the accurate picture of acute mania contained in ss. 403 to 463 all were present as prominent symptoms in this patient.

Impaired accommodation appears to be a strong indication for *Hyoscyamus*; it is recorded by Hahnemann amongst his "Observations of Others:"—"They exclaimed that the objects near them would fall, and grasped at them;" "they ran with wild, open eyes against all those things that were in their way." Dr. Lawson especially noticed this symptom as following full doses of *Hyoscyamine*.\*

The homœopathic literature of insanity is very limited; knowing how prone we are ourselves to rush into print with a "brilliantly successful" case, this very paucity must be, we are led to fear, like the celebrated nod of Lord Burleigh, eloquent in its silence!

We can join the Editors of this Journal in expecting valuable experience from the State Homœopathic Asylum at Middletown, N.Y., and we are bound to give full weight to the evidence of its medical superintendent when he says—"A careful study of the mental and physical symptoms, together with a *rigid adherence to the Hahnemannian principles of selection and administration of remedies*, has enabled us to meet the requirements of such individual cases with comfort and success." It is odd after this to find that "the lowest" as well as "the highest" dilutions are given!† But asylum observations are not

\* *Practitioner*, vol. xvi, p. 18.

† *Vide, Fifth Annual Report of State Hom. Asylum at Middletown, N.Y.* Jan., 1876.

like private practice. In the former adjuncts are at hand and a good staff of attendants to apply them ; besides, it is nearly impossible to carry out an experiment in a private house.

For example, in a lunatic asylum one might keep a patient a fortnight under a carefully selected specific remedy in the 200th dilution absolutely without sleep. I will venture to say that in private practice after the second night one would keep neither patient nor keepers !

In vol. v of *Notes of a New Truth* there are recorded nineteen cases including various forms of mental alienation, all treated with *Taxus erecta* and all attended with such marvellous success that one can only wonder that any other drug has since been employed in cases of this kind !

The *British Journal of Homœopathy* in its first thirty years of existence tells us of cases of mania treated by *Gels.*, *Dig.*, *Prussic acid*, *Nux.*, and *Opium*, not one of them with the exception perhaps of *Gels.* very homœopathic to mania.

In vol. xxix, p. 21, I have pointed out the homœopathicity of *Mercuric methide* and of *Chloral* to different forms of dementia ; but the whole subject demands urgently very careful collaboration and weeding by some writer skilled in mental disease.

## CLINICAL LECTURE.—No. 8,

By ROBERT T. COOPER, M.D., Dublin.

*Nitrate of Silver and Gastralgia. The same and Causation of Cataract. Cherry Brandy an Analeptic.*

GENTLEMEN,—We have now concluded our remarks upon ulceration of the stomach and its remedies. Before we pass on a word or two is necessary as explanatory of our reasons for reverting to the subject of *Nitrate of Silver*.

We began without any intention of dwelling upon the action of any one remedy to the exclusion of others, and intended more to confine our record to scattered observations as they suggested themselves to us. It is not the first time I have experienced the same difficulty, for if in discursive lectures like these one draws attention to a property belonging to a drug that has hitherto remained unobserved it is obviously desirable to substantiate this by every available means; while if we confine ourselves to the illustration of medicinal action already well known even this may prove suggestive and so lead us into collateral disquisitions. Besides, the nature of the disease no less than the curative agent may call for remark. The difficulty, then, is to do justice to the disease and its remedial agent at one and the same time; the one cannot be efficiently considered in the absence of the other.

Hartmann, whose practical observations we all find so true to nature, gives testimony in favour of *Nitrate of Silver* in ulceration of the stomach; and Baehr quotes him to this purpose, but not without, as is too much Baehr's wont when Hartmann is referred to, invidious comment, Baehr, however, freely acknowledging its relationship. While Müller, the prover of *Argentum nitricum*, indicates its utility for *gastralgia*, and tells us that "it is particularly suitable to delicate nervous females when the affection arises from depressing causes, nightly watching, &c.; a troublesome feeling of malaise in the region of the stomach, relieved by pressure, *the patients frequently press their clenched fists into the region of their stomach*; feeling of emptiness in the stomach," &c. (Hempel); in cases, therefore, of *gastralgia*, whether ulcerative or not, with great physical, principally nervous, exhaustion, where the patient involuntarily clutches her side, we may exhibit with unerring accuracy the *Nitrate of Silver*.

In an old dispensary-book of mine I find the following:  
 —E. S—, a girl of seven. Both eyes inflamed. *Left eye*.  
 —A soft lenticular cataract, inflammatory redness of sclerotic; the cataract has existed since she was six months old, and came on after she had had drops applied to it to



reduce a slight inflammation at an allopathic dispensary. The sight of this eye is quite gone. *Right eye*.—Zonular redness, adherent iris, intense photophobia, corneal opacity. *Calcareo phosphorica* decidedly improved the case for the first fortnight (she was scrofulous); then she got a dry cough; worse during the day. *Euphrasia* met this, and followed up with a week of *Calcareo phosphorica* left the little patient decidedly better; the inflammatory redness had gone from both eyes, and she could keep them exposed to the light with comparative ease. Her mother at this stage neglected to bring her.

We can learn a lesson, though we would hardly be justified in drawing a positive inference, from this as to the causation of the cataract. Allowing that her mother's statement is correct, and that it came on from the application of some irritating solution to the conjunctiva for slight inflammation, it will follow that, inasmuch as *Nitrate of Silver* and *Atropin* (or *Belladonna*) are the two principal remedies now resorted to in the allopathic school for the subdual of conjunctival inflammation, in all probability it was either of these that was used. This, we are fully aware, is not by a long way a legitimate inference; though it is an undoubted possibility.

Leaving *Atropin* aside for the present; it leads us to ask, is it possible that a strongly irritant substance applied to the delicate conjunctiva of a child may give rise to alteration in structure, not only of the superficial, but of the deeper seated tissues of the eyeball, or is this property of influencing the nutrition of the deeper structures a specific effect of the *Nitrate of Silver*?

To these considerations we must now apply ourselves. "The ocular conjunctiva is supplied with a superficial and deep set of vessels, the former being derived from branches of the palpebral and lachrymal arteries, and the latter from the muscular and ciliary; these anastomose with one another, forming a zone of vessels round the circumference of the cornea, and from this circle small branches pierce the sclerotic and anastomose with vessels of the iris and choroid. In consequence of this arrangement,

when the latter structure is congested, the zone of vessels round the cornea becomes turgid also, forming the sclerotic zone of vessels," the "arthritic ring" of which we shall have to speak so frequently as a most important "indication of disorder in the intra-ocular circulation."\* The vessels of the conjunctiva; then, anastomose with those of the ciliary body and choroid; and when we remember that it is from the latter that the lens and vitreous are principally supplied, it is easy to understand the anatomical possibility; even though the occurrence be necessarily an exceptional one; of involvement of the deeper structures through the medium of the conjunctiva.

Then as to *Nitrate of Silver's* action. "The symptoms of *Nitrate of Silver*, which we owe to the industry of Dr. Müller, afford a remarkable corroboration of the long credited specific action of *Silver* upon the eye, and, he (Müller) believes; prove the employment of eye-washes containing *Lunar Caustic* to be efficacious in virtue of their homœopathic action. They teach us; moreover; that in *Nitrate of Silver* we possess a remedy of remarkable powers in some very important and dangerous inflammations of the eye; a remedy which, to judge *à priori*, is second to none in affections of the mucous membrane of the eye; especially in those of a blennorrhagic character" (Dudgeon; *vide* this Journal; vol. vi, p. 218, taken from Peters' *Treatise on Diseases of the Eyes*).

As hinted at, we refer to the case of this child to raise the question whether the cataract could have really been the result of an irritant applied to the delicate conjunctiva of a child; anything interfering with the nutrition of the lens may, of course, induce degenerate changes in its structure. Should it be as we suggest; it will follow that direct application of our remedies to the conjunctiva will be more likely to effect a curative change in a cataractous lens than when given by the mouth, at least this is the legitimate inference should it prove more easy to produce a cataract by acting directly upon the conjunctival mucous mem-

\* MacNamara, *Diseases of the Eye*, second edition, p. 4. Churchills, London.

brane than upon the digestive tract. Also our case raised the question as to whether or not *Nitrate of Silver* has any specific influence in producing cataract.

That *Nitrate of Silver*, given by the mouth, exerts a very decided effect upon the deeper seated structures of the eyeball is fairly presumptive from a case of myopia reported by me in this Journal, No. cxxxv, at p. 174. See as well a case by Dr. Woodyatt, taken from the *United States Medical and Surgical Journal*, at p. 789 of vol. xxxii of this Journal. As bearing upon the same subject I have found *Argent nitr.* in a case of subacute plastic iritis, after complete failure with the usual remedies, of great use in diminishing inflammation and restoring vision.

Cases of medicinal cures of cataract have certainly been reported in medical journals; however, in practice we find it extremely difficult to make any impression upon a cataract, be it of what variety it may, and senile cataract is positively incurable (Baehr). Such is the common experience of, I believe, by far the majority of practitioners. It behoves us, therefore, to cast about for some addition to treatment that may render our remedial agents increasedly efficacious. We incline to advise, for the reason given, the local application to the conjunctiva of a wash containing a dilution of the selected drug. While, lastly, the case serves as a caution against applying strongly irritant substances to a delicate conjunctiva where there is present but slight inflammatory action.

It is not, nor do I profess it to be, within the bounds of my experience to say whether cataract produced in this way is of common occurrence, nor is this the information we would expect from a solitary case; it is enough to record the fact and to make legitimate suggestions.

As we have mentioned *Atropin*, perhaps it may be as well to quote what Dr. MacNamara says as to its local action upon the conjunctiva:

"It is a remarkable fact," writes MacNamara, "that a prolonged application of *Atropin* to the surface of the conjunctiva appears to give rise to granular conjunctivitis; at any rate, one sees this form of disease arising after the long-continued instillation of *Atropin*. Unless, however, it were

positively ascertained that the neoplastic growths peculiar to this affection had no existence prior to the instillation of the alkaloid, I should not be disposed to admit the connection of cause and effect."

And he proceeds to say:—"Before, therefore, ascribing to *Atropia* any peculiar property of developing granular conjunctivitis, I should like to watch its effects upon a perfectly healthy eye;" in which desire he has our fullest sympathy, while we, as homœopaths, would add, as proof of the same relationship, its curative properties in cases of ordinary granular conjunctivitis.

I will conclude this lecture by referring to a case, while I write, under treatment. When away for my summer holidays, a patient of mine, a married lady about thirty-seven years old, met with a severe burn from the accidental ignition of benzoline, the flames of which caught her night-dress. The flames getting upon the front of both thighs and abdomen, extensive burns leaving suppurating surfaces were the result, and this with the shock induced great physical prostration. In the midst of the prostration she was seized with rheumatic fever, which assumed a typhoid character; and when I saw her some eighteen days after the accident the muscular action of the heart was at its lowest ebb, the characteristic typhoid beat described by Stokes forebode no good, there was constant diarrhœa, vomiting, raw meat tongue, high temperature (103°), with complete loss of sleep, save when under opium. Stimulants, chiefly brandy, were being given, but nothing, not even arrowroot, would remain on her stomach. The ulcerating surfaces, too, were most offensive, while as if to have made matters worse, up to a few days before, incredible as it may appear, the patient had been by "orthodox" orders allowed to suckle her babe.

For this state of affairs I began treatment with *Arsenicum* and *Bryonia*, alternating them, and certainly when taking these the swelling of the wrists, &c., disappeared very soon. But the same prostration remained. And here practical physicians will bear me out when I call attention to the difficulty in dealing with a patient in a typhoid condition to

whom nutritive enemata cannot be administered without causing pain, and whose stomach persists in refusing everything, even a farinaceous diet. It is in these cases, and I daresay many of you have had a like experience, that I have found cherry brandy help to pluck up the exhausted vital energies; it has often in my hands proved to be the one thing needful.

I gave this patient then the cherry brandy, while her medicine was changed to *Baptisia* given in small doses of the strong tincture, and used as well in lotion form to the sloughing sores. The cherry brandy proved of the greatest use, and remained comfortably on the stomach at a time when ordinary brandy had proved prejudicial; and the *Baptisia*, we must not forget to mention, also did its work, for after twenty-four hours the diarrhœa ceased, and the discharge from the ulcerating surfaces became inoffensive, and materially improved in character. It was obvious to those watching the case that the cherry brandy gave the first fillip to which the arrest of prostration was due.

I may mention as a caution that cherry brandies differ widely in composition and consequently in medicinal properties. Heering's celebrated Copenhagen cherry brandy, and which seems to be the most valued in the market, will not always answer our purpose. It is too spiced. Gilbey's seems to be made with gin, and therefore inadmissible in many cases. That made at home from the *Morella* cherry seems very frequently inefficacious. The kind I prefer is one made apparently from the merry, or perhaps—for I really am not sure—from the small black Norwegian cherry, and without any foreign admixture save sugar. This is much more agreeable to a sick person's palate than any other kind I have met with, and is certainly the most soothing to an inflamed mucous membrane.

## CLINICAL RECORD.

*Inflammation, Adhesion, and Retention of the Placenta, occurring twice in the same Patient.* By J. HARMAR SMITH, L.R.C.P.E., M.R.C.S., Margate.

MRS. —, of —, near Blackheath, of thin, pale, and delicate appearance, but of very active habits. In fact, she was a true Dorcas, spending all her time (and much of her means) in visiting and ministering to the need of the poor people in her neighbourhood. She was aged about thirty at the period of her first confinement in 1866, and up to this time had enjoyed good health. During her pregnancy she suffered a good deal from pain in the upper hypogastric region, but otherwise appeared well.

The labour was severe and protracted, and there was copious flooding previous to the delivery of the placenta, which was firmly adherent to the fundus uteri, and was slowly and with great difficulty detached by breaking down the adhesions with the fingers. She, however, made a good recovery.

Mrs. — remained in a good state of health and was still very actively employed as before until 1875, when she again became pregnant. In this, as in the former time, the delivery was protracted to more than forty weeks after the last menstruation. The movement of the foetus ceased on the day prior to the delivery. The labour was rapid and the pains scarcely absent, but I gave a dose of *Secale*, as she had flooded on the previous occasion. The uterus was extremely flaccid, however, after delivery, and this state of things continued even after the introduction of the hand, so that its presence in the uterine cavity failed to arrest the flooding—a circumstance quite unique in my experience. The maternal surface of the placenta was glued by fibrinous bands to the whole of the fundus, the hæmorrhage

seeming to take place chiefly from the cervix. Owing to the firmness of the adhesions and the flaccid state of the organ, I was very long (I should think more than half an hour) before I could make the slightest impression on the fibrinous bands. I now began to despair of saving my patient, and sent for my friend Dr. Pope (who kindly came at once, although it was five in the morning). I had continued to give *Secale*, and at length, during the occurrence of a contraction of the muscular fibres of the fundus, I managed partially to rupture one of the fibrinous bands, but it was only by long and patient manipulation, in the manner recommended by the late Dr. F. Ramsbotham, that I was able at last to detach the whole of the adherent mass. The presence of the hand, together with the frequent exhibition of small doses of *Ergot*, having induced contraction of the uterus, the hæmorrhage ceased; brandy, of course, was freely given.

Dr. Pope and I carefully examined the placenta, and found large patches of fibrine upon its maternal surface, in fact, a considerable portion of the part which had been attached to the fundus uteri was thus coated. The adhesion and retention of the after-birth, the abdominal pain and tenderness during pregnancy, as well as the abnormal extension of the period of gestation, were all probably attributable to the inflammation of the placenta and its membranes.

This disease appears only to be slightly touched upon by obstetric writers. It is not referred to at all by Tyler Smith, though named cursorily by F. Ramsbotham and by Rigby, also described in Jones and Sieveking's work on pathological anatomy.

If I were consulted for another case of uterine pain and tenderness during pregnancy I would give *Arsenicum* and *Bryonia* (3) during the whole period of gestation. I have omitted to say that there was no movement of the fœtus during the labour, and that it had evidently been dead many hours before delivery.

My patient was equally unfortunate at her first confinement, the child only living a few hours. She herself made a better recovery than could have been looked for under the circumstances.

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*Case of obstinate Vomiting cured by Cuprum.*

By DR. DUDGEON.

Mr. H—, æt. 64, a farmer, of large frame, and altogether what might be termed a "heavy" man as regards both physique and morale, consulted me first in September, 1874, for a complaint that had troubled him for many months, and which had been treated for a good while back by an intelligent lay homœopath, but without the slightest benefit. His amateur doctor advised him to come up to town and see me, as the case seemed to be beyond his skill. The patient, though a man of few words managed to explain his sufferings without excessive pumping, and I learnt that he had all his life enjoyed good and even robust health until some months—number of months uncertain—back, when he became subject to his present ailment, which had reduced him considerably in flesh and strength, and which he thought would soon "do for him" completely. About every ten days he has an attack of vomiting, preceded by headache in the forehead, heat of head, and soreness or pain in eyes. The attacks always came on when he awoke in the morning; he had no premonitory warnings of them the day before. As I said, the headache is the first indication of the attack, and as soon as he attempts to get up vomiting and retching with intense nausea set in. The slightest movement or the erect posture brings on the vomiting, which is only allayed by lying quite still. The attacks last one or sometimes two days, and during that time he can take no solid food and scarcely even any liquid. In the intervals of the attacks he has tenderness of epigastrium to pressure, and a creeping or fluttering sensation between the shoulders and at the back of the neck. I examined the urine and found it to contain a good many small crystals of oxalate of lime. There is also some difficulty in passing the urine, apparently owing to enlarged prostate. I should say that as his attacks of vomiting come on in the morning before he has eaten anything, the matter ejected consists only of frothy saliva. During the attack his sight is always bad.

I prescribed for him for nearly a year before I hit on the remedy for these troublesome attacks. During that period he



got *Ipec.*, *Arsen.*, *Bell.*, *Apomorph.*, *Kreos.*, *Ant. tart.*, and *Tabacum*, but he might as well have taken *Sacch. lact.* for all the benefit he obtained. Indeed, if anything, the attacks of sickness come on more frequently, the tenderness of the epigastrium was more pronounced and constant, and the whole appearance of the patient more woe-begone. In July, 1875, something—I forget what—led me to prescribe *Cuprum aceticum* ʒ, and as he did not reappear for three months I concluded that he had grown tired of the treatment, as I must confess I had of my apparently incurable patient. However, he turned up at the end of the three months and announced to me with a gratified grin that he had had no attack of sickness since my last prescription, and that he was now quite a different man, and was able to do all his farming work without those miserable interruptions that had formerly rendered his life a burden. Two months later I again saw him, and he was still free from his attacks of sickness; the epigastrium was no longer tender. He came to consult me about a difficulty in making water, but as to stomach he was all right, and I trust may remain so.

March, 1877.—I have seen him occasionally up to quite recently, and though he has had slight recurrences of his gastralgia, *Cupr. ac.* quickly puts a stop to the pain and discomfort, and he may now be considered a strong and healthy man.

## MISCELLANEOUS.

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### THE LONDON SCHOOL OF HOMŒOPATHY.

“Nor do men light a candle and put it under a bushel, but on a candlestick.”

*To the Editors of the ‘British Journal of Homœopathy.’*

GENTLEMEN,—In the year 1825 Dr. Gram (a Danish physician) landed in New York and introduced the practice of homœopathy into the United States. In 1877, *fifty-two* years later, nearly 5000 physicians are practising the system in that country.

In the year 1827 Dr. Quin came to London in the suite of Prince Leopold, of Saxe Coburg, and introduced the practice of homœopathy into Great Britain. In 1877, *fifty* years later, less than 300 physicians are practising homœopathy in Great Britain.

What are the causes of this marvellous discrepancy between the rate of progress of the new medical science in the two great English-speaking nations? I have sought in vain for any other than this—that the policy of the pioneers of homœopathic medicine in the two countries has been diametrically opposite; while the introducers of the system into America, with true instinct, perceived that their “candle” must “be put on a candlestick,” and that schools, colleges, and universities, must be founded for the systematic teaching of the new art and science, our English homœopathic physicians (of the first decade) adopted the policy of expectation, and were ever waiting (as they are now) for professional recognition, trusting to the softening effect which they fondly hoped that the silent contemplation of their successful practice would at last have on the obdurate allopathic heart. For fifty years they have been watching and waiting, and what is the result? Less than 300 physicians, all told (being in the proportion of one homœopathic physician to every seventy of the old school), have followed the pioneers of the new science in

Great Britain. Yet these leaders of the new truth still say, "Wait; the time for action has not yet come, your movement is premature." For what are we to wait? When will the time for action come? Is it premature to found a school after fifty years' accumulated experience?

On the other hand, no such patient expectation of some miraculous conversion of their opponents kept back the early American homœopaths. With the activity, the perseverance, the clear foresight, and the go-aheadness of their race, they have provided means for culture, systematic education and self-increase, and already nearly 5000 physicians have adopted the homœopathic practice, the homœopaths being in the proportion of one to five or six of the whole medical practitioners in the United States.\*

This is my answer to those excellent friends of mine who still adhere to the Fabian policy which has so hid our light under a "bushel," and who still advise the policy of masterly inaction. I advise all who are interested in the subject carefully to study a very interesting little book lately issued by the British Homœopathic Society, entitled *The World's Homœopathic Convention, Papers read by Representatives of the British Homœopathic Society* (published by the British Homœopathic Society 52, Great Ormond Street). The papers which were prepared for the American *World's Homœopathic Convention*, in answer to queries made by the promoters of that great gathering at Philadelphia, contain a succinct statement of the rise and progress of homœopathy in Great Britain. After seven years of silence (in 1834), two Latin translations of homœopathic works appeared, edited by Dr. Quin, one of which was dedicated in Latin to Sir Henry Hallford, the President of the London College of Physicians. In the same year the Rev. Thomas Everest wrote his *Popular View of Homœopathy* and a *Letter to the Medical Practitioners of Great Britain*. Fortunately for the progress of our science other English works on the subject appeared from the pens of Drs. Curie, Luther, Dunsford and others, which drew the attention

\* In New York (city), allopathic physicians 984, homœopathic 156. In Brooklyn, allopathic physicians 333, homœopathic 92. In Philadelphia, allopathic physicians 655, homœopathic 168. In Boston, allopathic physicians 233, homœopathic 54. In Newark, allopathic physicians 77, homœopathic 16. And the proportion of homœopathic physicians to those of the old school is increasing every year.

of many professional men to the subject. Then, in 1843, the *British Journal of Homœopathy*, under the able editorship of Drs. Drysdale, Russell and Black, commenced its sphere of usefulness, which it still so ably upholds under the care of Drs. Dudgeon and Hughes. The influence of this and of the other journals which have from time to time appeared (and which are now represented so admirably by the *Monthly Homœopathic Review* and by the *Homœopathic World*) are by no means to be undervalued as a means of spreading a knowledge of homœopathy, but no books or journals can take the place of a school or college for the systematic training of our students. Nor can societies, dispensaries, or hospitals, by their discussions, by their practical demonstrations, and by their clinical illustrations of disease, give all the instruction needed in our art and science. The British Homœopathic Society, founded by Dr. Quin in 1844, is an excellent institution of its kind, but it cannot in any sense be looked upon as a school of homœopathy. It forms a bond of union for our small phalanx, and its constitution makes its membership a certificate of professional character, while its discussions and the papers read before it make it possible for us to sustain interprofessional intercourse in spite of the ostracism which the narrow policy of the allopaths has forced upon us, but it does not teach our art and science to students. Our London Homœopathic Hospital, also founded by Dr. Quin, first opened its doors in 1850, that is, twenty-three years after the first introduction of homœopathy into England.

Two or three years after this date a few lectures were delivered at irregular intervals by its medical officers, Drs. Quin, Hamilton, Leadam, and Russell; while at the Hahnemann Hospital (which has ceased to exist) more complete courses of lectures were delivered by Drs. Dudgeon, John Epps, and Curie. But in neither case was a school (properly so called) provided, and the efforts were abandoned. Yet it is quite clear, from the partial success which was met with, that had a school then been formed we should have had no cause to complain of the rate of progress of our system at this day. When Drs. Russell and Black gave instruction at the dispensary in Edinburgh inquirers were attracted, and many excellent men studied and embraced homœopathy.

When John Epps gave his lectures of practical instruction he, too, made many converts. When Dyce Brown taught by lectures and practical instruction in Aberdeen he found no lack of in-

quiring students, and no man in our day has done so much towards the spread of a knowledge of our system among the rising generation of our practitioners. While he was in Aberdeen he almost wholly supplied our London hospital with house-surgeons from among his pupils. All that we need to ensure a like success in London is the active and cordial support of our own men, and in less than ten years, if we remove our "candle" from the "bushel" "and place it on a candlestick," homœopathy will become as popular among the real *students of medicine* as it is now, from their ignorance of its merits, looked down upon with distrust. It was only the other day a friend of mine, on the other side of medicine, congratulated me on the progress of the present movement in favour of our "school," for, said he, "When we see you *in earnest*, and attempting publicly to teach your system, we shall, at least, give you the credit of firmly believing in it yourselves." Half-heartedness in anything creates distrust, and we should probably have attained a far firmer and better position in the profession had a bolder and more manly policy been adopted from the beginning. So far from hesitation and want of self-assertion having conciliated the profession, it has done much to estrange them from us. They can only judge outwardly by what they see; and when they saw the supporters of the system content to practise it privately, without any public active exertions to spread a knowledge of its principles and practice, save attendance on dispensaries and at the hospital, it required little malevolence to make them believe in assertions sedulously made, that we were self-seeking medical adventurers. The time has arrived when it may be well to reverse the quiet mole-like burrowing in the professional earth and come to the light. Besides, it has become a necessity that we should, in some way, provide medical men, competent to practise homœopathy, to supply the demand made for them by the large homœopathic lay population. A few days ago I received a letter from a stranger residing in a large town in the west of England, telling me that a considerable number of the wealthy inhabitants were homœopaths, and that they were anxious to obtain a resident homœopathic practitioner, to whom they were willing to guarantee £400 a year. I have had applications from several other places couched in the same terms. But we cannot supply the demand, and then what happens? Either the thoroughly homœopathic

patients treat themselves and their families as well as they can with a book and a medicine chest, thereby running no little risk in acute cases, or they are obliged to call in some medical practitioner ignorant of homœopathic practice and probably opposed to it, and thus in their greatest need they cannot benefit by the system they believe in and trust. In a few years, if the school is well supported, we shall be able to correct all this and to place homœopathic physicians in every great centre in England, so that our method shall be as available in every district as it is at present in most of the larger cities. I have been asked in more than one quarter, "What kind of homœopathy will be taught in the school?" To this I answer that the school will not be made the means of advancing any special form of homœopathy, but that the endeavour of its promoters will be to proceed in a perfectly catholic spirit. We shall appoint the best and fittest teachers at our command, irrespective of parties. There are many points of homœopathic practice still "sub judice," but the public teaching of the system and the widening of the sphere of practical experiments within the walls of our enlarged hospital will tend to hasten the settlement of the points in dispute. Personally, I should be glad to see high, low, and medium dilutionists, each practising their own method in the hospital, and by a carefully recorded experience proving the points they are now too apt to dogmatise upon. It is to be hoped that neither the hospital nor the school will ever degenerate into the weapon of a party. The appointments made to the present time are such as will command the respect and approval of the great majority of the members of the homœopathic body.

Dr. RICHARD HUGHES, as teacher of *Materia Medica* and Therapeutics, has already achieved a world-wide reputation through his work on *Pharmacodynamics*, and those who desire to know in what manner he is likely to teach can judge for themselves by a perusal of his writings.

Dr. DYCE BROWN is a man of culture and of wide experience; he, too, belongs to the broad school of homœopathy, and has written sufficiently in our journals (especially in the *Review*) to enable us to see the thoughtful, careful teacher in the papers and lectures there published.

Dr. J. GALLEY BLACKLEY is well known as an aspirant in the

field of scientific research, and will fill the post of Curator and Librarian well.

At present no clinical teachers have been appointed by the school, but there will be no difficulty in selecting good men from among the medical officers to the hospital. Before concluding this subject, and that there may be no doubt as to the catholic intentions of the founders and promoters of the school, I will quote a passage from a letter which I sent, in answer to this question, to one of the allopathic journals. "The *kind of homœopathy* which it is sought to teach is that art and science of medicine which is based upon upon two principles, viz.— (A) The knowledge of the physiological effects of medicinal drugs upon the animal economy. (B) The application of medicinal drugs to the cure of disease when administered in accordance with the rule of similars." "The advancement of the science and art of healing will, I hope, ever dominate over any sectarian prejudice or proclivity in the minds of the managers of our school. In demonstrating the behaviour of medicinal drugs as causes of drug diseases and as healers of idiopathic disease, our position is not that of defending a system, but of demonstrating how far that system proceeds in the direction of curative medicine. Experience alone can prove how far the method of Hahnemann, *i. e.* that of a negation of pathology and the treatment by a careful comparison of drug-symptoms and disease-symptoms, and the covering of the one by the other, will carry us towards the perfection of drug-treatment; or, on the other hand, how far a careful consideration of the pathology of each case is to be the indication for its treatment, by applying a drug which will induce a corresponding pathogenesis in the healthy body." "The modern school of homœopathic physicians incline to the adoption of the latter method so far as the pathology of disease is well marked and well known, while they fall back on the Hahnemannian method when the pathology of a disease is obscure." With such aims we may fairly claim the support, not only of those members of the profession who have embraced homœopathy, but of all those who desire the advance of true science within the profession, since we bring the whole question of the action of homœopathic medicine into the broad light of day by its public teaching both in the lecture-room and in the wards of our hospital, where the freest criticism will be invited and

cordially welcomed. Our progress thus far is shown by the Constitution of the School, as appended.

*The London School of Homœopathy (founded December 15th, 1876).*

*President.*—The Right Hon. Lord Ebury.

*Chairman of Committee.*—The Right Hon. Viscount Bury, K.C.M.G.

*Treasurer.*—Captain Wm. Vaughan Morgan.

*Trustees.*—J. B. Crampert, Esq.; Vice-Admiral G. T. Gordon; A. R. Pite, Esq.

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*Bankers.*—The Union Bank of London, Regent Street Branch, Argyll Place, W.

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Medical practitioners desiring to become Medical Governors are requested without delay to send their names to the Hon. Secretary.

The arrangements already made are as follows :

1st. An inaugural address will be given by Dr. J. GIBBS BLAKE, of Birmingham, on May 1st.

2nd. Two courses of lectures, one during the summer months and the second during the winter months, will be delivered by Dr. RICHARD HUGHES, of which the subjoined is the synopsis.

The lectures on *Materia Medica* will embrace the history of all known actions and uses of the substances employed in Medicine. They will have, however, for their special object the exposition of the provings which have been made with drugs on the healthy human body, and the application of the same to the treatment of disease according to the principle of similarity.

It is intended to devote the summer course to a dozen or so of the leading remedies used in homœopathic practice, and to discuss the remainder during the winter session.

3rd. Two courses of lectures on the Principles and Practice of Medicine (given concurrently with those on *Materia Medica*), by Dr. DYCK BROWN, one of the Physicians to the Hospital.

*General aim of the courses.*—Definition and explanation of what is meant by homœopathy, with sketch of the origin of the system. The scientific basis of homœopathy; the *à priori* argument in its favour, and the bearing upon it of modern scientific observations. The mode of selecting the remedy, and the bearing and value of symptomatology in guiding to the selection of the remedy. The question of the dose. What is a homœopathic dose? The single remedy, and alternation of medicines. What is disease? *Inflammation*, as a type of disease. Its pathology, course, terminations, symptoms; inflammatory fever. Treatment of inflammation and inflammatory fever. Analysis of allopathic treatment by way of contrast to the homœopathic; general aim and principle of the homœopathic treatment of acute disease; the action of *Aconite* and its relation to inflammatory fever and acute inflammation; the action of *Belladonna* and its relation to inflammation; the action of *Sulphur* and its relation to chronic inflammation; the "psora theory" and its bearing on the treatment of chronic disease. The use and abuse of external adjuvants to internal treatment; the action of heat, cold, counter-irritants, and "astringent" applications shown to be in accordance with the homœopathic principle; diseases of digestive organs; diseases of respiratory system; diseases of circulatory system; diseases of brain and nervous system; specific febrile diseases; diseases of urinary organs and male sexual organs; diseases of females; diseases of the skin; diseases of the eye; diseases of the ear.

N.B.—As much of this ground as possible will be gone over in summer, and the remainder in winter.

A *library* of medical works, both general and homœopathic, is to be formed in the room at the Hospital in Great Ormond Street devoted to the school, under the care of Dr. J. GALLEY BLACKLEY.

A *Museum of Materia Medica* is also in process of formation under Dr. J. GALLEY BLACKLEY'S care as Curator.

It is very earnestly requested that physicians having duplicate works on medicine will forward them to Dr. Blackley, 65, Guildford Street, Russell Square, W.C., and that chemists and others will supply him with specimens of crude drugs and substances used in the preparation of homœopathic medicines. This last will best be done by each homœopathic chemist offering to provide ten, twenty, or more crude drugs, dried plants or mother tinctures, in their alphabetical order, A to C, C to G, &c.

The subject of *Clinical Instruction* has also met the careful consideration of the Council and Committee of the School. Within the wards of the London Homœopathic Hospital the following physicians have agreed to associate themselves with the school and to deliver Clinical Lectures at stated intervals—Dr. JAMES JONES, Dr. J. GALLEY BLACKLEY, and Dr. DYCE BROWN.

Feeling the paramount necessity that a larger number of patients should be provided for clinical instruction than the hospital with its present limited means can afford to support, the committee of the school are making every effort to obtain funds by which more beds can be opened for the reception of patients. The committee have already been able, from the funds placed at their disposal, to give promise of an annual subscription of 850 guineas, which will add ten beds to the hospital. This is a small but useful beginning, and if the public come forward liberally we may soon find ourselves in a position to add a further like number. The accommodation of the present hospital is deficient in many ways, and Mr. Pite, the talented architect of the hospital, has prepared a plan by which the building, by the addition of a small adjoining property, can be enlarged so that 124 patients could be accommodated, at the cost of £8000 for the alterations and new erections. If this plan could be carried out our school might soon become one of great public importance. By the plan above indicated many cases which the authorities are obliged now to refuse, for want of appropriate accommodation, could be admitted, and a limited number of private wards (a want now greatly felt) could be arranged.

My letter has already far exceeded the limits I had intended, but I must ask you to allow me to state that up to the present time we have subscriptions promised to the amount of rather more than £500 a year, and donations reaching some £2700. This is very well for a beginning, but our lowest need is £700 a year subscriptions and £20,000 in donations. I very earnestly appeal to our medical practitioners for their earnest aid, and to all those homœopaths who have benefited by the advantages which our system affords to send appropriately large thank offerings for benefits received, in order that these same benefits may be extended to the poor and be continued increasingly to the generation following us. By supporting the school we shall be educating successors to carry on the work which we ourselves must in a few years delegate to others.

I have the offer of several sums of £100 on condition that this £20,000 is raised. I have a promise of £25 on condition that forty-nine others will subscribe a like or larger sum; twenty-three of this forty-nine already appear in our list of subscribers. I hope in a short time the remaining twenty-six will come forward with sums of £25 or upwards. When I see that sums of £1000 or upwards are frequently given to objects far less comprehensively beneficial and benevolent, I cannot doubt but that our wealthy clientèle will contribute largely of their wealth to our greatly needed enterprise, and to their self-denial and liberality I appeal with firm confidence, "Let your light so shine before men that they may see your good works."

WILLIAM BAYES, M.D.

4, Granville Place, Portman Square, W.

*Letter to the Medical Profession on the proposed London School of Homœopathy.*

WE, the undersigned, desire to draw your attention to the accompanying observations and resolutions, which should be carefully considered by those founding the Medical School at present known by the name of "The London School of Homœopathy." The acceptance of these we consider a matter of much importance, as we hope by them, not only to encourage the attendance of medical students, but also to be furnished with the opportunity of asserting our right position in medicine. To judge rightly of these resolutions and of the objections which may be urged against them we must carefully consider the history of the

homœopathic doctrine in Europe, and especially in England, for, as shown in the eighth clause, any argument drawn from American experience would not be a fair one.

We propose that the school should have no distinctive title other than an abstract or local one, such, for instance, as "The Ormond Street Medical School," and that Rule 2\* should be altered to the following terms:—"The objects of this School shall be to afford teaching in *Materia Medica* and Therapeutics, in the Practice of Physic and in Clinical Medicine, and, in all these branches, to give due prominence to the Homœopathic law."

The objection to the terms of the accompanying preamble which we expect to meet with is, that the distinctive title is absolutely necessary, because the school is founded to teach homœopathy, which is not taught elsewhere in England, and therefore must have a distinctive designation; this designation is our *raison d'être*, and, without it no students will come; and, above all, without it the necessary funds could not be raised.

To these objections we reply that any distinctive teaching ought to be, not of homœopathy, but of the truth and general application of the homœopathic law.

The word homœopathy is one of vague significance, and is by no means that which it bore at first. Then it was the simple expression of a therapeutic law, a law which we all still recognise. Now the word applies to a system of medicine which embraces much more than is contained in the doctrine of similars.

Therapeutics includes many methods of treatment. One of those methods, that of drugs, does not constitute a third of the whole, and in that third there are not a few exceptions to the applicability of the homœopathic law. But if a teacher of the practice of physic confines himself to homœopathy, he is logically debarred from treating of such diseases as worms, scabies, &c., and of poisonings, if he recommends the use of vermifuges, insecticides, antiseptics, or antidotes. These and such as these must be excluded from the list of diseases he treats of, otherwise, as a *Homœopathist*, he is inconsistent. If consistent, his teaching is one-sided and consequently imperfect. The lecturer is, therefore, logi-

\* The rule at present stands: "That the objects of the School shall be to afford sound teaching of the principles and practice of Homœopathy, of its *Materia Medica*, its Therapeutics, and of their application in Clinical Medicine, to such members and students of the medical profession as may desire to be instructed therein."

cally impelled to teach the wider subject of therapeutics in general, only giving the homœopathic law its due place. The attempt to restrict his teaching to the strict application of the homœopathic law, even though he proposed to do that and that only, would give rise to the impression that all else which was passed in silence had no practical existence, and that the law was all sufficient. If he attempts to point out where it is not applicable he is logically drawn on to the teaching of therapeutics as a whole.

A distinctive title is far from necessary. Hahnemann published not the *Organon of Homœopathy*, but the *Organon of Rational Medicine*; also the *Materia Medica Pura*, not *Homœopathica*. Rau, whose work had a great influence in its day, entitled it not a treatise on homœopathy, but on *Specific Medicine*. Professor Henderson and M. Tessier dwelt much on the importance of asserting our position in medicine, which they considered we had in a great measure lost by assuming a distinctive and sectarian designation. M. Tessier established not *L'Art Homœopathique*, but *L'Art Médical*. Dr. Sharp has bound his tracts together in a volume entitled *Essays on Medicine*. Dr. R. Hughes has published two works, which have been widely circulated. He entitles them *Manuals of Pharmacodynamics and Therapeutics*, not *Homœopathic Manuals*. In Boston, America, a college has been established at which homœopathy is taught, but, says Dr. Hughes, "the exclusive word is unmentioned either in the titles of the professors or diplomas of the students." Latest accounts show that the success of the Boston College is greater than that of any other in the United States.

The value of the homœopathic law has been often and well-taught without a distinctive title, and there is no good reason why it should not be so in London.

The absence of a distinctive title cannot possibly affect subscriptions to the school if the medical men who influence the lay subscribers showed clearly that by the omission the interests of homœopathy were not injured, but benefited. If the scientific objections to the distinctive title are good no amount of money compensation can neutralise the harm done by adopting one.

The preamble is drawn out in the full assurance of the justice of our claim to recognition by the universities and licensing bodies, and thus to obtain the freedom of teaching on equal terms

with the dominant faction; and we must strain every nerve through the press and Parliament to obtain satisfaction of those claims. We may not be immediately successful, but the effort and the putting our school on a truly scientific basis cannot harm it as a school, even if not recognised.

We would therefore urge all true friends of homœopathy and scientific liberty to take these questions into consideration, so that we may be able to act as a united body. In the mean time let every effort be made to secure success to the teaching of the homœopathic law. We desire to receive communications on these resolutions.

FRANCIS BLACK.

JOHN J. DRYSDALE.

ROBERT E. DUDGTON.

CLAUDIUS B. KEE.

*Preamble to the Rules and Laws of the London School of Homœopathy.*

1. Two generations have now passed since the homœopathic theory of specifics was made known without its having been fairly weighed theoretically or tested practically in the already established medical schools and hospitals.

2. At present this neglect not only persists, but there is, superadded, a positive system of opposition to it, which, in Great Britain at least, is so fully organized that now no medical man, if he openly acts upon the opinion that this theory ought to be discussed and tested like any other theory in medicine, can obtain or keep a place on the staff of any hospital or medical institution already established; nor can he obtain any public medical appointment, nor admission into any medical society, nor can he hope for any of the honours or titles of eminence in medicine; nor can he publish any medical book at the ordinary medical booksellers, nor any paper in the medical journals, even in reply to misrepresentations of his opinions or practice; nor, if he writes anything and gets it into print despite the medical booksellers, will it be noticed or reviewed (hardly even advertised) in any medical review or newspaper; nay, even if he writes on a subject not medical his name is still tabooed, and the book will receive no notice from the medical journals, and as little from the literary and political journals, which have all their medical assessors chosen, doubtless, from the majority.



In private practice, also, the great majority of consulting physicians and specialists (with some honorable exceptions) refuse to him the benefit of their skill in difficult points of diagnosis and in operations, thus striking at the object of their hostility through the health and possibly even the life of the public, who are, at the same time, insulted by the implied accusation that they are employing a person deserving of a penalty hitherto known as that applicable to infamous conduct only.

The isolated position this prosecution forces us into is a disadvantage, not only to ourselves, but to medicine and to the public. Not exposed to proper and legitimate criticism, not seeing our work and writings as others see them, there is less chance of our freeing ourselves from many possible errors. And medicine suffers in so far as it excludes from its observation and thought a theory and practice which might (and certainly would, we believe) advance the science and art of therapeutics. It is a loss to the public also, who are very especially interested in this relationship between the schools. They are the sufferers as long as the present unhappy condition of things continues, and they will be among the first to benefit when the terms of that relationship are altered to the better.

3. While thus the most moderate approach to fairness and candour in respect to this theory on the part of any medical men is so strictly tabooed, it is not wonderful that the students of medicine, and especially those with talent and ambition, should feel no great desire to inquire into a theory which promises, in the first place, to shut up for each of them for life the avenues leading to professional honours, eminence and distinction. While the mind is thus biassed the student is easily induced to accept as truth the misrepresentations which the teachers in the common medical schools hold out to him as homœopathy.

4. For these reasons it has become necessary to found a special school, where the truth of the matter can be taught to students before their education is finished, for the great majority of medical men have little opportunity, even if they had the inclination, of making any great or important addition to their knowledge after leaving the medical schools.

The conversions to homœopathy in England among medical men in active practice during the last forty years have been few, and they do not promise to become more numerous; and this is

owing, not only to the conservative instinct which takes offence at a new thing, but to the risk of loss of practice, of loss of professional status, and even of social position, a man exposes himself to by the adoption of a new practice, novelties in practice almost invariably bringing with them the charge most odious to professional sensitiveness, that of quackery. If, therefore, the homœopathic law is to be something more than a slowly operating leaven in medicine, students must be instructed in its principles and practice before they leave school and hospital.

5. Within the last few years the necessity for a special school for students has become more pressing. For, lately, the system of repression has become more stringent than ever, from the strange reason that a number of remedies discovered through the homœopathic law have been adopted without acknowledgment into ordinary practice; their sponsors not daring to brave prosecution, the students are taught that the knowledge of these remedies was derived from any other source than the true one. It is essential that the truth should be told, and the homœopathic theory openly taught in connection with these medicines, and its infinitely wider scope in the discovery of other specifics be made fully known and be discussed with other theories.

6. It may be said that there is no need for a special school, as all truths must in the end prevail, and that what is true and useful in this therapeutic law will ultimately be accepted and incorporated into medicine. Doubtless, but the time would be very long, for the application of the homœopathic law to practice implies the building up of a vast structure of physiological knowledge of drugs, which can only be done by the united efforts of all the men of science capable of performing experiments picked out of the general body of the profession. The small minority of the profession willing to suffer persecution, of which the homœopathic school is now composed, are quite insufficient to furnish workers enough to complete the *Materia Medica*; unless, therefore, our ranks are recruited from the students the task must be postponed indefinitely.

Now that the proving of medicines upon the healthy body, which is the foundation of homœopathy, has become recognised and is beginning to be followed, we see the evils of an imperfect and unscientific method. If the principle is admitted that all therapeutic action of medicines on the living body must rest on

their action on the healthy body, in inquiring to find what the relation of the two is the man of science must study dispassionately all the possible relations the two may hold. Now, it is impossible to go beyond the dictum of Hahnemann, that the action must be either contrary or similar or some other than these two. Now, if the experimenter goes into the question with the foregone resolve not to look for the answer in one of these directions, viz. the similar, what title has he to the name of man of science, who, above all things, ought to be solely concerned with seeking after truth in any direction? But in the proving experiments published by our opponents we see indications of this foregone resolve. The experimenters fear to grapple with the difficulties of the subjective symptoms, and persistently ignore any possible therapeutic relation of similars in the scanty list of the effects published, and, when some such relation is found upon them too palpably to be ignored, the effect is explained away by disparaging remarks upon homœopathy.

7. We do not uphold any abstraction called "homœopathy," which is something outside of medicine and opposed to the true principles of science. What we uphold and propose to teach is medicine as influenced by the homœopathic law, when that is not only applicable but leads to the best modes of cure. We can give no other definition of "homœopathy" than "medicine plus the homœopathic law." What that is can only be known by bringing the whole resources of the science and art of medicine to the testing of the said law.

8. There are two modes in which the incorporation of the homœopathic principle into medicine can be hastened in spite of the hostility which has been shown by the majority of the profession to it in common with all great discoveries—*first*, that which is applicable to a new and rapidly expanding civilised community of self-governing people, such as the United States of America, viz. new complete schools of medicine granting licenses to practise can easily be founded, and thus an ever-increasing body of students indoctrinated with the truth. It is of little importance whether these bear a sectarian title or not, for the result must be that if the principle be true the number of disciples will gradually approach and then surpass that of the disciples of the ordinary schools. The name homœopathy will then be no longer required; it will have no meaning and will be abandoned. This

day may be not very far distant in America, where the number of qualified practitioners approaches four thousand.

9. The second mode applies to old and settled countries, where there is no call for new, complete schools, and no possibility of their establishment by a small body of practitioners. Here the truth can only penetrate the general body of medical men slowly and imperfectly, and our only chance is by founding a few chairs from which may be taught the principles on which we act to students as a part of their ordinary medical education. It is essential that these chairs should obtain recognition from the licensing bodies, and therefore they must be so constituted as not to contravene the rules laid down by these bodies, in so far at least as these are in accordance with the true principles of science.

10. The question of a sectarian title is not here a matter of indifference as it is in the case of America. It is here of vital importance. There is no sectarianism in true science; and in medicine, as a whole, which all the medical schools profess to teach, there are no sectarian titles. We are not aware of any school which professes to teach, or any body which professes to license, "allopathy." It cannot, therefore, be expected that the lectures of a school bearing the sectarian title "School of Homœopathy" should be recognised. It is therefore essential that a non-sectarian title of a local or general character be chosen, while at the same time the homœopathic theory should be openly taught in the lectures themselves.

11. The lectureships should embrace those subjects more intimately connected with the influence of the homœopathic law, viz. Materia Medica and Therapeutics, Clinical Medicine, and Practice of Physic. These subjects should all be treated in their complete form, so that students should be able to stand the ordinary examination, and in addition, the true place and predominance of the homœopathic method should be taught, so that the student, before leaving school for ever, will be in a position to decide for himself; and if this is the case we have no fear, but that our ranks will be rapidly and steadily recruited, and ere long the whole profession leavened with the knowledge of the homœopathic principle.

A sectarian title to the proposed school would be an anachronism. It might have been otherwise thirty years ago, but now

that the profession cannot declare ignorance as to what homœopathy is and do not betray any willingness to inquire into it the case is different. The willingness some might entertain to know the real state of the case would receive a shock when confronted with the fact that the information sought for could be gained only by attendance at the "School of Homœopathy." They would learn from us, however, that the caricature of medicine they have been in the habit of contemplating as homœopathy is not homœopathy after all, but something totally different—a something considered as extravagant and unscientific by our school as by the rest of the profession—a something which the majority of us would be quite ready to aid the profession in condemning. A medical school teaching *Materia Medica* and Therapeutics, Practice of Medicine and Clinical Medicine, would leave no excuse for this unwillingness to inquire into what homœopathy really is.

(Signed)

F. BLACK.

J. J. DRYSDALE.

R. E. DUDGEON.

C. B. KER.

*What the (so-called) Hahnemannism is bringing us to.*

"A 'Homœopathicians' College.—EDITOR INVESTIGATOR: I have a son whom I want to become, when of age, a homœopathic healer; in fact, I do not care to have him burdened with so much trash to become a physician. For years I have been a true follower of Hahnemann and I hate your mongrels worse than his Satanic majesty. I am glad that Dr. Berridge, of London, in your last number (188) comes out square against all false prophets and wants them to be read out and dismissed, and the thing ought to be done at once. Let us start, then, a Hahnemann Homœopathic College of our own, where nothing shall be taught but the Organon, the *Materia Medica Pura*, the Chronic Diseases, and for beginners, perhaps, Lippe's or Hering's Condensed *Materia Medica*, and if the student passes our examination, let him be granted a diploma of 'Homœopathic Healer.' Our legislatures are good enough to grant such a charter; and I do not see the reason why my son should rack his brain with Latin anatomy, be misguided by hypothetical physiology, misled by ever-changing pathological notions, or trouble his memory with chemical formulæ. What is necessary to become a homœopathic

healer? I seek information, and please let us have it. Accept the thanks beforehand of—AN INQUIRING PARENT.”—(From the *United States Medical Investigator*, February 15th, 1877.)

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#### *Increase of Drug Consumption.*

The age of expectancy in medicine has apparently gone for the present, and we cease to hear the boasts that used to be so rife amongst orthodox practitioners that they gave no medicine. On the contrary, prescriptions are growing as complex as ever, and the quantity of powerful drugs poor patients are compelled or persuaded to swallow is something marvellous compared with the *faintant* system of a few years back. A faith in physic, *i. e.* in drugs, is reviving, but whether the results to patients will be better than those of the do-nothing practice of former days time will tell. In the mean time the druggists are rejoicing in a brisk trade. That this revival of drug-faith is not confined to this country is evident from some figures lately presented to us by the *Medical Examiner* of the drug consumption in Parisian hospitals. In 1855 the central pharmaceutical establishment of the Parisian hospitals furnished 282 lb. of chloroform; in 1875 the quantity had risen to 616 lb. The increase of chloral from 1869 to 1875 was from 10 to 720 lb. Bromide of potassium 6 lb. in 1855; 1600 lb. in 1875. Morphine 1 lb. 6 oz. in 1855; 20 lb. in 1875. The progress of alcohol, considered as a therapeutical agent, is especially worthy of notice. Between 1865 and 1875 the consumption of alcohol in the hospital increased from 1270 to 40,000 quarts. Brandy does not appear on the list until 1862, when four quarts were supplied; in 1875 the quantity had risen to 4108 quarts. Rum followed nearly the same rate of progression during the same time, from 35 to 5682 quarts. The white and red wines, supplied in very moderate quantities, follow the same proportions as alcohol. Amongst the vegetable narcotics (opium, aconite, conium), opium remained stationary at 300 lb. to 400 lb. per annum; but aconite, a remedy of late so much employed, particularly in England, represents a figure altogether insignificant. A remarkable fact brought to light by these statistics is that in proportion as alcohol rose leeches fell. Up to the year 1830 1,000,000 of leeches were annually supplied to the Parisian hospitals; during the last twelve years the annual supply has been about 50,000.

*Nota.*—In the February number of the *Homœopathic World*, Dr. Berridge makes a comment on our editorial article for January entitled "Homœopathy in 1876," which demands some notice from us. It is marked by an acerbity of tone in which the writer too often indulges; and which neither becomes his position nor does justice to his true character. But, passing this by, we desire to call attention to two misunderstandings of our statements into which he has fallen, and which have led him to represent us in a very injurious light. When we said that "for the last ten or fifteen years we have made no converts of note," we used the last two words advisedly. We did not say "of mark," or "of value," none prize more than ourselves the adhesion to our cause of Dr. Dyce Brown, and we hope for good things from Dr. Skinner. We said "of note" as meaning men whose names were so well known throughout the medical world as to make their adoption of homœopathy a notable event; we cited as examples Handerson and Hörner, Tessier and Amador. It is most unfair to charge us with forgetfulness or ungenerous feeling towards the honourable colleagues whose names Dr. Berridge has dragged forward; because we do not put them in the front rank of fame with those just mentioned.

Again, Dr. Berridge quotes our statement that "our literature contains no new provings, Buchmann's *Ochloporium* always excepted;" and charges us with hereby ignoring the recent American provings of *Sepia*, *Lilium*, *Picric acid*, *Physo stigma*, &c., "charitably" (!) setting down our doing so to want of acquaintance with the current homœopathic literature. If Dr. Berridge had read our remarks with the least care, he would have seen that we were speaking of homœopathy as it is, and has been, in the old world, in which (as we said) it seemed to be running in a different groove from that which it occupies in the new. The full accounts we give from time to time of our foreign contemporaries ought surely to protect us from the suggestion that we are unacquainted with the current homœopathic literature. Dr. Berridge's statement, that we give "a most gloomy view" of the state of "Homœopathy in 1876" can only be met by referring our readers to our article itself. We had no feeling of gloom in our minds when we wrote. The idea of reabsorption into the main body of the profession of assuming our place

among our colleagues as recognised employers of a special method of practice, but otherwise in all respects on the same footing as themselves—may not be grateful to Dr. Berridge; but to us it is a bright and cherished hope. We repeat what we have already said,—that although thus homœopathy would cease to have an outward embodiment, it would not less flourish as a faith and a practice; and would eventually leaven the whole art of healing. No gloomy prospect this, we trow; and, if Dr. Berridge and those who think with him prefer the other solution of the situation which America offers, they have but to transfer their operations to that more congenial sphere, and leave us to fight the battle in our own way, untrammelled by carpings from those whose minds are cast in another mould from ours.

### OBITUARY.

#### CARROLL DUNHAM, M.D.

It is with keen regret that we head our obituary notices with the name of this physician. Only fifteen months ago we congratulated the World's Convention on having made choice of him as its President: only six months ago, we reproduced in our pages the Address delivered by him in that capacity at Philadelphia. He had, indeed, thus attained his zenith; but we trusted it was only to shine for many a year yet, and bless with useful light. Alas! sudden night has quenched that radiance, and we are left to mourn its absence.

Carroll Dunham was born in New York in 1828, so that he was only in his forty-ninth year when he died. He became all but a convert to homœopathy while yet a medical student; and his faith was established when, after graduation, he compared the results of the old and new systems of treatment on a large scale. He did this in Europe, mainly in Dublin, Paris, and Vienna. He returned to the United States a convinced disciple of Hahnemann, and commenced practice accordingly. Unhappily, his health—already delicate from having passed through cholera while a child—became seriously impaired by a severe attack of acute rheumatism, involving the heart. From that time his life has been (in the words of a biographer in the *United States Medical Investigator*,\* from whom we take these facts), “a record of brief periods of hard work, divided by long periods of

\* Jan. 1 and 15, 1876.



illness and prostration, and compulsory retirements." But no man could have made better use of his capable times. In literature, in teaching, in promoting the associations and public interests of Homœopathy he was ever at work, and its American records are full of traces of his presence and activity. He was one of the editors of the *American Homœopathic Review*; and for some time officiated as Lecturer on Materia Medica and Therapeutics at the New York Homœopathic Medical College. He was one of the working members of the American Institute, which owes to him mainly its admirable code of ethics, and—as chairman of its Bureau of Materia Medica—the re-proving of *Sepia* which adorns its last volume of Transactions. He has actively co-operated with Dr. Allen in his great undertaking of compiling an Encyclopædia of Homœopathic Materia Medica, and most of the verifications of symptoms contained therein were contributed by him. Finally, he was the originator of the idea of the late World's Convention, and to make it a success he laboured with a zeal and devotion which have cost him his life. Exhausted by the long strain upon him, he was in no fit state to encounter the diphtheria which seized him after returning from a brief holiday. He recovered from the acute disease, but only to sink gradually under its *sequelæ*; and on February 18th of the present year he breathed his last.

The bare facts we have mentioned above give little idea of what Carroll Dunham was to American Homœopathy. He stood at its very central point; he was the life and soul of all good work that was done in connection with it, the friend and helper of all, alike the preacher and the example of the physician's highest duties. Himself of the (so-called) Hahnemannian school, he was free both from the extremes into which many of its members have run, and from the exclusive and antagonistic spirit so often manifested by them. When the American Institute was well-nigh rent asunder by the opposing parties, each wishing to exclude the other, the discourse he pronounced at Chicago in 1869 on "Liberty of Medical Opinion; a vital necessity and a great responsibility" charmed the combatants to peace, and made a *modus vivendi* possible for both henceforth. Dr. Hering well surnamed him "the peace-maker;" and he has had, even here, the blessing which rests upon such, in the love and honour with which his colleagues of every shade of opinion have long looked up to him. If our readers here, who know of

his worth but by hearsay, are surprised at the unwonted feeling which this obituary notice displays, they have only to see the American journals which appear since his death has been known. None of them have reached us as yet; but we venture to predict that nothing short of a wail will be found to have gone up from them at the loss which has fallen upon homœopathy and homœopathists in their country.

The writer of these lines had recently, for a brief space, the opportunity of knowing Dr. Dunham, not merely as a public character, but as he was in private, and amongst his family. No brighter or more gracious image is present to his memory than that which he then saw. You felt yourself in company with a mind gifted and cultured considerably beyond the average range, but joined to a heart which was richer still. There was something singularly winning about his manner; and this outward charm was but an index to the sunny sweetness and golden charity which pervaded his whole nature. There can be none who knew what he was to whom the world will not be somewhat darker for his departure from it.

And now one word more. We have lost the producer; but we must be able to reap the utmost benefit possible from such of his productions as remain. His writings are scattered through many a volume of journals and transactions; we must have them in a compact and accessible form. The discriminating studies of medicines; the closely reasoned and copiously illustrated arguments which make his views of homœopathy acceptable to those most prejudiced against them; the clear and high-toned Addresses delivered on public occasions—they must all be brought together, carefully edited and annotated, for the profit of the members of our school in every country. When such a volume comes before us, we shall endeavour to estimate Carroll Dunham as a thinker and writer. His grave is too fresh as yet for us to do more than stand about it, sighing his praises and lamenting our loss.

Since writing the above we are pleased to learn that Mrs. Dunham will at once take in hand the editing of her late husband's writings; that a volume containing his published studies in *Materia Medica*, with some manuscript work of the same kind, will shortly be issued; and that his miscellaneous writings will follow as soon as they can be brought together.

## BOOKS RECEIVED.

*Repertory to the New Remedies.* By C. P. HART, M.D. New York: Boericke, 1876.

*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. von ZEMMSEN. Vol. VII. Diseases of the Chylopoietic System. London: Sampson Low, 1877.

*Homœopathic Domestic Practice.* By E. GUERNSEY, M.D. Edited by H. THOMAS, M.D. Sixteenth Edition. London: Turner, 1877.

*Popular Guide to Homœopathy.* Seventh Edition. London: Turner, 1875.

*Condensed Materia Medica.* By C. HERING. Compiled with the assistance of Drs. A. KOENIGER and E. A. FARRINGTON. New York: Boericke, 1877.

*Taking Cold, the Cause of half our Diseases.* By JOHN W. HAYWARD, M.D. Sixth Edition. London: Gould, 1877.

*The Actions of One Dose.* By W. SHARP, M.D., F.R.S. London: Turner, 1877.

*Allen's Encyclopædia.* Vol. V. New York: Boericke, 1877.

*Zur Richtigstellung des Urtheils.* Von Dr. CL. MÜLLER.

*Datta's Homœopathic Series.*

*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.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*The Chemist and Druggist.*

*Allgemeine homœopathische Zeitung.*

*Dublin Journal of Medical Science.*

*Ohio Medical and Surgical Reporter.*

*Cincinnati Medical Advance.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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THE PHYSIOLOGICAL SCHOOL AND ITS  
INFLUENCE ON THERAPEUTICS.\*

It is well known that about the thirtieth year of this century the foundation of the new development of medicine was laid by Rokitansky's pathologico-anatomical investigations, that, namely, this unbiassed observer founded the theory of crases, which was generally accepted, by his new humoral pathology. This doctrine, in spite of Rokitansky's strict adherence to the purely material relations of the organism, was of a very hypothetical character. He all his life expected with confidence its confirmation by chemistry, but hitherto in vain. Anything like real therapeutics was soon upset by the sceptical indifferentism inculcated by Skoda, Dietl, and others. In its youthful hot-blooded period this negative nihilistic tendency insisted on the most radical scientific character for medicine. Medicine was to become a science based on a mathematical foundation like every other physical science; but mathematics excludes art. "As long as medicine is an art it cannot be a science; as long as there are lucky physicians there can be no scientific physicians. The physician must be judged by the extent

\* From Dr. Jul. Petersen's *Hauptmomente in der geschichtlichen Entwicklung der Med. Therapie*. Kopenhagen, 1877. (Reproduced in *Internationale hom. Presse*, Bd. ix, pt. 3.) We may mention that the author is a distinguished partisan of old physic, and a bitter opponent of homœopathy.

of his knowledge, not by the results of his treatment, for his power lies in his knowledge, not in his treatment" (Dietl). In this sense Hammernik was the most outspoken as to the office of the clinical physician. He set aside all idea of the positive utility of therapeutic interference, and laid down the negative indication: not to do harm to the patient by the remedies employed. In 1841 Wunderlich and Roser began the publication of their *Archives of Physiological Medicine*, and were thus, to some extent, the sponsors of the new school. They, too, entirely rejected all therapeutics based either on empiricism or indications and went in for the most radical scepticism. But they came to see that mere negation was not all-sufficient. They said, "The time has arrived to attempt to found on the existing material of careful experiments a positive science, which shall not rest on authority but on reason and empirical proof, which shall teach the meaning of phenomena and dispel the illusions of practice; in this way we shall attain to a reasonable certain therapeia—to 'physiological medicine.'" Thus the name was found; but how this therapeia was to be realised was not shown in the programme of the *Archives*, nor, in spite of the efforts of the learned editors, was this problem solved in the subsequent numbers of their periodical. On the contrary, Wunderlich himself seemed to become ever more conscious of the enormous difficulties of his task, whilst his opponents refused to be put off with plausible generalisation, but insisted on having positive detailed demonstration of how the rational therapeia, so pompously announced by the *Archives* in opposition to the old empirical method, was to be realised. In the fourth year of his periodical Wunderlich attempted to solve this problem in an essay entitled "The Relation of Physiological Medicine to Medical Practice," but neither in this article nor yet in one published in 1846 with the title "Rational Therapeutics" was he able to satisfy the just demand of his readers for facts. In the latter essay he propounds the maxim that the aim of rational *Materia Medica* is to discover the really active constituents of the compound substances furnished by nature, to ascertain their actions on

the tissues and functions of the organism in their normal as well as their abnormal states, and to refer these effects as far as possible to general physical and chemical relations. But in cases where a preponderance of experience as to the utility of a remedy even without sufficient rational justification forces us to employ it, or when, as in desperate cases, the slightest hope of advantage leads us to resort to it, and, setting aside all other considerations, it is desirable to make a trial of a medicine recommended to us, in such cases the rational therapist may be permitted to employ an empirical treatment. In short, the essay terminates with the confession that "rational therapeutics cannot be perfectly rational."

The editors of the *Archives* who succeeded Wunderlich, Griesinger, and afterwards Vierordt, felt themselves compelled to deviate still more from the radicalism originally enunciated. The editors of the *Journal of Rational Medicine*, Henle and Pfeifer, were found to diverge still further from the original absolute rationalism. Thus Henle propounds, as the main idea, the maxim that "to every development, to every advance in natural science, hypotheses must serve as the lodestars for investigation; that all treatment, including medical treatment, at every step, consciously or unconsciously, takes place as a consequence of a theory or a hypothesis." Against this proposition of Henle, Wunderlich spoke most decidedly in an exhaustive criticism; but, notwithstanding this, it was observed that even here, and still more in his *Handbook of Special Pathology and Therapeutics*, his original radical rationalistic confidence in the school of experience undergoes a severe shock, and that he resignedly approaches the modest empiricism which in his youth he thought so little of. Indeed, he acknowledges that the best foundation for a rational procedure in the treatment of patients is the exact observation of the influence of certain modes of treatment in similar cases; and he concludes with the dictum: "Statistical proof of the remedies alone can lead to a firm foundation of our knowledge respecting their efficacy and hence to a therapeia; moreover, investigations relative to their effects on healthy

human beings and on animals are only an auxiliary method, but can never be a substitute for the statistical proof at the bedside of the patient."

Thus he reverts here, as he had already done in his *Archives*, completely to Louis' absolute empirical standpoint, which this great investigator only adopted so decidedly for therapeutics because he was convinced that all rational inferences, all theoretical reasons, all indications, were so misleading and useless, that a solid *point d'appui* was absolutely unattainable. So, then, this conclusion had been already arrived at! Where now are all the proud dreams and bold hopes enunciated by Wunderlich at the beginning of the decennium?

Virchow, too, in his *Archives of Physiological Anatomy and Clinical Medicine*, edited by him in conjunction with Reinhardt, inveighs against the nihilism of the Vienna school, and expresses the wish that "therapeutics studied by practical physicians and hospital practitioners from the empirical standpoint might be elevated to the position of a science by their union with physiological pathology." But what he offers as a positive programme for the use of the practitioner is so meagre that Haller, the editor of the *Prague Quarterly Journal*, concludes his searching criticism of Virchow's article with the declaration that if Virchow himself can offer nothing of a more positive character, he is scarcely justified in condemning the Vienna school so unconditionally on account of its negative character.

Since the promulgation of physiological medicine to the present time the gentlemen just mentioned, that is, those of them who still survive, have been indefatigably pursuing the path they set out in, and they have been aided in their effort by a large number of equally zealous observers, some of whom are men of high renown. For all belonging to the German Universities who devote themselves to scientific work have united their efforts in the same direction; indeed, at the present moment there is no other medical school or science except the so-called physiological. So it is most certainly a large and superb phalanx this school can claim. Let us now see how far she has solved her problem, and

particularly how she has satisfied the requirements of a rational scientific therapeia ; let us above all ascertain what is the practical result of this bold negation of all that had previously been said and done, and of the magnificent labours that have now been carried on for upwards of thirty years.

The efforts of these neo-therapeutists were directed particularly, indeed, in certain respects, almost exclusively to the foundation of a therapeia of *acute* diseases, and here again in an especial manner to the *treatment of fevers*. The statistical empirical investigation went here hand in hand with strict rational indications deduced from pathology. It must, therefore, be particularly safe and remunerative to illustrate and ascertain the positive fruits of this united endeavour of all the neo-physiologists.

The employment of *thermometry* as an integral part of the examination of fever patients first directed the general attention and investigation to this branch of therapeutic development. The old Hippocratic physicians had already recognised an increase of the vital heat as the essential symptom of fever, but had attached the greatest importance to the pulse in the examination of febrile disease, but it was only after Lavoisier's discovery of the oxydation-process as the sole source of heat, and by the later more exact investigations into the chief seat of combustion in the tissues of the body and into the undeniable influence of the nervous system on the relations of the corporeal heat, that new general points of view of a pathology of fevers and rational indications for antifebrile treatment were established. So then Virchow in the first volume of his *Pathology and Therapeutics* was able to announce and demonstrate the increased temperature as the pathognomonic symptom of fever, that this was caused by an increased decomposition of the constituents of the body, and that this again was effected by the febrile irritant causing a paralysis of the nervous centre that regulates the production of heat. When it was found that in fever there was an increased production of heat, and that this occasioned an increased process of consumption of the tissues of the body, the old teleological idea of fever



being a healthy operation fell into disrepute, and the most important indication seemed to be an energetic reduction of the fever. Hence, a vigorous search was made for remedies which could effect a constant diminution of the temperature, and the exact arithmetical results of the new thermometry furnished a sure basis for judging the effects of proposed fever remedies. Evidently a rare favourable conjunction of circumstances promising a good result.

It was confidently assumed then that the increased corporeal heat was the pathognomonic and exhaustive symptom of fever, and nothing more was wished from the antifebrile remedy under consideration but a diminution of the temperature, in the hope that an *antipyretic* was essentially an *antifebrile* treatment.

In this general search for efficacious fever remedies begun about 1860, Wunderlich, the father of the new clinical thermometry, naturally took the lead. This new art could and should prove itself not only the most important for diagnosis and prognosis, but at the same time a direct aid to therapeutics. Wunderlich, taking for granted that the typical course of the temperature in the disease was ascertained by his thermometry, believed that in the deviations from this course observed after the administration of remedies he had not only decided signs of their action, but the exact measure of the degree and extent of this action expressed in figures.

The first certain remedy Wunderlich imagined he had found was *Digitalis*, which Traube had, ten years before, pointed out as a remedy that reduced the temperature. On the strength of his analysis of forty-nine cases of typhoid fever, Wunderlich formulated twenty-eight maxims, the main points of which are that the infusion of *Digitalis* can be borne by typhoid cases without any untoward subsidiary effects, and that it has a decided influence upon both the pulse and the temperature, whilst it favourably modifies the subsequent course of the whole disease. When, shortly afterwards, Forbes corroborated Wunderlich's experience by an extensive series of trials, it could apparently be confidently asserted that the therapeutics of fever

were now much superior to the modest expectant do-nothing<sup>s</sup> system, and had entered on an entire curative phase much more satisfactory to the medical practitioner. But this new remedy fared no better than numerous infallible remedies that had preceded it. The antipyretic action of *Digitalis* had only been enjoyed for three years in undisturbed security when one of Wunderlich's most faithful and zealous disciples, Thomas, published a new series of observations on the *Digitalis*-treatment of fevers, from which it appeared that a diminution of temperature or a general action on the course of the disease could not actually be distinctly shown to result from this treatment. In short, already at that early period the antipyretic virtue of *Digitalis* received a blow from which it has never since completely recovered. It still, indeed, remained a favorite, especially in the treatment of pneumonia, on the authority of Traube; still, even in this disease it no longer enjoys much confidence, and it is not wholly without good reason that to its employment has been attributed many of those untoward cases of collapse which are observed to accompany rapid defervescence.

Several remedies were announced as rivals to *Digitalis* and as its successors on the antipyretic throne; thus, in the English and French schools *Alcohol*, in the German *Veratrin* and *Quinine*. The first-named remedy began to obtain a certain renown on the publication of Todd's *Clinical Lectures* in 1861, wherein it was announced as an extraordinarily useful remedy in all fevers, even in those of most conspicuously erethic character. The observations of several other practitioners soon showed that *Alcohol*, especially when given methodically in large (toxic) doses, as recommended by Todd, was capable of reducing the temperature in no small degree, the occurrence of which under physiological conditions was speedily verified. But in Germany, the country of exact thermometry, *Alcohol* was never able to obtain a firm footing, but was soon thrown into the shade by the two alkaloids just named, *Veratrin* and *Quinine*.

By the warm recommendations of Vogt and Kocher

*Veratrin* was extensively used in pneumonia and typhoid fever. But it became evident that the undeniable reduction of temperature that followed its use was so directly connected with cases of toxical collapse that this remedy fell into still more deserved discredit than *Digitalis*.

The reign of *Quinine* has been of longer duration and more importance. Among the temperature-measuring therapeutists it was Wachsmuth who in 1863 proclaimed the striking antipyretic effects of large doses of *Quinine* in exanthematic typhus and typhoid; and after him Liebermeister in 1867 in the *German Archives of Clinical Medicine* published his important thermometric-statistical proof of the antipyretic action of *Quinine*. By means of the analysis combined with statistical computations of individual cases he showed the degree of the action of *Quinine* in fractional figures, and at the same time established the fact that the antipyretic effect of *Quinine* was most marked in proportionately large doses of one gramme and upwards. This kind of stringent statistical investigation was eminently congenial to the neo-therapeutists with their constant striving after exactness. Here was something to lay hold of very different from the mere opinions and guesses of medical art! The action was expressed in accurate figures going even to decimal fractions! Not only could the reality of the therapeutic interference be demonstrated, but the very degree of the influence could be indicated by figures. What more could scientific exigencies require?

Liebermeister's method of therapeutic investigation soon found followers, who corroborated the results he had obtained. By means of *Quinine* the treatment of fever seemed to have attained a position that left nothing more of an essential character to be desired and that, at the very least, raised the therapeutics of to-day high above the expectancy of the former generation. Only it almost seemed as if some practitioners in their enthusiasm respecting the influence of large doses of *Quinine* on the temperature had more or less left out of sight the capital question, whether this therapeutic operation really benefited the

patient. And even the striking antipyretic effect, especially in typhus, soon failed to be apparent to many practitioners. Thus Murchison in England, Rummel, who was thoroughly conversant with the new thermometric method of investigation, as also the physicians of the Wieden hospital with their extensive opportunities of observation, Baas and others, remained very sceptical as to the effects of *Quinine*. Other therapeutists, *e. g.* Niemeyer and Liebermeister, endeavoured to render the action of *Quinine* more certain by combining it with other febrifuges, such as *Digitalis*, and Binz and others endeavoured to support the waning credit of the *Quinine* treatment by teaching that *Quinine* was not merely a symptomatic remedy directed against the temperature, but that in fever it exactly fulfilled the *indicatio morbi* or even *causalis*, inasmuch as, being decidedly *antizymotic*, it acted on the pyrogenic elements which occasioned the fever.

In short, if *Quinine* seemed to promise more than most of the medicines said to be real febrifuges, yet it is not only uncertain in its action, but it shares with the other antipyretics mentioned, to some degree, the disagreeable attribute that the reduction of temperature it causes is only distinctly perceptible when it comes as the expression of a real toxical action on the organism, so that a prudent practitioner, who wishes above everything to avoid injuring his patient, may readily feel himself compelled in most cases of acute fever to resort to the expectant method, and henceforth to trust mainly to the *vis medicatrix nature*.

So then it was not to be wondered at that the therapeutists of the physiological school after their disenchantment on the subject of *Quinine*, zealously prosecuted their search for the true antipyretic; and thus they came to appreciate the *water cure* in fevers which had been developed in the previous decennia, and to adopt the method that had been recommended much earlier by the brothers Hahn, Currie, and others.

To Bartel's Clinic in Kiel is due the merit of securing a place in scientific medicine for the antipyretic cold-water treatment, as it was there that, by means of an extraordi-

nary exact thermometry, its undeniable cooling effect in typhoid fevers was first demonstrated. The *Clinical Studies* of the then first assistant physician Jürgensen published in 1866 was an epoch-making work in this direction. He proved that the cold-water treatment, which he employed in the form of the cold douche, reduces the temperature of the body, and at the same time alleviates other grave typhoid symptoms. It was, moreover, rendered probable that the duration of the disease was thereby abbreviated and the mortality diminished. The comparative typhus statistics published by Liebermeister in Basel, and the results he obtained by the employment of cold full baths, manifested in no small degree that this treatment energetically carried out, and constantly controlled by the use of the thermometer, is capable not only of temporarily reducing the temperature, but of exercising a wholesome influence on the course of serious cases of fever, and that it is perhaps therefore a real curative agent. Hence it is comprehensible and not without justification that this treatment met with much favour from hospital physicians, and that in other countries besides Germany, and to this day it is much employed in almost all febrile diseases.

But though some too sanguine practitioners in their boundless enthusiasm imagined they had in cold water a panacea for all febrile diseases and had thereby solved the problem of a fever therapeia, it is once more the duty of therapeutic criticism to recommend prudence. All sensible therapeutists can sympathise with the experienced Bouchut, when he sums up his account of Jürgensen's dashing cold-water treatment of pneumonia with the exclamation, "God forbid that I should ever get pneumonia in Kiel!" There has yet been no disproof offered of Liebermeister's assertion, made in 1860, on the data of experiments, that a cold bath, in the physiological state at least, is followed by an *increased* production of heat, so that there is some reason to fear that, by this treatment, the consumption of material which in typhoid fever is already considerable may be increased and that the rational indication laid down subsequently by Liebermeister, namely, the danger of the high temperature,

may perhaps not quite neutralize the inference to be drawn from the results of his earlier experiments. But serious doubts arise when we consider that the frequent immersion in cold baths must at all events constitute a very severe attack on an organism suffering from intense fever and serious local affections, and in many cases they can scarcely be borne without danger. Indeed, it is admitted by most of the antipyretic enthusiasts that the cold baths do now and then cause grave accidents, in fact Jürgensen admits that they may produce fatal collapse. Can it then be really indicated, *e.g.* in a disease like pneumonia in a robust person, which has such a marked tendency to spontaneous cure, without regard to the individual prognosis of the case and with regard only to a single symptom, the degree of temperature, to commence the attack at once with an energetic cold-water cure? It were perhaps preferable to resort to the chief remedial means of the Hippocratic physicians, venesection, which was already recommended in later times on account of its antipyretic effect. Considering the overflowing enthusiasm with which some German fever-therapeutists proclaim the marvellous healing power of water, considering the self-confidence wherewith, for example, Jürgensen announces his therapeutic views as infallible truth, whilst at the same time he contemptuously rejects older remedies for pneumonia which were formerly said to be just as infallible, there would certainly seem to be some grounds for expressing a doubt as to the unconditional and universal efficacy of this antipyretic also, which is claimed for it by the modern German fever therapeutists.

On the whole we cannot attribute to the modern antipyretic therapeutics anything like an absolute efficacy. It can at best possess only a relative efficacy in so far, namely, that the increased corporeal heat is an untoward symptom, which it is desirable to get rid of so far as this can be done by a safe and harmless method, so that the organism is not exposed to new dangers. Scruples of this character are certainly not very obvious in the treatment of our modern rational fever therapeutists. In rapid flight they have prosecuted their endeavours to initiate an energetic active

therapeia, and in proud self-consciousness they have disdainfully regarded the wretched nihilism to which the Viennese physicians and the original physiological school had resigned themselves, "elbowing their patients out of life by expectancy," as one of the self-sufficient apostles of the new active era, Professor Binz, on the strength of his infallible remedy *Quinine*, contemptuously said of the older generation,

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### RECENT CEREBRAL PHYSIOLOGY.

OF all organs in the body the brain has been most studied and most experimented on, and yet respecting the physiology of no other organ are opinions so vacillating. The phrenology of Gall, which mapped out the brain into a multitude of organs each having its own peculiar function, after exciting much attention and making some more or less distinguished converts among men of science, has been long rejected by modern physiologists and abandoned to mercenary pretenders who earn a precarious livelihood by characters drawn from an examination of the skulls, more or less numb, of credulous dupes. But since the decline of phrenology occasional attempts have been made by scientists of reputation to indicate certain localities of the brain and cerebellum as the organs of certain functions. We may briefly indicate some of the more commonly received views as to the connection of particular functions with particular parts of the brain. In general the functions of the right side were held to be under the influence of the left side of the brain. The cerebellum was considered the co-ordinator of muscular action. The faculty of speech was thought by some to be connected with the third convolution of the anterior lobe of the brain, by others with the isthmus of Reil. The optic thalamus was supposed to preside over the faculty of vision in this way, that owing to the decussation of fibres at the chiasma of the optic nerve, destruction of the right optic thalamus would paralyse the outer half of the right retina

and the inner half of the left, and *vice versa*. Then Fritsch, Hitzig, and Ferrier by means of galvanism and Faradaic electricity thought they were able to map out the brain into so many centres, each of which regulated a particular function or motion.

No doubt many facts cropped up here and there that militated more or less against each and all of these views. Still some if not all of them seemed to be gaining a tolerable amount of credence even among physiological investigators of repute, and among them Dr. Brown-Séguard advocated most of the views indicated above, and his researches served to add other views of the same character with respect to the functions of the spinal cord.

But now we have a course of three lectures\* by Dr. Brown-Séguard himself, delivered in Dublin in November last, wherein all those cherished views which were thought to constitute such an important addition to our knowledge of the physiology of the brain are scattered to the winds, and where beauty and order seemed to obtain, we now have in their stead chaos and hideous uncertainty.

In these three lectures Dr. Brown-Séguard considers the phenomena of anæsthesia, amaurosis, and aphasia, and the conclusions he arrives at are, if correct, a death-blow to the localisers of function in various cerebral centres. "I shall establish," he says, "the two following series of proofs—first, that the parts which have been considered as the centres of sensation, of vision, and of the faculty of expressing ideas by speech can be destroyed without either anæsthesia, amaurosis, or aphasia occurring, and, secondly, that a lesion anywhere in the brain can produce all those symptoms, and, indeed, that a lesion anywhere in the system, in the bowels, the bladder or the kidneys, can also produce those very same symptoms and evidently by the same mechanism."

Dr. Brown-Séguard is far from denying that the centres of the faculties of sensation, vision, speech, &c., are in the brain, but he contends that they are not localised in any particular part of the brain, but distributed in cells scattered

\* *Dublin Journal of Med. Science* for Jan., Feb., and March, 1877.



throughout the brain, cerebellum, and medulla oblongata and that the reason of the loss of any of these faculties by lesion of any part of the brain or system is that the irritation of the lesion is propagated to those cells of the brain which regulate the function destroyed. These views Dr. Brown-Séquard proceeds to enforce by physiological experiments and pathological data.

He declares to be "quite wrong" the view he had so long accepted which makes the left lateral half of the brain the centre for sensitive impressions that come from the right half of the body. On the contrary, he declares that each of the two sides of the brain is capable of receiving and appreciating the various qualities of the sensitive impressions that come from either side of the body. His proofs are chiefly derived from pathology. Thus he says there are many recorded cases of loss of sensibility of one side where the brain lesion was on the same side.

His experiments on the spinal cord years ago had led him to believe that the conductors of sensitive impressions decussate in the cord, so that those coming from the right side of the body pass to the left side of the cord and ascend to the brain on that side, and *vice versa*. But this conclusion is completely upset by some facts that have recently come to light. But the curious thing in the matter is that while Dr. Brown-Séquard denies the correctness of the conclusions he formerly arrived at, he is quite satisfied that the clinical value of these conclusions remains almost entire. We may well ask what would be the clinical value of these conclusions while the incorrectness of the conclusions themselves is demonstrated? Probably about equal to the clinical value of most pathological or physiological conclusions or speculations—*i. e.*, not much. Dr. Brown-Séquard now holds that the production of anæsthesia in injuries of the cord is owing to propagation of irritation from the seat of the lesion to the cells in the cord which are the centres of the sensibility.

"Irritation" is Dr. Brown-Séquard's *deus ex machina*, which he brings in to account for all the phenomena of paralysis, whether of sensation or motion. Unfortunately,

he does not explain to us what he means by "irritation," nor how it acts. Thus we are left uncomfortably in the dark, and as the phenomena of anæsthesia may be produced not only by irritation proceeding from anywhere in the brain and spinal cord, but also by irritation proceeding from remote organs to those hypothetical cerebral cells where the centre of sensation resides, it would have been very desirable to know all about the nature of the irritation and the character of the cells which, when irritated, produce such remarkable effects. From some hints Dr. Brown-Séquard lets drop we can fancy that he considers "irritation" as something akin to galvanism, but he nowhere says this distinctly, so perhaps we are wrong in our surmise.

But leaving out of the question what we may call the pathological speculations of the lecturer, we cannot fail to be struck by the cogency of the facts he adduces, considered as a refutation of the lately prevalent notion of distinct centres of sensibility in the brain and spinal cord. His cases of lesion of one side of the medulla oblongata, optic thalami, or cerebellum, being followed by loss of sensibility and motion on the same side of the body, are conclusive against the decussating theory. He adduces other facts which militate against the prevalent opinions—a case of disease of both corpora striata which produced anæsthesia on only one side of the body. The cerebellum is not usually credited with having anything to do with the perception of sensitive impressions, but injury of one side of it has been followed by loss of sensation, and that not always of the opposite side, but of the same side. Again, lesions of portions of the brain, recently considered as purely motor centres, sometimes occur without any paralysis, but only with anæsthesia, and that on the same side, or on the side opposite to the seat of the lesion, generally the latter. The optic thalamus—which many consider the centre of perception—may be wholly destroyed by disease on one side, and the result may be anæsthesia of only one limb, in one case an upper, in another a lower limb. Why, if the optic thalamus be a centre of perception, should its destruction not always produce the same result?

A portion of the brain, viz. "the posterior part of the internal capsule, and that part of the corona radiata which goes to the posterior lobes," is considered by Prof. Charcot to be not a centre of perception, but as the part affording passage to the conductors of sensitive impressions, for when that part is diseased, in eight cases out of ten there is anæsthesia of the opposite side, but the two cases where there is no anæsthesia, Dr. Brown-Séquad thinks, are sufficient to show that the fibres do not possess the functions attributed to them. Again, if the fibres are the conductors of sensitive impressions to the cells and grey matter in the posterior lobe to which they go, then it is obvious that this portion of the brain could not be destroyed without the occurrence of anæsthesia. But there are nine out of ten, perhaps nineteen out of twenty cases of considerable disease of the posterior lobe without anæsthesia.

Dr. Luys has put forward the idea that the optic thalamus is the centre for the sensitive impressions from the skin and other organs of the trunk, and also for those that come from the nerves of vision, hearing, and smell. And there are indeed cases of disease of one optic thalamus which are attended by loss of vision, hearing, taste, smell and touch, and general sensibility of skin and all other parts on the opposite side of the body. But, says Dr. Brown-Séquad, the fifth pair of nerves might with equal reason be credited with being the centre of perception for the nerves of sight, hearing, smell, taste and feeling in head and face, sections of it being followed by loss of all these senses. We do not see the cogency of this argument, but as it is the only one Dr. Brown-Séquad gives against Dr. Luys' idea, we presume he thinks it of importance.

Velpeau has found that the anæsthesia connected with cerebral disease may often be removed by passing a strong galvanic current over the anæsthetic parts. *Apropos* of this, we may allude to the recent experiments on hemianæsthetic patients at the Salpêtrière by Dr. Burq, where it was shown that sensibility could be restored by plates of gold, copper, zinc, or other metal. Some, among whom was Dr. Burq himself, have ascribed this restorative action

to the specific influence of the metal used, and there may be something in that, but M. Régnard\* has shown that the same effect could be produced by very weak galvanic currents—currents so weak indeed as not to be perceptible by ordinary galvanometers. He further found that the metals applied to the skin *à la* Burq excited very feeble galvanic currents, and that some of those which were most powerful in restoring sensibility to the anæsthetic part, such as gold, excited the feeblest galvanic currents. Again, he found that stronger currents did not restore the sensibility, so that Velpeau's statement that strong galvanic currents restore the sensibility of anæsthetic parts dependent on brain disease, must not be considered as the invariable rule; indeed, Dr. Régnard's (and Dr. Burq's) observations would seem to show that the feebler and feeblest currents have most power over the sensibility. If, then, a galvanic current, whether feeble or strong, if even a plate of metal can restore sensibility in a part affected with anæsthesia from disease of the brain, it is obvious that the part of the brain diseased was not the percipient centre of sensitive impression.

Dr. Brown-Séguard now alleges that each half of the spinal cord conveys sensitive impressions to the brain from each of the two sides of the body. It is no doubt true that section of one half of the spinal cord will produce anæsthesia of the opposite side of the body, but so will a mere prick of the posterior column produce anæsthesia of the opposite side of the body. There are cases on record in which an alteration of a great part of a lateral half of the cord was present without anæsthesia, and, as before remarked, in a case of destruction of one of the lateral halves of the medulla oblongata, the anæsthesia was in the corresponding side of the body.

*Amaurosis.*—The common idea respecting the optic nerves and the destruction of their fibres is that known as Wollaston's. The fibres proceeding from the optic tracts meet at the chiasma, the outer half proceeds without decussating to the outer part of the eye on the same side, whilst the inner half crosses in the chiasma the inner bundle of

\* Vide *Art Medical*, April, 1877.

fibres from the other optic tract, and is distributed on the inner side of the eye of the opposite side. According to this view, if the fibres on the right optic band or tract are destroyed there ought to be loss of vision on the internal half of the left eye and the external half of the right eye. Such cases undoubtedly occur corroborative of Wollaston's view. Disease of the external part of the optic band attended by loss of sight in the external half of the eye, and disease of both outer halves of the optic band accompanied by amaurosis of both external halves of the retina, are cases which have been observed and which are of course favourable to Wollaston's view. But there are many cases hostile to this view—cases of amaurosis where there has been disease of some part of the brain, but nothing wrong in the optic bands; cases where an optic band has been destroyed with complete amaurosis of one eye only; cases where disease of one half of the brain or in the tubercula quadrigemina, or the corpora geniculata, or the optic band on one side with loss of vision of the two halves of the retina either of the same or the opposite side. There are also many cases on record in which the optic band of the right side was destroyed, and yet instead of loss of sight of the outer half of right and inner half of left eye being produced, the loss of sight was on both halves of the left or right eye, which, were Wollaston's theory true, should never exist. Again, disease of the base of the brain on one side can produce amaurosis in both halves of the eye of the same side, amaurosis in both halves of the eye on the opposite side, and also amaurosis of both halves of both eyes. But that is not all. A number of cases have been recorded in which the optic band has been destroyed without any amaurosis at all. A case is recorded by Nélaton in which the greater part of the chiasma, its centres especially, was converted into a gelatinous mass without fibres, the only fibres remaining belong to the outside set, and yet there was no amaurosis at all—no diminution of sight.

In view of these and other similar facts we must admit that one half of the brain is sufficient for vision on the two

sides. We must admit, further, that when amaurosis appears from disease located in one half of the brain, in one optic band, or in one part of the chiasma, it results not from destruction of the conductors or of the centres, but from the irritation propagated from the seat of the disease to some distant and as yet unknown part or parts of the brain where the property of perceiving the visual impressions in the eye resides. We may excite this irritation artificially and cause amaurosis by pricking the medulla oblongata or corpus restiforme. Thus, in disease, lesion of the cerebellum on one side may occasion amaurosis of both sides, or of the eye of the same or of the opposite side. So also irritation of the bowels or of a carious tooth may cause amaurosis.

The corpora geniculata have been considered centres of perception of visual sensations. If we examine the course of the fibres of the optic band we find that a great many of the fibres of the external part go to the internal c. geniculatum of the same side, and a good deal of the external part goes to the external c. geniculatum of the same side. Now, both corpora geniculata have been found diseased, whilst the loss of sight was on the opposite side. And, again, they have been destroyed on one side without any marked diminution of the sight. These facts show that one side of the base of the brain is enough for the function of both eyes. Then the tubercula quadrigemina have been held to be centres, and yet they have been destroyed without any considerable diminution of the power of vision. In like manner cases have been observed of destruction of an optic thalamus—which has also been held to be a centre of vision—with loss of sight of one eye, sometimes on the same side, sometimes on the opposite. Dr. Ferrier thought his experiments proved that a part of the middle lobe near the posterior lobe is the centre of vision, but he has himself seen that destruction of that part on one side does not produce blindness. He had to destroy it on both sides and then blindness of both eyes was the result. But merely pricking the medulla oblongata will cause blindness, and yet we do not consider that part as the centre of

vision, nor yet the cerebellum, though disease of that part often occasions amaurosis.

Dr. Brown-Sequard's conclusions are that there is no part of the brain which, being the seat of a lesion, always produces amaurosis, especially amaurosis of the opposite eye, and, on the other hand, disease may exist anywhere without causing amaurosis. Then a lesion in one side of the brain can produce amaurosis in one eye or in the other, or in both eyes. There are many cases of alterations in either the anterior, the middle, or the posterior lobe destroying sight and many more cases of lesion of the same parts without amaurosis. There are also many cases on record in which amaurosis from brain disease shows itself, then disappears, many times in succession, the disease of the brain continuing all the while.

*Aphasia.*—Broca, as is well known, from a number of autopsies concluded that the seat of the brain lesion that produces this affection was in the left third parietal convolution. Others, from other autopsies, held that the seat of the faculty of expressing ideas by speech was in the left island of Reil, which is not very far from the third frontal convolution, whereas others have held both island and convolution to be the seat of the faculty in question. When disease or lesion of these parts exists in children before they have learned to speak, aphasia may not occur. This has been accounted for by alleging that, as a rule, it is only the left side of the brain that acts, while the right remains dormant throughout life; but when the left side is atrophic in early childhood the dormant activity of the right side is aroused which henceforth performs the functions usually carried on by the left hemisphere of the brain. It has been also seen that if a left-handed man becomes affected with aphasia it is usually the right hemisphere of his brain in the corresponding parts that is diseased. All these facts would seem to point to the indicated parts of the left hemisphere in ordinary mortals, and those of the right hemisphere in left-handed subjects as the centre of the faculty of speech. But there is an equal number of facts quite antagonistic to this view. An examination of the

recorded cases shows, on the one hand, that aphasia co-existed along with disease of the island of Reil, while the third frontal convolution was healthy; on the other, that it was present when the third frontal convolution was diseased and the island of Reil was healthy. Now, if both these parts are centres to the faculty in question, how is it that the faculty is completely lost when only one or other is affected? Of course it is quite obvious that neither part is of itself a centre of the faculty, otherwise we should invariably find that part diseased when the faculty is lost, which is not the case. Dr. Brown-Sequard's own idea is that when aphasia results from disease in one of those places it is not owing to the destruction of the organ of speech, but (as he conceives occurs in paralysis, anæsthesia, and amaurosis) is owing to an irritation propagated from those diseased places to the real centres—wherever they may be—whereby their activity is stopped. His notion is that each function of the brain is carried on by special organs composed of scattered cells diffused in many parts of the brain communicating with one another by fibres. In this way many—perhaps all—parts of the brain contain the elements endowed with each of the various functions we know to exist in the brain.

Another argument against the notion that the third frontal convolution or the island of Reil is the centre of the faculty of speech is that aphasia often depends on disease of the posterior cerebral lobes, which are very far removed from those supposed centres. In short, if the faculty of expressing ideas by speech were to be referred to every part of the brain which has been found to be the only seat of disease where this faculty was lost, we should have to say that the centre of this faculty is different in different individuals, in some being in the anterior lobe, in others in the posterior lobe, in others again at the top of the middle lobe, and in still others in the corpus striatum, the optic thalamus, or the pons Varolii. Again, it is not always on the left side that disease of the brain is accompanied by aphasia (except in cases of left-handed individuals) for Dr. Brown-Sequard has collated 42 cases in which there was aphasia.



and disease only on the right side of the brain, and though, with the exception of two of those who were known to be right-handed, no mention is made of the fact, it is highly improbable that all the other forty were left-handed.

Then, again, aphasia may appear by fits though caused by organic disease, and that even of the third frontal convolution or the island of Reil. In one case mentioned by Foville the third convolution and island of Reil had both been destroyed and the patient had been aphasic, but after a time he recovered his speech completely, while the lesion persisted. This fact, of course, is explained by the localisers as being dependent on the power of the right cerebral lobe to become the centre of faculties lost by the left cerebral lobe. This may be so, but there are cases on record where the brain has been destroyed on both sides in the seat of those supposed centres without any accompanying aphasia. One case, indeed, is mentioned by Velpeau in which both anterior lobes were replaced by an enormous cancer extending back to the middle lobe without any loss of the faculty of expressing ideas by speech.

In cases of disease of the third left frontal convolution attended by aphasia it often happens that when the patient becomes delirious he will talk with the greatest loquacity. Does not this show that the faculty was not lost but only in abeyance, in other words, its cerebral centre was not the destroyed portion of the man? Again, aphasic patients have been heard to talk distinctly during sleep. Lastly, there are many instances on record in which the third frontal convolution or the island of Reil, or both, or the whole anterior lobe, or the whole middle lobe, have been destroyed without the occurrence of aphasia.

Irritation propagated to the unknown presumably diffused centres of the various faculties in the brain is, according to Dr. Brown-Séguard, the real factor in cases where these faculties are lost, and the irritation does not even require to be in the brain but may be external to it. "If you tickle the dura mater with your finger nail, the anterior limb will jump just as if you galvanised the pretended psycho-motor centres of the arm. If you tickle another part of the dura

mater the posterior limb will jump also." This fact, if it be one, and Dr. Brown-Séquard vouches for it, considerably detracts from the value of Fritsch and Hitzig's and Ferrier's galvanisations of the cerebral substance, by which they thought they had discovered certain motor and other centres.

The localisers are not daunted by Dr. Brown-Séquard's lectures, but are still seeking to verify by experiment the supposed centres of different functions and faculties in the brain. An important contribution in this direction is furnished by Drs. Charcot and Pitres, in a new French periodical, reviewed in the April and June numbers of the *London Medical Record*, by that eminent localiser Dr. D. Ferrier. The subject is by no means worked out yet, and it will require many experiments, and above all many careful observations of pathological facts, to settle definitely this most interesting question. In the mean time Dr. Brown-Séquard has contributed to the elucidation of the question much valuable information which will always be available data for forming a definite opinion.

Dr. Brown-Séquard gives us the inevitable ha'porth of therapeutic bread to the large quantity of pathological sack, and it is in our opinion a very sorry ha'porth indeed. His one remedy for brain disease is the actual cautery—not applied at a *red* heat, which would be very bad indeed, but at a *white* heat, which is most excellent. The next best remedy is the application of ice. We fear Dr. Brown-Séquard would have encountered the hostility of Æsop's satyr in thus blowing hot and cold, but that is his business. He does mention another remedy, viz., strychnine, but he says it must be pushed to the extent of producing stiffness. Well, at all events we may be thankful he stops short of opisthotonos.

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## SHINGLES.

By Dr. C. B. KER.

THIS disease is called by other names—cingulum, zona, zona ignea, and herpes zoster, but all of them imply belt or girdle (for shingles must be considered to be a corruption of cingulum), and so describe one of the characters of both the pain and the eruption, the fact that they encircle the body like a zone. Strictly speaking, however, these names give a false impression. A belt or girdle is that which is supposed to pass completely round the body it is fastened to. But the eruption of this disease passes only half-way round the body. The name, however, need not be quarrelled with on that account. It gives the correct idea that it goes round the body, and so, although the eruption may almost be said never to be seen on both sides at the same time, the nomenclature may stand. It has been called cutaneous or exanthematous angio-neurosis by those who maintain its relationship to exanthematous and neurotic diseases.

The following analysis of eight cases which have come under my care during the last twenty years presents some points of interest, even though none of the disputed questions connected with the disease can be said to be solved by them.

The patients were all women, and all of them old women but two. One was 30, another 50, another 82, and the rest between 60 and 70. One side only was attacked in them all. In five the left side was the seat of the disease, and in the remaining three the right. In four the chest was the region attacked, in three the abdomen, and in one the occiput, upper part of the nape, and the face. As to etiology, there was some difficulty in coming to a conclusion in some of the cases. A chill appeared to be the immediately exciting cause in most of them, the chill being caught when the body was at the same time overfatigued and depressed. I think I may say that in all the general

health at the time of the attack was in a low state, and that in most worry and anxiety had lessened the resisting power. In one case the exciting cause appeared to be a cold supper, which resulted in an acute attack of dyspepsia as well as of shingles. In most of the cases pains, sometimes very severe ones, preceded the appearance of the eruption, and the latter in all of them showed itself, when it did appear, on the line of pain. The interval between the first pains and the eruption varied a good deal in length. The longest interval was seven days, the shortest one day. The eruption varied greatly in its appearance and extent. In some it presented the appearance of mulberry-like clusters of vesicles on an inflamed base, the inflamed base scarcely extending beyond the eruption. In others the only appearance was that of circumscribed patches of red skin with a few vesicles in the centre of each. Sometimes a blush of redness covered the whole line of the disease. At other times there was redness only at the seat of eruption, the intervals between the clusters of vesicles being of normal colour. In some the eruption lasted from seven to ten days; in others from three to four weeks. In the latter case there was always some ulceration and discharge. In the worst cases the eruption was of a brownish-red or slate colour, and some of the clusters were confluent. In one case, from the spine to the sternum, the skin, in the line of the disease, presented the appearance of one long, narrow, continuous, purplish-red scab. As a rule, the less eruption the milder the case as far as duration and pain were concerned while the eruption lasted. But in such the subsequent pains were more severe and of longer continuance. One peculiarity noticed in these eight cases must not be passed over. There was no itching of the skin to speak of in any one of them in any stage of the disease.

As to the line of pain, its character, its severity, and its duration there were great differences. As a rule, the pain, whether it appeared before, during, or after the eruption, showed itself in the line of the eruption. This was not always the case, however. In some cases it was below, at other times above the seat of eruption. In one case, where

the eruption crossed the abdomen, the pain shot down through the hip to the thigh. This, however, was a case in which death took place four months afterwards from a scirrhus tumour near the sigmoid flexure of the colon. Such tumour, therefore, may perhaps be credited as the cause of those pains. The eruption and the pain, accordingly, may be confidently said to mark the course of certain spinal or cerebral nerves, the functional or structural derangement of which constitutes, in the opinion of most writers, the main fact of the disease. As to its character, the pain was generally shooting and knife-like, and stabbing. But it was often complained of as hot and burning, stinging and scalding, and aching and gnawing. It was more frequently described as superficial than deep-seated, and it was almost always relieved by pressure. In some, however, was noticed the fact of great aggravation of the pain by slight touch, though as great relief from strong pressure—a fact frequently observed with regard to facial and other descriptions of neuralgia. In one case there was the sensation of dead weight in the affected side on turning to the opposite side. Very great soreness was almost always complained of, to such an extent that means had sometimes to be taken to prevent the dress touching the skin. In all of the cases the pains were worse at night. In some the pain wholly ceased in the daytime. Generally, however, some pain and soreness were present, even long after all traces of eruption had disappeared. The duration of the pain varied more than any other fact of the disease. There was sometimes scarcely any, and that only while the eruption lasted. In other cases there was a week of pain before the appearance of the eruption; it lasted the ten days of the eruption, and it continued for many months, in two of the cases for many years, after its disappearance. In the case in which there was no pain to speak of there was no tenderness complained of nor soreness.

As to the general or constitutional condition, it also varied very much. Sometimes the patient felt that she was passing through a serious illness. Other patients declared that they did not feel ill at all, and so could not

reconcile themselves to the necessity of taking any precautions. These latter were, however, the exceptions. There was almost always a feeling of malaise and great weariness and lassitude. Sometimes, but rarely, there was fever. In three of the cases there was fever followed by sweating. In most the pulse was weak and fluctuating and irregular. The appetite did not fail in a single case, and the tongue, with two exceptions, was clear. In all of the cases the bowels were constipated, and the urine varied between high-coloured and of high specific gravity, and pale and copious and of low specific gravity. In the first stage of two cases the urine deposited a lateritious sediment. Insomnia was, like constipation, met with in all of the eight cases, and that caused, not only by the severity of the pains, for, in some, the pain was by no means great, as I have said, but by mere restlessness, which all had more or less. In some, constitutional disturbance betrayed itself only till the eruption broke out, when it ceased. It showed itself in the shape of severe aching pains all over the body, but especially in the legs, such as are experienced by many on the eve of an influenza cold; and, as in the case of influenza, much prostration of strength was experienced in the first stage. In one case there was a good deal of soreness on the unaffected side, corresponding very much to that felt on the affected side. A condition approaching the hysterical was observed in more than one case, as well as nausea, dyspepsia, and headache; and all complained of being very nervous. In one case there was anæsthesia of a considerable portion of the surrounding skin, which continued for some weeks after the disease had run its course. In the case involving the occiput and upper part of the nape the neck glands were swollen and tender. In one case the shingles was complicated with a scirrhus tumour in the abdomen; in another with diabetes and sciatica.

I cannot say that the *treatment* of these cases has enabled me to say decidedly that there is a specific against the disease; nor can I even say that the cases might not have recovered as well if no medicines had been prescribed. *Rhus* and *Arsenicum* were prescribed in them all, and,

according to circumstances, *Graphites*, *Bryonia*, *Lycopodium*, *Ferrum aceticum*, *Mercurius sol.*, and *Sulphur* were also prescribed. Those medicines were prescribed during the stage of the eruption. For the neuralgic pains were prescribed, with more or less success, the following medicines:—*Mezereon*, *Belladonna*, *Colocynth*, *Platinum*, *Phosphorus*, *Phosphoric acid*, *Spigelia*, *Verbascum*, *Aconite*, and *Dolichos pruriens*. In one case only did I give the *Acetate of Morphia*, in one *Camphor*, and in one only did I apply an Alcock's porous plaster. In those three exceptional cases great relief was gained by the exceptional means made use of, but relief only, not cure. Of the above-named remedies perhaps *Mezereon* did most good to the neuralgic pains. The *Dolichos pruriens* I gave only in one case, and with some good effect; not so much, however, as I had expected from the strong advocacy of some who have tried it. In all sponging with warm water was had recourse to, the part carefully dried afterwards with a soft towel and finally dusted with fine powder. Great relief was generally secured in this way. When the stage of eruption was over, after the washing with warm or hot water a cold-water sponging was applied if the neuralgic pains continued. Bed and rest and flannel were prescribed in most cases till the skin was free from eruption. As to diet, the appetite being good in all of the cases, little change was made from the usual habits of the patient. As a rule stimulants were forbidden, but in two of the cases, where the strength was reduced to a minimum and the urine pale and copious, champagne or port wine were given, and with advantage. In some the sinking and craving for food were very great, and in these cases small meals were given every two hours during the day and one or two in the middle of the night. For the constipation of the bowels, which all had in a greater or lesser degree, an injection of warm water was sometimes prescribed and sometimes a dose of *Castor oil*. The insomnia was a distressing symptom in all of the cases, as I have said, and it was for that purpose I prescribed *Morphia* in one case and *Camphor* in another, and both with good effect. In other cases I found *Mezereon* suffi-

cient or *Platinum* or one of the other drugs mentioned above. The Alcock's plaster was given in one case only, in which, after the skin was whole, the pains continued very severely. It certainly relieved the pains, but I cannot say it cured them.

Shingles is met with on the extremities as well as on the trunk and head and neck, but I have seen no such cases. When seen on the legs or arms the eruption itself presents no difference to that which is seen on the trunk of the body, but the line of eruption is longitudinal, not circular or transverse. Nevertheless, as on the trunk, the eruption on the extremities follows the course of certain nerves.

As to the pathology of this disease there is not much difference of opinion expressed by living writers. They agree that it is a neurosis, but disagree as to the parts affected and the causes. Niemeyer calls it an acute dermatitis dependent upon disease of the tropical fibres of the motor and sensory nerves supplying the part affected. What that disease is he does not say. Erb, in *Ziemssen's Cyclopædia of Medicine*, calls it a neuritis. The nerves, he says, are found on examination to be red, swollen, and indurated, with serous and purulent infiltration of the neurilemma. He says also that the eruption, in the shape of groups of vesicles, corresponds exactly to the region of distribution of a definite nerve or nerves, generally intercostal, though by no means necessarily so. Though a neurosis, however, it is not always accompanied by pain. There is no pain sometimes, even in adults, and in children it is exceptional when there is any at all. There is hyperæsthesia, in his experience, in the early stages, but anæsthesia of the surface afterwards, with anæmia. Jones and Sieveking go a little further than allowing it to be a neuritis or a morbid state of a cutaneous nerve. They say that congestive or inflammatory changes have been observed in the sympathetic ganglia connected with the nerves, and that the disease, in all probability, begins in the grey matter of the ganglia, and that it is from them peripherally transmitted, resulting in the cutaneous eruption. In their opinion there is both neuritis and dermatitis. Professor Charcot speaks in his



lectures of traumatic and non-traumatic zona. He says that tumours of the spine or brain, or caries of the vertebræ or of the bones of the skull, by the pressure which they exercise on certain nerves, may cause the disease along the course of their distribution. This experience is in accordance with that of Sir W. Gull and Sir T. Watson, both of whom mention necrosis of bone as one of the causes of this disease. Chronic spinal meningitis may also be a cause; and it is not unfrequently met with in hemiplegia and in locomotor ataxy, and upon the affected side. In all such cases the cause of the disease is evidently a trophic or nutritive disturbance or defect, the result of nerve pressure. Von Bärensprung, who has devoted much time to the study of the disease, comes to the same conclusion as M. Charcot as to its origin. He believes that there is inflammation of both ganglia and nerves. At the same time he maintains that the spinal cord itself is sound. There is always, he believes, disordered function of some internal organ. M. Rayer's theory is that a fatty state of the blood accounts for the disease; and M. Keller's that there is an increase in the chlorides of the blood, especially of the chloride of sodium, and also of the phosphoric acid salts, and a diminution in the proportion of sulphates and urates. Irritation of the nerves is caused by the blood's abnormal condition, and that irritation has its chief seat in the roots of the spinal nerves, especially the posterior one, and the neighbouring ganglion through which the sensitive nerve-fibres pass. M. Rayer also calls it, as far as the eruption is concerned, an intermediate link between the bullous and vesicular inflammations; he says that the seat is the corpus reticulare, the inflammation not going so deep as that of erysipelas, and that it rarely extends to the subcutaneous cellular tissue. He says also that lesions in the stomach and intestines are common in cases of shingles, and that it is not unusual to see inflamed glands in the groin and axilla.

Other opinions have been expressed as to the pathology of this disease. Wyss calls it a typical inflammation of the skin set up by inflammation of the Gasserian or a spinal

ganglion and of the nerve passing through it. J. Hutchinson believes it to be allied in some way to the exanthemata and that the root of the nerve involved is the seat of the disease. But Dr. Broadbent contests both of these positions, and maintains that the branches rather than the roots of the nerves are the chief seat. He (Hutchinson) believes that though the eruption and pain follow the course of nerves, they are not always cutaneous ones. This may account for the fact which has been noticed that the pain is not always at the seat of the eruption, as has been already mentioned, but sometimes above or below it. He has given cases where the disease has been caused by *Arsenic*; and his experience may be summed up thus:—it occurs at any age and in both sexes equally; it is non-contagious; it never occurs twice in the same person; it is never symmetrical, that is to say, it never occurs on both sides of the body at the same time; it occurs as often on the right side of the body as on the left; and it runs a definite course through certain stages—fever, eruption, maturation, and decline. The questions he suggests for solution are these:—Why are some nerves affected in this disease more than others? Why are some divisions of nerves more than others? Does the nervous irritation begin centrally or at some point external to the nerves? Has the vaso-motor nerve anything to do with it?

It is part of Mr. Hutchinson's experience that, like the exanthemata, the rule is that shingles never occurs twice in the same individual. But Mr. Tilbury Fox gives a case in which a man had the disease three years running. Again, it is usually said that it never appears on both sides of the body at the same time. But from the time of Pliny the elder to our own day it has been believed that it does occasionally show itself on both sides in the same attack, and that, when it does so, the patient runs a poor chance of recovery.

M. Trousseau has given us a chapter on this disease, and his experience is not unlike that of most other observers. He, like Mr. Hutchinson, believes that the chief pain is not always in the line of eruption, but above or below it, and

that generally-only, not always, it follows the course of nerves. He says that some cases run their course without pain at all, and he gives a case which seems to contradict the common experience as to the non-contagiousness of the disease. It was that of a Jewish lady in whom shingles appeared on one side of the chest and ran the usual course. "Her son, aged thirty, who waited on her, took the disease at the commencement of his mother's convalescence." This is the only case I have met with bearing on the question of the contagion of this disease, and it is not sufficient to nullify the universal experience on the other side. M. Trousseau divides this malady into two classes, the gouty and herpetic, a rather singular classification, seeing that though every case may not be gouty, every case must, in accordance with the received opinion, be herpetic. It is singular also his observation as to these two classes. He says it is in the young that the gouty form shows itself, in the old the herpetic, and occasionally with jaundice as a complication.

M. Nothnagel's experience shows, unlike that of most others, that more than half the cases met with are unattended with pain. Neuritis, in his opinion, is the main feature of the disease—a conclusion established by post-mortem examination, either of the acute or chronic character, and often attended with ganglitis: "When along with an undoubted peripheral affection in the region supplied by a sensory or mixed nerve," he says, "there is a simultaneous occurrence of zoster and sensory disturbance, then we can infer the existence of an inflammatory process in this case."

Hebra's opinion as to the disease and its definition is not unlike those of most of the modern writers. He calls it herpetic, the groups of vesicles following the course of certain cutaneous nerves, and he agrees with those who say that it never is seen on both sides of the body at the same time. But he says that the case is not a normal one when there are acute pains. He goes too far, it appears to me, in saying this. The general experience is to the contrary. The exception is when there are not severe pains at some

stage or other of the attack. The word normal, therefore, should be applied rather to the cases characterised by sharp pain than to those where it is absent.

Enough has been said to show that there is not any great difference of opinion expressed as to the parts involved in the disease, though, as Mr. Hutchinson shows, there are many unsolved problems connected with it, and its specific character is still to be discovered. It cannot be doubted that further observation will throw light on some if not all of the problems that remain for solution.

As to the treatment there is as little difference of opinion as with regard to the pathology. There is no specific treatment. Most recommend bathing the eruption with warm water and powdering afterwards. Cauterising with strong acids is by some recommended but as strongly condemned by others. There is no narcotic which has not been tried for the neuralgic pains and none which have not failed to give permanent relief. *Arsenic* was first suggested by Dr. Bazin, and afterwards recommended by Trousseau. In many cases it has succeeded when all other means have failed. This is curious in connection with Mr. Hutchinson's observation that *Arsenic* causes zona. Plasters have done good in many cases. They should not, however, be applied till the skin is whole. By the support and warmth they secure they succeed in giving much relief, especially in the cases in which there is great sense of weight at the part after the eruption has healed. The plaster need not be a medicated one. The objection urged by some that local remedies are always bad scarcely applies to such a plaster as Alcock's, as it cannot be called medicated, like a *Belladonna* one, for instance. Its virtue consists solely in the warmth and support it gives to the part, and Hebra, who advocates the expectant treatment in this disease, even for the neuralgia, says that pressure and plasters may do good. Trousseau, however, whose treatment also is chiefly expectant, condemns external applications, because, he says, they may retard the development of the eruption. They are recommended here to be applied not till the eruption-stage is over, and when, consequently, the risk

mentioned is not in force. A. D. Chegoin, in spite of this risk, however, applies flying blisters with the experience of arresting the disease in the eruption-stage and preventing a continuance of the neuralgia; and Dr. Garth Wilkinson has a similar experience with the *Acetum cantharides*; it will, he says, "rapidly abolish the eruption of shingles with its accompanying pain and sloughing." Further observation is evidently required to settle this question.

The writers of our school are not so much advocates of the expectant treatment of this disease as those of the old school. Baehr follows Hartmann in recommending chiefly, *Mercurius, Rhus, Causticum, Graphites, Sulphur, Arsenic, Nitric acid, Euphorbium* and *Mezereon*. These are still the chief medicines made use of by us. *Rhus*, especially, is held in great respect, even as a prophylactic. Rutherford Russell says:—"Rhus is generally sufficient in itself to effect the cure, and even, we believe, to prevent the appearance of the eruption by curing the state of the nerves, which we may look upon as the incipient stage of the disease." We are not told how we are to recognise shingles before the appearance of the eruption, and are inclined to follow those who say that the disease cannot be diagnosed before the characteristic clusters of vesicles appear on the line of the nerves. Dr. E. Blake has also great faith in *Rhus*, which, he says, cures the rash quickly and prevents the neuralgia. Dr. Markwick says the same of *Ranunculus bulbosus*. Dr. Dudgeon recommends *Zinc*, when neuralgia is left behind after the disappearance of the eruption. *Dolichos pruriens* was first mentioned, I think, in the second volume of the *Hahnemannian Monthly* as a remedy in shingles. We have not as yet had much experience of it, but Dr. Barker and Dr. Lowder have both found it serviceable, and in a case in which I tried it the result was on the whole favourable. It is not a medicine which has yet been thoroughly proved, and all we know of it is through a partial proving given in the first volume of the *North American Journal of Homœopathy*. *Arsenic* should be more relied on than it is, considering the fact of its being, in the opinion of so good an authority as Mr.

Jonathan Hutchinson, capable of producing a disease in every way resembling shingles. External applications are approved of and recommended by some of our school. Dr. Leadam makes use of *Carbolic acid* lotions to paint the vesicles with, and Dr. Roth applies cold-water compresses, frequently changed, to the eruption. From the preceding it will be seen that there is no absolute treatment which either old or new school physicians recognise as the best in this disease; that the pathology is doubtful, and that the etiology is unknown.

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## CLINICAL LECTURE.—No. 4.

By ROBERT T. COOPER, M.D. Dublin.

GENTLEMEN,—I wish to direct your attention, previous to resuming the topics we have been discussing, to an occurrence that happened in my practice the other day, as illustrative of the action of *Arnica*. The patient was a lady who suffered five weeks after labour with an abscess of the left breast, accompanied with great weakness. I opened this breast at a time when there was just a threatening of similar mischief in the right, to wit, hardness and tenderness; and it discharged healthy purulent matter very freely. Soon after the right breast took on action it became swollen and red, pitted on pressure, and put on all the appearance of being the seat of a gathering. I opened it without any result, no matter came. I then waited three days, and now things had become so decisive in favour of again operating, that I no longer hesitated, but plunged a lancet freely into the most dependent part, and as expected, pus, mixed, however, with blood, came, though stiffly, away. This was at 6 o'clock p.m. Towards night the breast got painful, and by the middle of the night was swollen to a tremendous size, the opening I had made closed up completely, the angry bright redness of the

surrounding skin changed to a malignant purple hue, the patient became fearfully exhausted and shivered. Matters were getting more urgent every moment, and I have little doubt what the result would have been had not the person attending, one of those experienced domestic lady lay practitioners, of whom we meet with many in homœopathy, applied an *Arnica* lotion; this at once relieved the pain, caused the swelling to lessen, the purplish redness to disappear, and the abscess to discharge healthy pus very soon after.

The influence of the *Arnica* changed the whole complexion of the case; it proved itself to be in affinity with the morbid process then at work. It is very evident to my mind that there was setting in irritative fever induced by the absorption of purulent matter through the system. We frequently meet with conditions of the system where there seems to be an amount of vitality insufficient to effect a separation between purulent fluid and the healthy blood; the effete materials, instead therefore of being thrown off in the form of collections of healthy purulent matter, mingle with the stream and disarrange the equilibrium of the functions throughout the entire body. This is practically what in every-day experience we observe. The beauty of the action of *Arnica* was seen in its enabling the capillaries to accomplish what unaided they would have been incapable of effecting, and in this way snatching the patient from imminent danger. Let us now ask ourselves, in what feature or features of the case lay the indication for the *Arnica*? I can hardly venture upon a straightforward answer to this question; it is easy to be dogmatic, but not so easy to lay one's finger upon that one feature of a case which constitutes the true indication.

Our case shows this, that when the lancing of an abscess is not followed, even though pus be found, by relief, when the pus comes mingled with blood, and when instead of continuing to flow the opening made by the lancet closes up, and inflammation begins to spread from the seat of the abscess, the patient being extremely weak and the affected parts painful and swollen, the local application of *Arnica*

may alone avert the coming struggle. Its influence was too marked to admit of any doubt whatever.

There are some of Hahnemann's followers who would have us heap one dry symptom upon another, and in this way construct a *Materia Medica*; this, within limit, is reasonable enough, but when they proceed to lay down the law that none but the *ipsissima verba* of a symptom should be used as an indication, I am entirely at seas with them. On the contrary, I believe that our symptoms are but dry bones, which can and ought to be made to live, and that when we get hold of a really trustworthy symptom our care ought to be not merely to get it to form one among a symptom-collection, but to spread it out, to develop its true significance, and to make such deductions as we consider reasonable from it. This is the main principle actuating me in the course of these lectures.

Now, given *Arnica* acting as we found it do in the above case, the probability is very great that the use of an *Arnica* lotion after confinements tends to prevent threatened septic absorption. Dr. McLeod, of Ben Rhyding, in the *British Medical Journal*, describes how by injecting a solution of *Condy's Fluid* into the vagina after a confinement incipient purulent absorption was arrested; but I may mention that in this case of ours it was tried and failed completely either to prevent absorption or to maturate the suppuration process. It may be that the permanganates are more readily absorbed by mucous surfaces than by that of the skin; *Arnica* is notoriously very speedily absorbed by the skin.

You will find that very often when *Arnica* lotions are applied to the skin, whether abraded or not, inflammations, generally taking on an erysipelatous form, seize not only the actual part with which the *Arnica* is in contact, but also parts remote from it. Thus, from using a sponge that had been dipped in an *Arnica* wash, a patient of mine was seized with swelling and redness of the feet, passing on after a short time to an erysipelatous swelling of the head and face. The *Arnica* therefore entered the system through the absorbents of the skin; it showed its presence.



in the general circulation by affecting parts remote from that at which it had entered, and it gave rise to erysipelalous swellings with great general prostration. In, therefore, entering the system through the skin, in causing erysipelalous inflammations of an erratic and migratory character, and in occasioning general sinking of strength, *Arnica* comes before us as in homœopathic relationship to many forms of purulent infection.

But while this is true we must also remember that the formation of purulent collections such as we find in pyæmia is no part of the inflammatory action of *Arnica* ;\* hence in such cases it will have to give place to the carbolates ; and again it does not, like *Ferrum muriaticum* (vide paper by writer in this Journal, vol. xxxii, pp. 422, 423) and *Arsenicum*, send red streaks with swellings along the lymphatics. Its action probably is limited to cases where the areolar tissue engaged is very much swollen, and where, if matter forms, there is a preponderance of unhealthy blood mingled with it, and where, more especially, operative interference brings no relief. In these cases it may be prescribed internally as well as externally ; speaking generally, however, we may stand by the assertion that *Arnica* takes precedence as a local application to an undischarged abscess that threatens to affect the system.

And now let us revert for a few moments to the subject of gastrodynia as indicative of *Argentum nitricum*. You know that I quoted from Hempel Müller's observation that *Nitrate of Silver* was particularly suitable to delicate nervous females, when the affection (gastrodynia) arises from depressing causes, nightly watching, &c. ; where there is a troublesome feeling of malaise in the region of the stomach, relieved by pressure ; where the patients frequently press their clenched fists into the region of the stomach ; where there is a feeling of emptiness in the stomach, a desire for frequent food and drinks, insatiable hunger, depression of spirits, water-coloured urine.

Now, I do not wish to pass on until quite certain that.

\* That boils are producible by *Arnica* does not in any way affect the general truth of my statement.

we have got in our mind's eye this variety of gastro-dynia for which *Nitrate of Silver* is indicated ; do not fix your attention upon and endeavour to commit to memory one symptom alone, but from all symptoms given you form a picture for yourself, and gaze, gaze long and earnestly at this, until the impression of it is left indelibly imprinted upon the tablet of your memory. You cannot form any but a correct idea if the symptoms are accurately given, and if they are not, which in the present instance is far from the case, clinical experience will some day or other supply what is deficient, and alter what is inexact. This is the true way to lay down a foundation upon which real success in practice may be built. Avoid endeavouring, as our American cousins, supported to be sure by Shakspeare, have it, to memorise isolated symptoms ; leave these stored up within the book and volume of your repertory, not of your brain. Many of these, almost unknown and unobserved by you, will force themselves upon your attention during your everyday work in such a way as to make it impossible for you to forget them, but on the contrary any endeavour to commit them to memory systematically would only end in discouragement and distrust of your own powers. More than this, the ideas you would form of the action of a remedy supposing you had merely committed all its symptoms to memory, and had not sought to ascertain their true physiological significance, would fall very far short of the requirements of practice.

With the above symptoms before you, keep in mind what we said as to the action of *Nitrate of Silver* ; you know that it produces anæmia, you know also that anæmia was present in the case of gastric ulcer we cured with it. We told you that the tongue in such case is pale and anæmic, that taking this as an indication of the condition of the coats of the stomach, they too, and here the pathology of *Nitrate of Silver* is on our side, were anæmic, and that in all probability the dysotocia owed origin to an ovario-uterine anæmia. We can then picture to ourselves as accompanying these symptoms an ill-nourished anæmic frame, bending forwards while the side is grasped in pain,

we can picture the patient troubled with hawking of phlegm, and belching of wind; we can imagine the expression of the patient's countenance, and so we proceed, until, having formed our ideas, opportunity occurs for putting them in practice. This is the true way to study the homœopathic *Materia Medica*.

But there are many other forms of gastrodynia besides that which indicates *Argentum*. A lady told me the other day that she had suffered for five years with a violent burning pain which came on after eating "across the stomach" (the hypochondria probably) which used to be relieved only by applying a heated dinner plate to the pit of the chest, and prevented her taking food; it was cured by applying a few drops of chloroform to the painful part upon a wet flannel. Mr. Sanders Stephens, now of Cannes, was the prescriber. Patients almost invariably describe "the stomach" as the seat of pain, when any part of the abdomen other than the hepatic or nephritic regions are affected.

*Bismuth* has been put forward as the rival of *Argentum ntricum* in the treatment of ulcerative gastrodynia; I remember curing a case where the pain affected a small spot, and where it came on an hour after partaking of food. A short time since I treated a monthly nurse who had suffered off and on for years with a gastrodynia, described as extending from the stomach right round the waist. It came on two hours after eating, and troubled her at night, after walking about or taking any exertion. For this pain I gave *Arsenicum*, third decimal trituration, and *Carbo animalis*, first decimal trituration, a powder of five grains of the former twice a day, and of the latter, night and morning.

I mention this particularly, as we very often hear it said that *Bismuth* owes its efficacy to the *Arsenic* from which it is almost impossible to separate it; our case tends to disprove any such supposition. *Bismuth*, in the opinion of many, see Dr. Bayes' case in the *Monthly Homœopathic Review*, vol. xi, p. 158, is best given dry on the tongue.

There are many remedies whose gastric symptoms come

on after partaking of food; the symptoms of *Bismuth* are peculiar in having a definite interval always elapsing between the time of eating and the onset of the distress. *Bismuth* is not indicated where discomfort is felt immediately after food as with *Nux vomica*, but rather half an hour to two hours after, at least this is my experience with it.

## AN HISTORICAL SKETCH.\*

By H. BILLIG, M.D., of Stralsund.

IN pretty well every biography of Hahnemann the discovery of homœopathy is narrated in these words. . . . "Unsatisfied with Cullen's explanation of the febrifugic action of *China* in intermittent fever Hahnemann experimented on himself with this remedy, and remarked that it produced an ague-like condition in his own person while in good health, and thus he discovered *similia similibus*."

I must confess that as often as I read this I also was "unsatisfied," just as Hahnemann was; that is, I felt I should like to know a little more of the details of this out-thinking of Hahnemann's, but its source, Cullen's *Materia Medica*, was not at my disposition.

Only last year I became possessed of this work, and, as many of my colleagues may not have it in their libraries, I will proceed to give them a few details from it that will satisfy the curiosity most of us must feel on the subject of how Hahnemann came to do the mighty deed.

The basis of my review, then, is *William Cullen's Abhandlung über die Materia Medica, übersetzt und mit Anmerkungen von Samuel Hahnemann, der Arzneikunde Doctor. Leipzig, im Schwickert'schen Verlage 1790*. The article on *China* is in the second volume, p. 107, et seq.

\* Translated by Dr. Burnett from *Hirschel's Zeitschrift*, Nos. 16, 17, 18, vol. xxi.

Cullen regards the Peruvian bark, simply called bark, as a substance in which the *bitter* and the *astringent* properties are united together. He adds . . . "It may also possess something of an *aromatic property*, but certainly not much." But in a short remark to this Hahnemann exclaims, "How very refreshing the smell of a nicely prepared extract of bark is!"

As a combination of the *bitter* and of the *astringent*, Cullen further regards it as a *powerful tonic*; since an *amarum* and an *astringens* is each in itself a strengthening medicine, it must follow that the two combined must yield a much more powerful remedy than either by itself.

Its strengthening or tonic power is first shown in its action on the stomach; it is a *stomachic tonic*. It is likewise well known that the state of the stomach readily affects the rest of the body. "This," continues Cullen, "is in no case more evident than in the cure of *ague*." So here *it would operate by means of its strengthening action on the stomach* (by the way, a mere assumption of Cullen's), *and the exercise of this power on the stomach would sufficiently explain its modus operandi in preventing a recurrence of the ague fits*. Cullen sees no reason why its mode of action should be sought in a mysterious, unexplained, specific action, and considers it an undoubted fact that both astringent and bitter remedies, separately given, have often proved sufficient to prevent a recurrence of the paroxysms of fever, and that they *both combined* do so all the more certainly.

To this Hahnemann, in his remarks, thus replies . . . . "By combining the strongest bitter remedies with the most powerful astringents we can obtain a combination which, in even a very small dose, contains more of either property than the bark, and yet no fever specific will ever result from any such combination.

The principle which shall explain the action of the bark is still wanting, and will not be readily discovered. Still, let us consider this: "*Substances which produce a kind of fever* (very strong coffee, pepper, Arnica, Ignatia, Arsenic) *extinguish the types of intermittent fever.*"

And here Hahnemann relates his own first experiment on himself with the bark, which he made with a view of determining its ague-like action, and of this experiment he tells us in his *Materia Medica Pura*, sub. *China*, "That with this experiment the first dawn of a true healing art appeared and went on brightening until the full blaze of noon showed its whole glory."

For some days he took twice a day four quentchen of good *China*. All the usual symptoms of ague appeared one after another (obtuseness of the senses, stiffness of the limbs, but especially the dull aching sensation seemingly seated in the periosteum of all the bones of the body), yet without any real rigor. This paroxysm lasted each time two or three hours, and recurred only when he took the same dose of the drug. He left off taking it, and became well again.

Thus, while Cullen *assumes* a "strengthening action" for the bark, and denies that mysterious and unexplained specific power by means of which it heals ague," Hahnemann enters the arena of *pure experiment*, lets facts speak, and comes to the conclusion . . . "That the bark besides possessing the astringent and amaro-tonic power admitted by Cullen, possesses also the power of producing a peculiar kind of fever."

This we find expressed in a remark of Hahnemann's in Cullen's *Materia Medica*, p. 117. But even before this (p. 110) in another remark he gives expression to his views, that is to say, Cullen looks upon it as a settled question that both bitter and astringent remedies possess, separately, the power of preventing a return of the febrile paroxysm, and that they do so, *à fortiori*, when taken combined, and he then goes on to say, "I have both these facts not only from the testimony of the most credible authors, but also from experiments of my own instituted for the purpose. And if I nevertheless admit the objection often made on this subject that such remedies are frequently insufficient, yet I consider this an *insignificant* reason, for a different degree of power will not affect the general principle." This word "insignificant" affords Hahnemann an opportunity

to give utterance to the following somewhat ironical passage:

“We clearly see that it goes against our author’s grain not to be able to demolish all his opponents’ objections. His zeal seems specially directed against those who always have the shaky word ‘specific’ in their mouths without really knowing what they mean thereby. But had he bethought himself that we can make a compound of the extract of quassia, and of gall apples, which is far more astringent and bitter than any *China*, but which, nevertheless, is incapable of curing a half-year old quartan ague; *had he suspected a power in the bark* which is capable of producing an artificial antagonistic fever, most certainly he would not have adhered so stubbornly to his mode of explaining its action.”

Hahnemann, however, clearly and decidedly defends this peculiar or specific power of the cinchona bark in the preface to its pathogenetic symptoms (*Reine Arzneimittelehre*, 3 Theil, S. 52, Dresden, 1817). He there says . . . “Not only in the bitterness, in the astringent taste, and in the aroma of the cinchona bark, but also in its whole inner being dwells that invisible, non-material, inseparable, and unpreparable *dynamic active essence* by which it is more than any other drug distinguished in its power of altering the manner of feeling of a given human being.”

It may be worth while to follow Cullen’s train of thought yet a little further, if for no other reason than because we shall thereby get an opportunity of making a nearer acquaintance with Hahnemann as a thinker and a critic, and this will be best done from his own work, better than from any biographical description of Hahnemann’s living and doing.

After Cullen had determined the nature and mode of action of the bark, he goes on to investigate the different questions that had arisen with regard to its use in ague. While everybody admitted it to be a certain and powerful remedy, there still remained this point of dispute, viz. . . . How is it best given? and When?

Following in the wake of Sydenham, Boerhaave and his

commentators answered thus:—"After the disease had continued for a time."

But Sydenham, and also Van Swieten, had conceded exceptions to this general rule, *e. g.*, when ague attacks a very weak person, or when the paroxysms are accompanied with symptoms of a dangerous nature, in which cases every physician should seize the earliest opportunity for giving the bark.

Apart from these cases the question remains "Whether the bark might be given without waiting for a repetition of the attack?"

Cullen is of opinion that we may "generally" do so, and it seems to him that the bark may be given very soon in the course of the disease. But this question is complicated with yet another, *viz.* . . . "Whether the bark may be exhibited without previously preparing the body for its reception?"

Cullen very positively assumes that the bark may be taken in moderate doses without much disturbing the natural functions of the animal economy provided the latter be in a good condition, and that any preparation of the body for the reception of this drug is not necessary. Yet it might be 'advantageous' to free the stomach from an undigested food, and to excite it to greater activity for the reception of the bark by giving a mild emetic before the bark is exhibited."

To this Hahnemann remarks:—"If there is any bad stuff in the stomach or in the bowels, gall, or foul impurities, acting as the principal excitors of the intermittent fever, then it is not at all a matter of indifference whether it be got rid of or not. It *must* be got rid of before the bark can be of any service whatever. The fact that the bark in such cases is not directly hurtful does not render it a matter of indifference whether an evacuation be procured or not. The stuff in the stomach is the commonest cause of the ague with material (*Wechselfieber mit Materie*), hence an emetic before the administration of the bark is the very best treatment."

Cullen is further of opinion that it might be "advan-



tageous" to evacuate the bile by means of a gentle aperient, provided one has reason to fear an overflow of the same.

These conditions, however, not being present, no preparation was necessary, and under these circumstances no time should be lost, and it would be right to stop the disease by the immediate exhibition of the bark, *especially if the paroxysms appear before their periods, or when they continue longer and larger.*

Again, in another case Cullen waits with the administration of the bark, and defines how the body should be prepared for the reception of the drug, viz. . . . "When there are symptoms of internal inflammation, or of a general inflammatory disposition of the body, which could always be made worse by the tonic power of the bark. Here the bark might not only be hurtful, but also inoperative, until by bleeding or other antiphlogistic proceedings the inflammatory disposition be got rid of or very much lessened."

On the other hand, he will not admit of its being a general rule to postpone the administration of the bark in doses sufficient to stop the attacks when there are signs of obstructions in this or that viscus, provided there be no inflammation. For how could the bark be detrimental in making the obstruction worse, seeing that its astringent action is very insignificant, and, moreover, quite outweighed by its bitterness, to which bitter quality most physicians ascribe a solving and aperient action?

Against this theory Hahnemann again puts his *experience*, and says outright, "The author is wrong; he does not seem to have been acquainted with the stubborn ague of the tropics, or countries full of fens. I saw cases of ague in the lowlands of Hungary, especially in the Hungarian fortresses, that owed their incurability to the many surrounding marshes—Carlstadt, Raal, Komorn, Temeswar, Hermannstadt—in which an almost general cachexia was dominant, of which the simple double and therefore quartan ague seemed as it were to be only a symptom. The stubbornness of these agues, their frequent sudden transition to a quick and fatal course, or if their course be more slow, the

general cachexia brought about by them render it necessary to exercise a great deal of judgment in using the bark. In the former case *its heroic administration without further consideration is the only saving means*; but in the latter case, although its administration in large quantity must not be neglected, yet it is often found not only powerless for good but is often even *very hurtful*. The cachexia, after the fever has been suppressed, degenerates usually into dropsy or phthisis, and death is its certain issue.

Notwithstanding that the saying, "The bark might, without proper preparation, be hurtful, or even hasten death," is not exactly to the taste of the newest theory of drug action, yet experience corroborates it generally in such regions in which ague is eminently endemic. *These regions are the school in which one should learn how to use the bark in ague*. However, that this dictum may not remain a paradox admitting of no explanation, we must remember that in chronic agues nature herself seeks to cast off irritant morbid material from without, as also to dissipate the stases in her secretory and excretory organs, and that by means of violent and long-lasting paroxysms, and is even now and then able to quite rid herself of this enemy of life. Now, if we suppress the paroxysms in these long-lasting agues in damp regions we thereby disarm nature of her natural weapons and she then helplessly succumbs. That she is really in need of this remedial effort (the attacks) for the preservation of life may be seen from the fact that even after the use of the strongest doses of the bark these attacks readily recur, and then patients often feel themselves relieved. If we, however, remove those chronic cases in which the patients have already become cachectic, from their malarial atmosphere (the first indication), let them live well and enjoy the fresh air, and produce for some time a kind of artificial fever (by means of nauseating doses of *Ipec.*, given dry, continued for two or three hours before each attack), then the stases will gradually become dissipated, the body quickly returns to its natural functions and well-being, the febrile attacks become less, and the bark then may be called to our aid (although the cure would have been

effected without it) partly to destroy the vestiges of the type which had become habitual, and partly in order to quickly restore tone to the fibres. Thus I have cured cases of fever that had been thought incurable, while others had only done harm with the bark, and, if I may be permitted so to speak, killed with it."

Thus wrote Hahnemann in the year 1790! Verily we readily recognise the thinking and carefully observing physician in it. But what a change had taken place with him and in him by the time when he, nearly thirty years later, wrote *Keine Arzneimittellehre*, 3 Theil, S. 48 and 50:

"Hence the eternally repeated warnings in the so-called practical writings, that we must be sure not to give the cinchona bark in agues till all the (pretended) impurities and morbid stuffs be thoroughly and repeatedly swept out upwards and downwards, or, according to the milder expression of the modern ones (although with the same result), until we have properly and sufficiently long dissolved (*i. e.* loosened, and by means of many thin stools purged away); in fact, until the artificially produced abdominal complaint has outlived the natural duration of the ague, and so morbid debility as a substantive disease arising from the loss of the juices alone survives, and which can naturally be changed into health, after long suffering, with the help of the bark. This is what they used to call, and still call, methodical and rational treatment in many many cases of disease. Thus we might, with as much justice, rob widows and orphans in order to establish an institution for the care of the poor."

And page 50:

"An ague must be very similar to that which *China* is capable of causing in the healthy if *China* is its proper real remedy, and then one single dose in the above-mentioned small dose cures—but best given immediately after the end of the attack, before nature has begun to make preparations in the body for another paroxysm. To suppress an ague not curable by *China* with large doses of this powerful substance in the ordinary way, it is customary

to give it just before the attack, when it may be able to act perhaps with even greater violence and hurt."

I will now return to the text in Cullen's *Materia Medica*. The following considerations and views of both Cullen and Hahnemann with regard to the *time when* the bark should be given are very interesting.

Cullen settles the question in this wise :

"*When the interval consists of intermission and paroxysm, at what period of the interval is the bark best given?* When the use of the bark first came up it was customary to give a *large dose just before the expected paroxysm*, and that with good effect. Subsequently this did not seem to succeed so well, and this made some think that the bark used by the older physicians was of a better quality than that in subsequent use. But Cullen is of opinion that when eminent physicians set their faces against the old way of using the bark, they did so more from theory than from observation. And then he continues . . . "And although I would not insist upon giving a single dose just before the beginning of the paroxysm, yet I am decidedly of opinion that the nearer the time of taking it is to the paroxysm, the more active and certain will it be in its effect." (This rule of our author, well understood and applied, is of the greatest importance, and I cannot sufficiently call attention to it. Only it should not be given so near to the commencement of the paroxysm that the time of its solution and action fall already in the time of the paroxysm itself, because it would obviously be then hurtful—Hahnemann.)

In explanation of this Cullen adds, that *the effects of the bark on the human body is not of long duration*. For he had often observed . . . "that a great quantity of the bark taken was not sufficient to prevent a recurrence a few days later."

This very observation causes Hahnemann to assume a "specific" curative action of the bark in ague, and he asks . . . "Were it not true that the bark contained not only the astringent and amaro-tonic qualities attributed to it by the authors, especially by Cullen, but also another

quality (viz., that of exciting a fever of a peculiar kind), otherwise how does it happen that the effects of the bark are of such short duration, as is indeed the case?"

Now I come to the end of my paper. Cullen goes on to discuss the use of the bark in agues, and what he says is recognised by Hahnemann himself as so important and so excellent, that I will give it as it stands. He says . . . "I have found in quartan fevers that a large dose given on the first day of the intermission has not so much power in preventing a fresh attack as a smaller quantity given on the second day. In tertian fevers I found, as I still thought, that a certain quantity must be given to prevent a fresh attack; and as I followed Sydenham's plan of refraining from giving the bark a few hours before the paroxysm, I found, I say, that even large quantities given to prevent an attack often failed, while, on the other hand, a smaller quantity given just before the paroxysm succeeded better.

"In many cases, when the paroxysm occurred in the morning, I found that a large quantity given the day before, unless it was given all night also, often failed, while, on the other hand, a smaller quantity given all night and in the morning succeeded better."

"When I had tertian fevers with morning or afternoon paroxysms, I did not deem it needful to bother my patients with taking medicine during the intermission of the day before, and always found that a smaller quantity given in the early morning, or during the forenoon, whereby the time of taking the medicine came nearer the paroxysm, was more efficient."

"By all these observations (excellent, and founded on experience—Hahnemann) I am convinced that a large quantity of the bark given just before the time of the paroxysm is the most serviceable way of using it; but that, as this quantity must be not less than two *quentchen* of the pale bark, there are some stomachs which cannot bear this quantity. It is therefore generally profitable to give smaller doses hourly for some hours before the time of the paroxysm."

"I have not had much opportunity of treating many

agues since the *red* bark has come more into use; but, as I am fully persuaded of the superiority of this variety of the bark, I think it favourable for our method of administering the bark, and likely to admit of a proper quantity being given as short a time as possible before the paroxysm."

Thus far Cullen on the use of the bark in agues. But there is one remark of Hahnemann's on the point which I will not pass by, as it affords further evidence of the then method of treatment of the founder of homœopathy.

He says . . . "We must further bear in mind that, inasmuch as a strong dose of good bark readily starts diarrhœa in irritable bowels, whereby it becomes almost powerless against the paroxysms, we do exceedingly well if we, *in such a case*, add some opium to it in agues sine materia, or after this materia has been got rid of."

## REVIEWS.

*The Actions of One Dose.* By WILLIAM SHARP, M.D.,  
F.R.S. Henry Turner and Co. 1877.

It is some time since we have noticed anything from Dr. Sharp's pen in this Journal. His views have generally found expression in the pages of our *Monthly* contemporary, where we were hardly justified in noticing them; and his collected volume of *Essays in Medicine* did not reach us for review. The receipt of the present pamphlet, however, which purports to be the last essay of the author, gives us an opportunity of expressing some estimate of his labours in the analysis of homœopathy. We have not been able to conceal our conviction that he has not been so successful here as in his earlier work of expounding and defending the method. But we entirely approve of the direction his studies have taken; we think that we are much indebted to him for the thought he has bestowed and the lucid way in which he has expressed his conclusions; and we appreciate, above all, the kindness of spirit in which he has met the (often severe) criticism he has encountered. If this indeed prove to be the last time that he shall write and we shall review him, we hope that in these relative capacities we shall "part friends."

Dr. Sharp says that "for twenty long years the *British Journal of Homœopathy* has condemned what he has written as neither new nor true." We were indeed compelled to do this with the "Organopathy" he propounded in 1868 as a substitute for Hahnemann's homœopathy. We had to point out that the idea of "organ-remedies" had been entirely anticipated by Paracelsus and Rademacher, and

that such a merely anatomical basis was quite insufficient for specific therapeutics. We showed that in many drug-actions, and still more in many diseased states, it is impossible to identify with certainty the organ primarily affected; and that, further, the several parts of the body were liable to various kinds of derangement, to which—as well as to the seat of disorder—a medicine must correspond if it is to be a specific remedy.

Again, when (in 1873) Dr. Sharp put forth the doctrine of the opposite action of large and small doses in health as explaining homœopathic cures, our comments were necessarily of the same tenor. We reminded him that theories of the real antipathy involved in what appeared to be *similia similibus* had been long current among homœopaths, and suggested that the (few) facts he brought forward showing an opposite action of various doses ought to have been presented in historical connection with the observations made as to the primary and secondary actions of drugs, and their dependence on the quantities administered. We also showed that, even supposing his doctrine to be true, it only applied to such functional derangements of a simple *plus* or *minus* character as drugs can induce and disease may present. “Beyond these,” we said, “there is a large field of practice in which the derangement is qualitative, or the alteration organic, and here no opposite action of differing doses will avail us.”

We do not find that, in his subsequent papers, Dr. Sharp has met these objections of ours to the originality or the validity of his views; and we cannot, therefore, but reiterate them. At the same time we desire to bear ungrudging testimony to the real service he has done to medical science in putting them forward. The local affinities of drugs constitute a very important class of facts, though they are far from embracing the whole of their action. The differing and often opposite phenomena which are manifested according to the dose of medicines which is given are of real significance and value, however we may differ about their explanation. Dr. Sharp has contributed both observation and experiment in these two spheres



of research, and every fresh student of the subjects must feel respectful acknowledgment for his labours.

This last Essay is written to add yet another clause to our author's thesis about the actions of different doses. Small doses, according to him, produce one effect; large doses another, precisely opposite to the former. This supposed general fact he calls "antipraxy." He now maintains that between these two extremities there is an intermediate region in which two effects are produced, the primary being that of the small, the secondary that of the large dose. This he would call "dipraxy." The sole instance he gives is that of *Opium*. Small quantities, as from one to five drops of the tincture, increase the action of the heart; larger doses, as from ten drops upwards, diminish it. But a friend of Dr. Sharp's, his pulse being 54, took six drops, and in twenty-five minutes his pulse had become 58; but in fifteen minutes more it had fallen to 52, whence it gradually returned to its original standard. Knowing, as we do, the normal variations of the pulse within certain limits, this would be a very narrow foundation on which to base a general law. The two observations cited from Crumpe are of more moment, and probably warrant Dr. Sharp in affirming "dipraxy" of *Opium*. But to affirm it of other medicines, and still more of all medicines, seems to us entirely without warrant.

If, then, we must take leave of Dr. Sharp as an author, we must still do it as those who are unable to accept his doctrines as in any way an adequate substitute for the homœopathy bequeathed to us by Hahnemann, as indeed anything more than a contribution to the philosophy of one portion of its sphere of operation. If the whole body were made of organs, having no vital operations but the performance of certain functions; if all disease consisted in simple *plus* or *minus* states of these functions, and all that drugs could do was to cause the one or the other according to the doses in which they were given, then Dr. Sharp's views, if true, might be an adequate account of what takes place. But since all these suppositions are obviously inadmissible, we must look much farther for the studies of drug

action which shall fit it to the facts of physiology and pathology, and explain the undoubted but as yet mysterious virtue of similarly-acting remedies.

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*The Liver and its Diseases, both functional and organic.*

By WILLIAM MORGAN, M.D., M.R.C.S. The Homœopathic Publishing Company.

WE hardly know for what class of readers Dr. Morgan has published this volume. If for the laity, a great deal of the "history, anatomy, chemistry, pathology, and physiology" of liver diseases mentioned in his title page is quite superfluous. If for medical men, the preliminary account of homœopathic medicines, and the "glossarial index" of technical terms appended, are (to say the least) quite out of place.

Nor is it at all obvious who can be benefited by the perusal of this book. Its "history, anatomy, chemistry, pathology, and physiology" could be more profitably studied in the original works from which Dr. Morgan has compiled his own; and its contributions to the therapeutics of the subject are exceedingly meagre. Its "homœopathy" is of a very elastic character; as it includes the administration of *Podophyllum* and *Leptandra* for "torpor of the liver" in four, five, or six drops of the mother tincture three times a day (which is nothing but the old practice of giving cholagogues), and a remedy which plays a prominent part in it is a compound of Dr. Morgan's own which, with a bold defiance of Latin grammar, he calls "the *Ferri ammo-citratis c. Strychniæ c. Digitalis.*"

Dr. Morgan puts on his title-page "First Edition." If his volume should, as he seems to expect, reach a second, we hope he will (for his own sake) expunge the very offensive paragraphs found at pp. 47 and 133-4, where mistakes in diagnosis made by his colleagues (the name of one being mentioned) are paraded, serving no other purpose but to exhibit the superior acumen displayed in his own.

*Vital Statistics showing the increase of Smallpox, Erysipelas, &c., in connection with the extension of vaccination.* By CHARLES J. PEARCE, M.D., M.R.C.S. Spottiswoode and Co.

WE much regret that any member of our small body should be found joining in the mischievous anti-vaccination movement now on foot. The old school can well spare a few of its many thousands to give a faint professional colouring to the agitation; but we cannot afford to have a single representative of homœopathy unsound on the subject. Our regret is increased, moreover, when we see the grounds on which Dr. Pearce bases his opposition to Jenner's beneficent discovery, and endeavours to prejudice others against it.

He first shows, from the Registrar-General's returns, that the death-rates of the three epidemics of smallpox which have occurred since vaccination was made compulsory are much greater than the increase of population would account for, thus suggesting that the operation, instead of diminishing the spread and mortality of the disease, rather adds fuel to the fire. The absurdity of this inference must be evident to every one who has treated a dozen variolous patients, and has seen the different behaviour of those who have been vaccinated and those who have not. That the protectiveness of vaccination against infection is less than it used to be is probable, just as we find many more persons having second attacks of measles and scarlatina than there were twenty years ago. But its influence in modifying the progress of the disease rarely fails; and the greater mortality of recent epidemics must obviously be accounted for by other causes, of which their greater area is one of the most obvious.

Again, Dr. Pearce adduces figures to show that infantile erysipelas has increased between 1860-4 and 1870-4 much more than it should have done in the ordinary course of things, and concludes that this must be the result of the spread of vaccination. But who that recalls the hundreds

of children he has vaccinated without knowing such an occurrence as erysipelas, still less a death from it, can do otherwise than laugh at such an unwarrantable inference ?

The same point is made about syphilis, and with equal injustice. There died of this disease in the years 1860-4 6425 persons, of whom 4504 were under one year old. During 1870-4, 9271 died, of whom 7009 were in that period of their existence. "In the first period, therefore," writes Dr. Pearce, "nearly two thirds of the whole number were under one year old (the year of vaccination), while in the second period, when the number of vaccinations had greatly increased, no less than seven ninths of the whole number of deaths were of infants not a year old." We fear that Dr. Pearce is laying a trap for an unwary reader in this sentence. Seven ninths sounds much more alarming than two thirds ; but when we reflect that the latter is equivalent to six ninths, the difference appears much smaller, and hardly in proportion to the "great increase" in the number of vaccinations. He moreover blinks the well-known fact that it is chiefly in its infantile (*i. e.* hereditary) form that syphilis is a dangerous disease, and that when thus occurring it nearly always appears before the third month of life. Thus—and not by the fact of the first year being the time of vaccination—is the larger proportion of deaths in this time to the whole to be explained.

We have not gone into the whole question at present ; but have confined ourselves to recording a protest against both the position Dr. Pearce takes up and the arguments by which he justifies it.

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*The Encyclopædia of Pure Materia Medica. A record of the positive effects of drugs upon the healthy human organism.* Edited by TIMOTHY F. ALLEN, A.M., M.D. Vol. v. Boericke and Tafel: New York and Philadelphia. London: H. Turner & Co.

It is needless to repeat our satisfaction with the speed (not haste) with which this encyclopædia proceeds on its way,—half at least of which it must now have traversed,

as the present volume conducts us from *Hydrocyanic acid* to *Lycopersicum*. Like its predecessors, it brings many hitherto inaccessible treasures to our hands, and creates as many more. Of the former we may mention the provings of *Hypericum*, *Indigo*, *Kali chloricum*, *Kali nitricum*, *Kreosotum*, *Lachesis*, *Lilium tigrinum*, and *Lithium*; of the latter the pathogeneses here constructed of *Hydrocyanic acid*, *Iris versicolor*, *Jaborandi*, and *Kali bromatum*. *Iodum*, *Ipecacuanha*, and *Kali iodatum* have their symptom-lists much increased, though we regret that Houat's more than dubious contributions have been incorporated in the pathogenesis of the last named, instead of being (as in the two previous volumes) given by themselves in an appendix.

By the death of Dr. Carroll Dunham this Encyclopædia (like every other product of American homœopathy) will suffer loss. We shall no longer have his invaluable verifications of symptoms, which have been so numerous in all these five volumes. Dr. Lippe has now undertaken to go over the MS., and mark the symptoms he considers of clinical importance; but his conclusions will hardly be arrived at from so wide and catholic a survey of homœopathic literature as those of Dr. Dunham's were.

Dr. Allen desires attention to be called to a mistake under the head of *Iodum*. The authority numbered 14 is really a proving of *Indium*, which by accident has crept into the collection of material for the pathogenesis of its fellow of so similar a name.

We also have an error of our own to correct. In giving an account, in our January number, of the assistance Dr. Allen receives in the preparation of his work, we rather misappropriated the share taken by his masculine and feminine coadjutors. The copying out of the pathogenetic effects of the various drugs from the volumes given for the purpose should have been assigned to the assistant of the gentler sex; while the "medical man disabled from practice" not only does the translating from the French, but prepares the material for press, corrects the proofs, searches out the "conditions," and arranges the symptoms, when complete, in their proper categories and order of

succession. This last task we erroneously assigned to Dr. Allen himself. We are glad to make this reparatory explanation to the gentleman in question, Dr. Freeman, whose labours in connexion with Dr. Allen deserve to be gratefully remembered by all students of the great work now growing under their hands.

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*Condensed Materia Medica*, by C. HERING, compiled with the assistance of Drs. A. KOENIGER and E. A. FARRINGTON. Boericke and Tafel: New York and Philadelphia. London: H. Turner & Co.

DR. HERING'S object in preparing this work he states to have been "to give in a condensed form, to the student of homœopathy, such absolutely necessary material as would enable him, in a comparatively short time, to gain knowledge of such important leading symptoms and conditions as are characteristic of each remedy—knowledge which is imperatively necessary for every-day practice." It is not stated on what principle the condensation is conducted, though from some sentences in the preface we might infer that Dr. Hering wishes to give only such symptoms obtained through provings as have been clinically verified, and disapproves of including all that seems strange and characteristic without having undergone this test. No information, moreover, is given as to the sources whence the symptoms set down have been obtained; but a glance at the first few pages suffices to show that the so-called "curative symptoms," *i. e.*, those which have been observed to disappear under the action of a drug, have been freely mingled, and without mark of distinction, among those which it has produced on the healthy. The work is thus a series of articles upon the pathogenetic and therapeutic actions of 184 of the remedies in most frequent use in the school of Hahnemann—the information being conveyed in the form of a catalogue of symptoms attached to each.

Now, if American students like to learn their *Materia Medica* and *Therapeutics* in this way, it is not for us to

object to them. To make the plan consistent, however, their Practice of Medicine ought to be taught them in the same manner, and each disease should be presented to them in the form of a schema of the various symptoms by which it is made up, arranged in anatomical order. All attempt at a history of their order of appearance, at an account of the deeper morbid changes by which they are accompanied, at a discussion of the interdependence of each and all and of the *rationale* of the whole process should be excluded there as it is here. No "Hahnemannian," however, has given us a text-book of Practice thus constructed; and we ourselves have no better liking for the method when applied to *Materia Medica*.

It seems to us that the requirements of the student in this department are as follows:—First, he must have an account of the pure pathogenetic effects of each drug as observed on the healthy body. These must be presented to him in their due connection and sequence, so that they may correspond to the clinical history of each disease with which a teacher of the practice of physic begins; and, as with him, the deeper changes which the physician can discover both during life and after death must be added to those which are obvious on the surface. Then should follow a commentary, which should seek to interpret the phenomena in the best light the physiology and pathology of the day affords, and should point out the applications which have been and may be made of them to the treatment of disease, with any clinical experience that has been acquired as to the sphere, subjects, and characteristics of the drug. As examples of the kind of commentary we mean we may point to the "Studies in the *Materia Medica*" with which Dr. Dyce Brown has lately been enriching the pages of the *Monthly Homœopathic Review*, and to that which has been attempted in the third part of the *Hahnemann Materia Medica*. With such a text for reference, and comments for illumination and application, the student would go forth with a really intelligent knowledge of the action of the medicines he is to employ, instead of connecting each of these with a mere string of symptoms

learned by rote and retained only mechanically in the memory.

Dr. Hering's book is thus, we confess, no boon to us, whatever it may be to his fellow-countrymen. It will tend, moreover, by its commixture without note of distinction of pathogenetic and curative symptoms, to perpetuate that most mischievous practice of saying that a medicine "has," or that we "find under it," such and such symptoms, without specifying whether these have been caused or cured by it, which is becoming so prevalent in American homœopathic literature. It is, happily, unknown in that of other countries. Its absence of references, moreover, to the authorities for the several observations will too much strengthen the uncritical credulity which our transatlantic brethren too often display towards everything which comes to them warranted by well-known homœopathic names. In both these respects, as well as in its form, we cannot but think the publication a distinctly retrograde step; and could wish that the venerable writer had employed his great knowledge and praiseworthy industry in a different manner.

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*Clinical Therapeutics.* By TEMPLE S. HOYNE, A.M., M.D. Chicago, 1877. London: H. Turner & Co. Parts I and II.

DR. HOYNE is Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago; and is publishing this work as a means of instruction on the subject he teaches. His plan is to include under the heading of each drug all the recommendations of it and instances of its successful use which are accessible to him, and which he considers to convey clear indications of the remedy. After this manner he presents, in the two parts now issued, *Aconite*, *Belladonna*, *Bryonia*, *China*, *Nuxvomica*, *Phosphorus*, *Rhus*, *Sulphur*, *Veratrum viride*, *Arnica*, and *Carbo vegetabilis*. Nearly 500 cases, and as many recommendations, have been already cited. Their perusal cannot but aid the student in acquiring a know-



ledge of the sphere and capabilities of our various remedies, and we unreservedly commend the work to his attention.

Dr. Hoyme expects to complete his undertaking in about ten or eleven parts, making, with a copious index, two volumes of over 600 pages each.

*Nasal Catarrh: its Symptoms, Causes, Complications, Prevention, Treatment, &c.* With illustrative cases. By LUCIUS D. MORSE, M.D. Second edition. Memphis: A. F. Dod and Company. London: H. Turner & Co.

WE ought to have noticed this volume in October last, but it had been mislaid. Dr. Morse is one of the comparatively few practitioners of our school in the Southern States of the American Union: he adorns the ancient-sounding but very modern city of Memphis in Tennessee. His little book contains an excellent practical account of the homœopathic therapeutics of chronic nasal catarrh, for which he rarely seems to need the usual local applications, curing them very satisfactorily—as his cases show—with the remedies indicated by the general condition and the state of the parts. The former are of course chiefly the “antipsorics” *Alumina*, *Calcareo*, *Lycopodium*, *Sepia*, and *Sulphur*; the latter are *Arsenicum* with its iodide, *Aurum*, *Hydrastis*, *Kali bichromicum*, *Mercurius iodatus*, and *Sanguinaria*. Dr. Morse’s cases are rarely such as we should call true ozæna; but for the treatment of any nasal catarrh of long-standing short of that we are sure that no one could do better than avail himself of the aid given by the present treatise.

*On the Sources of the Homœopathic Materia Medica.* Three Lectures delivered at the London Homœopathic Hospital in January, 1877. By RICHARD HUGHES, L.R.C.P., &c. London: H. Turner and Co.

\* *Manual of Therapeutics: according to the Method of*

*Hahnemann.* By RICHARD HUGHES, L.R.C.P. Edin., Lecturer on Materia Medica and Therapeutics at the London School of Homœopathy. Second edition: mainly rewritten. Part I. General Diseases—Diseases of the Nervous System. London: H. Turner and Co.

OF these publications we can of course say nothing in criticism. We may mention, however, that the former consists of the three lectures of which two were given in epitome, and the third in full, in our last number. Of the latter the author may justly be allowed to speak for himself, as in the following preface:

“ This work was originally published in 1869, as the second part of a *Manual of Homœopathic Practice for Students and Beginners*, the first part treating of Pharmacodynamics. It appears now as the companion volume to the third edition of its predecessor. The reasons which led to the rewriting of the latter were present in hardly less force to necessitate a similar proceeding with respect to the present work. I have been compelled, accordingly, to allow it to remain out of print for some time, until I could prepare it in its new shape. I can only hope that the result will be felt so far satisfactory as to atone for the delay.

“ While the substance of this Manual is considerably increased in the present edition, its scope and form remain unchanged. As regards the former, I have explained in my introductory letter why I have limited myself to the therapeutics of disease, omitting all discussion of clinical history, pathology, and diagnosis. It will be clear that I have done so, not as ignoring the necessity of knowledge on these points, but as assuming its existence. I have, moreover, continued to write for students and beginners, and not for men of standing and experience. I have attempted to put in a compact and accessible form those applications of remedies to disease to which general consent or weighty testimony has given a *standard* place. These are the alphabet and grammar of homœopathic practice. The student must learn them, and cannot acquire the know-

ledge of them by chance or instinct; neither should he be left to the wasted labour of discovering them *de novo* for himself by applying the *Materia Medica* to the treatment of disease. The practitioner of standing, on the other hand, is ever endeavouring to overflow and pass over these well-beaten boundaries. He is seeking for remedies for maladies hitherto neglected, for more accurate adaptations of the medicines he has already learnt to use, for new weapons from the great armoury of nature wherewith to make his strokes more effectual. For him I have indeed a suggestion here and there, but I have not his wants primarily in view. The development of the *Materia Medica* on the one side, the increased knowledge of disease on the other, are what he needs; and these things are beyond my present scope. To make the study of homœopathy less thick-set with difficulties, and the early attempts at its practice less tentative and haphazard, is the service I have sought to render by these manuals of mine. I believe that we should have been a larger band than we are were it not for the many would-be students who have been repelled, and the many beginners who have fainted and turned back for lack of a guide.

“As to the form of the present volume—that of letters—I must repeat what I originally said when publishing my *Pharmacodynamics* in that shape. I was led to adopt it by the object I had in view. I wrote it for men educated—or being educated—in the old school who desired to acquaint themselves with, and furnish themselves for our practice. I felt accordingly the need of some mode of communication which should be more colloquial than didactic. I wanted moreover to have always before me the mind of our *confrères*, wedded to old notions, bristling with objections to anything new, and requiring explanations to the fullest degree. By erecting the friend whose wants evoked my book into an imaginary correspondent, and writing what I had to say in the shape of letters to him, I found the form of composition I required. In the case of that work the necessity for the epistolary form no longer existed at its last issue. I had been called upon to deliver

a course of lectures upon its subject matter, and the attitude and manner of address thereby required, answered well the purpose of the manual, which accordingly appears in lecture shape. The present volume has had no such antecedents; and I find no mode of presentation secure such elasticity of putting and directness of aim as that of the letters in which it at first appeared. I hope, therefore, that my friends who have thought the epistolary manner wanting in dignity will pardon my adherence to it."

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*La Leucoemia lineale osservata nei bambini e curata omeopaticamente.* Dal Dottore TOMMASO CIGLIANO. 1876.

THIS is a monograph on a disease which, in one of its forms, has lately attracted a considerable amount of attention in this country, and some months ago, if we remember rightly, was discussed in a very lively manner at the Clinical Society of London.

The name *leukæmia* was given to it by Virchow, we believe; but in this country, and in France, it is usually called *leucocythæmia*. The pathological characteristics of the disease are a disproportionate amount of white corpuscles in the blood, with corresponding diminution of the number of red globules, and a hypertrophic condition of the spleen.

The disease which forms the subject of Dr. Cigliano's memoir (originally published in the *Rivista Omeopatica* of Rome, in February and March, 1876) was chiefly observed by him in Forio in the island of Ischia, and the only subjects of it were infants. It seems to have prevailed undeniably in that locality for many years, and is called by the inhabitants *taccone* (heel-piece). Forio d'Ischia being Dr. Cigliano's birthplace, and the place where he spends a portion of each year, he has had ample opportunity of observing the disease, and has treated as many as forty cases of it. Although the disease is endemic in Forio, Dr. Cigliano does not think it due to any miasmatic cause, as the hygienic conditions of the place are excellent. He leans to the idea that it is a

contagious malady. He performed some inoculations of the blood of infants labouring under the disease on rabbits, which however did not afford any very satisfactory result. He has observed four cases of the disease in Naples.

The seasons during which it is most prevalent are spring and summer. Most cases occur from the age of ten to fifteen months. It decreases in frequency from fifteen months to three years.

The disease is attended by a progressive increase of the white and decrease of the red corpuscles. Two varieties are distinguished: the *lineal*, in which the spleen is enlarged, the *lymphatic*, in which the lymphatic glands are affected. In some cases both spleen and lymphatic glands are involved. The *lineal* is the more common variety, Dr. Cigliano having observed forty such, and only three of the *lymphatic* variety. He is unable to say if the disease of the spleen or lymphatic glands precedes or follows the alteration of the blood. In three cases in which he observed the disease at the commencement the white corpuscles were only slightly increased in number, but the spleen was already of considerable size. He has only had an opportunity of making one post-mortem examination of a child of fifteen months. He there found extreme emaciation, the cellular tissue infiltrated with serum, the heart distended with blood consisting chiefly of white corpuscles, the arterial cells lined with a sort of milky stratum, the lungs and bronchial tubes congested, the pleura dotted with white points, the abdominal cavity contained a pint of serum, the peritoneum dotted with white points, the mucous membrane of stomach and intestines affected with catarrh and highly vascular. The spleen enlarged to four times its normal size, very hard, and with white points disseminated through its substance, liver normal, kidneys congested, and with a few white points. The cavities of the brain filled with serum, and the substance of the brain anæmic.

The symptoms of the invasion of the disease are either extreme crossness with sleepless nights, or unnatural quietude and drowsiness. Infants at the breast often show a desire to be always sucking, and thus take more nourishment than

they can digest. Those beyond two years crave after unwholesome articles of food. There is generally diarrhœa of a greenish-yellow colour. Almost all are affected with bronchial catarrh, and in one case epistaxis was observed. The little patients become as pale as wax. This stage lasts from two to three months. As the disease progresses the patients become extremely irritable, cry frequently, their breathing becomes accelerated, pulse quick and temperature high, especially towards rising. Sometimes there is considerable fever for three to seven days, or slighter fever for weeks or months. There are daily remissions of the fever, generally there is profuse perspiration about the head in the morning. During the fever the urine is saturated, its density increased; it is high coloured and contains an excess of uric acid, and there is generally present hypoxanthine. During the fever the patients are unable to take nourishment, but after it is past, they take the food freely, sleep more quietly and become better tempered. This improvement does not last because the food is not digested, the urine becomes loaded, and diarrhœa sets in. As the disease progresses febrile symptoms alternate with complete apyrexia, and as the white corpuscles increase there often occurs a continued febrile condition. If the case is going to terminate favourably the febrile symptoms gradually decline, the digestion and complexion improve, and if no fever occurs for twenty days convalescence may be confidently expected.

In fatal cases after five or six febrile accessions, signs of cessation of nutrition appear, the anæmia increases, the extremities become cold, and œdema appears; petechiæ come out on the abdomen and on other parts of the body, great prostration of strength ensues, the pulse and respiration become accelerated, a troublesome cough comes on, the patients prefer to lie in bed; the abdomen increases in size, while the chest and limbs become extremely emaciated. The increased size of the abdomen is owing to the hypertrophy of the spleen and the accumulation of serum in the peritoneal cavity. The blood examined under the microscope shows an immense preponderance of white corpuscles with very few red globules.

The patient's colour from waxy becomes earthy, the face œdematous, the body covered with petechiæ, constant diarrhœa with undigested food in the motions. Œdema pulmonum sets in, the pulse becomes thread-like and very rapid, often imperceptible, the urine is suppressed, respiration superficial, breath cold, and the patient dies exhausted.

Complications are : hydrocephalus, hæmorrhage from nose and bowels, in two cases caries of the inferior maxilla was observed.

The usual duration of the disease is one year ; but it may last from ten months to three years. The febrile stage usually lasts longer than the stage of atrophy.

According to all allopathic authorities, says Dr. Cigliano, the disease always terminates in death. All the cases treated by the ordinary system in Forio ended fatally. Of the forty cases treated by Dr. Cigliano, thirteen died and twenty-seven recovered. The thirteen deaths were cases that only came under his care in the last stage. The cause of death was hydrocephalus in four cases, purulent infection from caries of the jaw in one ; hæmorrhagic diathesis in one ; hæmorrhage from the bowels in one ; diphtheria in one ; cerebral embolism in one ; the remaining five died of progressive increase of the disease.

Of the twenty-seven cured, five were received in the last stage ; ten came under treatment in the first months of the disease, and twelve in more advanced stages. Where the treatment commenced during the first months of the malady a cure was certain.

As regards the treatment—Dr. Cigliano, believing the disease to be infectious, thinks that a diseased infant should be kept apart from healthy children.

The diet of those infants at the breast must be regulated through the mother, who should be made to live principally on butcher's meat, eggs and milk, with few green vegetables, and no unripe fruit. For infants commencing to be weaned he chooses the milky farina of Nestlé.

The medicines he has used with most success are *Aconite*, *Sulphur*, *Calcarea carbonica*, *Arsenic*, *Carbo veg.*,

*Crotalus*, and Schüssler's so-called tissue remedy *Natrum phosphoricum*. With the last-named remedy alone he has cured several cases. The dilution of these remedies he prefers is the 6th, but sometimes he gives them in higher dilution up to 30, and on the whole he considers it advisable to give one remedy in various dilutions. He does not change the remedy frequently, but generally keeps the patient under one for a fortnight at a time.

He adds the histories of several cases, but they are not related in a very satisfactory manner, so we need not give them here.

We consider this pamphlet a valuable contribution both to pathology and therapeutics.

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## OUR FOREIGN CONTEMPORARIES.

IN our last number we brought down to the end of 1876 our notices of the homœopathic periodical literature of Germany, France, Belgium, and India. We shall on the present occasion fulfil a corresponding task for our American contemporaries. One of these, which has hitherto found place in our lists, will appear there no more. The *American Journal of Homœopathic Materia Medica* terminated its career with the last number we noticed,—that for May, 1876; and its editor, Dr. Thomas, now reinforces Dr. McClatchey in the management of the *Hahnemannian Monthly*, which is published in the same city of Philadelphia.

AMERICA.—*North American Journal of Homœopathy*, August, November, 1876.—The August number of our transatlantic "double" (it is the only homœopathic quarterly besides ourselves) opens with an elaborate and able paper by Dr. Conrad Wesselhœft, of Boston, on "Primary and Secondary Symptoms of Drugs as guides in the selection of remedies in practice." It deserves attentive perusal on the part of all who are interested in the



philosophy of our method. The principal point made is the uselessness of the final phenomena of poisoning by active substances as indications for these as remedies in disease. But down to this point he agrees with most of us in believing that "the entire array of symptoms of every drug is available for curative purposes" on the principle of similarity. This number is also enriched by the article on "The Therapeutics of Diphtheritis," by Dr. G. Oehme, which we have already noticed as published separately. Dr. E. M. Hale, suggesting that it may be useful sometimes to prevent the symptoms of diseases in such schemata as those we employ for the pathogenesises of drugs, gives us "The Symptomatology of Cerebro-spinal Meningitis" after this manner. He places *Veratrum viride* and *Cicuta virosa* at the head of its remedies.

In the November number Dr. Lilienthal discourses in his wonted manner upon "Anæmia perniciosa" and concussion of the spine. Dr. Arcularius, of New York, who has been giving especial attention to skin diseases, gives some excellent advice upon the general principles of their management, especially as to the relative place of constitutional and local treatment. Without any fanatical disregard of the latter in suitable cases, he shows both from reason and from experience the superior propriety and efficacy of the former, only cautioning us as to the necessity for patience in these essentially chronic disorders. The indications for remedies in intermittent fever are once again given,—this time by Dr. A. Le Ray Fisher; who says that nine tenths of his cases have been treated with the 200th, with which potency he expresses himself well pleased. A translation of Dr. Goullon's recent prize-essay on *Thuja* is commenced in this number, and also a commentary by Dr. J. S. P. Lord on Vulpian's Lectures on the Vaso-motor Apparatus. Dr. E. M. Hale contributes some useful information about two of the *Grindeliæ*, the *G. robusta* and the *G. squamosa*, citing a proving of the latter, which seems an active substance. Finally, Dr. Eggert gives us a Repertory for vertigo, which may repay consultation.

*Hahnemannian Monthly*, July—December, 1876. There is so much valuable material to be found in these six numbers of the *Hahnemannian* that we can but indicate briefly their leading features. In July we find, at a meeting of the Central New York Homœopathic Medical Society, several communications made as to the place and virtues of *Gelsemium* and *Baptisia* in febrile and other affections which will well repay the student's attention. Dr. J. F. Baker communicates some remarkable experience as to the cure of hernia by internal remedies, which ought to be tested. *Lycopodium* is the remedy on which he mainly depends. Some of Dr. Rubini's cases of cholera cured by *Camphor* alone are translated here, and show that he has frequently had to deal with the disease in its most frightful forms.

The August number contains a case of some importance. The advocates of the less attenuated doses have often been challenged to produce cases where a medicine truly homœopathic to the patient's condition failed to cure in a higher potency but succeeded in a lower. Here is an instance in point. Dr. Middleton, of Philadelphia, had an obscure brain affection to treat. The patient getting worse, Dr. Hering saw her in consultation; and *Phosphoric acid* was administered, the potencies being the 300th and 800th. As the patient still went down hill, lower potencies were suggested, but discouraged by the consultant. At last Dr. Middleton, on his own responsibility, gave her drop doses of the 1x dilution; and immediate improvement and rapid recovery were the result. In the same number Dr. J. G. Lawes is able to speak very highly of *Arsenicum* 2 and 3 in hay-fever.

In September, Dr. Farrington contributes a useful comparison of *Calcarea* and *Silicea* as remedies. In November, the indefatigable Dr. Lilienthal gives a study of "Dementia Paralytica" (general paralysis of the insane) similar to those we have described as appearing from his pen in his own journal. He calls attention to the long-lasting premonitory stage of this affection as affording a time in which treatment may prove efficacious, and recounts (from

authors) the symptoms then appearing. Dr. Farrington contributes a proving of *Natrum phosphoricum*, made on twelve persons with the attenuations, and (as might be expected) not showing very striking results. A different account is to be given of another proving, that of the *Arseniute of Soda*, which begins with this number to appear as an appendix to the *Hahnemannian*. This, which has been instituted by the Homœopathic Materia Medica Club of Alleghany County, promises to be a valuable addition to our pathogenetic material.

In December Dr. Houghton sketches the "Therapeutics of Suppurative Inflammation of the Middle Ear" with much instructiveness.

*Ohio Medical and Surgical Reporter*. November, 1876.—In this, the only number of the *Reporter* which has reached us during the period we are reviewing, we find nothing especially to notice.

*Cincinnati Medical Advance*. September, November, 1876.—The same thing must be said of these two numbers of the *Advance*, unless any should be interested to see Drs. Lippe and Hughes "trying a fall" anent the latter's examination of the cited symptoms in Hahnemann's pathogenesies.

*American Observer*. July—November, 1876.—In the August number of this journal Dr. Gilchrist (who has received the appointment to the chair of Surgical Therapeutics now added to the homœopathic department of the medical school of the University of Michigan), in some observations on "Surgery as a Science," relates some striking cases illustrating the value of galvanism in the treatment of strictures of the urethra; and in September he treats of the curability of cataract by internal medication, of the possibility of which he adduces considerable evidence. In this latter number Dr. Nichol, of Montreal, gives an excellent case of "non-malarial intermittent fever" cured by *Apis*, which we should have extracted here, but that it has already been given in the March number of the *Monthly Homœopathic Review*.

In November, Dr. Cushing, of Lynn, communicates

yet another remedy for enuresis, one of Hahnemann's medicines—the *Verbascum thapsus*. He says that he made a proving of it ten years ago, and that one of the most prominent symptoms was a constant dribbling of urine. He has accordingly used it ever since in the treatment of enuresis (in the third dilution), and does not know of one case that has not been cured.

We trust that the *Observer* is not defunct, but this number is the last that has reached us.

*Homœopathic Times*. July—November, 1876.—We have the same remark to make about this journal also, whose September and October issues, moreover, are missing. The numbers before us well sustain its practical character. A noteworthy paper is contributed in August by Dr. W. A. Allen on "Podophyllum peltatum, and its use in the diseases of malarious regions." He believes it the great remedy for rectifying the hepatic disorders occurring under malarious influences; and the interesting point is, that he does not give it as a cholagogue; but in doses which could only avail for a truly homœopathic operation, viz. the second and third attenuations where constipation is present, the thirtieth and higher where there is diarrhœa. The estimate of the relative value of homœopathy in the treatment of eye and ear disease, given by Dr. Searle, of Brooklyn, in the November number, is of so much interest and importance, that we extract it here:

"About one quarter of a century has passed away since the discovery of the ophthalmoscope, by Helmholtz, marked the inauguration of the present science of ophthalmology. Before that date knowledge was confined, almost exclusively, to what may be termed external diseases of the eye; and even these, connected as they are with the more deep-seated affections of that organ, were very imperfectly comprehended.

"The discovery and use of this little instrument, so simple and yet so effectual—so clear and startling in its revelations—form a veritable epoch in the history of pathology and physiology.

"Not only does it lay bare for our inspection a nerve in the full tide of healthy or diseased activity (a phenomenon nowhere else to be seen), but it is a nerve of special sense, expanded so as

to cover several square inches of surface. Through it pass arteries and veins, as plainly visible as those of the frog's web under the microscope; and hence the disorders of these also are open to our sight. Moreover, so closely does this nerve stand connected with the brain as to reflect from its surface much of the condition of that important organ.

"We have come into possession, as it were, of an outpost of the very citadel of life—a microcosm of the human universe.

"Surely we should expect much from such revelations; and in truth this little mirror has given an impulse to the study of *diseases* of the eye not only, but also to that of its healthful functions, and to the comprehension of disease and health as manifested in other organs, which has resulted in a scientific growth almost unexampled in the history of medicine.

"The results of observation by its aid have only begun to become apparent. I can mention here but a few of their outlines in the more immediate sphere of ophthalmology.

"The whole range of diseases of the optic nerve and retina, and their connection with those of the brain, and heart and kidney, as well as affections of the choroid and vitreous, are now clear to us. More accurate knowledge of the various forms of cataract, and improved methods of operation for its removal; the nature of glaucoma, and its cure by iridectomy; the vast improvements in the surgical treatment of diseases of the lids; the refractive anomalies of the eye; the uses of the compressive bandage and atropine, and many other appliances and adjuvants, give us of to-day a power to preserve, restore, and assist vision, which has robbed diseases of the eye of much of their terror.

"And much of its usefulness yet remains undeveloped. We have no time to-night to discuss its possibilities, but one important bearing, which we, as homœopaths, can more fully appreciate, I will mention; and that is the power which we now hold to clearly define the ocular symptoms in our provers of drugs.

"When we read the eye symptoms recorded in our *Mat. Med.*, wonderful in their value, even as they stand, and reflect what they might have been, had the provers been under the observation of a competent ophthalmologist, we are filled with regret, and that familiar refrain, "Art is long and time is fleeting," comes home with new power.

"In otology progress has been far less rapid and extensive.

Enthusiasm in its study has, however, been greatly quickened by the vast advances in its sister science, and the past twenty years have seen decided steps forward in this obscure and difficult subject. I say 'difficult and obscure,' because the ear is an organ, the most important parts of which are so veiled from sight and hidden from touch, as to largely preclude their examination during life.

"While, with the ophthalmoscope, we can survey the whole interior of the eye in the living subject, and detect even the slight variations of structure which mark the incipience of disease, the expansions of the auditory nerve are doubly hidden from our inspection. Not only are they shut up within the labyrinth, but, while the M. T. remains intact, we cannot even see into the middle ear; so that the condition of the aurist resembles that of the oculist before the discovery of the ophthalmoscope—indeed, it is more helpless; and, just as twenty-five years ago, nearly all cases of loss of vision, from causes lying behind the lens, were classed under the head of amaurosis (an affection which was defined as one in which neither patient nor physician could see anything), so now the phrases 'nervous deafness' and 'chronic aural catarrh' cover an abundance of ignorance. Could these obstacles be overcome and the expansions of the auditory nerve be unfolded to our vision, as those of the optic have been, doubtless the knowledge of the aurist and his ability to restore the lost sense of hearing would rival those of the oculist in his field of labour. But such a consummation, however 'devoutly to be wished,' we can, from the very nature of the case, never achieve. The same remoteness and inaccessibility hinder operative measures, and, in a great degree, *medical treatment* also, even when a correct or approximate diagnosis can be made.

"This last remark brings us more definitely to the subject in hand to-night, viz. the relations of homœopathy to ophthalmology and otology.

"That both prognosis and operative measures must depend upon diagnosis, all will admit. But that the therapeutics of the homœopath is ever properly influenced by diagnosis is what some are not ready to believe. That diagnosis is ever useless, or generally so, in the therapeutic problems of general practice, is a question which I do not propose to discuss to-night, but I entertain the very decided opinion, that no homœopathic oculist or

aurist can hold any other than the negative side of this question, so far as his specialties are concerned.

“ Without going fully into the subject I may be allowed to say that when our *Mat. Med.* shall have reached its full development ; when the number of remedial agents, which God has created, shall have been so far explored by our provers as to furnish a genuine similitum for every case of disease ; when their full spheres of action have been developed, analysed, and made comprehensible to the average mind ; when the renal and alvine and other excretions of the provers have passed the review of the laboratory ; when the symptoms of the eye, and ear, and nose, and throat, and other organs, have been observed and defined by experts ; and, above all, when some method is devised by which our symptomatology shall accurately reflect the day-books of the provers, and not stand so detached as to resemble the scattered pieces of a puzzle, then will a millenium dawn, in which diagnosis will surely be far less necessary than now, and perhaps, in strictly therapeutic problems, entirely unnecessary. Still it will always be needed to define the line between therapeutic and surgical cases—for example, it is not uncommon to come upon a case in which an inflammation, depending upon a foreign body in the eye, has been for weeks treated with medicines, while the true cause of the difficulty was one of a surgical nature. But this aside, by as much as we *yet* fall short of the true similitum, by so much must we—certainly for the present, and, presumably, for a long time in the future, resort to other laws of cure or to pure empiricism, or else, helplessly folding our hands, stifle our consciences as we listen to that voice which will ever follow us ‘ in the cool of the day,’ saying : ‘ Where is Abel thy brother ?’

“ I have wandered somewhat from my proper range of thought ; but, before we return, one further remark is appropriate as showing the necessity for careful diagnosis in diseases of the eye. It is this : It should be remembered that surgery is yet in advance of therapeutics in some portions of the field under consideration. No medicine, however administered, has ever cured glaucoma (though symptoms are abundant enough) or cataract, or staphyloma of the cornea, or glioma of the retina, as well as many other diseases of the eye where the knife is every day efficient, while others still, both of the eye and ear, are only to be cured by the

assistance of operative measures. For example, catarrh of the middle ear—the most common cause of deafness in our climate—is very much benefited by the use of Politzer's air-douche and the galvanic current properly applied. Medicines are of great value also in its treatment, so that both those who, like the allopaths, use the former and neglect the latter, and those who use the latter only, as do our exclusive symptomists, fail to reach the highest standard of success. This is also true of many other forms of disease of the eye and ear, which we have not time to mention.

“But does homœopathy, as a science and a system of therapeutics, manifest superiority in these specialities as it has in other fields? I confidently affirm that it has, and does, and will. To those who have watched the clinics of our old-school brethren it is very plain that, while they are expert in the use of the knife, and cure some of these forms of disease by medicines, their therapeutics, in these fields, is even more coarse, blundering, and inefficient than elsewhere. With the external use of astringents and caustics, the instillation of atropine, the use of derivatives, local depletion, and the administration of mercury and iodide of potassium, in syphilitic complications, their therapeutics comes about to an end. One of the most distinguished oculists of that school confessed to me that he had little faith in anything but steel in diseases of the eye. Having observed the large clinics of Knapp and Allen and Liebold, for a year and a half, and having treated, during the past seven years, about four thousand cases of eye and ear disease, I give it as my candid opinion that homœopathy, imperfect as its eye and ear symptomatology is, enables the specialists of our school not only to cure a much larger per cent. of cases than our rivals can, but often to avoid operations which would otherwise become necessary, and, where they are performed, render them more likely to issue successfully.

“The old school falls into the same error here which always besets its practitioners—they fail to individualise their cases. Every iritis must have atropine; every blennorrhœa must be washed with nitrate of silver; every trachoma must be rubbed with sulphate of copper; every catarrh of the middle ear must have the air douche. Now these measures are not without their modicum of success, but so far do we stand in advance of them that it is by no means uncommon to hear of cases which, after



having gone the round of the most celebrated old-school oculists, have been given up as hopeless, and yet have been cured by some humble homœopathist who had simply studied out the similar of the subjective symptoms, and who, perhaps, had no idea of the nosology of the disease he was treating. I need not say that I do not praise this lack of diagnosis; the cure would have been no less rapid and sure had the physician known what he was treating; nor do such facts show that this is the best method with all cases. But they do tend to show that, having in hand all the resources of the allopathist, and, superadded to these, a knowledge of the homœopathic *Mat. Med.*, and experience in its application by our law of cure, the specialist of our school can by far distance his allopathic competitor in his results.

“I will conclude this paper by citing some of those forms of disease in which homœopathy has proved most efficient, and some in which our general practitioners are liable to err, from failure in diagnosis and in relying upon pure symptomatology.

“In all *inflammatory* affections of the eye our superiority is strikingly manifest. Cold or hot applications, and the use of leeches or other forms of depletion, are the main reliance of the old school. The former are often very useful adjuvants, but at once you will understand how far we must excel in treatment when you recall the army of specifics which we possess for various inflammatory conditions. Inflammations which often follow operations or accidents are also better controlled by us for the same reason. When I was but a novice in these specialties, I operated for artificial pupil upon an eye, where one of the most distinguished oculists of New York had three times attempted the same thing, and had failed, because of the inflammation which was sure to follow; but with aconite and mercury I mastered that process, and gave sight to a young man who had been blind for years.

“In that horrible and tedious disease which is vulgarly called scrofulous ophthalmia, our treatment is infinitely the better. Often have I cured cases of this kind in a few weeks, which for years had been tortured by oculists of the old school. Their entire treatment in this affection consists in dusting calomel into the eyes, or in applying yellow oxide of mercury ointment, and in attending to hygienic measures.

“Ulcers and abscesses of the cornea also are wretchedly

treated by allopathic means. Instillations of atropine, sections of the cornea through the abscess or ulcer, rest and diet, with the compress bandage, are nearly their sole reliance, while in *Ars.*, *Merc.*, *Sil.*, *Hep.*, and various other remedies, we find specifics for these disease-processes.

“I might make similar remarks concerning iritis, conjunctivitis, retinitis, inflammations of the lids and lachrymal apparatus, injuries of the eye, and paralysis of the ocular muscles.

“When we come to diseases of the ear, allopathic resources are still more limited. For catarrhal diseases of the middle ear they do almost nothing but use the air douche, and injections of medicated fluids or gases through the ear catheter. These are well enough, and often useful, so far as they go, but poor enough when used alone.

“For abscess of the external ear they have only soothing applications, anodynes and the knife—nothing whatever to prevent their recurrence. In what is miscalled otorrhœa—properly otitis m. p.—they syringe and apply various lotions, a proceeding which is often necessary and efficient, but which is much aided by remedies.

“In that dreadful suppurative disease of the labyrinth, which is sometimes a sequel of cerebro-spinal meningitis, they are utterly powerless, and absolute and irremediable deafness is the result. I have seen about fifty of these cases in Knapp's *Olinic*, and four in my own. Generally they come under observation when it is too late. But in one instance I was able to treat the case from its outset. The disease was well marked and unquestionable in character. Just as convalescence was setting in in the primary disease, the boy, a lad of ten years, became suddenly so deaf that loud shouting could only be imperfectly heard, and that only in the left ear. This was over two years ago, and the lad to-day hears perfectly with one ear, and as well as most people with the other. I believe that proper treatment would equally save every case if timely entered upon.

“Now, in what diseases are we deficient in curative ability, and in which have we yet need to resort to allopathic measures?

“So far as diseases of the ear are concerned, we have great difficulty in benefiting, to any great extent, cases of chronic catarrh of the middle ear, and proliferous degeneration of its mucous membrane.

“Suppurative disease of the middle ear is also seldom cured by remedies homœopathically used, and unassisted by local measures.

“The difficulty seems to me to lie in the facts that so small a part of the body is diseased, that the tissues affected are so slow in their nutritive changes, that the chronic nature of the disease is so marked, and it is characterised by so few subjective symptoms, that the specific remedy for each case cannot be selected with any degree of certainty.

“Whatever may be the reasons, it is true that remedies alone generally fail to reach these cases.

“In chronic catarrh of the middle ear my friend and colleague, Dr. Houghton, has succeeded in making remedies useful, by first exciting an acute congestion of the parts by means of the galvanic current. Then remedies would take hold as we say, when before they would not, and when no results could be obtained by the current alone. This fact would seem to favour the idea that the low vitality of the tissues involved is a bar to the influence of infinitesimal doses. That structural disease should be cured necessitates a change of cell-life in the affected part, and here it would seem that the agent used had not sufficient power.

“With equal hopefulness can we undertake specific treatment in chronic otitis m.’p. I do not believe that one case in twenty-five can be reached by the most careful and expert therapist in our ranks. Syringing and subsequent lotions of various kinds have to be resorted to, and are efficiently used in connection with those remedies which seem appropriate. I think that any case of this kind can be cured, and (what may seem strange to some of you) *ought* to be cured. There is no greater fallacy and folly extant in the profession than the opinion, so often given to parents by even respectable physicians, that there is danger in curing such discharges, and that they are likely to be outgrown. I have cured many of them, and have never seen any evil results, and all aurists share this opinion and experience. On the contrary, we often see terrible evils resulting from the neglect or inefficient treatment of such cases, and at times even death. We never hesitate to cure ulcerations elsewhere, and certainly one in such proximity to the brain, and so prone to extend to it, in the form of meningitis and abscess, should be disposed of in some way.

“What has been said in reference to diseases of the middle

ear applies to a certain extent to similar affections of the conjunctiva and the lachrymal sac. I know no reason why these forms of inflammation should prove more amenable to specific medication than those of the ear, except that *here* we have more highly vitalised tissues involved. This is certainly true of the conjunctiva, and, if less true of the lachrymal sac, that only corresponds with the facts of the case, for surely it is less easily affected by remedies.

“ We not unfrequently find cases which either present absolutely no subjective symptoms, or so few that they are almost valueless in diagnosing the specific remedy. Probably such did exist in the outset of the disease, but, in passing years, they have been forgotten. Often children are brought to us in whom a chronic conjunctivitis has crept on in so insidious a manner as to have been entirely unnoticed, or they and their parents are so stupid as to be unable to give us any firm therapeutic foothold. It is true that such cases generally present a basis of ill-health, which we can reach specifically, but it does not always follow, even when the local disease had its origin in such ill-health, that it will disappear with the restoration of vigour. Cell life is subject to the law of habit, and the eyes are so constantly exposed to irritating agencies—so constantly used that the inflammation obstinately persists. In such instances the rude homœopathy of local applications must be brought into play.

“ I firmly believe that disease often becomes a habit—a second nature, so to speak, and that infinitesimals, and even low dilutions, have just as little, if not less, effect upon it as they have upon the healthy body. I am quite well aware, and fully believe that even infinitesimals do produce pathogenetic effects upon the healthy human system, and that they have sufficient effect upon those chronically inflamed structures which are constantly exposed to more powerful agencies, which tend to perpetuate the disease, clinical experience goes far to prove. Chronic inflammation, in any location, is difficult of cure, and in such exposed parts it is still more difficult.

“ Asthenopia is another disease which is very often medically treated by physicians, and its symptoms are so marked that the prescription is easy; still no permanent benefit may be obtained, and the reason lies in the fact that the whole trouble lies often in faulty refraction, and spectacles are needed and not drugs. But

these should be carefully selected by competent hands, or they may do more harm than good.

"Glaucoma is a disease which frequently simulates neuralgia oculi (a rare difficulty by the way, either in the eye or ear), and its treatment is attempted by the physician. As the pain subsides and vision again becomes good, he is apt to congratulate himself upon a cure, not knowing that this is the ordinary course of the affection, and that renewed and more severe attacks are sure to come. As I have before intimated its only known cure is by iridectomy.

"All forms of partial or entire blindness, which depend upon causes which lie in or behind the lens, must be diagnosed by the aid of the ophthalmoscope. An atrophy of the optic nerve, or an inflammation of the same, equally may cause blindness, and equally be entirely without subjective symptoms to guide us in the choice of an appropriate remedy.

"In spite of our prejudices, it will not do to ignore allopathic measures in all cases. I may mention one instance in illustration :

"A young and blooming Irish woman of the better class was lately brought to my clinic. About five months ago, while in the eighth month of pregnancy, she was attacked by acute Bright's disease, and soon became entirely blind. Her physician induced labour, and a dead fœtus was delivered. Her sight soon began to return, but for the past three months had been stationary. There was not one subjective symptom, but she could only see print, which we term J. 16, *i. e.* letters about one half inch in height, and proportionately large in all directions. The ophthalmoscope showed the remains of the deposit in the retina, and a partial atrophy of the optic nerve, which last proved that she had also suffered from optic neuritis.

"Now what was to be done? Can any one show any way in which an efficient homœopathic prescription could be made for her? And yet there was a way—an antipathic way to help her—and I took it. I injected 1-20 grain of strychnia sulph. under the skin of her arm once daily, and within one week she could read ordinary print with either eye. The improvement will be permanent.

"One more general remark I wish to make. It is this: While the subjective eye symptoms recorded in our M. M. are probably

as reliable as any of them, the objective symptoms are of very little value, simply because in most cases they were observed by unreliable diagnosticians. You will find remedies noted as having produced or cured near and far sight, and may expect that they will cure these defects, but you will be disappointed. They may have affected the ciliary muscles of provers, so as to simulate these affections, but it is impossible that they should have produced them. Nearly or quite as much may be said in reference to the term "cataract," which is very loosely and improperly used in our M. M.

"And, finally, I may say that the non-existence in the M. M. of a similar for any disease, or, what practically amounts to the same thing, our inability to discover it, either from our patient's being too young or too stupid to tell us his symptoms with accuracy, or from the absence of any symptoms at all, certainly justifies us in resorting to any measures which promises a cure. I will go farther than this, and say, that while diligent study of the M. M. is the plain duty of every one, there are those of us who have not the qualities of mind necessary to analyse the pathogeneses on record as others can. Some are young, and, with all the study possible to them, and all the very meagre aid they obtain from our professors of the M. M., they cannot have a ripe therapeutic judgment.

"It is one thing, and often a very disappointing thing, to think we have nicely 'covered' one case from a pathogenesy, and then fail to cure; and it is another and quite different thing, to know what features of our diseased-picture are the important; the characteristic ones, and which should be heeded to the neglect of others.

"Still farther, it should be remembered that our M. M. is an unpurchasable thing; and yet the necessity is upon each one of us to heal the sick. I have no excuse for, nor patience with, the lazy indifference of so-called homœopathsists, who practise for years, and have either no M. M. at all, or the poorest apology for an abstract of it; but I still believe that the ripest scholar in our classics will fail to cure the largest number of diseases of the eye and ear, in the speediest way, who, under the existing state of things in our school, does not know, and, at times, make use of the great store of experience which has been accumulated in the more ancient school of medicine."

*New England Medical Gazette.* July—December.—The numbers for August and November have failed to reach us, so that whatever of interest and value there may be in them must remain unnoticed here. In that for September Dr. C. Wesselhœft contributes some provings of *Amyl nitrite*, and mentions its value in quieting irregular and tumultuous cardiac action. The provings supply a good many subjective sensations resulting from its action, but hitherto unnoticed. Dr. Whittier relates some cases in support of the claim made for *Graphites*, that it will resolve indurations of the mammæ consequent on inflammation and abscess. He gave it in high dilutions. In the October number Dr. C. Wesselhœft supplies some fresh clinical verifications of this important medicine; and Dr. Walter Wesselhœft details a very interesting and obstinate case of menorrhagia, in which, after the failure of all means, homœopathic, allopathic, and mechanical, the hæmorrhage was finally arrested by the administration of *Bovista*, in the 2nd trituration. Marked increase of the flow at night, and a sense of enlargement and fulness of the head, were the main symptoms calling for it. Teste, in his account of his conversion to homœopathy, mentions the latter sensation as leading to his choice of the same drug for an obstinate leucorrhœa, and the brilliant cure thence resulting as strongly conducive to the making up of his mind. In December Dr. Claude, of Paris, relates his experience with *Guaræa* in chemosis, where it appears to be a very efficacious remedy. He gives the 1st decimal dilution.

*United States Medical Investigator.* July—December. Here also we have several gaps to lament, viz. those which should be filled by the numbers of July 1st, Sept. 1st, Oct. 15th, and Dec. 15th. We regret these irregularities in supply, as they diminish the value of our notices of "Our Foreign Contemporaries" as records of all that is noteworthy in homœopathic periodical literature throughout the world.

The numbers before us are filled with interesting and practical matter, and no American journal contains so

detailed an account of the proceedings of the World's Convention, several of the papers presented being given at length. In the issue of Aug. 15th, Dr. James Blakely, the original prover of *Mercurius iodatus*, gives a number of cases illustrative of the action of this substance. He considers a tongue coated yellow at the base, but clean (perhaps red) in front, to be very characteristic of it. In that of Sept. 15th, Dr. O. W. Smith, *apropos* of the power of *Ruta* to disperse ganglia of the wrist, mentions a case in which one developed under its use (3rd dil.) for rheumatism of the lower extremities, which disappeared as the ganglion came into prominence. The latter itself departed soon after the medicine was discontinued.

Oct. 1st brings us a narrative of an epidemic of trichiniasis, in which there was an opportunity of testing the powers of homœopathic remedies to relieve suffering and promote recovery. *Spigelia* was the medicine found most helpful. The following, from California, will amuse our readers :

“*Medical fun.*—I thought it might possibly amuse some of your readers if I should send you a few questions and answers. At a meeting of our board of examiners, under the new medical law, a man presented himself, who claimed to have been sixteen years in practice, but who had no diploma. His examination was begun with written questions, and I will give you a few of them, and his answers, *verbatim et literatim*. It is needless to say he did not pass.

“Question.—What kind of a muscle is the sartorius, and where is it located ?

“Answer.—Muscles are numerous all over every limb they are located in every part of the body and are numerous in every limb.

“Q.—Where is the deltoid muscle, and what is its shape ?

“A.—Elbow muscles are situated in the elbows the muscles run the whole length limbs.

“Q.—Where is the gluteus maximus muscle ?

“A.—The glutinous muscles are what we call the fine muscle of stomach and other organs and other organs termed glutinous.

“Q.—What is Potts' disease of the spine ? Give its varieties and pathology.



"A.—There a disease turned Pot disease it is called by some a Blood disease have in not seen many cases I use the specifics according to its symptoms.

"Q.—What is spina bifida, and when does it occur?

"A.—this spina Disease the spine of the back becomes Crooked in cases that I see in this country It seems to grow on some persons.

"Q.—Is there such a thing as false peritonitis? If so, how would you diagnose it from the true?

"A.—they are Disease Called peritonites it is very painful their can be no such as Disease a false one.

"These will do for samples. This man says he has lately been converted to Homœopathy. What a shining light he is likely to make on our side of the medical world!—G. M. PRASE."

The number for Nov. 15th contains a case of poisoning by *Phosphorus*, which, with the comments of its reporter, well deserve extraction, but our space will not allow thereof.

## MISCELLANEOUS.

*A Few Last Words on the London School of Homœopathy.* By  
DRS. BLACK, DRYSDALE, DUDGEON, and KER.

IN the April number of this Journal we addressed a letter to our medical colleagues on the "London School of Homœopathy," in which we advocated the abolition of a distinctive title in order to encourage the attendance of medical students, and to secure us the opportunity of asserting our right position in medicine.

On April 27th, 1877, we circulated among our medical colleagues the following letter.

DEAR SIRS,—In the April number of the *British Journal of Homœopathy* we published a "Letter and Preamble" addressed to the medical profession on the proposed London School of Homœopathy. We have circulated 185 copies of this letter, and we have received either personally or by letter 142 replies; 122 are favourable, concurring with the views of the preamble, but 2 of these decline all responsibility, as they view the school movement in any form as a mistake; 20 express a decided opposition to the "Letter and Preamble;" one declines to sign because, though the preamble expresses his opinions, he fears the discussion may injure the "School." Even if we put down all who have not replied as hostile or doubtful, we have an expression of opinion which we deem decisive as to the propriety of our present course.

We would have called a meeting on the 2nd of May, in accordance with the wishes of those who replied, had it not been for the personal appeal of Dr. Bayes not to do so until he had an opportunity of stating his own views. This he has done by means of the letter in your hands, which we shall now consider.

We do not admit the justice of styling our proceedings *ex parte*. The views we have expressed in the "Letter and Preamble" are those we have always held. So long ago as 1849, when the Homœopathic College of Philadelphia proposed to constitute us into an examining board for their degree to be used in this country,

we declined on account of the sectarian title, although the present Medical Act was not in existence.

Dr. Bayes states the name was fully discussed at the last Congress, and a resolution was passed that the name should be "The London School of Homœopathy." In this Dr. Bayes is mistaken. The discussion which arose there was not as to the name, but as to the connection of the School with the London Homœopathic Hospital and the British Homœopathic Society. Entirely in that sense Dr. Black moved an amendment that a School of Homœopathy should be formed in London; but in all the discussion there was no question as to name; it was among such a body the simplest way of stating that homœopathic therapeutics be taught in London. His main objection to the connection with the Hospital and with the Society was that in a new movement such as this it was better to seek an independent existence and thereby make one step in asserting our non-sectarianism. This was an aspect which Dr. Black and Dr. Ker had very carefully considered. So little was it thought that a fixed name had been given to the School that at the first of the only two committee meetings held before the general meeting Dr. Black suggested the title as a point for serious consideration. His then state of health prevented him carrying out the subject, but Dr. Drysdale strongly urged Dr. Bayes to give no name until a special committee had reported on the same, feeling very decidedly that the name should not be a sectarian one, but local or abstract. The difficulty was to choose a good local one.

At the general meeting of the 15th December, 1876, Dr. Dudgeon proposed to alter the name so as to get rid of the sectarian title; his proposal was seconded by Dr. Wyld, and after being partially discussed was put aside on the ground of technical informality. In the report of the meeting in the *Monthly Homœopathic Review* all notice of this incident was suppressed. After this general meeting one of us wrote to Dr. Bayes, informing him we were not satisfied and intended to pursue the subject further. As soon as possible after this the Letter and Preamble were issued.

We quite agree that the decision to be arrived at "*may affect the interests of medicine in no small degree for many years to come,*" and hence we are so urgent that a step should not be taken which may imperil the position of homœopathy as an integral part of therapeutics in this country. We are not

blameable for this "apple of discord." We should rather say those are blameable for its introduction who insist on attaching a name to the school which will place us in a false position, and will, as we believe, effectually prevent recognition of the lectures by the licensing bodies. Dr. Bayes asks, "What valid reason have you for such a conclusion?" To this we reply we have had a long interview with a distinguished member of the Senate of the London University, who tells us that the *presence of the word "homœopathic" in the title of a school or of individual lectures would effectually bar the question of recognition being even entertained at all*; not from any objection to the homœopathic theory as such, but from the sectarian restrictions implied in such a title. In illustration he further remarked, that any school or lectures bearing the title "allopathic" would on the same grounds have no *locus standi* in an application for recognition. Such is the real obstacle to recognition, and not "*the assumed dishonesty of our conduct*," as Dr. Bayes wishes you to believe (p. 8).

If there should be any fancied legal difficulties about the money subscribed under a title prematurely settled, let an offer be made to refund it to those donors who may be dissatisfied. We are confident no repayment will be demanded when they perceive that a change of title is made in deference to the opinion of the majority of the profession in what they conceive to be the *real interests* of homœopathy. The change of title is simply the expression of our claim to teach our opinions with recognition, and is therefore not a lowering of our flag nor a sign of waning faith, as some would have it. It is the assertion of a privilege which is a corollary from the protecting clause (§ 23) of the Medical Act. Let us remind you that this clause was obtained from Parliament by an agitation similar to the present and mainly by ourselves, and an indispensable condition to its passing was its abstract form, and the absence of any reference to a particular theory, such as the homœopathic.

Dr. Bayes says the name homœopathy is "the concrete name for the teaching of drug selection by the rule '*similia*' as opposed to that by the rule '*contraria*,' that is all," and that *this teaching* is the justification for the title of the school. But with singular inconsistency the lectures on *Materia Medica* as announced are to "embrace the history of *all known actions and uses* of the substances employed in medicine" (the italics are in the original). The attempt to combine these two methods of teaching stultifies the whole object of the school; for the purely homœopathic part

alone is what is desired by practitioners of medicine, whereas a course of complete *Materia Medica* is required by the student in order to give the instruction necessary to meet the examinations of the licensing bodies, whilst, as we have shown, the title of homœopathy precludes the attendance of students altogether. For what student in these days of numerous studies and severe examinations will burden himself with a supererogatory attendance on lectures which could not count in his curriculum?

Dr. Bayes is entirely mistaken in the conclusion he draws from the success of the American colleges, which is not owing to their title, but solely to their power of granting licences to practise; moreover, the tendency of the Americans in both their latest schools and periodicals is to drop the sectarian title altogether. It has been urged that allopathic medical men have expressed approval of the present title. Of course we are well aware that mere allopathic partizans will rejoice to see us voluntarily and exultingly relegating our school, as they say, to the Coventry of quackdom along with the "British College of Health" and similar institutions, but shall we suffer ourselves to be thus thrust out of the pale of legitimate medicine and by our own act?

Dr. Bayes complains of our Letter and Preamble being a grievous blow "when complete success was within our grasp." We wish we could see any evidence of complete success. The opening of a course of lectures to be attended by all and every body except *bona fide* students, we regret to think, forebodes failure rather than success. We cannot forget the sanguine expectations entertained at the opening of the Homœopathic Hospital and School in Hanover Square, in which the wishes of the lay element were so much appealed to for the sake of subscriptions, and the abortive outcome of the same. Any project that appeals to aught but the highest and strictest principles of medical science must ultimately end in failure.

With respect to the extraordinary meeting of the governors desired by the bulk of our supporters before the formal opening of the school, Dr. Bayes appealed to us to postpone it till the matter could be discussed at the annual assembly of the British Homœopathic Society and also at the Congress in September. We agreed to this on condition—1st, that such delay should in no way prejudice our arguments and future proceedings; 2nd, that the result of a vote taken at the annual meeting of the British

Homœopathic Society, and again at the Congress this year—votes by proxy being allowed—should be held binding on both parties; that is: “if resolutions founded on the Preamble are carried at both meetings, you and your colleagues bind yourselves to carry them into immediate effect; we binding ourselves, if adverse, to submit to the opinion as far as it is applicable to the ‘London School of Homœopathy.’”

Dr. Bayes replied that he accepted the first condition, but as regards the second he refused votes by proxy, also to bind himself, and superadds to the medical meeting a general meeting of subscribers. He concludes, “if the vote at these [the medical] meetings and at the general meeting of the subscribers was, in my opinion, adverse to the true interests of the school I should reserve to myself the right to resign my position as honorary secretary, and to place the direction of affairs in the hands of those who could conscientiously carry out the new idea.”

We deprecate this tone, and we feel as much as any one the extreme value of the services Dr. Bayes has rendered and can still render to the cause.

The binding conditions being refused, public meetings of medical men become superfluous. Our course, therefore, will be to summon ere long a meeting of medical men favourable to the Preamble; we shall then draw up resolutions founded thereon, and suggest a title under which we can claim legal recognition. These resolutions will be submitted to the governing body in the manner provided for by the laws.

F. BLACK.

J. J. DRYSDALE.

R. E. DUDGEON.

C. B. KER.

P.S. Monday, 30th April.—While the above was at press we received the May number of the *Monthly Homœopathic Review* containing another letter from Dr. Bayes. The tenor of the epistle is the same as that on which we have already commented, and it needs few additional remarks. With regard to the claim for his plan of a monopoly of honesty and straightforwardness, boldness and manfulness, we would humbly suggest that our proposal to force the barriers of the ordinary licensing bodies and teach homœopathy openly in their curricula has some claim to these qualities.

Dr. Bayes says, a “school having only two special lectureships

besides those in its clinic cannot appropriately be called a medical school." We are not called upon to discuss here the abstract number of chairs required to constitute a medical school, nevertheless we may remind him that there have been "medical schools"—and famous schools they were—with a few chairs; witness those of Hunter, the two Bells, Marshall Hall, &c.

We had received numerous gratifying replies to the Letter and Preamble, some of which we intended to have read at the meeting had it taken place, and we refrain from giving them at present to avoid the appearance of *ex parte* statement. However, since the circulation of Dr. Bayes' letter to Dr. Drysdale we have received eleven communications; in five of these the writers express their adhesion to the Preamble, one of them having previously declined to do so, one is decidedly adverse, and five retract the adhesion previously given. Of the retractors four withdraw their names out of personal regard to Dr. Bayes or fear of injuring the money prospects of the school, while they still profess agreement with the principles of the Preamble. These correspondents are influenced by the assertion of Dr. Bayes that our proceedings are injurious to the school. We, on the contrary, after mature consideration, are more than ever convinced that the course we recommend is the only one capable of securing the legitimate and permanent success of the school.

On May 16th, Dr. Pope circulated a series of resolutions, bearing on the subject of title, introducing side issues with which the question we advocate has no connection. The first and second paragraphs are those we have to consider, and especially the latter.

"That, while there are in the opinion of some of the supporters of the school sufficient reasons for describing the institution by a name less sectarian than that which has been accorded to it, there are on the other hand valid reasons why the discussion on this question should be postponed until the success of the school is assured."

We are informed by Dr. Pope that he has received 121 replies to the 287 letters he posted.

86 of these were favourable to the resolutions.

35 were not favourable.

Of the 86 favourable, 46 were those of medical governors of the School.

We know that a very much larger number than thirty-five were opposed to Dr. Pope's resolutions, who manifested their views either by taking no notice of the resolutions or by expressing their opinions as did the Liverpool Med. Chir. Soc. by counter resolutions.

13, St. James Road, Liverpool ; June 1st, 1877.

DEAR SIR—At a special meeting of the Liverpool Hom. Med. Chir. Soc. held last evening the circular of Dr. Pope respecting the London School of Homœopathy was taken into consideration and discussed.

The following resolutions were proposed by Dr. Moore, and carried unanimously :

1st. That we beg to express our deep sense of our obligation to Dr. Bayes for his very laborious and highly successful efforts in obtaining pecuniary means to establish a school of homœopathy.

2nd. That we desire to express our conviction that the four colleagues who wish to have a non-sectarian name for the school have equally at heart the good and the future progress of homœopathy.

3rd. That we think the question of the title of the School should be fully and fairly discussed both at the Annual Meeting of the British Homœopathic Society and at the Congress to be held in Liverpool in September next, and if a majority decide on a change of name such change should be carried out by the executive.

4th. That we decline to pass any judgment on differences of a personal character which have unhappily been introduced into the discussion of this question.

I am, yours faithfully,

To Dr. Black.

P. PROCTER, *Hon. Sec.*

We must add that these resolutions were brought forward without any previous understanding or knowledge of them by Dr. Drysdale, the signer of the original letter and preamble.

It is difficult to understand the fact, for fact it is, that a bare majority of the medical governors signed Dr. Pope's resolutions, and that a majority of the same body signed our letter and preamble. The explanation of this must be either that the variety of subjects introduced into the resolutions has diverted attention from the main point at issue—that of a school with a sectarian designation, or that many of the signatories saw good



reason to change their minds in the short interval which elapsed between the issue of the one and the appearance of the other. The first explanation is the more probable of the two. Believing this we are by no means content to rest satisfied with the conclusion that has apparently been arrived at—that the new institution should bear the title, “The London School of Homœopathy.” On the contrary, we shall consider ourselves at liberty to renew our protests or take action against that conclusion when a favourable opportunity offers. Feeling strongly as we do how much of the future of homœopathy and of medicine hangs on this question we cannot do otherwise. In the meantime we protest against our proceedings being characterised as an attempt to change the name of the existing school. We contend that the sectarian title was bestowed on it by surprise and without any proper reference to the sole competent authorities for determining it, viz. the general body of the profession who employ homœopathic treatment in their practice: the hasty vote of a general meeting of the subscribers to the school.

Our efforts must be unceasingly directed to the securing recognition for ourselves by the profession generally and by the medical licensing and examining Boards. We must not relax in such efforts till the end is gained. The end will not be gained till we are unanimously or almost unanimously supported in them by our own body. Nor will it be gained as long as our chief institutions bear a sectarian designation. What we have to do in the first place, therefore, is to convince ourselves of the vast advantage to us which would follow in the train of recognition, and that such recognition will not be granted to a school with such a title as that which has just been established.

The longer we continue in our sectarian position the worse for ourselves and for medicine, especially if that position is a voluntary one or acquiesced in by us. We narrow our range of vision to the limits embraced by the terms ‘Homœopathy’ and ‘Homœopathic.’ We bring medical questions to the homœopathic test, not to the medical one in the large sense. We value unduly our own views and our own literature and our own practice, and are thus disposed to underestimate those of our brethren of the dominant school.

Can any one doubt that we should have a greater leavening power on medicine if allowed a place within the pale of the profession than if forced to remain outside that pale? We have

only to consider what has already been done by us even as outsiders to come to the conclusion that the leavening process would have been infinitely greater had we been recognised. Our doctrines uttered in the societies and published in the journals of our brethren of the old school would have a weight given to them in one year which has not been accorded to them during the last forty. To secure so great a gain to medicine, therefore, we maintain that it is worth our while to make every sacrifice short of the surrender of our fundamental therapeutic principles. Medicine requires this sacrifice of us, and we should be prepared to make it. We are convinced that a majority of the best men in the profession are prepared to welcome us into their ranks. Some of them, we are confident, feel that when the day comes when that happy consummation shall have taken place, a reserve which, they must acknowledge with a certain sense of shame, they have felt constrained to practise in the expression of their opinion will be no longer necessary. They will then be able, without having the stigma attached to them of favourers of homœopathy, to express their heart-felt convictions as to the necessity of knowing the effects of medicines on the healthy body, as to the more or less general applicability of the doctrine of similars, as to the superior utility of sometimes prescribing one medicine only instead of several, and as to the debt of obligation which medicine owes to Hahnemann.

It is difficult for us to conceive that there should be members of our body who are unwilling to allow that this is a consummation devoutly to be wished; it is so clear to us that it is one by which both parties will be gainers and which will result so manifestly to the advantage of medicine.

We give no favour from those who have committed themselves as allopathic partisans. On the contrary our best hope for the future is in claiming our right of teaching the rising generation, and in this hope we may expect the aid and sympathy of all liberal-minded persons.\*

F. BLACK.

B. E. DUDGEON.

J. J. DRYSDALE.

C. B. KER.

\* While this letter is in the press we have read with pleasure a clever pamphlet, by Dr. S. Cockburn, of Glasgow, entitled, 'No Sectarianism in Medicine.' We gladly express our thanks for his able advocacy of a non-sectarian title to the school.

## BOOKS RECEIVED.

*New Observations on Hay Fever.* By C. H. BLACKLEY, M.D. London: Baillière, 1877.

*The Science of Life.* London: Burns, 1877.

*Technical and Handcraft Training.* By HAHNEMANN EPPS. Hampstead: Hewitson.

*On the Sources of the Homœopathic Materia Medica.* By RICHARD HUGHES, L.R.C.P. London: Turner, 1877.

*A Manual of Therapeutics.* By R. HUGHES, L.R.C.P. Ed. Second Edition, Pt. I. London: Turner, 1877.

*Report of the Birmingham and Midland Homœopathic Hospital.* 1876.

*The Liver and its Diseases.* By WILLIAM MORGAN, M.D. London Homœopathic Publishing Company, 1877.

*How to prevent Desquamation of the Cuticle in Scarlet Fever.* By GEORGE LADE, M.D. London Homœopathic Publishing Company, 1877.

*Diabetes Mellitus.* By WM. MORGAN, M.D. London Homœopathic Publishing Company, 1877.

*Eruptive Fevers, Scarlet Fever, Measles, Smallpox, &c., being a course of lectures on the Exanthemata delivered at the London Homœopathic Hospital.* By Dr. V. DRURY, M.D., M.R.I.A., &c. London: Gould, 1877.

*No Sectarianism in Medicine.* By SAMUEL COCKBURN, M.D., Glasgow. Being a reply to *The London School of Homœopathy*, by Dr. BAYES, of London.

*Whose Dog is it?* London: Partridge.

*Boston University Year-Book.* Vol. IV.

*Zur Richtigstellung des Urtheils.* Von Dr. CL. MÜLLER.

*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.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*Allgemeine homöopathische Zeitung.*

*Dublin Journal of Medical Science.*

*Ohio Medical and Surgical Reporter.*

*Cincinnati Medical Advance.*

*The Homœopathic World.*

*The Homœopathic Times.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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DRUGS AND THEIR DOSES.

By ARCHIBALD HEWAN, M.D.

AMONG the many incidents—and there are not a few strange ones—in an acquaintance with old physic of some eighteen years, and before I knew anything experimentally of the law of similars, I remember while abroad giving a man in great pain a six-ounce bottle of medicine, containing altogether one grain of *Morphia*. I particularly instructed him how it should be taken at regular intervals. Not long after I was hurriedly sent for to see my patient. I found him in a dead stupor. On making inquiry I was informed that, having found some relief from the first dose, he had proceeded directly to take a second, then soon after a third, and being of rather an impetuous turn of mind he finished by taking off the remainder at one draught, arguing roughly that if one or two doses did him so much good the whole should make him altogether well. By this rash and summary process of reasoning he had put himself into a quiet and peaceful slumber, in which he lay alike unconscious of his own danger and of the great anxiety and alarm of his friends, who crowded around him helpless and wondering. I — ; well, he recovered.

Whoever goes abroad very soon discovers that human  
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nature and the human mind are pretty much the same all the world over. And, on parallel lines, either among civilised or unenlightened humanity, it would seem to require some measure of a certain kind of educating and experience to convince most men that a bottle of medicine need not have the power of doing harm when taken in bulk to be of any worth if taken only in the small, and may be tasteless, dose. Certainly the mind of man tends to grovel in things material and ponderable, preferring to disbelieve and denounce, without individual inquiry, that which it has neither wish nor courage to patiently investigate. So much the worse for the man who is weak and stubborn enough to be content with the possession of such a mind.

Those of us who at some period of our career have been brought,  *nolens volens*, into contact with the benefits which result from medical treatment according to the law of similars, and have permitted ourselves to examine and to scrutinise, know something of what I have stated, and how hard it was to shake ourselves free of the prejudices and the bias which were inculcated and enforced during the days of our pupilage. Convinced, after investigation, of the truth and practical worth of that law, we know with what apprehensive tenacity we seem to cling to the material dose, even after we may have had undoubted and perhaps some triumphant result from the use of the higher potencies. I speak for myself, for I know what I have had to struggle against in that direction; and I know I state the experience of many others. Some men, to be sure, assert that it is wholly unnecessary to employ material doses at all. They are well acquainted with their  *materia medica*, for they are conscientiously always at it. So convinced are they that a high potency of the properly selected drug will effect a cure if the disease is at all curable that they will run any risk rather than be guilty of administering a  *material* dose. The result has been that some of their patients, after much loyalty and devotion, sustained patiently for varied periods, have betaken themselves to the more material dose, and have, in consequence, rapidly got better. This is a fact that has taken place repeatedly.

But then the reverse is none the less a fact. For after a long trial of material and "sensible" doses without the desired result, the incalculable globule became in its turn the effective weapon. The truth, then, is that patients have been cured by an imponderable or infinitesimal dose when the other has failed, and *vice versa*. Where, then, is our standard? What our rule? Simply this:—"Prove all things; hold fast that which is good." Every physician should have this largely engraved between his eyes and upon every leaf of his case-book. Let not the man who wields only the large dose deride or discredit him who dwells only in the region of the infinite; nor should the latter affect to be always looking down upon the former from his self-exalted position, and be calling him names. The shield which is the glory of homœopathy has, like other shields, two sides, both of which are useful in their own way and time. Records of cases from Hahnemann downward prove incontrovertibly the truth of this. Therefore, when a man who is in the habit of testing the efficacy of both sides, and has proved their worth, is able to set forth a *bond fide* case from the one side or the other, he is bound to do so, and thus add his quota to the accumulating heap. For my part I confess that I prefer to employ, as being more reasonable, the more material doses; and these in the vast majority of cases give me such satisfaction, both as to myself and my patients, that I fear I shall never attain to the sublimity of the ærial and highly exalted sphere and lose myself altogether in the philosophy of the infinites. Still I am bound to confess that I do sometimes put on wings and soar away into those regions, and have discovered myself in the realms of the thirties. But I have never been able to remain in them.

Men dwelling only there have let slip out of their hands some valuable cases; some of them have been picked up and rescued by the "grosser" men who think it wiser and well to remain beneath.

The *British Journal of Homœopathy* for April last says, p. 131, "We were assured by a thoroughly good and accurately observing practitioner only a few days ago that he

had cured two cases of very annoying threadworms in a brother and sister by a few doses of *Cina* 30. The worms came away in vast numbers, and the patients had perfect and abiding relief from their very troublesome symptoms." Now, I have had some wonderful, and to all ordinary reason incredible, results after the use of thirties, but mainly the more material dose affords me satisfactory and abiding results.

I also have had two cases of brother and sister affected with threadworms treated by *Cina* 30 rapidly relieved though not cured.

Feb. 1st, 1877.—H. M—, girl, æt. 5, fair complexion, rather red lips, irritable, quick in movements, well nourished, and otherwise healthy. Much troubled with cough. Has a ravenous appetite. Can't sleep at night on account of the irritation caused by the worms, which crawl out and are seen in numbers on the sheet. *Cina* 30 ter die.

8th.—Somewhat better; still coughs constantly day and night. Less ravenous appetite. Sleeps better. [Her father died of consumption before she was born.] There are fewer worms. Used to cry much on going to bed on account of the irritation, not so now. I felt strongly tempted to give her *Cina*  $\phi$ , but I determined rather to persevere with 30 and to see the issue. Continue *Cina* 30 ter die.

17th.—Much better. All the little pests have disappeared entirely. Last seen two days ago. Not been so well for six months. Cough better, though not quite gone. The mother states that the brother of this little patient, aged eight years, was troubled with worms in the same way, quite as bad. She gave him the same medicine, and he now is quite well also.

March 3rd.—Cough quite gone, but the worms appeared again three or four days ago. Sleeps again restlessly. Repeat *Cina* 30.

April 18th.—Patient did not return, but, determined to follow up the case, I called at her house to inquire. The mother stated that she was disappointed at the return of the worms, and at the *Cina* 30 doing no good as at first. A friend advised her to try *Spirits of Turpentine*. Of that she gave one teaspoonful *three times a week*, followed by

*Castor oil* in the morning. Since then there has been no return now for more than a month.

*Remarks.*—In this case *Cina* 30 exerted an undoubted influence. She had *no other medicine or treatment* whatever, therefore the rapid abatement of symptoms, subjective and objective, must surely be ascribed to the effects of *Cina* 30. But that medicine, when repeated on the return of the malady, seemed to have lost its power. *Turpentine* then, in large doses, proved so far permanently useful. *Cina* 30 only temporarily so. Query, would *Turpentine* alone have effected the cure?

## ON ACIDUM OXALICUM.\*

By J. C. BURNETT, M.D.

GENTLEMEN,—I need offer no apology to a gathering of practical physicians for bringing up the subject of a poison for their consideration and discussion. Those on whom the genial light of Hahnemann's discovery has not fallen are interested in oxalic acid merely as a toxic agent and as having a bearing on the oxalic-acid diathesis; to us, who have daily cause to bless his memory for the guiding rule of our practice—that whatever hurts may similarly heal—this noxious agent interests us, as a matter of course, as a healing agent. We are interested in it as a poison, but we are more interested in it as a medicine. The physiological therapist cannot well make any use of the dihydric oxalate, since its physiological action is so very destructive to the living organism: it has been known to kill in three minutes; hence we find that it is exclusively a homœopathic medicine, unless, indeed, Valli's theory be correct that in oxalic acid we possess a physiological agent, or

\* Read before the Liverpool Homœopathic Medico-Chirurgical Society, March 1, 1877.



rather a chemical one for dissolving out the lime in calcareously degenerating old age, and be thus enabled to remain ever plastic and elastic and to prolong our days as long as the supply of oxalic acid holds out. And as this is almost everywhere in nature there need be no limit to life. The *Oxalis acetosella* was the original source of the oxalates, and is parent also to the name. It is also contained in our common sorrel—*Rumex acetosa*, whose habitat and taste are well known to schoolboys. *A propos* of our good old word sorrel, Webster must needs derive it from the French *surette*. Now, *surette* (and *suret*) is itself of Germanic origin, and as our forefatherly Saxons had their sorrel many generations before they learned “French of Normandy” we might surely expect them to possess a homely name for the homely weed. Moreover, the word sorrel is evidently from sour, and the terminal *el* is its diminutive or its name-suffix. We partake of the acid combined with calcium and potassium in our spinach and rhubarb, and here at least the great question of the dose is of importance.

Probably the first writing on oxalic acid is that of F. P. Savary in his thesis *De Sale Essentiali Acetosella*, Argent., 1773, 4to. I have not been able to refer to this, but I quote it from Kühn's *Versuche und Beobachtungen über die Kleesäure*, &c., Leipzig, 1824, which I here show you. This is an important point because Scheele is commonly accredited with its discovery. You will see Kühn adds but little to the experiments of Christison and Coindet on this subject.

Perhaps the first notice of it as a poison is that published by Royston in 1814 in the *London Medical Repository*, vol. i, p. 382. This was the case of a woman who took  $\text{ʒss}$  by mistake and died a horribly painful death in forty minutes. From this time on until now cases of accidental and suicidal poisonings by this substance crop up in our journals. Strangely enough it seems very rarely to have occurred on the Continent, so rarely, indeed, that Casper tells us he never saw a single case of it, and Tardieu quotes from Taylor.

There is a very good account by Dr. Neidhard of the acid, together with provings with the first and second triturations by Hering and five others, in the first volume of the *Transactions of the American Institute of Homœopathy*, 1846. This monograph appears to have been the basis of all subsequent therapeutic trials; and unless my knowledge of homœopathic literature be lamentably deficient, this great poison has not yet become a great remedy. Either it has not been wanted, or it has been tried and found wanting, or finally it may have been unduly neglected. Neidhard's pathogenesis embraces in all 234 symptoms. I wish to say of these symptoms from the provings that I have verified a great many of them by comparing them with those elicited in cases of poisoning and find them exceedingly reliable; they are evidently *bond fide* pathogenetic.

Jahr adds nothing to the subject. Dr. Richard Hughes's article on oxalic acid is not one of his best, I think. He says, "Oxalic acid is an irritant poison; and the great body of the symptoms induced by its ingestion are due to inflammation of the alimentary mucous membrane." Now, this is true only when the acid is introduced into the stomach in *large doses*, and *highly concentrated*, and when from some cause its action is then stopped.

And further, "When absorbed into the system, its elective affinities manifest themselves in the sphere of the lungs and of the nervous centres." That it affects the lungs is certain, but evidence is wanting of its *elective affinity* for those organs, at least as far as my reading goes. It seems to me to elect before all the *heart*, and of the respiratory sphere, perhaps, the larynx, the subpleural connective tissue anteriorly, and the lower portion of the left lung, but I hardly think we are warranted in stating that oxalic acid is a lung-medicine *de préférence*; indeed, in its entire pathogenesis there are but three or four symptoms having special reference to the lungs, and these relate only to the left one. It remains to be seen whether the post-mortem state of the lungs be due to the action of

the acid on them direct. I shall subsequently refer to a clinical verification of these left-lung symptoms.

Symptom 201 might apply to both lungs. Its elective affinity for the nerve centres stands, however, beyond dispute. In fact, we may say that oxalic acid kills the cerebro-spinal system outright.

It is stated that of all organic acids, oxalic acid has the greatest amount of acidity; one part giving an acid taste to 200,000 parts of water. Christison and Coindet deduce from their experiments—

(1.) That oxalic acid, when introduced into the stomach in large doses, and highly concentrated, irritates it or corrodes it, by dissolving the gelatin of its coats, and death takes place by a sympathetic injury of the nervous system.

(2.) That when diluted it acts neither by irritating the stomach, nor by sympathy, but through the medium of absorption upon distant organs; and, *cæteris paribus*, it acts much more readily when diluted than when concentrated.

(3.) That though it is absorbed it cannot be detected in any of the fluids, because probably it undergoes decomposition in passing through the lungs, and its elements combine with the blood.

(4.) That it is a direct sedative. The organs it acts upon are the spine and the brain primarily, and the lungs and heart secondarily; and the immediate cause of death is sometimes paralysis of the heart, sometimes slow asphyxia, and sometimes a combination of both.

As to the first conclusion, that it kills only as an irritant and not as a poison: to this I would say—What *proof* have we that it does not act simultaneously as a direct paralyser of the heart ganglia? Can we suppose that *because* it acts as a corrosive, or as an irritant, it does not *at the same time* act as a direct poison?

As to the second conclusion, that it acts through the medium of absorption upon distant organs: this is very probable, but not quite clearly *proved*. And, according to Pellicau's observations, these variable modes of operation qu

animals as a result of dilution require confirmation, since his do not tally herewith.

As to the third conclusion, this is also probable, but since it cannot be detected in any of the fluids, where is the *proof* that it is absorbed? Since it affects distant organs we may have to assume that it is absorbed and carried thither, but that presupposes that its action is only felt where it is present. Then as to its being decomposed in passing through the lungs; this cannot well be, else we might detect some of it in the blood *en route* to the lungs, and, moreover, if it were so, it would be certain to affect the lungs a great deal more than it does. These conclusions are so many plausible notions that are intended to embody the whole subject of its action, but from their very nature fail. They really mean that they do not know its true *modus operandi*.

And, finally, as to the fourth conclusion, that it is a direct sedative: now, a sedative is an agent whose action is the reverse of a stimulant; it allays irritability and pains and excessive activity. Does oxalic acid do this? Oxalic acid causes fibrillary twitchings of the muscles, restlessness, hurried breathing, convulsive gasps, violent opisthotonos, and other varieties of tetanus, jerking of the limbs, convulsions, great agony, horrible pains, collapse, and death. This is a very remarkable sedation.

Gentlemen, I will now ask your attention to some remarks by Professor Hermann from his *Lehrbuch der experimentellen Toxicologie*, Berlin, 1874, p. 159, *et seq.*, he says, "The experiences regarding the poisonous nature of oxalic acid and of its salts are, strictly speaking, of an ambiguous kind; for we have generally to do either with the acid itself or with its salts of potassium and ammonium. Now, all free acids, and all the salts of potassium and of ammonium, are in themselves poisonous, and they here impart very similar effects to those attributed to poisoning by oxalic acid. Hence pure experimentation should be carried on with the oxalate of sodium, which, thus far, has only been done by M. Cyon (*Archiv für Anat. u. Physiol.*, 1866, p. 196). From an experiment of Cyon we see that

the oxalate of sodium is poisonous to the rabbit, a small quantity injected into the abdominal cavity killing in twenty minutes."

And this, you perceive, throws doubt on all the material we possess with regard to the pure effect of the substance, but would not affect the use of the material for our therapeutical purposes, as we could use what was proved.

According to the experiments of Cyon, in which oxalic acid and the oxalate of sodium were injected subcutaneously or into the cavity of the abdomen, oxalic acid and its salts are *cardiac poisons*. Soon after the injection the pulse became very weak and frequent, then follow quickly dyspnoea, convulsions, and death; the heart, at once laid bare, has stopped and is quite full of blood.

Hermann's own experiments with the oxalate of sodium also show its first action to be weakening of the heart, but the heart does not stop entirely until after complete paralysis of the cerebro-spinal centres, and it is worthy of remark that fibrillary muscular twitchings are seen from beginning to end. According to him the paralyzing action of oxalic acid in the heart fully explains the dyspnoea and convulsions observed in animals and the general symptoms observed in man. This can only, he says, be regarded as its effect on the intra-cardial ganglia, because it is connected with an alteration in its frequency, and because the other muscles and nerves of the body, at the time the heart stops entirely, are still excitable as is seen by the convulsions. Also its simultaneous action on the cerebro-spinal centres favours this view. And as this simultaneous and analogous action on the cardiac ganglia and on the cerebro-spinal centres is almost constant, he thinks *heart-poisons* must in general be regarded as *poisons of the ganglia*. Their elementary action is, however, usually incomprehensible.

We may, therefore, conclude that our *Acidum oxalicum* is theoretically a *heart-medicine of high order*, and is homœopathic to a kind of threatened paralysis of its ganglia, and the *pulse* calling for its use would usually be *quick and very weak*. I think this is quite borne out in the provings. As this real elective affinity for the heart is one of the earliest

phenomena of the disease picture the pulmonary congestion may be secondary to it.

As to its effects on the larynx in Mr. Edwards' case, the patient, a woman, lost her voice for eight days (Taylor, *On Poisons*). And in another case (that of Mr. T. W. Bradley, *Med. Times*, September 14th, 1850, p. 292) a man swallowed  $\frac{3}{4}$  of the acid; the voice became very feeble and did not gain its natural strength for more than a month. There is another case, to which I have lost the reference, in which there was loss of voice.

This will lead us to think of oxalic acid in aphonia.

There is a point referring to its action on the skin which calls for attention. Neidhard has the following symptom from Christison: "An eruption or mottled appearance of the skin, *in circular patches*, not unlike the roundish red marks on the arms of stout healthy children, but of a deeper tint." This is probably Dr. Arrowsmith's case, "an eruption of the skin *in circular patches of a deep red tint*."

In Fraser's case (*Edin. Med. Jour.*, 1818), which I translate back into English from *Frank's Magazin*, there appeared on the eleventh day of the poisoning ( $\frac{3}{4}$ ss) and two days before death . . . "an *itching wartlike eruption*, and later on a *general redness* of the whole body." This eruption disappeared after death.

If this eruption of warts be due to the acid, we may have plenty of work for it in practice.

There are a good many symptoms in the cases of poisoning yet to be added to the existing pathogenesis of this drug, *e.g.*

"Trunk and extremities become very cold, the fingers livid, the pulse scarcely perceptible; *oppression at the præcordia with sighing* (man, æt. 60, in two hours from taking  $\frac{3}{4}$  much diluted.—*Lancet*, 1846, vol. ii, p. 39).

This man recovered and had subsequently "obstinate constipation."

In connection with this symptom "oppression at the præcordia with sighing" may be mentioned from Burt the so-called characteristic for oxalic acid, "angina pectoris, intense lancinating, cutting pains in the right side, with

dyspnœa, cold sweat, and great anguish." (P. Dudley, M.D.)

"Violent tremors." (*Lancet*, vol. ii, p. 145, 1842.)

"Intense frontal headache." (Ib.)

"Cramps in the legs."

"Nocturnal incontinence of urine." (Fraser.)

"Tetanic convulsions, spastic contractions of the muscles of the jaws and extremities; forcible closure of the mouth and drawing down at its angles; dilated *alæ nasi*, corrugated eyebrows, twitching of the muscles of the face and insensibility." (Woman 3iiij in Aq. 3iiij, one hour.—*Lancet*, 1851, vol. i, p. 329. Recovered.)

"Great cerebral excitement with imperceptible pulse." (Ib.)

"Face and extremities subject to spasmodic twitchings for a month afterwards." (Ib.)

"The arachnoid membrane highly vascular; brain altogether preternaturally soft; but the greater part of the right hemisphere presented a high degree of ramollissement, the structure of the brain being so disorganised as to resemble thin pap. The corpus callosum and thalami of the right side and the striated bodies of the same side remarkably soft." (Woman, æt. 30, died.—*Lancet*, 1840, vol. i, p. 29.)

"Stomach ulcerated throughout about the middle of its anterior surface, but rather towards the left or large end." (Ib.) The ulcer was *round*, and she had vomited a good deal.

"Severe pain in the region of the kidneys, passing but little water." (*Lancet*, 1828, vol. ii, p. 512.)

"Severe spasms of the legs, and pain resembling colic." (Ib.)

"No acrid poison destroys life with more torture than oxalic acid" (Thompson), and therefore one feature in its characteristics will stand out boldly, *viz. pain*.

"Hiccup and vomiting" are prominent symptoms in the cases of poisoning with this acid; and connected with this I might mention a case of Garrod's of "*chronic hiccup and vomiting*" in which he found, post mortem, a large amount of oxalic acid in the blood. He himself put the query

“Were these symptoms due to the presence of the acid in the blood?”

Now, gentlemen, I should like to ask your attention to a point connected with the effects of this drug on the human economy which may be of great importance in its therapeutic application. I refer to the *intermission of the symptoms*. In Fraser's case, already referred to, “the patient survived twenty-three days (? thirteen) and was ultimately cut off by fever accompanied with dyspnea, hiccough, and inanition. And this case demonstrates that if life be prolonged the symptoms *intermit*. The pain during the first *three* days was severe and accompanied with vomiting and hiccough, which recurred three or four times in twenty-four hours with intermissions. For the next *three* days all danger seemed at an end; but the hiccough returned with difficult deglutition and severe giddiness and dejections, consisting chiefly of filamentous shreds.” I quote this from a writer in the *Lancet*, I think from Thompson.

To estimate the precise value of this intermitting it would be well to know a little of the previous history of the individual; as for instance, as to whether he had, or had had, ague. But as the case occurred in 1817 in Gibraltar, we shall most likely not get such history. He took ℥ss. Perhaps there are other cases extant bearing on this point. In any case I think it quite worth our consideration, as it may turn out of great value in therapeutic individualising. The provings bear out this point; in symptom 15 Neidhard says, “The symptoms from oxalic acid occasionally *intermit* for some hours or a day, and then return in a diminished degree.”

Then symptom 145, “flatulent colic, &c.; the pain diminishes during rest and returns *periodically*.”

And symptom 187, “great increase of sexual desire during the night and morning, with voluptuous dreams every night *for three nights*.”

And, again, 207, “immediately after lying down in bed at night, palpitation of the heart, for half an hour, *three nights consecutively*.”



You will perceive that the number three is pretty constant in this intermittency.

*Theory of its Action.*

Over the *modus operandi* of oxalic acid there seems to hang an unusual cloud of mystery. The acid certainly plays some part in our economy normally, but what that part is we do not know; and being as it were a normal constituent of the body it cannot be qualitatively a poison; yet a very small quantity kills. Ingested in a concentrated form it corrodes and irritates, and yet it differs largely in this action from a mere corrosive irritant. Diluted it is still a poison, and being applied at a point acts on parts remote from that point, certainly not as an irritant; but is it *therefore* from absorption? Substances that are absorbed in quantity can usually be detected in the blood, not so with oxalic acid; it is true that leeches drop off and die from imbibing the blood of a person poisoned with it, but that does not prove that oxalic acid kills the leeches, for it might act upon the blood and render it poisonous to the leech without being absorbed *as such*. Indeed if oxalic acid were absorbed into the circulating medium, as oxalic acid, we must be able to find it there, but we cannot. Therefore a true theory of its elementary action remains to be found. Happily for our practical work in making use of a given agent we can do without knowing what is generally unknowable. For my part I do not really comprehend the elementary action of a single drug either in the pharmacopœia or out of it. I also cannot say that I understand the real nature of any single disease whether it have ever received the nosological baptism of the College of Physicians, or be still a poor waif lacking both parent and God-parent. So I thank God that Hahnemann has lived.

*Clinical Experience.*

*Paralysis.*—I believe there is a case on record in the

*British Journal of Homœopathy* in which oxalic proved curative.\*

*Cephalalgia*.—Removed immediately a dulness in the forehead to which patient was frequently subject in the morning (Neidhard).

*Cerebro-spinal Pains*.—CASE 1.—The following cases have been treated at the Wirral Homœopathic Dispensary. May Ann W—, æt. 16, No. in case-book 1194. Came to dispensary on a Wednesday complaining of following symptoms:—"Aching pain in the lower part of the back these three months; pain between the shoulders, pain and tenderness along the cervical vertebræ, pain in the occiput, vertex and forehead off and on for weeks; all these pains intermit and are brought on, or made worse, by any kind of movement or exertion. These are *Acidum oxalicum* pains both as to place and character, therefore I prescribed *Acid. oxal.* 3, one pilule to be taken every four hours. She took them till Friday (two days), when she 'felt very ill; her neck and back pained her awfully; her eyes were sunken and looked black,' so that she had to go to bed. Next day she felt quite well. She came on the following Wednesday quite free from pain and 'never felt better in her life.'

Possibly a higher dilution might have cured without the aggravation, or would it have acted with still greater violence?

CASE 2.—Thomas E—, æt. 36, labourer. No. in case-book 1197.

*History*.—Three years ago he was under a local surgeon for hygroma patellæ which was brought on by a good deal of kneeling at his work. Patient has never felt "the same man" since this was "backed" by local applications. He looks to be in excellent health.

*Status præsens*.—His tongue and mouth are sore; he has at times a pain in the right side of head, in the occiput,

\* This is a mistake. In vol. xxvii, p. 1, Dr. Hughes refers to the production of paralytic symptoms by *Oxalic acid*, and suggests that it be tried in appropriate cases.—(Eds.)

small of back, and calves; but what distresses him most are "cold chills across the lower part of his back, and in the calves of his legs beginning in the spine just above the sacrum." These pains and cold chills he has had for three years, ever since his hygroma was backed; at first they were not constant, but for many months past they have been constant; last summer they kept him six weeks from his work. These cold chills are diurnal only; by night they are supplanted by "heat as if there were warm water between flesh and bones." The pain shoots up to occiput and head.

In the pathogenesis of oxalic acid symptom 38 reads . . "Creeping of *cold*, particularly from the *lower part of spine* upwards." Symptom 210, "Pains shooting down from the loins to the limbs, &c." Soreness of mouth and tongue is likewise pathogenetic.

This is Wednesday. *R. Acid. oxal.* 3 one pilule every four hours. He returned in a week reporting that he felt much better. *Pergat.* In yet another week he reported as follows:—"By last Saturday the cold chills by day, and the heat by night, had entirely disappeared; the pains are very much better, but not quite gone in the left side of back and in left leg; the pain in occiput and head gone; soreness of mouth and tongue quite disappeared; his mouth and tongue quite free, "nice," but he has "a sour taste in his mouth." This last is probably pathogenetic. To get *Sac. lac.*

You note that these symptoms had continued for three years, and disappeared in ten days *gradually*, not all at once.

*Palpitation of the heart* after lying down in bed at night, and depending on a rheumatic affection of the heart, was entirely cured by it (Neidhard).

*Gastro-enteritis* has frequently been cured by it (Jaeggy, Nardo, Neidhard).

*Respiratory tract.*—Dr. R. Hughes says Marcy and Peters mention some experience suggestive of its value in chronic inflammations of the respiratory mucous membrane, and even in phthisis pulmonalis.

My own experience of its use in the respiratory sphere

is very limited and refers only to one point, viz. its affinity for the *left lung* towards its base.

CASE 1. About three years and a half since, Dr Drysdale saw a case in consultation with me in Chester. Patient, a middle-aged lady, had pleuro-pneumonia at the base of left lung; various remedies were tried with but little benefit, and finally *Acid oxal.* ʒ was administered, and with very good effect. Patient subsequently died of an old heart affection.

CASE 2. In the winter of 1875 a lady of about 50 was suffering from an acute attack of asthma in the course of which the base of the left lung became congested. Dr. Moore saw the case many times in consultation with me. Patient's case was very complicated and she got, of course, a variety of medicines according to the symptoms. Various remedies were given for this congested state of the base of the left lung, but they all failed. Finally, *Acidum oxalicum* ʒ was given and quickly removed it.

CASE 3. The same subject as Case 2 had again an attack of asthma, with a good deal of bronchitis beginning early in January, 1877. During its course the base of the left lung again became congested, which at first received little attention because of other more immediately life-threatening symptoms, viz., delirium and dropsy of the legs, and dreadful spasmodic dyspnoea. Gradually, however, the case became less complicated and the pneumonia came into the foreground. There was the usual rusty sputum, which was very viscid and would not fall out of the hand spittoon when inverted; also pain in the left side and dulness on percussion at the base of the left lung anteriorly and laterally with a tight choked-up feeling at the part; pulse ranging from 90 to 110; pyrexia with evening exacerbations, and also in the small hours of the morning. *Aconite*, *Bryonia*, *Phosphorus*, *Ipecac.*, *Antim. tart.*, and *Iodium* came into play, but not one of them would touch the circumscribed pneumonia and it lasted for nearly three weeks, when one day the patient herself suggested "that

medicine which took it away before," viz., the *Acidum oxalicum* 3. The greater part of a two-drachm bottle of this remedy was still in patient's house, and I ordered it to be given in two-drop doses. Its effect was very prompt; in three days the rusty colour had quite disappeared and the small consolidated portion cleared up entirely, and patient said "My side is quite well now." The other part of the case has no bearing on the present subject; I will only mention that the patient has recovered her ordinary measure of health. I should have said that the pyrexia departed simultaneously with the rusty sputum.

Before bringing this paper to a close I will ask you to bear with me while I add a few remarks on the oxalic-acid diathesis, or oxaluria.

Dr. Richard Hughes has treated one case of the kind with *Acid. oxal.* 12 with "very satisfactory results." (vide *Therapeutics*, p. 377). Dr. R. Hughes gave it from "analogy," because phosphoric acid is useful in the phosphatic diathesis. Those gentlemen who consider every cure a homœopathic one as long as it was effected by a higher dilution of a drug will consistently claim Dr. Hughes' case. To my mind it is isopathic, and to my mind also isopathy has a future in practical medicine. In ordinary practice nitro-hydrochloric acid is very successfully used in oxaluria, and I think it is homœopathic.

Sir Thomas Watson, *Principles and Practice of Physic*, vol. ii, ed. iv, p. 638, recommends that articles containing the acid, such as sorrel and rhubarb, must be forbidden to all sufferers from the oxalic-acid diathesis. And Tanner (*Practice of Medicine*, vol. ii, p. 208) also says that all articles of food containing oxalic acid must be avoided. But this is only a partially correct statement, for it ignores the isopathic principle, and bearing on this point I will ask your attention to the following.

Mr. Bartrum, from personal experience, writes as follows in the *Provincial Journal* on the subject of the oxalic-acid diathesis:

"While passing the *smaller oxalates*, and *then* partaking

freely of rhubarb, the *first* effect was generally to *increase the size and quantity of oxalates* thrown down, with the occasional addition of some of the reniform bodies; the *diet being continued*, the *crystals* of all shapes *increased* in size, especially the latter, till, on two occasions, they almost solely were passed. *However, after a day or two the oxalates diminished and then disappeared, although rhubarb was still partaken of*; this may probably be explained by having regarded the appearance of the oxalates as a sure warning that I must give myself more relaxation (?). The results have been *similar on two or three occasions*, when from continuous exertions I have expected and found them, but I have never been able to produce their appearance by the fresh use of rhubarb, *except in the very fine cuboid forms*, for a day or so, unless they were previously present." (*Lancet*, vol. i, 1847, p. 125.) The italics are mine.

From this we learn that rhubarb will produce oxalic crystals in the very fine cuboid forms in Mr. Bartrum when in health, and that when passing such the use of rhubarb *first increases* them and *then stops* them. Just what we might expect if drugs have two opposite actions. If otherwise, then the free use of rhubarb must *prevent* the oxalates from disappearing, notwithstanding the rest.

Gentlemen, I thank you for your patience in listening to my paper, and trust you will think its subject worthy of discussion.

## SHINGLES.

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

IN the last number of the *British Journal* there is a very instructive article on the above-named subject by Dr. Ker. I was very interested on reading the paper, but, as far as I could remember, there appeared to me to be some points of difference in our experience; I therefore determined to search my case-book for illustrations of the disease in question. Unfortunately, however, not being so methodical

as I ought to be, *i. e.* not having indexed or tabulated the nature of the diseases treated during a twenty-years' practice, I am unable to say how many cases of shingles I have treated during that time, or to furnish reports of such, unless I go over my case-books page by page. This procedure would involve an expenditure of time and labour more than is requisite, although, were it possible, it might render my work more complete; I have, however, examined the records of the past two years, and find that during that period of time five cases have come under my observation, and I should think that I have probably seen and treated during the past twenty years thirty to forty cases.

In the five cases of which I shall give the notes, though there are necessarily many points of resemblance to Dr. Ker's cases, there are some points of dissimilarity, and as these bear on the pathology and treatment of shingles, and are the ground for my daring to differ slightly from so acute an observer as Dr. Ker, I am sure he will forgive me for quoting my experience, the truth in this, as in others, being only to be ascertained by the observations of many minds from different standpoints.

CASE 1. A young man, *æt.* 24, a rivetter by trade,\* came to the dispensary complaining of "rheumatics" in the right arm. He had suffered for a month and was getting worse, so that he was unable to work. The pain began as an aching tired feeling in the whole arm, worse in the morning before work. After a while there was added some stiffness of the elbow and shoulder, very much loss of power to strike, more severe pains of a stretching, rending character, with numbness and tingling of the fingers, especially of the thumb and first finger, and tenderness of the tips, as if

\* A rivetter is a person employed in the boot and shoe trade whose business is to drive iron or brass rivets through the leather soles. An iron last is placed inside the boot or shoe, against which the rivet is struck and so rivetted. This operation causes a concussion to the upper part of the spinal column, and is very unlike the operation of driving a nail into wood; first, because the wood yields to the blow, and, secondly, because in the act of driving a nail into wood the muscles of the arm are required to be much less rigid than in driving a rivet through leather and against metal.

burnt. He complained, also, of occipital headache, stiffness of the nape of the neck, and great depression of spirits.

I first gave him *Arnica* 30 for four days, no improvement; then 3<sup>r</sup> for four days, no improvement; then *Rhus tox.* in the same way, and with no better result; in fact, the pains were getting worse, and his arm more powerless. I then put him on *Hypericum perforatum* 3rd dilution, and on the second day he was slightly better. The medicine was continued for a fortnight, and he continued to improve from day to day, and was about to return to his work, when two or three vesicles appeared just about the origin of the radial nerve, below the bend of the elbow. These vesicles increased in number till there were between twenty and thirty, extending down the course of the nerve to the root of the thumb; they were of a clear yellow colour, on an inflamed base, at first isolated, but many of them gradually coalesced. There was much itching, but very slight smarting or burning. The irritation was greatest at night and when the clothing pressed on the eruption, and there was a general bruised sensation of the arm. When the eruption first appeared the man was very weak, and perspired much at night or early in the morning. I gave him *Phosphorus* 3<sup>r</sup> three times a day, and ordered the eruption to be frequently sponged with a thin and tepid solution of starch; in a week he was well and went to *other* work, and has not felt any return of the disease since that time.

CASE 2. A youth, æt. 16, came to the dispensary, suffering from pain in the left thigh and leg; the pain had been occasional for three months, but much worse, and more constant of late; it was most severe down the outer and back part of the thigh to the calf of the leg, worse in the evening, but relieved by dry heat and by the warmth of the bed, with great restlessness, and inability to lie in the same position for long together; there was also some stiffness of the knee, and general weakness of the limb, so that when walking he appeared to drag the leg to some extent. The sensibility of the limb to touch was normal, but he said it was colder than the other one, but



this was not apparent ; he generally felt chilly all over him, and his appearance was very anæmic and ill nourished ; he had for some time been working harder than a youth of that age ought to have done. I had an impression that he had indulged in self-abuse, but this he denied ; his appetite was fair, the bowels confined and a frequent desire to micturate at night. *Sulphur* 6 dilution was given three times a day till I could decide on more definite treatment. On the fourth day he was no better, and I at once put him on a course of *Causticum* 3rd dilution every four hours. At the end of a week there was not much less pain, but I noticed that he could walk a little better and he stated that he did not rise to pass urine so often at night ; he continued the medicine, and at the end of a month there was an improvement in every respect, but then a crop of vesicles began to make their appearance about the course of the great sciatic nerve ; these were at first clear and isolated and gradually extended down to below the back of the knee-joint ; there was some redness of the part, and a good deal of irritability with smarting burning pain in the vesicles, especially at night. I ordered the eruption to be bathed three or four times a day with a thin solution of starch, and as the *Causticum* had done so much general good I continued it but in less frequent doses and of the 6th dilution : the eruption did not quite dry up for three weeks, after that time the same medicine was continued in the 12th dilution for six weeks, when he appeared well in every way.

CASE 3. A lady, æt. 46, complained of neuralgic pains below the left breast which had been coming and going for some months, but had been more constant for a week past ; the pains were of a sticking character, worse on a deep inspiration, on coughing, or on movement, with tenderness over the part, extending backwards and upwards to the spine ; she complained also of headache, of a sensation of fulness in the head, vertigo, flushing heats in the face, shifting pains like rheumatism in various parts of her body : *Ranunculus bulbosus* 1st dilution was given and in four or

five days she was so much better that she discontinued the medicine. About a month after, the pains returned in the same region, but extending further backwards and of a more severe character, being worse by pressure, and when lying on that side; there was headache and sensation of fulness in the head, epistaxis when washing the face in the morning. *Kali carb.* 3rd dilution was given for three days without benefit, then *Arnica* 3rd dilution, and in about a week she was again free from pain and would not continue treatment. About seven weeks later on she was again suffering, but this time from pains in the liver of a dull aching character, with swollen and furred tongue, bad appetite, constipation, pain between the shoulders, sleepiness, perspiration on exertion, depression of spirits. *Bryonia* 1<sup>x</sup> dilution and subsequently *Mercurius solubilis* 5th dilution were prescribed and in the course of ten days she was convalescent. A week after this a crop of vesicles gradually made their appearance over the region of the liver where the pain had been most severe. These vesicles were at first isolated, then coalesced, and there was much heat and redness for an inch above and below the eruption. The irritation, burning, smarting, &c., of the vesicles was most intense, and kept her awake at night. *Rhus tox.* 3<sup>x</sup> dilution, then 1<sup>x</sup>, *Cantharis* 3, *Arsenicum* 3, given successively gave no relief, nor did the application of infusion of bran, starchy water, cantharis lotion, or zinc lotion, benefit much. Decoction of poppy-heads, however, was very soothing and comforting; the eruption had now been out nearly three weeks, and though drying up where it first appeared had extended round to the spine, and was making its appearance over the corresponding nerve on the left side, proceeding from the spine for about three inches forwards. *Apis virus* 2nd dilution was then prescribed every three hours. In two days the eruption was much less and not so painful, and in the course of five days had almost disappeared. About two months afterwards, and without any previous warning, a similar eruption made its appearance, just above the crest of the right ilium, extending backwards, and downwards and forwards towards the

groin; this eruption was not so painful as the former one, but *with it* there was a pain in the same locality, the pain being shooting, extending down the thigh and over the buttock; it was worse when walking or on rising from a seat, and about 5 o'clock in the morning. It was better when sitting or lying down, though at 5 or 6 in the morning she was obliged to get up and sit or stand about, which somewhat relieved it. Besides the eruption and pain her appetite was rather voracious; there was constipation, frequent micturition, great tiredness, and sleepiness; for this condition I was much puzzled in prescribing, and therefore followed the advice given by an eminent surgeon, "when you don't know what to do do nothing;" and as opportunity offered itself during the meantime looked over the *Materia Medica*. From this study I decided on *Staphisagria*, which I gave in the 3rd dilution every four hours. In two days the pains were much relieved and the eruption lessened; the medicine was continued a week longer, when the patient declared herself well and would not have further treatment. In the course of another month the pain returned, and with it one vesicle; the patient sought advice at once. *Staphisagria* was again given; the pain was quickly relieved and no more eruption appeared. In a week she was quite well, and has had no return of it, or any disease, for the space of two years.

CASE 4. An old lady, æt. 76 (mother of the lady Case 3), had been complaining of itching all over the body for some weeks, which was getting worse and keeping her awake at night, and was aggravated when the skin was exposed to the air. On examination I found a number of papules on the outer aspect of the arms and legs, and on the back there was a thickened condition of the skin and a sensation conveyed to the finger as if a number of papules under the skin; there were marks over the parts affected, the result of scratching, and a general redness and heat of the parts. I diagnosed the case as one of "Prurigo senilis" and prescribed *Sulphur*, *Rhus*, and *Petroleum* in succession with marked alleviation of suffering, but as the irritation and

popular condition subsided, a shooting, aching pain was felt in the spine and a feeling as though it was tightly bound down. No medicine was given for four days that I might better ascertain what I had to treat, but the spine was ordered to be sponged with warm water three times a day. On the fourth day small distinct vesicles began to appear on an inflamed base, on each side of the spine in the dorsal region; the vesicles contained a clear fluid and were somewhat hard in character; they continued to spread to the lumbar region and showed a disposition to spread round the right side; the vesicles were numerous and though distinct at first, gradually coalesced, the upper ones dying off as the lower ones appeared. In about ten days the eruption had become dry, and the irritation, smarting, and stinging thereof had subsided. During this time I had given the patient *Mezereum* 3rd dilution four times a day, and had the parts affected bathed frequently with warm infusion of bran, and sometimes with a thin warm solution of starch. With the exception of the eruption and its characteristic pain the patient appeared well in general health.

CASE 5. A man, æt. 40, came to the dispensary suffering from pains in the left side of the chest; a week previously he had been in the rain, and got wet through. The pains were sticking in character, aggravated by deep inspiration, by sneezing, by coughing, or by movement of the arm or trunk. *Bryonia* 3rd dilution was prescribed. In three days the pain was only slightly better, and a few vesicles had begun to make their appearance over the seat of pain. *Rhus tox.* 3<sup>x</sup> dilution was then given every four hours. Four days after this the eruption had much increased and extended to the spine, was very irritable with smarting, burning, and stinging character, but the sticking pain had nearly subsided, and he could cough or move without any aggravation. He was ordered to bathe the eruption with warm infusion of bran and to continue the medicine. At the end of a week the eruption had nearly dried up. He felt well in health and did not apply for further help.

An analysis of these five cases shows that three of them

were males, two men and one boy aged respectively, 24, 14, and 40. Two of the cases were women aged 46 and 76. In four of them one side only was attacked, and in one case both sides were ; but I well remember a case some eight or ten years ago where the eruption made a complete circle round the trunk, but I am unable to find notes of it at this time. Of these five cases one was over the right radial nerve, one in the left great sciatic, one in the hepatic region extending to the left side, one over the crest of the right ilium, one on the spine, and one on the left side of the chest. As to the cause of the disease, one was due to spinal concussion, one to overwork, and one only to a chill from getting wet, and in two of them, viz. Cases 3 and 4, the cause could not be ascertained, but certainly were not owing to a chill or to a damp house, for they had not been out, and had resided in the same house for years ; none of the rooms had been repapered, nor did there appear to be any arsenic on the walls. In two of the Cases (No. 4 and 5) there was very little, if any, general derangement of the health, but pain in the part preceding the eruption ; in the other three not only was there neuralgic pain, but derangement of the general health before the eruption. The eruption in nearly all consisted of yellowish clear vesicles at first, isolated, then coalescing, and as they died off turning a brownish red or slate colour. The characteristic pains of *the eruption* were burning, stinging, and itching, with the exception of No. 1, in which itching predominated. . . . I have said "the pains of the eruption" because the pains really appeared to be on the surface and in the vesicles, whilst the pain which preceded the eruption was more deeply seated.

*Treatment.*—It will be seen that in all the cases which I have presented it was not for the herpetic eruption for which the patients sought relief or were treated, but for neuralgia ; in three out of the five cases there was in addition some derangement of the general health, and although subsequently, the eruption appeared, the medical treatment was not changed on that account, because it was thought

that not only did the action of the drug correspond to some extent to the nature of the skin affection, but that the latter was but the outcome of an inner morbid condition to which the drug seemed applicable, and that as this was cured the eruption would disappear, hence only soothing applications were used topically; whether or not the medicines ought to have been changed under such circumstances is open to question, but I thought not, and though I am far from satisfied with the treatment and its results, I think it was very beneficial.

Finally, let me say that there is an empirical method of cure resorted to by country people that has not been noticed; it may be of no scientific value, but is, nevertheless, interesting. I refer to the application of "oil of wheat." What this liquid is chemically I cannot tell although I have inquired of chemists on this point; it may, however, be made by exposing a heap of wheat about three inches deep to the pressure of two heated iron plates; the country people as a rule do not buy the liquid of chemists, when they do so they often get only "oil of almonds" instead of what they want, but they generally have recourse to a blacksmith's shop, get him to put a heap of the corn on his anvil, and then apply a hot iron plate on the surface of it, when the fluid in a very few minutes escapes and is gathered up and applied quite warm to the eruption, and I am told on very good authority that it quickly relieves the pain and cures the condition. Whatever may be the nature of the liquid, the corn after being so expressed in this process is poisonous to fowls.

In the course of Dr. Ker's admirable paper, in which he gives us pretty much all that is known with regard to the pathology and treatment of the disease, he makes some remarks as to the latter point on which I would like to say a word or two, because I think if I understand him right I do not quite agree with him; at p. 235 he remarks, "I cannot say that the treatment of these cases (alluding to the cases he had presented) has enabled me to say decidedly that there is a specific against the disease," and at p. 243 "from the preceding it will be seen that there is no abso-

lute treatment, which either old or new schools recognise as the best in this disease." Fully to debate these points it would be requisite to have Dr. Ker's definition of "a specific" and of "absolute treatment," but this would make my paper too lengthy, but I may say that I, like Dr. Ker, know no "absolute treatment" nor a "specific for this disease" (as I understand these terms), neither do I think there can be, as I am of opinion that whatever the pathology of "shingles" is, if under that name is to be included, not the eruption merely, but also all that may precede or accompany it, the perturbation of the general health, the neuralgia, &c., and if we consider the many causes from which it arises, how the course of the disease is altered by the temperament, the diathetic condition or the idiosyncrasy of the sufferer, that the treatment must vary in accordance with these varying conditions, and that we must here, as well as elsewhere, treat the patient and not the disease, so that though there cannot be "a specific" for "shingles" there may be many specifics for the morbid conditions included in that name, and that these specifics are such as correspond in their action with the totality of the symptoms, both objective and subjective. Whether or no our present knowledge of the action of drugs on the healthy body is such as to show us what those specifics are is another question. I am of opinion that to a very great extent it is, and that if the treatment of the disease by such light be not "absolute," I think it falls not far short of it.

P.S.—It is well known to all observant minds "that if we talk of a certain person he is sure to appear." Since writing the preceding portion of this paper three cases of shingles have come under my notice, and are still under treatment. I will not inflict a heavy penalty on your readers by giving every detail of them, but as the subject is now under review it may be worth while briefly to state them.

CASE 6. A lady, æt. 64, consulted me on May 7th for neuralgic pain in her face, and especially in the anterior

portion of the upper maxillary bones which had existed for some weeks, and was followed by a vesicular eruption on the upper lip, discharging a thin adhesive fluid; there was also great tenderness all over the lip and over one cheek, and a good deal of derangement of her general health, which I may briefly describe as low. *Rhus*, *Arsenicum*, and *Graphites* were prescribed till the 20th of July, when kidney and urinary symptoms manifested themselves, *i. e.* pain in the region of the kidneys, with frequent and painful micturition; the urine was acid and contained oxalates, and a few pus-corpuscles, sp. gr. 1012. She complained also of some pain and soreness in the hepatic region. On August 4th I was sent for to see her, as she was suffering more pain and soreness in that part. On examination I found she had shingles well developed over the course of one of the intercostal nerves on the right side; she is now under treatment for that as well as her general condition.

CASE 7. A boy, æt. 4, came to the dispensary on August 6th; he had been ailing for a week, but on admission the herpetic eruption of shingles was well out, extending from nearly the middle line in front, backwards on the right side to the spine; there was constipation and loss of appetite, and he had a cachectic appearance. *Sulphur* 8 was given.

On the 13th he came again, better in health, eruption drying up on the right side but spreading to the left side; the eruption was very painful. *Rhus tox.* was ordered, and *Carron oil* to be employed.

CASE 8. A man æt. 54, employed as a waterman for the streets, and therefore frequently at work with wet feet, legs, and arms, came to the dispensary on August 9th, with the characteristic eruption of herpes zoster, extending from the axillary region down the inner side of the arm; the vesicles were very distinct and large down the arm, but confluent in the axilla; his general health was good; he was ordered *Rhus tox.* and is still under treatment.



## RETAINED PLACENTA.

By Dr. EDWARD T. BLAKE.

THE clinical record of the April number of this Journal commenced with a case of recurrent placentitis related by Dr. Harmar Smith. For the sake of those who did not read the case I will very briefly recapitulate. A thin, pale, delicate-looking woman of thirty, who is said to have enjoyed good health during her pregnancy (with the exception of "suffering a good deal of pain in the upper hypogastric region") is delivered of her first child in 1866. "Copious flooding previous to the delivery of the placenta, which was firmly adherent to the fundus uteri." Not till 1875, let us note, *nine years afterwards*, is she again *enceinte*. A dose of *Secale* is given before delivery, flooding again sets in, a hand in the uterus fails to arrest it. The placenta is glued to the whole of the fundus. Dr. Smith here observes that the hæmorrhage, seemed to take place chiefly from the cervix; this is difficult to understand, for at the end of the same paragraph he tells us that, on removal of the placenta, the hæmorrhage ceased.

I think it fortunate that this case has been placed upon record, for immediately the question arises—"could we do nothing? have we no resource in our art during that long interval of physiological quiescence to prevent the possibility of Act II of this sanguinary gynæcological tragedy?" Certainly we could do something—undoubtedly we have a resource. Had a visual examination of the patient been made before the first pregnancy what should we have found? Epithelial desquamation of the cervix producing the symptoms of general innutrition described by Dr. Smith.

What takes place during delivery? Owing to nature's dislike to dilate a denuded cervix the labour is "severe and protracted." There is also "copious flooding," this is probably a reflex symptom, the cervical sore sends a message to the spinal cord, thence it is transmitted to the

uterine structures.\* This is in accordance with well-known physiological laws, it is clinically confirmed, for hæmorrhage from the uterine body is known to be arrested by healing the cervical sore.

Passing on to the interval after the first confinement, let us ask what is now the position of affairs? Superadded to the preliminary desquamation, we have probably sloughing of the mucosa, as a result of sustained pressure of the foetal head, delayed at the brim, during the "protracted labour."

If at this stage we explore, we find quite a different state of things. Not a smooth strawberry surface scarcely perceptibly depressed, but a large abrasion, purple in colour, with long, flabby, indolent granulations which bleed readily, raised above the level of the markedly hypertrophied cervix.

Now it is more than probable that had this "active lady" been compelled to rest, had appropriate measures been taken to cure this cervical condition, volume ii of her eventful history would never have been placed on record. Besides this the life of the foetus would probably have been perpetuated. We might look upon the placentitis as originating in congestion from reflex action, carried on to the inflammatory point by some adventitious circumstance, as over-exertion or chill.

This possibly commenced at a return of the monthly molimen, when, though hæmorrhage does not usually take place, the endometrium becomes congested and is consequently more ready to take on hyperæmic changes.

The placenta being the lungs of the foetus during its aquatic life, the analogue of the temporary branchiæ of the axolotl and other similar reptilia, the child died probably of asphyxia as an adult dies of severe croupous pneumonia, acting on the circulation.

The two following instances have some features in common with Dr. Smith's case.

Mrs. K—, æt. 40, is the wife of an officer who had been severely syphilitised and heavily mercurialised. She miscarried in London at about the third month. Spite of a

\* *Vide Practitioner*, Dec., 1876; "Post-Partum Hæmorrhage," by Edward T. Blake, M.D.

continued red discharge she travelled to a distant county. There she sought advice, but rest and remedies failed to arrest the draining. This continued for ten weeks. I was sent for, and passing a speculum I showed the medical attendant a ragged ulcer surrounding the os. This I touched with carbolic acid, and introducing a good-sized sponge-tent into the cervical canal I took my leave of the patient for two hours. At the end of that time I was able to get a finger and curette into the uterine cavity. I removed piecemeal a mass of firmly adherent chorion, about the size of a pullet's egg. The hæmorrhage ceased at once, and with a little subsequent local treatment she made a good recovery.

Mrs. Q—, æt. 35, is prone to "blind headache" which utterly prostrates her. She is considered to have some affection of the heart, because occasionally her lips become blue and she is breathless. There is alopecia. She is subject to outbreaks of temper, during which she quite loses self-control.

On 5th February she miscarried (about the third month) after a railway journey. She was attended by a local medical man. The hæmorrhage ceased, and she returned home in about a fortnight.

On 24th of February I was sent for on account of the recurrence of red discharge. This disappeared under the use of cold abdominal compresses with complete rest, and the internal administration of *Secale* followed by *Hammamelis*.

At 7 o'clock in the evening of the 17th of March, six weeks after the miscarriage, I was summoned in great haste and found the patient lying on a couch; there had been free hæmorrhage *per vaginam* for half an hour. I saw a pool of bright-coloured blood under the sofa. She was exsanguine, voice nearly extinct, vision dim, lips blanched, the forehead was bathed in cold sweat, the pulse was scarcely perceptible, the extremities chilly and powerless. I gave *Quinine* and egg-flip, and passed my left index finger into the cervix; at the same time, by means of my right hand pressing the fundus from without, I kept the uterus firmly down; with this of course the cervix

steadily dilated, and in about an hour I could explore the uterine cavity. I felt a fleshy mass as large as a walnut attached to the left wall of the womb extending from the left Fallopian mouth to the *ostium internum*. This was removed partly by means of the finger-nail, partly with the aid of Sim's curette. It looked like an "organised clot," but proved under the microscope to be chorion. On its removal the hæmorrhage ceased, to recur no more.

In this instance, as in Case 1, there was extensive, irregular abrasion of the cervix. The improvement in the health of this patient on healing the uterine sore was very striking. The blind headache, the dyspnœa, the bad temper, and the simulated mitral disease disappeared from the stage like actors who had played out their part.

I am sure Dr. Smith will have too much good sense to be annoyed by my perfectly friendly criticism. I trust I have written in no carping or censorious spirit, but rather in a suggestive way, for the sake of those who, having a similar experience, may feel disposed to adopt a *laissez aller* course.

In cases like the two I have narrated the cervical dilator made by Meyer and Meltzer, which I had the honour of exhibiting before the British Homœopathic Society in April, will be found of much service.

OBSERVED EFFECTS, PATHOGENETIC AND CURATIVE, OF THE PREPARATION OF HYPOCHLORITE OF SODA KNOWN AS THE LIQUOR SODÆ CHLORATÆ.

By ROBERT T. COOPER, M.D., Physician in Charge of Diseases of the Ear, London Homœopathic Hospital.

THIS summary of the effects of Labarraque's solution, as it is called, is an attempt to depict the physiological action of the most generally employed solution of hypo-

chlorite of soda prepared in accordance with the directions given in the current edition of the *British Pharmacopœia*.

This *Liquor Sodæ Chloratæ* is not, as is well known, a simple solution of the hypochlorite of soda, which it appears to be almost impossible to procure, but a solution of the hypochlorite united with carbonate of soda, hypochlorous acid, and chlorate of soda. This fact *per se* cannot, we apprehend, be regarded as a reasonable objection to its employment; purity in regard to our knowledge of the action of what we prescribe, and uniformity rather than unity of ingredient, is, or ought to be, the aim of science.

As to our plan of proceeding in this proving, we have not confined ourselves to a bald catalogue of symptoms, but have endeavoured to depict the broad indications of the medicine's action; this we have done both by interspersing short notes between the symptoms, and, when we considered it necessary, linking several symptoms together, the object being to throw forward the bolder and at the outset more practically valuable features in its remedial sphere, and to leave the finer, more transient, and more easily mistakable effects for those who care to undertake a systematic and scientifically accurate proving.

In allopathic works the hypochlorite of soda and the hypochlorite of lime are often referred to as though their actions were precisely the same—an assumption that is far from being proved; this is why an inquiry into the literature of the subject had better be deferred until a greater number of independent observations have been made.

In procuring the *Liquor Sodæ Chloratæ* in the shops it is very necessary to be on our guard that we order a preparation made strictly in accordance with the current edition of the *British Pharmacopœia*, as besides that an inferior article is very commonly sold, there is no officinal preparation, the directions for the preparation of which have varied more in the several pharmacopœias than has this; the present mode of preparing it, as given in the present *British Pharmacopœia*, is, we need hardly say, much altered from the original one of Labarraque. It can be obtained pure by special order from any wholesale chemist of repute;

such a preparation we invariably use and with the very best results; but even this precaution in a systematic proving would, in the absence of analysis, or at all events careful chemical testing, not be a sufficient guarantee of purity.

The *dose* from which the succeeding symptoms are derived is about half a drop of the solution per diem, given well diluted in three doses to be taken before meals; any important alteration from this dose is stated. The first and second decimal dilutions should be made with distilled water, the third with diluted alcohol, and the higher ones with absolute alcohol.

It is one of those remedies that, judging from the effects obtained from pilules of the third decimal dilution, promises to act very decidedly in the higher potencies; no one, however, will obtain its full action who hesitates to prescribe it in low as well as in high dilutions.

In conclusion I can only express a really poignant regret that I have not done anything like justice to what some years of experience have convinced me is a really valuable curative agent; were it otherwise it would be a matter of still greater pride that I have been the first to introduce this preparation into homœopathic literature; as it is I could wish that, as doubtless it some day will, it had fallen into better hands than mine.

**ANALOGUES.**—Chloride of gold with Sodium (?), Calcium Chloridum (Liquor calcii chloridi, D.P.) Hypochlorite of lime (Liquor calcis chloratæ), Magnesia muriatica, Calcarea carbonica, Sepia, Phosphorus, Natrum muriaticum, Magnesia muriatica, Baptisia, Liliium tigrinum, Secale cornutum, Stannum (?), Hydrastis (?), Helonias (?), Actæa racemosa.

**ANTIDOTES.**—Pulsatilla is antidotal to many of the aggravations from Soda chlorata; Guaiacum seems to lessen the rheumatic and myalgic pains. The Pulsatilla influence I have several times observed, that of Guaiacum only twice. Strychnine overcomes the powerless feeling produced by it.

**APPROPRIATE TEMPERAMENT.**—Soda chlorata is chiefly of use in scrofulous habits ; in flabby, debilitated, hydrogenic constitutions : the melancholic as well as the highly nervous and apprehensive temperaments are the most suitable for its employment, the resulting atonic condition being more indicative of our remedy than the variety of cause producing it. The venous rather than the arterial system is under its control. Patients are lugubrious, phlegmatic, scrofulous. Its idiosyncrasies seem to be in common with Iodide of Potassium.

**MIND, DISPOSITION, AND GENERALITIES.**—The condition of mind is a reflex of the physical derangement—slow, inactive, and depressed mental power ; hence melancholia and hypochondriasis of a chronic nature come under its sway.

Mental depression from worry and anxiety provided the depression be dull and stupid, not erotic as in typical hysteria.

Apprehension of death, accompanied by a lifeless, sick, fainting feeling. (Cured in a middle-aged female rather hysterical.)

She cannot endure to hear her children speak. (Cured in a woman æt. 34.)

Lowness of spirits increases. (Aggr.)

Depression of spirits with seminal emissions. (Cured in many cases.)

Very low spirited and depressed, could cry all day. (Prod.)

Vital depression and variable spirits, after an attack of uterine congestion. (Cured.)

Overstrain of mind from mental anxiety, nervousness, loss of appetite, vertigo, coated tongue. (Cured in a man æt. 47.)

Sudden and frequent attacks of weakness, with perspiration, trembling of the limbs, want of appetite, cough with thick yellowish expectoration, and general inertia. (Cured in a woman æt. 31.)

Gradually increasing weakness, is unable to keep herself

erect from a powerless feeling about her chest, trembles on exertion, much sacral pain, and stabbing pain at her heart and between the shoulders; vertical headache worse on going to bed, very restless sleep, confined bowels, yellowish and offensive leucorrhœa. (Cured. No improvement from one drop per diem, diluted, in three doses, complete recovery under  $\frac{1}{4}$  drop in same way. In a woman æt. 27.)

Anæmic debility in children and others, especially when associated with manifest scrofulosis, confined bowels, and general but unpronounced biliousness. (Cured in several cases.)

Recurrent debility in a boy of nine and a half years with enuresis somni. (*Vide* "ears.")

Recurrent fatigue in a man æt. 31; attacks of fatigue which come on at uncertain times and continue several weeks together, weakness, greatest on getting up in the morning; no energy after dinner, hawking up of mucus, confined bowels. (Cured.)

Persistent debility with emaciation, he feels ready to fall down when he comes in from walking. (Cured.)

Rapid emaciation. (Produced in a girl of 21.)

General weariness and emaciation; pain as from weakness down the back, constant headache at the monthly period, dysmenorrhœa, fatigued by school-work; general enfeeblement. (Great improvement.)

An aching in all her limbs and a feeling as if bereft of all power, and as though she would faint upon the slightest movement. (Produced.)

In a man suffering from bronchitic asthma it overcame the desire and need for alcoholic drinks.

Influenza, coming with small sore pimples inside the under-lip. (Cured. *Vide* "mouth.")

Influenza with much nasal discharge, and sore places on the inside of her cheeks which began on the left side. (Produced.)

She becomes quite overpowered. (From  $\frac{1}{3}$  of a drop three times a day in a woman æt. 65.)

Almost continual faintness and vertigo. (Cured in many cases.)



Arrested growth with ricketty symptoms, caused by dentition with hooping-cough. (Decided improvement; patient ceased attending before the case was completed in a boy of 3.)

**HEAD, BACK, NECK, AND EXTREMITIES.**—Vertigo, coming on when she lies down in bed and going off on assuming the erect posture in the morning, especially bad during the monthly period, with eructations tasting of the ingesta. (Cured.)

Vertigo caduca; a very constant and a very characteristic symptom along with an aching across the forehead. (Produced, and cured many times.)

Vertigo, with dimness of sight, weight on the top of her head, inability to trust herself alone when walking, legs give way easily, has to cling to a lamp-post; uterine bearing down, inter-scapular and infra-cardiac pain. (Cured in a woman *æt.* 54.)

Momentary indescribable sensation all over her head. (Produced.)

Vertigo, a peculiar sensation begins in her feet, and spreads itself up her body to her head, making her feel "swimming," and obliging her to take hold of something to prevent herself falling. (Cured.)

Headache, chiefly in her temples, the pain seems to sink to the side she lies upon; it makes her eyes ache and burn, without throbbing, her head feels heavy, she has much difficulty in holding it up; this headache seems more or less connected with decayed teeth upon the right side. (Cured.)

Pain across the forehead and in the eyeballs, extending up along the top of the head to the nape of the neck, in fact all over the head, coming on at uncertain times and sometimes continuing a week, feels as if she would become deranged; this symptom exists with tenderness just below the liver as though she had caught cold there; and weak feeling and bearing down in the lower abdomen. (Cured.)

*Note.*—This symptom, and indeed many of the head symptoms of the Soda chlorata, is a frequent concomitant

of the *post partum* congested womb, a derangement in every way suitable for this remedy.

Swimming feeling as though the top of the cranium were about to float off, worse when looking upwards. (Produced.)

The headache across her eyes and over vertex increases. (Aggravation.)

Pain across forehead extending down the nose and up over entire head, with great tenderness of the scalp, and a thumping noise in the ears which is aggravated by lying on either side; has to place the back of her head against the pillow in order to gain sleep. (Produced.)

Pain in the right side of her head going from behind the mastoid process to the upper part of the orbit, "across the eye," causes the eye to feel stiff and weak, aggravated by having slept, but continuing by day as well as by night. (Produced.)

Pain darting from one temple to the other, coming and going with equal suddenness. (Produced.)

Caused in a woman, æt. 51, great depression, and a feeling in the head as though the cranial bones were being crossed one over the other, and as if she must fall forward, a sort of silly feeling with a nasty taste, just as she used to have after taking *Iodide of Potassium*, but without the iodine coryza. (Produced.)

Excruciating pains in the left side of the head, increased by lying upon it, causing deafness of the same side, and a feeling as though she would go out of her mind (there was mental affliction in her family), and vertigo when lying down as though blood were rushing to her head. (Cured.)

Paralysed feeling of her brain, with a similar sensation in all her limbs, and numbness of the tips of her fingers, and recurrent faintings. (Produced.)

Throbbing headache in the left temple coming on immediately after her midday meal, and going off after tea. (Produced.)

Much pain across the small of her back, worse on getting up in the morning, existing along with a want of appetite for breakfast, but a fair appetite for supper. Produced. (*Vide* sth. and abd.)

Pain between the scapulæ, with a pain extending from under her left breast back to the shoulder, and from the shoulder down to the hip, from which it goes through to the small of her back, a continuous pain, but worse in the morning; this pain is not increased during the monthly period, but suffers from uterine bearing down, and from leucorrhœa. (Cured.)

Stiff aching sensation in the nape of her neck extending to the shoulders. (Cured.)

Many pains are followed by irritation of the skin of the shoulders. (Curative observation.)

Great weakness across the upper part of his back, with sudden attacks of vertigo caduca. (Cured in a boy of 10.)

Cold feet and hands. (Cured.)

Numbness and tingling in all her extremities, especially in her feet and legs. (Cured.)

Pain, with sense of soreness in the right hip, sometimes in her left preventing her stooping, a sense of bursting throughout the whole body, great irritation of the skin, palpitation of the heart, nervous tremblings and headache, hawking up of phlegm on rising in the morning; forcing down and soreness of the rectum with constipation.\* (Cured.)

A great deal of pain in the left side, over the crest of ilium, and in the apex of left lung. (Removal of both these in a phthisical woman.)

Pain in both hip-joints and in the calves of her legs, with tingling extending to her toes. (Produced.)

Both hands are swollen every morning.

*Note.*—This morning swelling of the hands appears to be a very characteristic symptom. (Observed in about three cases.)

Extreme weakness in her ankles and knees. (Produced.)

*Note.*—It is especially serviceable for "weak ankles" in flabby indolent habits.

Aching pains (rheumatic) in the third metacarpal bone and the corresponding joints of both her thumbs, also in

\* Vide case, p. 632, *Brit. Journ. Hom.*, vol. xxxi.

the soles of her feet, left after acute rheumatism, and very much worse at night. (Cured.)

**EARS.**—*Note.* Catarrhal affections of the middle ear come under its curative sphere, the cases most appropriate for it being found amongst children, and in these the dilutions only will be found curative, palpable doses being almost sure to aggravate. It is especially required along with a granular condition of the mucous membrane of the throat, the tonsils being moderately enlarged and presenting a more lobular appearance than natural, as if thrown up into very large granulations.

Purulent catarrh of the middle ear on both sides, great emaciation, and enuresis somni. (*Vide* urinary organs). This boy, *æt.* 9½ years, had suffered since he was stung all over by wasps four or five years before; this was followed by abscesses all over the body that caused great emaciation; every now and then gets seizures of prostration, with enuresis somni, heat especially overpowers him; he took the Soda chlorata ¼th of a drop *per diem*, with great benefit to the enuresis for some eight weeks, then he fell back again, and during the next three weeks (approximately) he took *Pulsatilla* 2<sup>x</sup> followed by *Hepar sulphuris* 3<sup>x</sup> without marked effect; again he resumed the Soda chlorata and with striking increase in weight (1½ lbs. in the first month) and after taking it a couple of months otorrhœa from both sides with deafness set in. *Acid. sulphur.* in 3rd decimal was given and with benefit, it seemed to strengthen him; the third time we reverted to the Soda chlorata, now in pilules of 3rd decimal, and while taking it the otorrhœa ceased; the enuresis, which every now and then had shown itself, went completely away, and when we heard last from the parents, three months after treatment, he was reported to be quite well. We give this case at large, as the other drugs prescribed, especially the *Acid. sulphur.*, may have contributed to the result.

Pain under the right ear when swallowing, with much pain, tenderness, and swelling up the side of the head, followed by a most painful gathering which burst and discharged strongly. (Produced.)

Otorrhœa, thick and very offensive discharge, right side, with eczematous patches behind the ear, and on different parts of the scalp, accompanied by inordinate appetite and rapid emaciation. (Cured in a boy æt. 3.)

A peculiar noise like a sawing close upon the left ear, worse when lying down and quite preventing sleep; this most painful sensation followed on otorrhœa that left her three weeks previously; after a few doses of the Soda chlorata the otorrhœa returned and the noises quite left; an accompanying headache upon the right side was in no way relieved. (Observed in a woman æt. 52.)

**EYES.**—Pustular ophthalmia of childhood with sympathetic irritation of the schneiderian membrane (right side most affected). The tears are corrosive, the urine scalds, and the vagina is sore and red. (Cured in a girl æt. 3)

*Note.*—Children are subject to excess of uric acid in the system causing acridness in the various secretions; the Soda chlorata may be exhibited in the presence of such symptoms in the dilutions, but very seldom in palpable form.

Tinea ciliaris, with tendency to eczema behind his ears. (Cured in a boy aged  $2\frac{1}{3}$ .)

Severe and obstinate pustular ophthalmia, photophobia is very great. (Cured.)

**MOUTH AND THROAT.**—Sore, irritable spots form in the throat and along both sides of the tongue. (Produced.)

*Note.*—Perhaps of all the symptoms produced by the Soda chlorata none crops up so frequently, with variations, as this; in children especially it is almost impossible to give the Soda chlorata in any other way but in the dilutions without causing sore pimples to form about the mouth; they first appear, so far as I have observed, most frequently upon the fold of the under lip, corresponding to the front incisors.

Teeth become loose and a swelling forms along the right lower jaw, the gums are sore and the tongue swollen, there

is much pain and tenderness along the jaw which prevents his being able to masticate his food, but though this pain is worse at night it does not hinder sleep in the early part of the night, but at midnight he awakes and does not fall asleep again till 5 or 6 o'clock a.m. This swelling suppurated in about two weeks. (Came on very soon after taking the Soda chlorata in a phthisical patient.)

Apthous ulcerations in the mouth are a frequent result of using the Soda chlorata as a gargle.

The Soda chlorata seems to hasten the evolution of the teeth.

His teeth become brittle. (Produced.)

Epidemic ulcerative stomatitis. (Cured, after failure with Merc. sol.)

Sores, angry looking and moist, break out about the mouth. (Produced.)

Sore pimples come on the inside of the under lip at the commencement of the cold. (Produced.)

Sores on the inside of her cheeks which began on the left side and gradually spread over the mouth, with nasal discharge and influenza. (Produced.)

His throat invariably becomes sore when taking it. (Observed in several cases.)

Pain, neuralgic, in the left side of the face, from the lower jaw, extending to the upper, and across the eyes and nose to the forehead, coming on irregularly and lasting from an hour to an hour and a half. (Produced after taking the Soda chlorata for four days.)

Sore throat, with difficult deglutition, a flat ulcer forms on the tongue far back towards the root after taking the Soda chlorata for a week, and goes away immediately it is discontinued.

Aphonia of several weeks' duration. (Cured.)

Swelling upon the right upper jaw, close upon the gum (gum boil), very painful to the touch. (Produced.)

The throat becomes red and sore. (Observed in a man of 21, whose health was quite good except for a nasal polypus.)

Elongated uvula, with hard dry cough and a stuffy

feeling in his nose. (Cured in a man æt. 29, a remarkable case; he had had this cough for six months.)

Sudden choking cough, generally waking him in the middle of the night, caused by a sensation in the larynx as if a rush were tickling him there; this cough was left after a croup six years before. (Cured.)

Swelling affecting the upper and lower jaw of the left side, with swelling on the inside of the jaw, between the gum and tongue, with throbbing in the part and shooting pain extending up to the temples and down the left side of the neck; relief from cold applications, increased by worry, not interfering with appetite. (Produced.)

The tongue is furred in the morning, and there is constant putrid taste throughout the day. (Produced.)

*Note.*—This symptom affords us a valuable indication for the Soda chlorata in cases of dyspepsia (from various causes) as well as in different kinds of "sore throat."

The tongue is furred irregularly; it is clean on the right side, and both it and her teeth are covered with a brownish coating in the morning, causing a nasty putrid taste. The bowels are obstinately confined, there is flatulence after every meal, infra-mammary stitch going through to between her shoulders, and aching across her loins. (Cured in a girl of 19.)

*Note.*—The Soda chlorata has the remarkable power, in common with Chlorate of Potash, of cleaning a very furred tongue.

*Note.*—A characteristic tongue seems to be the large, flabby, indented tongue, moist and slightly furred.

The tongue is white and shrivelled at the sides, and there is a taste as if she had been sucking alum; appetite for meat fell off. (Produced.)

A tugging pain in the left side of the face, aggravated by warmth, coming on every half hour, and flying up the side of the head to the ear. (Produced? I am unable to refer, while writing, to the source from which I took this symptom.)

Pain in the left side of her face, shooting up from a decayed tooth; the pain is worse the first thing in the

morning, and the last in the evening, with the formation of gum-boils one after another, and sick feeling after taking food. (Produced?)

**RESPIRATORY ORGANS (including Nose).—***Note.* Patients taking the Soda chlorata are, more than ordinarily, liable to take cold. The cold commences "in the head," with copious nasal secretion and wateriness of the eyes, preceded by "stiffness."

Epistaxis; the blood comes away both by night and day in clots, and is dark coloured. (Produced in a pregnant woman.)

Fetid ozæna, with sympathetic conjunctival irritation, and interscapular and facial pruritus. (Cured in a girl of eighteen.)

Nasal polypus. (Relief in two cases and apparent cure in one.)

Severe inflammation, with corneal ulceration of the left eye in a girl of 2 years, with difficult dentition, coming on after convulsions. (Cured.)

*Note.* The principal chest-pains are such as might be looked for along with an impeded abdominal circulation; there is evidence of insufficient chest expansion, and consequent weakness of respiration, and deficient aëration of the blood. In heart diseases aggravated by, or by their nature occasioning, impeded pulmonary circulation, the Soda chlorata gives much relief.

Cough, with white tasteless phlegm and tightness across the chest as from a weight, which keeps her from sleeping, and constricted feeling on inspiration at the pit of the chest; along with a general weakness which followed a miscarriage.

*Note.* This symptom is suggestive; the tightness of the chest is very often among the symptoms of Soda chlorata (curative and pathogenetic); it may arise from dyspepsia, and indicate the presence of flatus in the colon. Closely allied to it, but differently described by patients, is another symptom, and which, when indicative of our remedy, is owing to flatus in the œsophagus. "The food is arrested in its passage to the stomach;" then there is the sense of

\* Case reported, *Brit. Journ. Hom.*, vol. xxx, p. 636.



constriction in the lower chest, and which, as often as not, is due to diaphragmatic spasm, and is frequently met with in albuminuria, and is also highly indicative of our remedy.

Cough, distressing, with a little phlegm, continual during the day. (Produced in a woman æt. 35.)

Tightness on the chest with dyspnœa, inability to move quickly, a feeling of a weight in front of her chest; these usual symptoms become aggravated, and there appears as a new symptom pain under the heart, with catching inspiration; these symptoms ceased on discontinuing the Soda chlorata.

Infra-mammary and supra-clavicular pain on the left side, with numbness down to her finger-nails of the corresponding arm. (Cured.)

Pain two inches to the left of the base of the sternum, going through to under the left shoulder, with a less constant pain similarly circumstanced on the right side, aggravated by deep inspiration.\* (Cured.)

Pain like a flutter under the heart, with numb feeling under the corresponding shoulder, coming and going together; the numbness leaves behind it "a scraping in the back," along with bearing down of the womb when walking and which aggravates the pain in her side. Bowels confined, urine thick, and burning when passing. (Cured.)

Pain across the upper part of her chest, off and on, and pain with fulness across the hypochondria, with pains extending down from both sides of her waist to the womb, causing a phlegmy discharge. (Produced.)

Pain under the left axilla and left mamma aggravated by lying down, with a sickish giddy feeling. When walking about is obliged to keep sitting down. (Produced.)

Loud dyspnœa (in a girl of 18 who had had it since she was two years old); it is aggravated before each monthly period. (Cured.)

Precordial weakness, the chest feels weak, sick feeling and retching after eating, interscapular pain, expectoration of large quantities of phlegm, and a hacking dry cough, worse on going into the open air and at night. (Cured.)

\* Vide Case, M. A. T., *Brit. Journ. Hom.*, vol. xxxi, p. 644.

I give the patient's words. The expectoration seems to have been excited more by retching than by the act of coughing.

Winter cough, worse on going to bed with some phlegm and pains along the upper part of the chest and forehead induced by the exertion of coughing. (Cured.)

Hawking up of phlegm in the evening. (Cured.) (Dr. Ussher's observation.)

In a delicate anæmic woman suffering from uterine weakness, the Soda chlorata caused a pain to appear in the left infra-mammary region, which affected the left side of the chest, the shoulders, and top of the head; the shoulders became stiff and painful, and the top of her head and side felt tender to the touch and ached, an unbearable pain; felt drowsiness after meals, the left hand, and left alone, was much swollen one morning after waking, and next morning the right only was similarly affected. The bowels became confined and less urine was voided. (Produced.)

(From frequently repeated observations with our remedy I would give it as my opinion that the above train of symptoms is eminently characteristic.)

In a delicate, highly nervous woman suffering from uterine weakness that followed two months after her confinement, the Soda chlorata, after removing most of the symptoms within the first fortnight of treatment, began to tell upon the patient:—She became very weak with shooting pains all over the body and in the limbs, especially between her shoulders, and at the points of her shoulders (the inferior angles of the scapulæ), worse in the morning before getting up; these shooting pains are worst in the arms and very bad in different parts of her head; day and night, but principally by day, she has much headache, worse if anything on the very top of her forehead, an aching pain without throbbing.

She is unable to sit down without falling asleep, her appetite falls off, but bowels are regular and tongue clean. (Produced.)

(This should be read carefully along with the last symptom; observe in both the drowsiness).

A growing out of the left scapula in young women, the shoulder-blade looks as if lifted away from the ribs. (Cured in two cases, both young women.)

A growing out of the left shoulder owing to incipient lateral spinal curvature. (Cured in a girl, æt. 12.)

A feeling in front of the chest as if something were gnawing at the chest wall. (Aggr.)

Incessant cough with bloody expectoration in the evening. (Cured.) (Dr. Ussher.)

Aching in the left shoulder, it is hot and stiff, aggravated by taking cold with pain at the inside of her left leg. (Cured.)

Cold heavy weight in the pit of his chest, cough on rising in the morning, with some retching, weakness across his loins. (Cured.)

Cough with hawking up of a thick phlegm, and pain in her left side like a stitch. (Cured.)

Aphonia in a girl æt. 25, worse at night, with considerable accumulation of phlegm. (Cured.)

Asthma (bronchitic), with much white flocculent expectoration, heaving, flatus, confined bowels, and putrid taste. (Cured.)

(There are many forms of asthma; it is probably in the truly bronchitic form, and in that dependent upon uterine derangement, that the Soda chlorata proves curative; in fact, the *condition* of system must be taken into account more than the asthmatic tendency. In hay fever (*Catarrhus æstivus*) Elliotson was in the habit of employing the hypochlorites of soda and lime as destroyers or breakers up of the grass-pollen, and with great success. (*Lectures on the Theory and Practice of Medicine*, by John Elliotson, M.D., p. 523.)

The fits of coughing are followed by aphonia. (Cured, very characteristic.)

Aphonia, which is greatly better after each fit of coughing. (Cured; probably the relief after coughing was from the throat being cleared of phlegm. Observe the contrast between these two characteristic symptoms:—"aphonia brought on by coughing," and "aphonia relieved by coughing.")

A powerless feeling about the chest prevents her from

holding her body up. (Cured, in a woman of twenty-seven.)

In a girl of twenty-one an aching pain in her left side at her waist, preventing her from sitting upright. (Produced.)

**STOMACH AND ABDOMEN.**—The abdominal symptoms point to embarrassed venous circulation, and consequent sluggish absorption, with a general atonic condition of the intestinal canal; acidity and flatulence prevail, the patients being desponding, hypochondriacal, and hysterical; the uterine and hepatic symptoms lead to the supposition of degenerative decay.

Aching pain, with a sense as of something filling up the part, in the right side "under the ribs," brought on by lying upon the opposite side, and by placing her right thigh on the abdomen, with much tenderness and inability to fasten her clothes on account of the swelling. (Cured.)

Sense of vacuity, weakness, and soreness in the hepatic region, along with a gnawing—scraping against the corresponding scapula; the hepatic distress becomes aggravated when her bowels are confined, dreads any straining at stool.\*

Soreness in the lower abdomen as if bloated with intense pain on placing her hand there; next day felt the tenderness with distended feeling higher up round the hypochondria, obliging her to unfasten her clothes, trembled all over, her knees felt too weak to support her body, the lower part of her back became excessively tender, and the burning in the vagina, an old symptom, reached an unendurable pitch. (Aggravation.)

Bloated, uncomfortable feeling after meals, cannot tighten her clothes. (Cured.)

A bloated, tight feeling comes after eating and drinking across the upper part of the abdomen, and which is not lessened by loosening her clothes, and is accompanied by a sick feeling. (This symptom came on in a healthy girl aged twenty-one, four days after she had discontinued taking the Soda chlorata, which had disagreed with her.)

\* Vide Case 7, p. 629, *Brit. Journ. Hom.*, vol. xxxi, 1873.

Pain takes her whenever she eats anything across the lower chest, and then proceeds down to the lower bowels, and up to between the shoulders accompanied by a sick feeling; comes immediately after eating, and lasts an hour or two; feels "all in a confusion" after partaking of food. When walking about, sensation of "a heft" shaking from side to side, and abdomen feels over distended (from flatus?), blood flies to her head, feet get cold, is very agitated; pain seizes her in the lower abdomen, causing an overpowering feeling, "a going through the floor;" confined bowels. (Cured in a woman aged sixty-five.)

*Post-partum* weakness of the abdominal muscles. (Cured.)

Flatus, causing almost constant distress. (Cured.)

Biliousness, followed by acidity, subject to it every summer, tongue coated white, much flatus, much distress in the lower abdomen after taking food, constant retching the whole day, sour and acid risings. (Cured.)

After taking the Soda chlorata for a week she got a fearful pain in the lower abdomen, which settled in the right hip-joint and spread over the whole abdomen as far as on a line with the umbilicus; it lasted a week, leaving her free from a tenderness of the abdomen that she had had for a year, and free also of pain in the hip-joint (right), and of an inability to flex the hip upon the abdomen from pain; and besides she ceased to pass "white gravel," which she had been voiding for the last twelve months with great suffering.

(On referring to the notes of this previously troublesome case, I can, with present experience, come to no other conclusion than that the primary cause was ovarian; the symptoms had followed upon the cessation of a metrorrhage. The woman's age was thirty-four.)

Swelling low down in the abdomen, going up to her chest, and causing dyspnoea, worse after eating, with a good deal of flatus. (Produced).

A weight seems to fall from across the pit of her chest to the pit of the abdomen, and an aching, dull sensation, indescribable, but different from an ordinary headache, occurs on the top of her head after each dose and lasts for a quarter of an hour.

A great deal of pain in the cœcal region, which is worse at night, and keeps her from sleeping, with pains in different parts of the body, and confined bowels. (Cured.)

Nausea and sick feeling; she becomes drowsy during the day and wakeful at night. (Produced.)

Loss of appetite for breakfast, but a fair appetite for supper. (With other symptoms, strongly characteristic.)

When taken while the patient is recumbent the Soda chlorata gave rise to a feeling of sickness. (Produced.)

In a delicate consumptive girl, subject to convulsive seizures, and bearing down in the lower abdomen; the first dose caused a strange lifeless feeling, which made her apprehensive of fainting, followed in about an hour by sickness; this was succeeded some three days afterwards by *vertigo caduca*; the bearing down temporarily improved. (Produced.)

In a decidedly consumptive girl, aged sixteen, it improved her cough and made her feel stronger; its continued use made her feel drowsy and lazy as if she could lie in her bed all day, and her skin became covered with pimples that smart after washing, and upon going into the open air; the slightest drop of cold water as a drink irritates these pimples. (Produced.)

Uterine abdominal pains and the colic of phthisis. (Cured.)

**STOOL, ANUS, AND URINARY ORGANS.**—Anal and vesical troubles in connection with uterine congestive disorders.

Ascariides in the rectum, with inability to urinate in a girl of four and a half years. (Cured.)

Confinement of the bowels for three days, and then passage of a large hard offensive motion. (Produced in a girl of eighteen.)

In a female aged thirty-two it brought on excessive action of the kidneys after each dose; the patient was at the time supposed by Priestley to be suffering from cauliflower excrescence of the uterus.

Passive hæmorrhage from the anus, which ceases when the excessive and too frequent menstrual flow comes on; great debility, backache, and other pains. (Cured.)

In a woman with mitral valve lesion a quantity of red sand

was found in the urine for the first two days after taking the Soda chlorata. She never remembers such a symptom before. (Produced, the dose being one drop in a wine-glassful of water.)

Great exhaustion as if about to die before the bowels act, sudden and forcible expulsion with consequent complete relief. (Produced.)

In a little girl of three years, scalding when urinating with soreness, itching, and smarting of the vagina. (Produced.)

In a woman, aged forty-two, cutting pain like knives in the anus which comes on every evening between 6 and 7 o'clock, and goes away during the night but not at any stated hour. (Produced.)

Offensive stools in children. (Cured many cases.)

The constipation of the aged. (Dr. Ussher.)

In cases of albuminuria the Soda chlorata sometimes gives great relief and very strikingly lessens the quantity of albumen. In one old-standing case after giving it some weeks the old lady's legs (she was sixty-eight) became affected with eczema, and "quarts of water" came from them, with much relief to her symptoms.

**SEXUAL ORGANS ; FEMALE.**—Most of the symptoms usually found accompanying congestion of the womb when it succeeds bad confinement or miscarriage, even when this congestion is complicated by prolapsus, retroversion, or abrasion, with or without ulcerated cervix, disappear along with the causal congestion under the influence of Soda chlorata ; to give a list of all the symptoms produced by a congested state of the womb would be unnecessarily tedious.

Prolapsus and retroversion of the womb, with a variety of sympathetic disturbances. (Cured in many cases.)

Aching pains in the sacral region aggravated by walking about, with retching and general debility. (Cured in many cases.)

Prolapse of the womb with fulness in the left ovarian region, a feeling as if the womb were being pushed up when the patient sits down ; hot flushes, dyspnoea, nervous  
ings. (Cured many cases.)

Violent metrorrhagia. (Produced.)

The monthly period comes on at once, a week before its time, in a perfectly healthy woman, after taking a dose of two drops in water. (Produced.)

Leucorrhœa of a white colour, leaving a yellow stain when dry. (Cured.)

Leucorrhœa, different varieties. (Cured.)

Sharp pain as though something were being pulled away from the right side, and sometimes, when very bad, from the left side as well of the sacrum, it wakes her up after she has been about two hours asleep. (Cured case of Mrs. C—, *British Journal of Homœopathy*, p. 647, vol. xxxi.)

Prolapsus uteri with marked tenderness. (Cured, same case.)

In a woman suffering from prolapsus from injury (aged twenty-five), it brought on frightful vaginal pruritus, just inside the lips of the vagina, getting alternately better and worse, and obliging her to tear herself to pieces. (Produced.)

Two days after taking the Soda chlorata violent irritation round the pudendum, and the womb protrudes to about the size of an egg. (Case referred to above, p. 647, *British Journal of Homœopathy*.)

A swelling that used to appear in the left ovarian region prior to the monthly period disappeared. (Cured.)

Metrorrhagia, constant oozing, brought on by any exertion in unmarried as well as in married women. (Cured several cases.)

Passive metrorrhagia after bad confinements, miscarriages, and consequent general deterioration of health. (Cured many cases.)

Uterine bearing down, severe backache, and headache affecting the temples and back of the head, making her feel "light-headed" and sickish, generally worse at night. (Produced.)

She cannot take the Soda chlorata, as it causes feeling as of "opening and shutting" in the womb. (Produced in a healthy woman, aged, sixty-five.)

Offensive yellowish leucorrhœa. (Cured.)

*Catamenia continue much over time, the discharge comes away in black bloody clots accompanied by pricking and*



*shooting pains in the lower abdomen, and aching in the lower back; she feels dull and low, is very weak, and there are dark circles round her eyes, aching across her forehead, making her feel sick, coming on after dinner, and continuing till teatime, from 1.30 p.m. to 5.30 p.m., comes and goes suddenly, has to lie down from the pain, nothing relieves it; cold feeling of weight across the abdomen on a line with the umbilicus, and extending down the left groin necessitating the crossing her legs to ease the pain. Legs ache a great deal on getting out of bed in the morning, and passes a quantity of light-coloured urine when walking about. (Cured, the italicised symptoms may be regarded as typical.)*

Aggravation of symptoms before each monthly period. (Observed in many cases.)

The monthly illness delays a week over time, and during the first day has more than usual aching in the back. (Produced in a fairly healthy girl, aged twenty-one.)

In a plethoric woman, æt. 40, in whom the monthly period had been suppressed from cellulitis following upon a miscarriage three years before, there having been complete cessation for three months, and invariable irregularity subsequently, the period not coming freely and never unless aided by medicine, and in whom there existed much swelling about the thighs and pelvis as well as much systemic fulness of blood whenever the period was allowed to remain away for more than two weeks:—I noticed the following facts in regard to the Soda chlorata. After taking the Soda chlorata (1½ drop doses) the period came on freely, at first clotted, and always increasingly freely with an increase in the dose. The urine too passed more plentifully. While under this dose (approximately) a neuralgia of the left side of the face came on, which, at the time, I ascribed to the drug, and am still inclined to do so, although it disappeared on discontinuing the medicine, and did not return on our resuming it in even a larger dose. The patient had bad teeth, and had not suffered from neuralgia for five years; the pain affects the left side of the face, ear, temple, and head; it seizes her all at once after lying down in bed, the whole side of her face flashing up in pain; this pain

constantly comes and goes; rubbing the face with, and keeping brandy in, the mouth relieves. It is a sharp, darting pain like knives, and the nerves are sore and painful to the touch.

The patient is now taking Soda chlorata in doses of five drops, and the flow that comes as a result shows a tendency to come *in clots*, chiefly *towards the evening* and as she is getting up in the morning; never flows at night; she is also very drowsy.

(All but the emmenagogue action of the Soda chlorata in this case is open to doubt.)

In a woman *æt.* 33. Inability to walk, with numbness in the extremity of the spine; her history pointed to its having resulted from a severe vesical phlebitis, with hæmaturia following upon a confinement five months previously; a scraping sensation in the left shoulder, and a like sensation between the shoulders existed in this case, but were imperfectly removed.\* (Cured, a very good case.)

Sterility due to atony (chronic) of the uterus. (Cured.)

Immediate *post-partum* sufferings:—Constipation, after-pains (?), backache, metrorrhage (a constant oozing and a dark-looking flow), retroversion.

A disposition to metrorrhagia (cured) and its consequences. (Cured.)

Menorrhagia. (Cured.)

General chronic rheumatism with uterine ulceration. (Cured; this woman, aged 36, had been treated allopathically for three months for ulceration of the womb, with profuse leucorrhœa, following a bad confinement, and without benefit. At the time *Soda chlorate* was given she was completely invalided with rheumatism, terrible aching pains, chiefly in the right side of the chest and shoulder. Both hands were quite powerless and the knuckles red and swollen, the knees and feet being in the same condition, rendering it impossible to get her boots on. Her arms were so powerless as to wholly disable her from household

\* See my paper in vol. xxxi, *Brit. Journ. Hom.*, p. 629. The above patient was cured a year and a half before coming with these symptoms with *Soda chlorata* of uterine congestion and menorrhagia; at that time she had a numbness, with scraping in the sacral region, and a scraping under the left shoulder; the symptom is therefore one of some standing, and on neither occasion did our remedy remove it.

duties. The effect of the *Soda chlorata* was immediate ; in a few days she was able to get up and walk about, and in the course of two weeks both rheumatic and uterine symptoms had disappeared.)

**SEXUAL ORGANS (MALE).**—The influence exerted by the *Soda chlorata* upon the male sexual organs is, pathologically, well marked ; its curative influence upon these has not been as yet so well established as upon the female organs.

Seminal emissions, three or four a week, can hardly get up after them. (Cured.)

Seminal emissions. (Cured.)

(Like other remedies for seminal emissions its action is very uncertain ; local symptoms in this affection help us but little.)

Great sexual excitement comes on after each dose in a man aged 25 of impressionable temperament. (Produced.)

Almost unconquerable sexual desire after each dose, with priapism. (Produced.)

Dull aching pain in right testicle remaining after orchitis (in spite of *Conium*, which had done much good), and gleet discharge. (Cured.)

Enuresis somni with emaciation. (*Vide* case reported, "Ears.")

Seminal weakness, with depressed spirits and disinclination to get up in the morning. (Cured.)

Gleet. (Cured.)

**SLEEP.**—Heavy sleep, with much disinclination to get out of bed in the morning. (Produced.)

Her limbs are heavy, and she experiences much difficulty in getting about after leaving her bed. (Cured in many cases.)

Drowsy during the daytime, wakeful at night. (Produced.)

Drowsiness after meals. (Produced and cured.)

The child when asleep has a ghastly look as if dead. His sleep is quiet. (Produced.)

Much distressed, laughs, cries, and talks in her sleep ; keeps her husband awake. (Produced.)

Very restless sleep at night. (Cured.)

**SKIN.**—Lichen agrius. (Cured.)

Small gatherings form on the fingers of both her hands. (Produced.)

Panaritium on the index finger of her right hand round the nail, and sore places on her head, with very offensive stools. (Cured in a girl of three years.)

Pruritus over trunk and legs, which comes on in summer. (Cured in a man.)

Impetigo apparently caused by putrid emanations from a drain.

It seems to make the skin look clearer. (Ussher.)

Irritation of the skin follows the pains. (Observed, cured.)

Pimply rash appears on her face and irritates a great deal, especially at night. (Produced.)

Eczematous eruption on her ears and scalp. (Cured.)

Pimples are thrown out on her skin which smart when washed or when going into the open air; the slightest drop of cold water as a drink irritates these pimples. (Produced.)

In a woman of thirty-one, from three quarters of a drop, diluted:—Red smarting rash on the face and neck, worse after meals or after warm drinks; a uniform redness with tendency to blister "as if from a mustard plaster." (Produced.)

FEVER.—Clammy cold perspiration over the entire body, with general aching pains in her ankles, twitchings in her limbs at night, continual cold and chilly feeling. (Cured.)

CONDITIONS.—Heat overpowers him. (Cured.)

Its nervous symptoms come on very irregularly. (Observed in many cases, cured and produced.)

Its painful parts feel hot. (Observed. Cured.)

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## HYDRASTIS IN UTERINE HÆMORRHAGE AND DYSMENORRHŒA.

By E. M. HALE, M.D., Chicago, U.S.A.

IN the *Chicago Medical and Surgical Journal* for August, 1877, appeared a brief paper by Dr. W. A.

Gordon, of Hannibal, Ms. who says:—"I have not seen *Hydrastis canadensis* prominently spoken of in the leading text-books as a reliable agent in hæmorrhages from any of the mucous surfaces, or in any respect worthy of especial notice, further than as a general tonic, and as possessing merit in the chronic diseases of the mucous membranes."

This recommendation was new to me, for I have not met with any work in which *hydrastis* was recommended for any kind of hæmorrhage. There is no intimation of any such action in our provings, which, however, were all made on men.

If Dr. Gordon had recommended it in chronic passive hæmorrhage, it might be said that the result was due to its general tonic power, but Dr. Gordon recommends it particularly for acute, active hæmorrhage, and states that he "has used it ten years" for such hæmorrhages. He does not state how he happened to first use it for this purpose. It was probably one of those accidental prescriptions or discoveries of which we find so many instances in the history of medicine. He proposes a tincture from the *fresh* root, and says he has used it "with such positive and satisfactory results in uterine hæmorrhage, that he now seldom resorts to any other remedy." A very remarkable statement surely, if he has an extensive practice or treats many uterine diseases.

He further writes, "In those urgent cases when I formerly resorted to half-drachm doses of *Fl. Ex. Ergot* every twenty or thirty minutes, I now use the tincture of *Hydrastis* in doses of from twenty to thirty drops, repeated the same as *Ergot* until the active hæmorrhage is controlled; the remedy is then continued in small doses—two to five drops—every two or four hours, according to the urgency of the symptoms." He further says, "In menorrhagia I have found it to give decided and prompt relief. In this class of cases I am in the habit of giving from two to five drops of the tincture every two or three hours or oftener. After the flow is brought to its normal quantity the minimum dose is continued twice a day until the next menstruation."

When I read the last recommendation I was treating a

peculiar case of menorrhagia. The woman had had very profuse menses for a year, flowing ten days or more; she became very prostrate and anæmic. I had tried *China*, *Ipecac.*, *Trillium*, *Ustilago*, *Ergot*, and various other remedies, without much effect. She had been very averse to an *examination*, but the case assumed such a serious aspect that I insisted that one should be made. To my surprise I could discover no ulceration or abrasion of the os or the cervical canal; nor did the sound provoke bleeding, as would have been the case if the interior of the uterus had been affected by mucous cysts, fungoid growths, &c. I made an application, however, to the interior of the uterus, with *Comp. Tinct. Iodine*, but the next period was as bad as ever. After reading Dr. Gordon's article I prescribed *Hydrastis*  $\frac{1}{10}$  (1<sup>2</sup>) ten drops four times a day for two weeks, or until the appearance of the menses, then every hour until the flow was normal; the result was gratifying, she rapidly regained strength, and the next period set in with less flooding, and soon became normal in quantity and ended on the fifth or sixth day.

Dr. Gordon recommends *Hydrastis* in dysmenorrhœa, but mixed with *Bromine*! He evidently means to confine its use to neuralgic or congestive cases, for he emphatically asserts that "if over ten drops of a preparation of the strength of one drop of *Bromine* to a pint of distilled water is continued for several weeks, it will *almost certainly* produce *membranous dysmenorrhœa*. It is to be regretted that the doctor did not cite cases to prove this assertion. But homœopaths *know* that it will cause pseudo-membranous formations elsewhere in the body, and why not in the uterus? Dr. Gordon's prescription for endo-metritis is equal parts of the above *Bromine* solution and tincture *Hydrastis*, dose "fifteen drops three times a day." He immediately mentions a pathogenetic symptom of the head from *Bromine*, namely, "violent headache ranging from the frontal sinus down to the base of the brain, with marked increase of pulse in volume and frequency." I do not find this symptom in *Allen's Encyclopædia of Materia Medica*, and it is worth making a note of.

But to return to *Hydrastis*. How does it become a remedy

for hæmorrhage? It must be capable of causing it or it could not cure it. Does it cause hæmorrhage by its ultimate effect on mucous membranes? It causes epithelial degeneration, catarrhal discharges, with pus-secreting surface. If this, why not a mucus which will bleed? Or it may be capable of checking hæmorrhage by its action on the circulation, as do *China*, *Digitalis*, or *Ergot*. We need more extensive provings and on women before we can decide this question.

To the above I will add that the allopathic school are rapidly appropriating the best of the *new remedies*. In Prof. Bartholow's *Mat. Med. and Therapeutics*, which is decidedly the best work on the subject ever written by one of that school, he gives *Hydrastis* a prominent position. He says it causes increased appetite and digestion; it increases the secretion of the intestinal mucous membrane, its glandular appendages, and there are good reasons for believing it promotes the secretion of bile. As a result of this increased secretion, the stools become softer and more frequent. If it causes this condition, its excessive (pathogenic) action would result in *intestinal catarrh*—a condition to which it is eminently homœopathic, as our experience proves. But Dr. Bartholow gives evidence of its value also. He says it is curative in "*chronic gastric catarrh, stomach catarrh of chronic alcoholism, catarrh of the duodenum, catarrh of the gall-ducts, chronic catarrh of the intestine, catarrh of the bladder;*" and he might have added catarrh of every mucous surface in the body. This writer, who seems to speak from his own experience, says it is curative in "*stomatitis, follicular pharyngitis, chronic coryza, fissure of the anus, hæmorrhage from the rectum, and ulceration of the rectal mucous membrane, debility, cachexia, protracted convalescence, intermittent fever (ranking next to quinine), chronic Bright's disease, gonorrhœa, spermatorrhœa, uterine and vaginal leucorrhœa, ulcerations and erosions of the cervix uteri, unhealthy and sloughing sores, and even cancerous growths.*" I suppose that the author got the most of his information from homœopathic sources as well as eclectic, although he had not the moral courage to mention in his list of authorities one of either school. I do not

believe *Hydrastis* is sufficiently appreciated by our school, or, indeed, by any school of medicine. My experience with it has now extended through an active practice of twenty-five years, and every year I value it more highly.

Internally and in all doses ranging from the 6<sup>x</sup> to the mother tincture, as the nature of the case and the age of the patient demanded, it is the chief remedy for all catarrhal affections; it cures catarrh in two ways: (1) by increasing the general tone of the whole system, enriching the blood by exciting a more active nutrition; (2) by its specific action on mucous surfaces. This action is to cause pathogenetically a very similar condition to that usually found in catarrhal affections. To be successful with *Hydrastis*, it must be used *topically* as well as internally. In treating nasal, pharyngeal, or bronchial catarrh, or even catarrhal ophthalmia, it should always be applied locally by means of a brush or spray. So also in catarrh of the digestive tract, œsophagus, stomach, intestines, &c., it should be administered in such manner as to *come in contact with the diseased surface if possible*. In gastric catarrh this can be done by increasing the quantity of the vehicle. Direct that the patient shall take five drops of the  $\phi$  or 1<sup>x</sup> dil. in a *glass of water* half an hour before each meal, *i. e.* when the stomach is empty. If the catarrh is in the colon or rectum a stronger solution should be injected, and the same method should be adopted when the catarrh is located in the bladder, vagina, or uterine cavity.

There is now prepared a white alkaloid of *Hydrastis*, the *Muriate of Hydrastia*; this is far superior to the tincture as an application to erosions, ulcerations, and other lesions of mucous membranes. Dilute or dissolve it in glycerine 1 part to 100.

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#### THE FIRST EDITION OF THE *ORGANON*.

THE essay entitled *The Medicine of Experience*, published in 1805, was a development of the views enunciated



by Hahnemann in a previous essay published in 1796, *Essay on a New Principle, &c.* Both these essays will be found in the *Lesser Writings*. The first edition of the *Organon*, published in 1810, is a still further development of the views contained in *The Medicine of Experience*. It is, however, a much more important work than the latter, and is written in a style and arranged in a manner denoting that it is meant as a manifesto of the founder of a new system. There is in the form an evident imitation of the Aphorisms of Hippocrates, and the title recalls that of Bacon's great work, the *Novum Organum*.

The title of the first edition is *Organon der rationellen Heilkunde* (Organon of Rational Medical Doctrine), which was changed in the second and all later editions into *Organon der Heilkunst* (Organon of Medical Art), and we observe that whereas in the first edition he speaks of the "Rational Physician," he has altered the expression in the later editions to "True Physician."

On the title-page of the first edition he has this quotation from the poet Gellert :

"Die Wahrheit, die wir alle nöthig haben,  
Die uns als Menschen glücklich macht,  
Ward von der weisen Hand, die sie uns zudedacht,  
Nur leicht verdeckt, nicht tief begraben." \*

This is replaced in the later editions by the words "Aude Sapere."

The Preface to the first edition is short and terse. It is as follows :

"According to the testimony of all ages, the art of medicine is unanimously pronounced to be an art based upon conjecture (*ars conjecturalis*) ; hence, no art can with less reason be exempt from the ordeal of a thorough investigation into its claim to be well founded than this one, on which health, the most precious possession man has on earth, depends.

\* Which may be freely rendered thus—

The truth an all-wise Providence intended  
To be a blessing to mankind,  
He did not bury deep, but slightly fended,  
That any earnest search might find.

“ I account it an honour to myself that in recent times I am the only person who has subjected it to an earnest honest inquiry, and that I have given to the world in many writings, some published anonymously, some with my name, the result of my conviction.

“ In these investigations I discovered the road to the truth, which I had to follow alone, very far removed from the general beaten track of medical routine. The further I advanced from truth to truth the further did my maxims, none of which I admitted without conviction gained by experience, depart from the ancient edifice which, built up on opinions, was only maintained by opinions.

“ The results of my convictions are revealed in this book.

“ It remains to be seen whether physicians who mean honestly by their consciences and by mankind will still adhere to the pernicious tissue of conjectures and caprices, or whether they can open their eyes to the beneficial truth.

“ I warn them beforehand that indolence, love of ease, and obstinacy, disqualify for service at the altar of truth, and that only an unprejudiced mind and unwearied zeal qualify for the holiest of all human works, for the practice of the true medical doctrine. With this spirit the medical practitioner is assimilated to the Divine Creator of the world, whose creatures he helps to preserve, and whose approbation renders him thrice blessed.”

This preface is retained in the second edition, but is omitted in the later editions.

The introduction in the first edition is paged in Roman numerals, thus marking its separation from the aphoristic Organon more distinctly than is done in subsequent editions, where the paging of Introduction and Organon proper is continuous. This separation is still further emphasised in the first edition by an intercalated leaf betwixt Introduction and Organon, with the fresh title “ Organon of Rational Medical Doctrine according to homœopathic rules ” (*Organon der rationellen Heilkunde nach homoöpathischen Gesetzen*).

The first sixty-one pages of the Introduction as we find them in the last edition do not appear in the first or

second edition. In the two first editions the Introduction begins quite abruptly with the passage we find at p. 62 of the fifth edition (p. 56 of Dudgeon's translation). The opening passage is, however, worded rather differently in both the first editions from what we find in the later editions. The first edition commences thus :

"Hitherto the diseases of human beings were treated *not rationally*, not on fixed principles, but according to various curative intentions (*Heilzwecken*), among others according to the palliative rule—*contraria contrariis curentur*.

"Directly opposite to this lay the truth, the genuine road to cure, to which I give the guide in this work : to effect a mild, rapid, and permanent cure choose, in every case of disease, a medicine which can of itself produce an affection similar (*ὁμοιον παθος*) to that sought to be cured (*similia similibus curentur*)! Hitherto no one has *taught* this mode of cure. But if it be truth that prescribes this method we might expect," &c.

In the second edition we notice this variation :

"Hitherto the diseases of human beings were treated not on principles founded on nature and experience, but according to capriciously imagined curative intentions," &c., leaving out the term "rational." He then goes on as in subsequent editions—with a few unimportant differences, chiefly consisting of additions in the subsequent editions—down to "acted in forgetfulness of the contrary doctrines of their own school."

Then come the examples from old-school practice of homœopathic cures—omitted in last edition, though referred to in a note. These have been restored in Dudgeon's translation as they appear in the fourth edition.

In the first edition Hahnemann gives no references to the sources of these cases, which are carefully indicated in foot-notes in subsequent editions.

Some of his examples of unconscious homœopathic cures are omitted in subsequent editions. Thus, after the illustration from the English sweating sickness, he says :

"Catgut bougies introduced into the healthy urethra

produce *blennorrhagia*, and for this reason they so often cure *gleet*."

In the notice of *Tobacco* he has in the first edition after Murray's experience the following :

"Chomel, Grant, and MARRIGUES saw convulsions arise from excessive indulgence in tobacco, and long before them Zacutus the Portuguese had found a very efficacious remedy for many cases of epilepsy in a syrup prepared from the juice of the tobacco plant.

After the paragraph about *Uva ursi*, he gives a number of illustrations of homœopathic cures with *Hemlock*, omitted in later editions.

Further on he instances the production and cure of dropsy by *Euphorbia off.*—omitted in later editions, and the production and cure of dropsy by *Rhamnus frangula*—omitted in fourth edition.

The paragraph about *Dulcamara* is altered considerably in the later editions.

In the first edition he has notices about the production and cure of violent cough by *Taxus*; of dysuria, dropsy, kidney pains, and coxalgia by *Turpentine*; of cramp in the stomach and various other affections by *Tea*; of diarrhœa by *Ipecacuanha*; all omitted in later editions.

The paragraph relating to *Hyoscyamus* is much modified in later editions.

An account of the production and cure of pains in the limbs and joints by *Aconite* is omitted in later editions, and there is more about *Camphor* in the first than in later editions.

The paragraph respecting *Opium* is also very different in the first edition; it is much fuller in the fourth edition.

Under *Lead* there is in the first edition a notice of its causing and curing pulmonary phthisis.

The notice of *Mercury* is fuller in the later editions.

There is a paragraph about *Galvanism* in the first edition, which is omitted in the later editions.

The notice about the effects of *heat* in fever is expanded in the second and subsequent editions.

The concluding paragraphs of the first edition are expanded in later editions.

In the second edition we find the first notice of Stahl's enunciation of *similia similibus* as the true rule of cure.

In the first edition the introduction has none of the foot-notes which occupy so much space in the later editions; and in the Organon proper the notes are appended to each paragraph, and are not at the foot of the page as they are in the second and subsequent editions.

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The opening paragraph of the Organon proper in the first edition runs thus :

"The physician has no higher aim than to make sick persons well, which is called healing."

§ 2 of the first edition has at the end in brackets and emphasised print "rational medical doctrine" (*rationelle Heilkunde*). This is omitted in the later editions.

§§ 3 and 4 in the first are the same as in the later editions.

§§ 5, 6, and 7 originally stood as follows :

"§ 5. It may be conceived that every disease must be founded on a *change in the interior of the human organism*, but this can only be inferred by the understanding from that which the external signs betray of it; *but it is not recognisable of itself in any way.*

"§ 6. What is invisibly morbidly altered in the interior and the observable change in the health in the exterior (appreciation of symptoms) together constitute what is called disease; both together are the disease itself. [Here follows a long explanatory note, which we need not reproduce. This note is repeated with alterations in the second edition, but is omitted, together with these two paragraphs, in the later editions.]

"§ 7. In medicines there must be a healing principle; reason surmises it. But its essential nature is not cognisable by us in any way—only its manifestations and effects can be ascertained by experience." This paragraph is replaced by § 5 of the last edition.

§ 8 of the first edition is nearly the same as § 6 of the last, only what was in the former, "the worthlessness of transcendental speculations" (den Unwerth übersinnlicher Spekulationen), assumes in the second and later editions the harsher form of "die Nichtigkeit übersinnlicher Ergrübelungen." The note to this paragraph in the last edition is not in the first and second editions.

§ 9 of the first edition is considerably amplified in the last edition, and the next paragraph disappears altogether in the later editions, or rather it is comprehended in the previous paragraph. It is short, and runs as follows :

"§ 10. Only the sum of all the symptoms of a disease represents this disease in its whole extent." Two notes follow this paragraph ; the first asserting that no real disease requiring treatment consists of one single symptom, omitted in the later editions, the second nearly identical with the note of § 7 of the last edition.

§ 11 of first edition is, with some verbal differences, identical with § 8 of the last, but the note to this paragraph is not in the first edition.

§§ 9—16 of the last are not to be found in the first edition, but, instead, we have the following paragraph :

"§ 12. The invisible morbid alteration in the interior and the sum of the symptoms observed from without are hence both mutually and necessarily dependent on one another, both together constitute the disease in its full extent ; that is to say, a unity of such a character that the latter stand and fall with the former, that they at once must exist with one another and disappear with one another, so that what is capable of producing the group of appreciable symptoms must, at the same time, have produced in the body the corresponding (inseparable from the external morbid phenomena) interior morbid alterations, otherwise the appearance of the symptoms would be impossible ; and, consequently, what removes the sum of the appreciable morbid signs must, at the same time, have removed the morbid alteration in the interior of the organism, because the removal of the former without the disappearance of the latter is not conceivable."

To this paragraph is appended a note similar to that attached to § 17 of the last edition.

§ 13 of first edition is nearly identical with § 17 of the last, only in the latter "the internal alteration" is supplemented by the words, "of the vital force." It is to be remarked that the words "vital force," which occur so frequently in the last edition, are not used throughout the first and second editions. The paragraph in the first edition terminates thus:—"The essence of medicine (Heilkunde) must otherwise be sought, not in a restoration of the health, but in investigation of the alteration in the hidden interior; that is to say, in fruitless speculations." This idea is amplified in a long note, which is omitted in later editions.

§§ 14—37 of the first edition are replaced by §§ 18—70 in the last edition. The corresponding paragraphs in the second edition, §§ 12—81, contain much of what we find in the last edition, and a good deal more besides, relating chiefly to chronic diseases, with respect to which Hahnemann's views underwent a great change before the publication of the last edition, as we know from his treatise on those diseases. The last edition, therefore, embodies these novel views.

§ 38 of first edition is the same as § 82 of the second and § 71 of the last.

§§ 39—61 are entirely rewritten and replaced by §§ 72—82 of last edition.

We have not sufficient space at our command on the present occasion to give the suppressed paragraphs of the first edition. In a future article we propose to do this. At present we shall do little more than indicate the paragraphs in which the first edition resembles or differs from the last.

With § 62 of first edition commences the directions for the examination of the patient. §§ 62—81 are reproduced with a few amplifications in §§ 83—102 of the last edition. § 103 of the last edition is an addition. §§ 82, 83 of the first are reproduced in §§ 104, 105 of the last. § 84 of the first differs in wording from § 106 of the last, but the

meaning is the same. The correspondence is resumed in § 85 of the first and § 107 of the last.

§ 86 of the first is amplified in § 108 of the last, and §§ 87, 88 of the first are replaced by § 110 of the last. § 89 of the first is expanded in § 111 of the last. § 90 of the first reappears in the last, with a good deal added about the "vital principle."

§§ 91—93 of the first are replaced in the last by §§ 113, 114.

§ 94 of the first is repeated in § 115 of the last.

§ 95 and its note of the first reappear considerably modified with additional notes in §§ 116, 117 of the last.

§ 96 and 97 with notes are nearly the same as § 118, 119 of the last, which have two additional notes.

§ 98 of the first is replaced by § 120 of the last.

§ 99 of the first is repeated almost exactly in § 121 of the last.

§§ 100—105 of the first are nearly the same as §§ 122—126 of the last.

§§ 106—108 of the first are amplified in §§ 127—131 of the last.

§ 109 of the first is nearly the same as § 132 of the last.

The directions for proving medicines in the succeeding paragraphs of the first edition, §§ 110—118, are very much extended and added to in §§ 133—141 of the last.

§ 119 of the first is repeated with amplification in § 142 of the last.

§§ 120—123 are amplified in §§ 142—145 of the last. In § 123 of the first edition the words "thanks to the *great number* of symptoms," are altered to "thanks to the *truth* of the symptoms" but this seems to us to be a misprint in the last edition, "wahrheit" in place of "vielheit." The former reading, which we believe from the context to be the right one, occurs also in § 152 of the second edition.

§ 124 of the first is nearly the same as § 147 of the last.

§ 125 of the first edition is omitted in the second and later editions.



§ 126 of the first is expanded in § 153 of the second and § 146 of the last editions.

§§ 147—149 of the last edition are not in the first edition, but they already appear in the second edition—§§ 154—156. The last paragraph, § 149, of the last edition has, however, an additional sentence, and a long note, not to be found in the corresponding paragraph of the second edition.

§ 127 of the first is divided in the second and subsequent editions into two (§§ 157, 158 of the second, §§ 150, 151 of the last).

§§ 128—131 of the first are nearly the same as §§ 152—155 of the last.

The note to § 131 of the first appears in the second and all subsequent editions with a few insignificant variations as a separate paragraph (§ 163 of second, § 156 of last).

§ 132 of the first becomes §§ 157—160 of the last edition. This division was already effected in the second edition §§ 164—167.

The note to § 132 is much expanded in the second and later editions.

§ 161 and note of the last edition are not in the two first editions.

§ 133 of the first is nearly the same as § 168 of the second, and § 162 of the last.

§§ 134—140 of the first correspond with some modifications to §§ 163—169 of the last.

§§ 141, 142 of the first are omitted in the last.

§§ 143, 144 of the first are conjoined in § 170 of the last.

§ 145 of the first is replaced by § 171 of the last, which is quite different.

§§ 146—160 of the first are nearly the same as §§ 172—186 of the last, with considerable additions.

§ 161 of the first is replaced by §§ 187—191 of the last.

§§ 162, 163 are nearly identical with §§ 192, 193 of the last.

§§ 164—215 of the first are replaced by §§ 194—252 of the last, in which the psora theory is developed and explained.

§§ 216—218 correspond to §§ 253—255 of last.

§§ 219, 220 of the first are replaced by § 256 of the last.

§§ 221, 222 of the first reappear in §§ 257, 258 of the last, "rational physician" altered into "true physician."

§§ 223—229 of the first correspond to §§ 259—265 of the last.

§ 266 of the last edition is an addition.

§ 280 of the first is amplified in § 267 of the last.

§ 231, with note of the first, is the same as § 268 of the last.

§§ 232, 238 of the first are replaced by §§ 269—271 of the last. In the latter the dose is fixed at the 30th dilution. There is no mention of the dose in the first edition. In the second edition he refers for the dose of each medicine to the preface to each medicine in the *Reine Arzneimittellehre*, but he says at the same time that since the publication of that work he has diminished the dose of some of the medicines. In the first edition he distinctly says that, as medicines differ so much in power, he is unable to give a list of the proper doses for every medicine. In the second edition he says that "the dose of the homœopathically chosen medicine can never be so small as not to be stronger than the natural disease."

§§ 234—236 of the first correspond to §§ 272—274 of the last.

§ 275 of the last edition is an addition.

§ 237, 238 of the first, about a too large dose, is reproduced with considerable modification in § 276 of the last.

§§ 239—252 of the first are replaced by §§ 277—283 of the last.

§ 253 of the first is nearly the same as § 284 of the last; only here, as already in the second edition, he alters "highest dilution" (höchste Verdünnung) into "lowest dilution" (tiefste Verdünnung). The former expression is now generally used to express the smallest dose. The curious algebraical computation of the relative effects of different doses appears in the first and is retained in all the later editions, the calculation being extended in the latter,

There is something so utterly at variance with what Hahnemann elsewhere says about the relative strength of doses in this calculation, that we do not understand how he could have retained it in the later editions. The statement in this note is: if one drop of a mixture containing  $\frac{1}{10}$ th of a grain of medicine have an effect  $=a$ , then one drop of a mixture containing  $\frac{1}{100}$ th of a grain will be  $=\frac{a}{2}$ , and if the mixture contains  $\frac{1}{10000}$ th of a grain  $=\frac{a}{3}$ , and so forth. In the last edition he adds that he has *very often* seen a drop of the decillionth dilution of *Nux vomica* produce very nearly just *half* the effect of a drop of the quintillionth dilution, and yet a couple of pages further on he says, "The higher we carry the attenuation accompanied by dynamisation (by two succussion strokes), with so much the more rapid and penetrating action does the preparation seem to affect the vital force and to alter the health."

§§ 286, 287 of the last edition are additions, which were already made in the second edition, §§ 311, 312.

§ 254 of first is nearly the same as § 288 of the last, to which the note about giving medicines by olfaction is added in the last.

§ 255 of the first is the same as § 289 of the last.

§§ 256, 257 of the first are condensed into § 290 of the last.

The note to § 257 of the first forms § 291 of the last.

§ 258 of the first is modified in § 292 of the last.

§ 259 of the first is omitted in the last, but the note to this paragraph in the first is retained and expanded in the last.

§§ 260—271 (the last paragraph) of the first is about palliation. The second edition terminates with the paragraph corresponding to § 259 of the first. The substance of these paragraphs in the first will be found in §§ 70—80 of the second, and §§ 59—69 of the last edition.

The last two paragraphs of the last edition with their notes are about mesmerism, which is not alluded to in the first and second editions.

The number of paragraphs in the first edition is 271; in the second, 318; and in the last they are reduced to 294.

## REVIEWS.

*A Lecture addressed to the Medical Profession, Thursday, May 24th, 1877, on "The Place of the Law of Similars in the Practice of Medicine."* By T. GIBBS BLAKE, M.D., Physician to the Birmingham and Midland Homœopathic Hospital and Mason Orphanage. Birmingham: Cornish Brothers, New Street. London: H. Turner and Co.

THIS lecture was delivered at the Midland Institute at the request of several practitioners of the old school, who desired to hear on that neutral ground an exposition of the real nature and claims of homœopathy. Twenty-five of them were present; and we are very glad that they had the opportunity of listening to, and that others now have it of reading, this excellent lecture. It is alike catholic in its sentiments and orthodox in its teaching; it presents Hahnemann's homœopathy in a form which all his disciples can endorse, and yet which can hardly fail to commend it to every unprejudiced outsider as a system worthy of candid consideration. No better *brochure* could be put into the hands of a professional inquirer; and we hope it will have an extensive circulation.

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*Our Foreign Contemporaries.*

FRANCE.—*L'Art Médical.* January—June, 1877.—In the January, February, and April numbers of this journal Dr. Frédault completes the treatise on death by

“ ataxy,” of whose commencement we have already given an account. This ataxy he describes thus :—“ There may present itself not so much a serious condition, permanent, established, as in simple *gravity* ; not so much a serious condition approaching to *malignity* by an unceasing tendency to aggravation even till death, but one characterised by disorders in its progress, and especially by relapses, amendments, remissions, and then again aggravations, — the phenomena having features which remind one of the *perniciosity* of marsh fevers, without having their regularity and defined characters, but still resembling them though from a distance, and denoting a sort of special gravity. This is ataxy, which is a kind of irregular and insidious *perniciosity*.” This condition — whose three signs are gravity with inco-ordination of symptoms, temporary seizures resembling those of pernicious ague, and threatenings of a fatal issue — may supervene in the progress of any acute disorder, and needs its own special treatment, which is, he considers (and Drs. Jousset and Cretin agree with him), the administration of single *gramme* doses of *Quinine*. He relates several illustrative cases of his views ; and points to attacks of coldness of the extremities, especially of the hands and the nose, as very significant of this condition.

Dr. Jousset's Clinical Lectures enrich most of the numbers before us, and contain practical observations on many diseases. Amongst other points we note his preference for the preparation of *Apis* made direct from the virus over that consisting of a trituration of the entire bee ; and his successful treatment of acute hydrarthrosis with this remedy and of a case of hæmorrhagic variola with *Phosphorus*. Dr. Jousset has also contributed several articles on general subjects, as a review of the situation of homœopathy in 1877, and a letter to Dr. Martiny regarding the treatment of pneumonia so much discussed now in Belgium, and another to Claude Bernard on infinitesimal doses. In this last, and in a later article on this subject (April), he shows how the recent experiments at the Salpêtrière regarding metallotherapy support the homœopathic ideas, exhibiting as they do the exceedingly feeble galvanic

currents which are required to cause changes in sensibility, and which act when stronger ones have no effect. He clinches his argument by relating a case of intermittent infra-orbital neuralgia, which resisted *gramme* doses of *Quinine*, but yielded almost immediately to globules of the 12th dilution of *Nux vomica*.

Dr. Imbert-Gourbeyre gives us in French form in these numbers the exhaustive treatise on *Arnica* which he contributed to the World's Convention, and which will appear in English in its Transactions. It reveals properties of this drug little known to many of us, and will repay attentive study. Dr. Ravel would add another to its curative applications, proposing it (April) as a possible remedy for Menière's disease.

*Bibliothèque Homœopathique.* January—June, 1877.—Drs. Chargé and Chauvet continue to be the chief contributors to this journal. The "Pathogénésies Nouvelles" of the latter give us *Baptisia*, *Gratiola*, and *Æthusa*. The former discourses upon *Apocynum*, *Arsenic* in intermittent fevers, and the therapeutics of variola. In the second of these papers (March) he communicates some very interesting facts about Boudin's use of *Arsenic* in agues, showing that he first learnt its virtues by trying a tube of globules of the 30th, supplied to him by Dr. Chargé; and that for a long time he employed it as triturated for him by a homœopathic chemist at Marseilles, giving it (as he said) in doses of the hundredth of a grain or less. Dr. Chargé ascribes the larger quantities he afterwards found it necessary to use at Paris to the less perfect mode of preparation adopted by the ordinary chemists there.

Besides the contributions of Drs. Chargé and Chauvet, we have two of much learning and value from Dr. Ozanam, on leprosy and jaundice respectively. The same writer calls our attention to *Melilotus* as a promising remedy.

*Bulletin de la Société Médicale Homœopathique de France.* October, 1876—May, 1877.—As we mentioned in our April issue, we had ceased to receive the *Bulletin* since that month in the previous year. While our sheets were passing through the press, however, the numbers for

October, November, and December reached us, with that for June; and subsequently the journal has been received regularly as before. In the June number, which alone occupies the gap between April and September, we find two cases of interest by Dr. Casal, of Mentone. In one the sting of a wasp, inflicted near the right eye, caused—after a lapse of some days—a subacute keratitis first on that side and then on the other. In view of the undoubted curative power of *Apis* in inflammation of the cornea, this observation is of moment. In the other a psoriasis of two years' standing disappeared with great rapidity under the influence of *Cuprum* 30, given because of the occurrence of cramps in the legs.

Beginning a regular series of the *Bulletin* with October, 1876, we find the Society which issues it actively at work under the presidency of M. Champeaux. In the October number Dr. Despiney, of Hyères, contributes a paper on what he calls malignant or influenzal pneumonia, to which he ascribes a terrible mortality, and in which he finds the ordinary remedies for pneumonia impotent for good. He has to depend mainly on *Arsenic* and *Quinine*. In November Dr. Jousset is supported by several others in recommending *Colocynth* in the treatment of pelvic peritonitis. Dr. Gonnard, in translating in this number the account given of the state of homœopathy in America by one of ourselves, has made a slight error which needs rectifying. The writer had said:—"When I came to ascertain by whom the great bulk of the homœopathic practice of the great cities was carried on, I found it to be by men of the other, 'i.e. less strictly Hahnemannian' school." Dr. Gonnard renders this—"Lorsque j'en vins aux constatations pour savoir a qui était dû le progrès immense de la pratique homœopathique dans les grandes villes, je découvris qui'l était dû aux hommes de l'autre école." This is clearly not the same thing, and is a proposition the writer would hardly care to affirm. It is the more necessary to make such correction, as *L'Art Médical* has quoted the passage in support of its own views, italicising the unwarranted words.

There is nothing to note in the subsequent numbers.

BELGIUM.—*Revue Homœopathique Belge*. Jan.—June, 1877.—The chief feature of interest in this journal is still the discussion as to pneumonia and its therapeutics. Dr. Kafka has himself come into the field in defence of his *Iodine* and *Bromine* treatment. Dr. Jousset, in response to an appeal made to the school of Tessier, has given his own and his master's views on the subject; and, last, Dr. Kafka has replied to him. The passage at arms between these two antagonists betrays a singular ignorance on the part of each of the pathological doctrines of the other's country. Dr. Jousset ridicules the term *croupal* pneumonia as if it assimilated inflammation of the lungs to diphtheria, with which, in France (but not in Germany), croup is regarded as identical. Dr. Kafka, on the other hand, is astonished that the term *croupal* should call up such associations, apparently unaware of the French view.

In January, Dr. van Culsem, of Brussels, communicates some facts showing that strawberry leaves have the power of diminishing greatly the secretion of milk in cows; and Dr. G. Proell, of Nice and Badgastein, relates a case of suspected cancer of the womb, in which much benefit was obtained from *Lapis albus* 6. The rest of these numbers is mainly filled with a course of lectures delivered by the editor, Dr. Martiny, to the officers of the regiment to which he is attached, on the principles of homœopathy; and with extracts and translations from other journals.

*La Révolution Médicale*.—Since we last noticed Dr. Flasschoen's publication we have received four numbers—those for November 15th and December 1st and 15th, 1876, and for January 1st, 1877. We are glad that this vigorous little advocate of medical truth continues its useful career. The editor has so industriously collected the facts, testimonies, and statistics evidencing the value of our system, that a complete series of his paper would be of the utmost service to any one who desired to defend it.

ITALY.—*Rivista Omiopatica*. June, July, 1877.—We are glad, after a long interval, to see the *Rivista* again. The two numbers which have come to our hand are the twelfth of the twenty-second and the first of the twenty-third



annual volumes. The journal is published at Rome, under the editorship of Dr. Pompili. It contains the usual *mélange* of controversial and practical matter, with translations from foreign periodicals, and seems to serve its purpose well.

INDIA.—*Calcutta Journal of Medicine.* Nov., 1876—Feb., 1877.—In the November number the editor completes a paper he had begun in October on the action of *Anacardium* on the skin. After citing evidence of its pathogenetic action in this sphere, and adding thereto from his own experience, he draws attention to its “curative virtue in true leprosy,” as a tradition of Hindoo medicine. He mentions that the native doctors are afraid of handling the drug for fear of getting this very disease, which, as he has been informed by some of them, has actually happened in some instances. He has accordingly tested the drug (in the 6th dilution) in this malady, and can say that he has derived considerable benefit from it, though he cannot claim any absolute cures. He should try it higher or lower.

AMERICA.—*North American Journal of Homœopathy.* Feb., May, 1877.—Dr. Lilienthal continues his studies of special forms of disease and their homœopathic therapeutics, speaking in these numbers of infantile wasting palsy, morbus Basedowii, morbus Addisonii, Pott’s disease, and leucæmia. Dr. E. M. Hale communicates (in February) some experience with *Salicylic acid*, which is very favourable. He finds five-grain doses every two hours sufficient in acute rheumatism. A pupil of his—Dr. E. A. Gatchell—contributes some experiments he has made with *Iberis amara* on frogs. The provings of this drug seemed to display a marked action on the heart; but there was some reason to suspect that the experimenters were aware of its cardiac influence, and might be the subjects of “expectant attention.” Dr. S. A. Jones had taken large doses without any result of the kind. However, in frogs there can be no doubt that the *Iberis* acts very much like *Digitalis*, prolonging and intensifying the systole, so that the circulation is much retarded.

Dr. Goullon's *Thuja*, Dr. Lord's paper on the vasomotor apparatus, and Dr. Eggert's Repertory for vertigo are concluded in these numbers; and that for May gives an interesting account of the illness and death of the late Dr. Carroll Dunham, and of the testimonies to his worth and our loss borne by his colleagues.

*Hahnemannian Monthly.* Jan.—June, 1877. This excellent journal continues to be full of valuable and original matter. We will run through the six numbers before us, noting as we go.

In January, Dr. McGeorge gives us a study of *Psorinum*. The nature of this substance seems as problematical as its value, if we may judge from this author. "*Psorinum* (or *Psoricum*, as some writers call it) is prepared by Hering from the pustule of scabies, by Weber from lichen agrius; while two different names appear, they both may prepare from the same class. Scabies comprises agrius (?), lichen agrius being, according to Dunglison, distinguished by pimples in clusters or patches, surrounded by a red halo, the cuticle growing gradually harsh, thickened, and chappy, often preceded by general 'irritation.' *Psorinum*, as its name implies, may be prepared from any of the products of cutaneous eruptions of a psoric nature (?), but personally I am not aware how any of the pharmacies prepare this drug. Like *Vaccinum*, *Variolinum*, and *Hydrophobinum*, I ask no questions for conscience sake, but take my potency, and exhibit it when called for, judging only of its reliability by the result following its administration."

In February, Dr. Childs, of Pittsburgh, reports a case of ascites from hepatic disease in which repeated tapings enabled him to reckon that "this one man distilled and dispensed within the year 1875 the enormous quantity of 127½ gallons, or 1020 pints of water." He nevertheless, under the persistent use of *Lycopodium*, entirely recovered. Dr. Houard makes a curious statement, viz. that the symptoms of the two spiders, *Tarantula* and *Mygale*, have been all mixed up. "We have," he says, "no good provings of the *Tarantula*, nor is there any of the tincture of this spider in this country (to my knowledge)

unless it has been brought or sent here recently. The Mygale has a characteristic difference. Dr. Nunez obtained his from Taranta, Italy, and he has promised Dr. Hering and myself some of the genuine. The provings have been made with the Mygale Cubensis, and that is what is sold and used in practice, not Mygale avicularia. There will be some of the real Tarantula obtained, however, soon, and doubtless there would be a proper proving made of it ere long. It is only found in one locality in Italy, and on some of the Mediterranean islands." There is a confusion here which needs clearing up. Dr. E. M. Hale finds *Bryonia* useful in rapidity of the heart's action from simple irritability.

In April we find Dr. C. Preston adding another form of disease in which *Argentum nitricum* is useful, viz. catarrhal affections of the kidneys and ureters, and nephralgia from the passage of gravel. He gives it in high dilutions. In May, Dr. J. E. James communicates facts tending to show that *Viburnum* is as useful to check miscarriage as it is to relieve some kinds of dysmenorrhœa.

The following narrative is worth extracting from the May number. It is by Dr. Lucius Morse, whose excellent monograph on nasal catarrh we reviewed in our July issue.

"Some two years ago a gentleman came to me in deep distress. Said he, 'My brain is softening; I am losing my mind, going crazy, becoming hopelessly imbecile or something of that sort, I hardly know what.

"He was the picture of despair; and I really thought from his appearance that something serious was the matter.

"'I never thought a man could be so utterly desolate and melancholy,' he continued. 'I feel like putting an end to the whole business by jumping into the river, or blowing out my brains, that is, if I have any left.'

"And then my visitor went on to tell me in still stronger language how imbecile he seemed to have become. Everything irritated him; he seemed to have as little control over himself as a child. Ambition and energy were utterly gone; trifling annoyances affected him even to tears. Memory was impaired, and he was unfitted for business.

"A little inquiry brought out the fact that he was suffering from secondary symptoms of syphilis for which he had repaired to a popular health resort, and was even now taking medicine which his physician there had prescribed. He feared that the disease had not been eradicated, and fancied that it had attacked the throat and bowes of the nose, as he had a terribly offensive watery discharge from the nostrils and posterior nares and gnawing pains in the bridge of the nose, all of which symptoms he said came on during the preceding three weeks.

"I asked to see the medicine he was taking. He pulled out a box of pills, and remarked upon their expensive character, a chief ingredient being Gold. I examined one of the pills, and with the naked eye small particles of shining goldleaf could be readily seen. A crude trituration of *Aurum metallicum* had been made up into pill form, and the patient had already taken about two dozen of them in the course of three weeks. The mystery was solved. 'My friend,' said I, 'I have to thank you for introducing to me a splendid proving of Gold. Your case illustrates the physiological action of the metal in perfection. Set your mind at rest as to your present wretched condition. Stop the pills, and you will soon be well again.'

"He did as I directed, and in a fortnight the whole train of distressing symptoms, melancholy, terrible forebodings, thoughts of suicide, headache, catarrh, nervous prostration, loss of appetite, &c., had disappeared.

"This case impressed me strongly with the applicability of Gold in nasal catarrh. I never forgot the lesson.

"How frequently is the practitioner confronted by those discouraging cases of ozena, with dripping discharge, distressing frontal headache, and the most inveterate and profound melancholy, amounting in some cases to actual loathing of life. Well may the physician as well as the patient despair, if he does not know that in *Aurum* he has a remedy which is often able singlehanded to dominate and subdue this diseased condition.

"Do not expect a miracle. You will be disappointed if you do, but go systematically to work upon cases of this sort with *Aurum*. Commence with the third decimal trituration, and be sure that you have an article which has been worked on faithfully and not slighted in its preparation. Give a powder of two or two and a half grains morning and night, and watch the effect. If there is no perceptible

modification in the symptoms in eight or ten days, go up to the sixth decimal trituration, and proceed as before. If there should be improvement during the use of the lower preparation, continue it at longer intervals, say once a day for five or six days, then every other day, then every three or four days, and finally once a week. If improvement ceases, have recourse to the higher attenuation mentioned, giving a dose morning and evening as at first, then afterwards only once a day, then less frequently until at last only one dose a week is administered.

"Following out this plan, I have seen some brilliant cures effected in the course of a few months.

"Let not the physician make the mistake of giving *Aurum* in those cases characterised by a bland yellowish or whitish discharge, which are seldom attended by the marked mental symptoms mentioned above. Time would be lost, and no good accomplished. Here *Sulphur*, *Mercurius*, *Kali bichromicum*, and *Hydrastin* will generally be found indicated.

"I may remark further that *Aurum* is useless in cases of acute catarrh. It finds its proper field in those degenerated conditions of the nasal mucous membrane when a thin, watery, perhaps greenish discharge oozes out without very marked inflammatory condition of the parts.

"In caries of the bones of the nose I have never seen any benefit arise from the use of *Aurum*. A case which I have under treatment at this writing characterised in a marked degree by its peculiar mental symptoms took it for a considerable time without benefit."

By an extract from the St. Petersburg *Med. Wochenschrift*, translated by Dr. Lilienthal from this number, we learn that the use of *Mercurius cyanatus* in diphtheria has been recommended by a Dr. Erichsen of that city. It is, of course, Dr. Lilienthal says, a mere coincidence that Dr. Villers, the chief advocate of this remedy in homœopathic practice, lives in the same city! It is deserving of note, however, that Dr. Erichsen gets his results from doses ranging from the  $\frac{1}{48}$ th to the  $\frac{1}{36}$ th of a grain, while Dr. Villers advises us to use nothing lower than the 30th dilution.

*New England Medical Gazette*. Jan.—June, 1877.—We have also to acknowledge the missing numbers for 1876,

viz. those for August and November. There is nothing to note in these, save that Dr. C. Wesselhoeft gives us some more experience with *Graphites*, suggesting that it is to the climacteric period what *Pulsatilla* is in youth, and that a case is recorded in which *Causticum* had a decisive curative effect in post-diphtheritic paralysis of the fauces.

Nor is there anything in the six numbers which belong to our present range of review sufficiently noteworthy to mention, unless it be to note that Dr. Oehme is turning the undoubtedly eclampsigenic power of *Ænanthe crocata* to good effect by giving it in the convulsive affections of pregnancy and childhood.

*United States Medical Investigator*. Jan. 1—June 15, 1877.—Here, too, our gaps have been filled by the receipt of the numbers for July 1st, September 1st, October 15th, and December 15th, 1876. We should have been sorry to have lost them, as they contain much practical matter. We may extract the following, by a veteran and observing practitioner, Dr. O. P. Baer (October 15th) :

“*Pulsatilla* is surely the *sine quâ non* in labour. If there is a specific in the homœopathic practice, in the obstetrical department, *Pulsatilla* is that agent. I have been using it, in *labour*, for more than twenty-eight years, and have studied it thoroughly, patiently, and perseveringly, and feel safe in saying that it has helped me out of more difficulties than all other remedies put together. Before I became acquainted with the efficacy of *Pulsatilla* I frequently used the forceps: now I have scarcely any use for them at all. Calmness, patience, and *Pulsatilla* accomplish all my necessities.”

Dr. Kershaw contributes to the same number a case illustrating the value of *Caulophyllin* in dysmenorrhœa, and to that of December 15th others relating to the power of *Tela aranea* (the black spider's web) to relieve asthma, bronchitis, and insomnia. He gives the 1st trituration.

We have often remonstrated with the *Investigator* on account of its typographical inaccuracies. The following “Little Advice to Correspondents” given by it suggests that it is not wholly to blame for this.

**"A LITTLE ADVICE TO CORRESPONDENTS.**—We have had some complaint from occasional correspondents about mistakes which appear in their articles when they come out in print. We are aware that in many cases the fault is ours, but we are confident that the matter could be remedied if our correspondents would pay a little more attention to the preparation of their manuscript. Printers are not infallible, and our proof-readers do sometimes make mistakes, but we have prepared a few practical hints and instructions, and if our friends who write to the journal, once in a while, will kindly act upon our suggestions, we will be personally responsible for all errors that our compositors may make in setting (not sitting) up their manuscript.

"Never write with pen or ink. It is altogether too plain, and doesn't hold the mind of the editor and printers closely to their work.

"If you are compelled to use ink, never use that vulgarity known as the blotting pad. If you drop a blot of ink on the paper, lick it off. The Intelligent Compositor loves nothing so dearly as to read through the smear this will make across twenty or thirty words. We have seen him hang over such a piece of copy half an hour, swearing like a pirate all the time, he felt that good.

"Don't punctuate. We prefer to punctuate all manuscript sent to us. And don't use capitals. Then we can punctuate and capitalise to suit ourself, and your article, when you see it in print, will astonish, even if it does not please you.

"Don't try to write too plainly. It is a sign of plebeian origin and public-school breeding. Poor writing is an indication of genius. It's about the only indication of genius that a great many men possess. Scrawl your article with your eyes shut, and make every word as illegible as you can. We get the same for it from the rag-man as though it were covered with copper-plate sentences.

"Avoid all painstaking with proper names. We know the full name of every physician in the United States, and the merest hint at the name is sufficient. For instance, if you write a character something like a drunken figure "8," then draw a wavy line, and the letter M and another wavy line, we will know at once that you mean Samuel Morrison, even though you may think you mean "Lemuel Messenger." It is a great mistake that proper names should be written plainly.

"Always write on both sides of the paper, and when you have

filled both sides of every page, trail a line up and down every margin, and back to the top of the first page, closing your article by writing the signature just above the date. How we do love to get hold of articles written in this style! And how we would like to get hold of the man who sends them! Just for ten minutes! Revenge is sweet; yum, yum, yum.

“Coarse brown wrapping paper is the best for writing your articles on. If you can tear down an old circus poster and write on the pasty side of it with a pin stick, it will do still better.

“When your article is completed, crunch your paper in your pocket, and carry it two or three days before sending it in. This rubs off the superfluous pencil marks, and makes it lighter to handle.

“If you think of it, lose one page out of the middle of your article. We can easily supply what is missing, and we love to do it. We have nothing else to do.

“If correspondents will observe these directions, we will hold ourselves personally responsible for every error that appears in their articles, and will pay them their full claim for damages when they make complaint. We were merely saying we are always happy to receive complaints, and correct any errors for which we are responsible.”

In the numbers coming within our present range there is not much to note. Dr. Sharp's recent essay *On the Actions of one Dose* is reprinted, and somewhat severely criticised by Dr. Lippe (June No.). This same combative writer, in response to an appeal from Dr. Berridge of this country (Feb. 1st), announces (May 15th) his intention of drawing up “a circular for the public, stating the rules of true homœopathy, and how it differs from the false, to be signed by all true followers of Hahnemann,” thereby excommunicating all who are more independent in their thought and practice. Considering the exceedingly small number of practitioners whom Dr. Lippe would acknowledge to be true homœopaths (among those denounced in his article are Dr. Lilienthal and Dr. Conrad Wesselhoeft), such a proceeding reminds us of the story Sir W. Fergusson used to tell of the man who, in amputating, made his flaps the wrong way, and cut his patient's body off his limb.



We would call attention to the excellent clinical lecture contributed to the number of April 15th by Dr. W. J. Hawkes, late of the Hahnemann Medical College of Chicago. Dr. Hawkes now fills the important post of Professor of the Practice of Medicine in the Homœopathic Department of University of Michigan; and if this lecture be an index to his general teaching, we congratulate the institution and its students on his appointment.

*Ohio Medical and Surgical Reporter.* January, March, and May, 1877. In these numbers we note a case by Dr. Holcombe (May), supporting the thesis that *Pulsatilla* can change a transverse into a natural presentation; one of dangerous capillary bronchitis in a baby saved by *Lycopodium*, chosen because of the fan-like movement of the alæ nasi (March); and one of simple paralysis of the ciliary muscle, cured very rapidly by *Causticum* 30 (*ibid.*).

These are all the American Journals which reach us with any regularity. Of the *Homœopathic Times* we have only received the numbers for April and May (the sole point in which we need note is some evidence as to the usefulness of *Urtica urens* in insufficiency of milk in nursing women); and the *American Observer* and the *Cincinnati Medical Advance* have not appeared at all. On the other hand, we have to mention the birth of two new periodicals, the *Homœopathist*, a monthly "hailing" from Chicago, and the *California Medical Times*, a quarterly (of twelve pages) appearing at San Francisco. As both these, however, began their life on July 1st they must come into our next review.

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## OBITUARY.

### DR. VON GRAUVOGL.

At the close of our last number we were only able barely to allude to the distressing news which we had just received of the death of our esteemed colleague von Grauvogl. The extent of the loss which we have sustained will be estimated by all who have the scientific development of our teaching at heart. The

one who has just gone to his rest stood ever in the foremost rank of combatants in the good cause. His wealth of knowledge and his inexorable incisive logic made him peculiarly fitted to lay bare the weak side of our enemies and to repel their attacks, whilst, on the other hand, his efforts were steadily directed towards the establishment of homœopathy on a firm basis of natural laws. That he succeeded every one will admit who has devoted diligent study to his works and has not allowed himself to be repelled by a style which is at times somewhat difficult of comprehension. His *Homöopathisches Aehnlichkeitsgesetz* as also his *Lehrbuch der Homöopathie* will always remain ornaments of our literature and an inexhaustible arsenal, affording us weapons of defence against our opponents as well as an indispensable source of information for every inquirer into homœopathy. In him and in Hausman, of Pesth, who predeceased him by nearly a year, are extinguished two stars of the first magnitude in the firmament of homœopathy. As an active contributor to our paper he has erected a lasting monument for himself by his publication of the series of papers entitled "Buds and Leaves." His services to our cause, of this we are persuaded, will one day be appreciated as they deserve, though for this appreciation they may have to wait for a future generation. He died in Munich, at the age of sixty-six, after a three weeks' illness.

Light lie the earth upon his ashes!

—*Allg. Hom. Zeit.*, September 18th, 1877.

#### DR. EDWARD KIRSCH.

DR. EDWARD KIRSCH, of Mentz, son of the late Dr. Kirsch, of Wiesbaden, died on the 24th July, in his forty-second year. Though he did not write much Dr. E. Kirsch was well known throughout the homœopathic medical world, and he created an immense practice in Mentz, and was much sought for in the surrounding districts. The writer had the pleasure to make his acquaintance at the congress of German homœopaths, held at Mentz some dozen years ago, and was much impressed by his energy, scientific knowledge, and geniality. His remains were followed to the grave by a large number of sorrowing friends and patients.

## DR. HENRY SLACK.

WE regret to announce the death of our esteemed colleague, Dr. Henry Slack, of Liverpool, which took place on the 29th of August, at the age of fifty-four. Although he wrote little his loss to our cause is great, for he was one of the skilful, energetic, and capable practitioners who form the true strength of our small body. His kind and genial disposition and upright character ensured the love and respect of all who knew him. His testimony in favour of our cause was one of value and importance, for it was after twenty years' allopathic experience, and while in the possession of a large practice, that he became convinced of the truth of our principles, and he at once acted on his conviction and enrolled himself in our ranks.

## BOOKS RECEIVED.

*Latterday Homœopathy.* By JAMES COMPTON BURNETT, M.D. Chester: Thomas, 1877.

*Gastein; its Springs and Climate.* By GUSTAVUS PRELL, M.D. Third edition. Salzburg, 1877.

*Unsectarianism and Toleration in Medicine.* By GEORGE WYLD, M.D. London: Trübner.

*Homœopathy: in reference to a proposed Union between Homœopaths and Anti-homœopaths.* By FRED. SMITH, Esq. London: Gould.

*American Homœopathist*, Vol. I, Nos. 1 and 2.

*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.*

*Bibliothèque Homœopathique.*

*L'Art Médical.*

*Bulletin de la Société Méd. Hom. de France.*

*The Calcutta Journal of Medicine.*

*Allgemeine homœopathische Zeitung.*

*Dublin Journal of Medical Science.*

*Ohio Medical and Surgical Reporter.*

*The Homœopathic World.*

*The Homœopathic Times.*

164. *Chambers's Journal*, 1856, July 19th, No. 133, p. 46.  
Reference made to Boner's papers, No. 110, p. 90; &c.

165. *Medical Times and Gazette*, 1865, vol. i, p. 604.  
Begbie's remarks quoted. See below.

166. *British Medical Journal*, 1856, p. 897.

By Dr. W. B. Kesteven.

References made to *Med. Jahrbuch. d. Oesterr. Staates*, 1822, i, 96; Vogt's *Pharmakodynamik*, 1831; also to a report by Professor Schallgruber called *Bericht über die am k. k. Lyceum zu Grätz vom Jahre 1817 bis einschliessig 1820 vorgefallenen gerichtlichen Leichen-Eröffnungen* (apparently quoted in the *Med. Jahrbuch*). See also *Journal de Chimie Médicale*, 1854, p. 447.

167. *British Medical Journal*, 1855, p. 1081.

References to *Monthly Medical Journal* (see below); Vogt's *Arzneimittellehre*; and *Medic. Jahrbuch des Oesterr. Staates*, 1822.

168. *Lancet*, 1873, vol. ii, p. 49.

By Dr. Wintrebert. From *Bulletin Médical du Nord*.

The local use of green paper dyed with *Arsenite of Copper* caused ulcerations on anus.

169. *Ophthalmic Hospital Reports*, 1859, vol. i, p. 270.

By Dr. A. S. Taylor.

On two occasions a man used, more than usually, a room papered with *Arsenical* paper. Both times he had an attack of illness, consisting of great depression and want of interest in anything, a husky feeling in throat, and soreness and irritability of eyes. During the second attack the conjunctiva of lids was deep red along the tarsal edges and at the angles. The lids were slightly tumid, and had a tendency to eversion. Vision was painful.

A medical man since his occupation of an *Arsenically*-papered room had mucous derangement of bowels, colic, and inflammation of tarsal portions of conjunctiva.

170. *Edinburgh Medical Journal*, 1865, vol. x, p. 200.

By Dr. Craig Maclagan.

*Arsenic*-eating makes men lively, combative, and of strong

sexual desire. In one case (Flecker) if he intermits it for fourteen days he feels stiff in the feet, with general lassitude and craving for another dose. If he takes a full dose he brings a good deal of wind off his stomach.

171. *British Medical Journal*, 1856, pp. 721, 757, 808.

By Dr. W. B. Kesteven.

Reference to *Association Medical Journal*; see below.

Translation of Dr. von Tschudi's paper in *Wiener Medicinische Wochenschrift*, October 11th, 1851. He says a pale and spare dairy-maid took *Arsenic* and became in a few months stout and rosy-cheeked, but taking too much died a painful death.

Leaving off *Arsenic*-eating causes a great dislike and indifference to those around; anxiety as regards some persons; indigestion in its various forms; loss of appetite; constant feeling of the stomach being overloaded; vomiting of mucus in morning, with increased secretion of saliva; sense of burning extending from pylorus to throat; spasmodic contraction of pharynx; griping pains; constipation; difficult breathing.

Reference made to *Annales d'Hygiène*, tomes 29 and 32.

Mr. Boner says it makes horses look fuller, but this fatness is only apparent, not true, as it consists in a puffing-up of the cellular tissue. Such horses sweat with the slightest exertion. Consumption or wasting away (*abzehrung*) follows sooner or later.

Boys who are employed in removing the impure *Arsenic* from the flues of the calcining-houses (in Cornwall) have very severe eruptions on the scrotum, and, if the shoes are low or bad, between the toes also.

Dr. Barham, of Truro, says few at the smelting-houses escape cutaneous affections, especially of the scrotum.

Mr. Harris, of Redruth, mentions the occurrence of skin disease.

Dr. Jago, of Truro, mentions the production of cutaneous affections of a mixed pustular and scaly character, attacking especially the scrotum, the depression between lower lip and chin, the angles of nose and face, the line along which the hat fits the forehead, in short, every crevice and fold where the *Arsenic* can accumulate. Cough and shortness of breath are common among those who work there.

Mr. Painter, of Truro, has observed obstinate pustular eruptions, debility, emaciation, profuse sweating on the least exertion, scanty urine, dyspnœa, and severe pulsation of heart. The tongue presents red edges with white fur, and the gums are inflamed; frequent nausea and vomiting are also observed.

Dr. Jago also says the *Arsenic* works are extremely fatal to donkeys, producing inflammation and mortification of intestines, stomach, liver, &c., from being taken with food in the stomach.

172. *British Medical Journal*, 1858, p. 215.

Letter by Dr. G. W. Balfour.

*Arsenic*-eating produced in a young woman obstinate eczema.

Scheffler in *Gesundheit der Begleute* says the *Cobalt* miners are subject to chronic *Arsenical* poisoning, which begins with conjunctivitis, sparkling eyes, and anasarca, simulating increased fat; ending with a hide-bound skeleton slowly sinking to the tomb.

173. *Royal Cornwall Gazette*, April 4th, 1851.

Trial for damages by *Arsenic* works.

A cow pined and got thin. A horse became very stupid and very poor, and its hair came off in spots.

Another horse was trembling, and froth working out of mouth and nose. In two horses there was perforation of stomach, and in one the stomach was thin.

174. *Medical Times and Gazette*, 1863, vol. i, p. 36.

Editorial.

Mrs. Garner suffered from vomiting and purging, and died after six days' diarrhœa. A *post-mortem* after eleven months showed well-marked redness in upper portion of intestines. *Arsenic* was found in the body.

175. *Medical Times and Gazette*, 1858, New Series, vol. xvi, p. 524.

By Dr. John Elliotson.

A lady took for rheumatism two minims of *Liquor Potassæ Arsenitis* three times a day. On the fifth day she lost her appetite and strength, her face became pale, she had a sense of weight

after eating, nausea, redness of eyes, and great nervousness. The *Arsenic* was left off and the symptoms vanished.

This occurred on three occasions when she took the *Arsenic*.

176. *Medical Times and Gazette*, 1863, vol. i, p. 63.

By Dr. Arthur Leared.

In two cases of phthisis *Arsenite of Potash* caused diarrhoea. In one it caused pain in bowels. In another it caused a sinking sensation at epigastrium accompanied with faintness.

177. *Medical Times and Gazette*, 1863, vol. i, p. 374.

Reference to the recent poisoning of ballet-dancers at Hamburg by *Arsenical* dresses [see local journals.—E. W. B.]

178. *Medical Times and Gazette*, 1863, vol. i, p. 576.

Reference to poisoning of the Johnsons, of Bradford, by *Arsenic* [see local papers.—E. W. B.]

179. *London Medical Journal*, 1781, vol. i, pp. 40, 44.

From Tissot's *Traité des Nerfs* [see original work.—E. W. B.]

Tachenius on opening a vessel in which he had been subliming *Arsenic* was instantly seized with excruciating pain at pit of stomach, syncope, cold sweat, vomiting and a general spasm, which gave way only by degrees to a vegetable diet.

A painter opened a box in which he had long kept some *Realgar*; he perceived a slight smell, and immediately fell into a syncope. Diemerbroeck mentions an amulet, which was a preparation of *Arsenic*, which when hung round the neck caused black pustules on the skin and pains in the breast, which ceased on its being removed.

Wepfer states that a young woman at Basel rubbed her head with an *Arsenical* ointment, which brought on violent pains, and afterwards swelling of the whole head, delirium, fever, and death on sixth day.

Sproegel (*Experim. circa Venen.*) quotes a similar case at Göttingen. He also made small incisions in the skin of a dog, and sprinkled them with about a drachm of *Arsenic*; it immediately fell into violent convulsions, accompanied with the strongest efforts to vomit, and died in convulsions at the end of five hours. The skin of the back was swelled, black and livid; stomach, intes-

tines, pleura, breast and lungs were inflamed. [In one of these references the poison is called "Cobalt," a name sometimes erroneously given to *Arsenic*.—E. W. B.]

180. *London Medical Journal*, 1781, vol. i, p. 186.

References to Majault's paper, read before the *College of Physicians of Paris*, Dec. 9th, 1780.

181. *Edinburgh Medical Journal*, 1858, vol. iii, p. 148.

By Dr. William N. Brown.

A man who had been employed in washing sheep with a solution of *White Arsenic* suffered from inflammation of the skin of the lower part of abdomen, penis, scrotum, and upper part of thighs; in some places the inflammatory action had gone on to ulceration. The pain was severe and burning. There were signs of considerable constitutional derangement. The evening of the same day on which he washed the sheep he had smarting and pain in the affected region; this increased, and the next morning the parts were red and inflamed. It was more than a fortnight before he was able to resume his work.

182. *Edinburgh Medical Journal*, 1856, vol. i, pp. 625 and 707. (Misprinted in Index, "vol. ii.")

By Dr. Robert Christison.

In the beginning of May Mrs. Wooler was attacked with pain and vomiting soon after dinner.

On the 8th Dr. Jackson found her with symptoms of gastro-intestinal irritation, and gave her light bitters and *Bismuth*. She had a sickly look, small frequent pulse, flatulence, and frequent slight tickling cough, or rather hacking, without expectoration; occasional discharge of mucus from bowels, with tenesmus and griping, and of some days' standing; redness of eyelids and lining membranes of nostrils; loss of appetite and great failure of strength. In three or four days more there was anxiety, restlessness at night, and greater weakness; increased griping, tenesmus, and mucous discharge, now also streaked with blood; dryness or tightness in the throat, with hoarseness of voice, and the vomiting which had ceased began again. She took *Bismuth*, *Hydrocyanic acid*, and *Opiate* injections.



On May 16th she was in the same state. The same symptoms continued with little change, except a progressive exacerbation, till May 28th, when the mouth was ascertained to be sore, and the throat so uneasy as to prevent swallowing. Two days later the stools, previously bilious, assumed a fatty appearance owing to the presence of pus, as proved by microscopical examination. The vomiting and purging were now worse than ever, and the vomiting seldom occurred except after the taking of food or medicine. The tongue was red and fiery, the mouth and lips excoriated, the anxiety and restlessness very great.

On June 4th there were the same symptoms, and a further aggravation of them; the stethoscope showed slight tubercular infiltration at the summit of both lungs, most advanced on the right side; indolent, however, in both. Tuberculosis affecting the abdomen as well as the chest was for a time suspected, and *Cod-liver Oil* with *Opiate* injections were given.

June 8th.—Conjunctivæ much injected. Nostrils very red. Mouth and lips much excoriated, and a source of great distress. Tongue red and sore. Uneasiness in gullet, some sore throat, tickling irritation at top of windpipe, and hoarseness. Anus excoriated. Pain in stomach; urgent thirst; want of appetite; frequent vomiting; tenesmus, griping, and diarrhœa; hiccup; intense anxiety, restlessness and general distress. Pulse usually above 130 and feeble. Stools had been ascertained by the microscope to contain pus-globules and blood-discs for three days before.

On June 10th urine, which was scanty, high coloured, and high in density, was found to be albuminous, and to deposit blood-discs and casts of the uriniferous tubes of the kidneys.

On 13th face and arms presented an eruption which put on the characters of eczema. The symptoms otherwise continued much the same, and still, as from the first, they presented a paroxysmal tendency in point of severity.

On 14th a metallic deposit was obtained on copper, from the urine, by Reinsch's process. *Ammonio-Citrate of Iron* was given, and gave relief. The pulse which had been 160 fell by the 20th to 120. Countenance seemed more sunken, and restlessness was excessive in spite of *Opium*.

On 23rd she became again worse; restlessness and weakness extreme; pulse feeble and intermitting; edge of tongue ulcer-

ated, and palate covered with papulæ or pustules; hands cold and moist; vomiting severe; diarrhœa less so. To-day she first complained of a sense of stiffness, numbness, and tingling, which she had felt in the arms for two or three days before.

On 22nd *Arsenic* was found in urine.

On 24th the albumen had disappeared from the urine.

On 26th all symptoms were worse, especially the vomiting, and tingling and numbness of hands. Pulse 144 or 150, and very small and weak. She was evidently sinking. In the subsequent night she was seized with paroxysms of tetanic spasm, gradually increasing in severity and duration, and at length becoming almost incessant. Died at 10.30 a.m. next day, in full possession of her mental faculties.

*Post-mortem* next day.—Slight tubercular infiltration in apex of each lung, and in the left a small cavity. Trachea and large bronchial tubes much injected and red. Heart small and pale, otherwise healthy. Liver slightly enlarged, saffron-coloured, friable, fatty. Interior of stomach slightly vascular in its greater curvature; smaller curvature presented groups of small vessels gorged with blood, so numerous at its larger end as to render the redness almost universal and like a sheet of blood under the mucous coat, which was soft and friable. Duodenum was vascular internally, and full of black matter. Jejunum much in the same state. Ileum was redder still, and throughout lower third denuded of its mucous coat in many patches, varying in size from a shilling to a crown, and here and there involving its whole circumference. At the latter points the peritoneal coat was bare, thin, and very easily torn. Many mesenteric glands were prominent and black. Colon everywhere vascular; numerous small ulcers pierced the mucous coat in the ascending and transverse portions; and the rectum was similarly but less extensively affected. Pancreas somewhat vascular. Kidneys and spleen congested.

*Arsenic* was found in the liver, heart, lungs, bowels, &c.

183. *Edinburgh Medical Journal*, 1859, vol. v, p. 80.

Dr. King, of America, poisoned his wife with *Arsenic*. The symptoms were:—Always very sick and thirsty; the vomit was dark green, and the vomiting lasted generally fifteen to twenty minutes. She died comatose.

184. *British Medical Journal*, 1873, vol. ii, p. 700.

By Dr. Clement Walter.

A lady, from exposure to *Arsenical* wall-paper, suffered from malaise and headache, &c., with an eruption of boils which refused to heal. Removal of the paper relieved her.

185. *British Medical Journal*, 1873, vol. ii, p. 772.

By Dr. J. Liddell.

*Arsenical* papers cause dull griping pain in bowels, nausea and vomiting, loathing of animal food, and frequent diarrhœa.

186. *British Medical Journal*, 1855, p. 1119.

Additional symptoms in Wooler's case [see case above, No. 182.—E. W. B.].

Dr. A. S. Taylor's report of *post-mortem*:—In some parts the small intestines were a dark red; in one part the mucous surface presented a patch of ulceration, the surface was red round the patch. In one part of inner surface of rectum there was a large patch of ulceration; the mucous membrane was inflamed, and presented black marks (the latter due to *Iron*).

Dr. Jackson reports:—General soreness of the breast and body, and faintness; dryness of mouth and throat; stools sometimes of a putty colour.

Mr. Henzell reports:—On May 16th, uneasy sensations at stomach-pit; nausea and vomiting; pulse 110 to 120. On June 4th itching of skin. The urine from beginning of June till the day before her death was neutral or faintly acid, and contained a large quantity of earthy phosphates and a slight excess of urea. There was an eruption on face, neck, breast, and arms, of small slightly inflamed pimples. On 22nd the lining membrane of nostrils was red and inflamed.

Dr. Haslewood reports:—On June 8th there was eczema on the patient's face; nose and mouth in a state of irritation. On 23rd she complained of tingling in hands, and the muscles of the forearm were found to be harder and stiffer than usual.

187. *Lancet*, 1823-4 (vols. i—ii), pp. 156-8.

By Sir Astley Cooper.

A man had *Arsenic* applied to the eye for a fungus, by Mr. Lucas. In three days he had pain in stomach. On continuing

the applications it became excessive; convulsive tremor of muscles followed, and he died. The stomach was found to be in the highest degree inflamed.

In another case *Arsenic* was applied to a wound on the shins; paralysis of arms and lower extremities followed.

188. *Edinburgh Medical Journal*, 1858, vol. iii, p. 391.

By Dr. Robert Paterson.

1. A girl took *Arsenic*. The family were roused at night by her groans. She was sick and in great pain. On the arrival of the physician she was vomiting severely; skin covered with a cold clammy sweat; pulse quick and feeble; this was about 11.30 p.m. Milk was given, and an emetic of *Sulphate of Zinc*. During the night she continued to vomit at intervals; had much pain, but said little; next morning early there was abdominal pain and tenderness to touch. In the course of the day she continued to vomit frequently and severely, everything taken being immediately rejected; diarrhoea also occurred, with great prostration of strength; hollow, sunken eyes; hoarse voice; great thirst. In evening the symptoms continued the same; occasional slight sleep with muttering delirium, during which she frequently repeated the name of her lover. She died quietly about 7 a.m. next day. She was five months pregnant.

2. A man of middle age took *Arsenic*. He was found dying, lying on the floor, surrounded by what he had vomited and purged; quite prostrate; pulse very rapid and nearly imperceptible; surface of body quite cold; eyes hollow and dark round eyelids; voice faint; unquenchable thirst; much sickness and occasional vomiting; burning pain in epigastrium and over upper part of abdomen, especially when pressed; occasional spasmodic twitchings of muscles of limbs; he died.

3. A girl, æt. 19, was found about 9 p.m. writhing in agony, When spoken to she turned away her head and was silent. There were extreme sickness and pain, referred to upper abdomen, but not much increased on pressure. *Coffee* and large quantities of milk were given, and an emetic of *Sulphate of Zinc*, which acted well. The vomiting continued to the last; constant dreadful suffering at epigastrium; towards morning the voice was weak and low; countenance anxious; eyes hollow, and when quiet half closed; skin cold and clammy; pulse weak and frequent; bowels

unopened. After a drink of milk or a severe fit of vomiting she fell back in bed utterly prostrate, and after lying quiet for a time began to toss about her legs and arms, to complain of much pain and sickness, which ended in vomiting and prostration as before. She remained thus till 1 p.m., when she rather unexpectedly died, sixteen to nineteen hours after taking the poison.

*Post-mortem* in thirty hours.—Lining membrane of stomach generally very red and injected, with very numerous stellated patches of vivid red leading to a dark tint; in the centre of some of them was noticed a minute clot of blood, in others a fragment of *Arsenious acid*. In some parts the membrane seemed very soft and somewhat pulpy.

4. A woman, *æt.* 35, took *Arsenic*. She was found in bed early in the evening suffering much from sickness, vomiting, and purging. Continued to get worse all night. Next morning the symptoms were very much like those of cholera except that the vomited matter was like thin coffee grounds. She was extremely sullen and silent, would not answer any question, and would rather suffer thirst than ask for drink. Pulse feeble, tongue white, epigastrium tender. Had *Opiates* and *Mustard* cataplasms to stomach. Next day symptoms much aggravated; the abdominal pains especially had increased, it being now extremely tender to touch. Pulse much weaker and more rapid; countenance had assumed a sunken aspect and dark leaden hue. Everything taken into the stomach was immediately rejected, and the purging was also frequent with pain and straining. This state continued with little variation till next morning, when she died convulsed, sixty hours after the symptoms were first noticed.

*Post-mortem* next day.—Great evolution of gas on opening abdomen, and the peritoneal covering of all the intestines was darker than usual. Lining membrane of stomach was red, especially posteriorly, with numerous dark points and patches interspersed through the redness. It contained several ounces of a brownish tinted fluid, with dark stringy mucus and yellowish particles floating in it. The lining membrane of the whole alimentary canal was redder and more vascular than usual. The liver was enlarged and serosed [? cirrlosed.—E. W. B.].

5. A middle-aged woman took *Arsenic*, and was found ill at 3 p.m., but she would not at first speak or take anything. Afterwards she took what was offered. There was great pain in

stomach ; frequent severe vomitings ; occasional hiccup. She continued about thirty-eight hours in this state ; was then seized with occasional slight convulsive attacks, and died in a convulsion upwards of forty hours after she was first seen by the neighbours.

6. A girl took *Arsenic*. She was found vomiting severely. Was exceedingly sullen and determined, and would not answer any other question than that she was thirsty. An emetic of *Sulphate of Zinc* was given, followed by *Carbon* in milk and coffee, and afterwards the *Hydrated Sesquioxide of Iron*. The vomiting continued occasionally in evening, but there was no other change in the symptoms. Next day vomiting had much abated, but there was some tenderness at epigastrium and upper part of abdomen. Pulse had slightly risen. Still sullen, and would not answer a single question as to taking the *Arsenic*. She complained of a disagreeable numbness and tingling of her legs and feet, and this symptom was the only one complained of for a few days. For about ten subsequent days the symptoms varied as follows :— Vomiting subsided ; thirst continued ; throat became raw ; abdominal tenderness increased, and *Blisters* were applied ; pulse rose in frequency but afterwards subsided ; considerable diarrhœa and difficult micturition ; she was convalescent in twelve to fourteen days, till which time she continued morose and sullen. She took a very small dose of *Arsenic* every day, which produced griping pains in abdomen and diarrhœa, after which she took a teaspoonful at once.

189. *British Medical Journal*, 1873, vol. i, p. 698.

By Mr. William Mitchell Clarke. Remarks on *Arsenical* papers and colours.

In one group where the poison merely modifies some other disease, the most marked effects are sickness and vomiting, sore throat, sore eyes, and occasionally eczema and diarrhœa.

In a second class there are nausea or sickness, troublesome cough, capricious sore throat, and redness or soreness of conjunctiva.

In a third group nervous symptoms predominate ; there are headache, prostration, and marked restlessness and excitement at night ; generally also more or less decided gastric symptoms, with especially a very coated tongue.

In a fourth class the symptoms resemble low fever. There is great prostration, headache, wakefulness, great nervous excitement, often an irritable stomach, and always a very coated tongue with red edges; very much the symptoms of slight typhoid, but without elevation of temperature, and with only slight quickening of the pulse. In other cases there are violent and intractable sneezing, eczema, and sores of the mucous membrane of nose.

A gentleman at Clifton had a sore on the inner side of the right nostril; it proved very intractable, sometimes being almost healed, and then again becoming irritable and bleeding. This went on for several months, during which time he several times had redness and soreness of conjunctivæ, especially the lining of lower eyelids. During this period one or other of the housemaids had symptoms like those of febricula, sometimes with sore throat, sometimes without. When the *Arsenical* paper of the walls was removed the nose got well, and there were no more cases of febricula.

A lady exposed to *Arsenical* wall paper had a bad cold for five or six weeks, which she could not get rid of, with violent fits of sneezing. Tongue was coated. On removing to another house the sneezing ceased; it returned as before on going back again, and on again leaving the house it ceased, her tongue became clean, and with the exception of a cough she was well. In another case *Arsenic* was found in the urine, and a trace of it in the expectoration. Newborn children seem peculiarly susceptible to the poison. It produces diarrhœa and sickness, sometimes eczema of face, and perhaps thrush. The latter two symptoms occurred in two babies who were in an *Arsenical* room.

In the perspiration of a man who occupied an *Arsenical* room *Arsenic* was found.

190. *Dublin Journal of Medical and Chemical Science*, 1834, vol. iv, p. 300.

Case from *Medico-Chirurgical Review*, Oct., 1833. See below.

191. *Dublin Journal of Medical and Chemical Science*, 1834, vol. v, p. 203.

Case of poisoning reported by Dr. Thomas Edward Beatty.

*Post-mortem*.—The villous coat of the stomach appeared in a state of active inflammation; it had a corrugated or wrinkled

appearance. The mucous lining had a general red blush, and a minute injection of the small vessels with red blood in several places, particularly in the great end. It was somewhat thickened, and some corrugations were evident at the posterior surface.

Wright's case referred to. See above.

192. *Medical Times and Gazette*, 1874, vol. ii, p. 125.

Reference to Dr. Johnson's Lecture before the *National Health Society*; also to case of D. E. H. (see below).

193. *Dublin Journal of Medical and Chemical Science*, 1843, vol. xxii, p. 312.

By Dr. Emsmann; from *Hufeland's Journal*, October, 1841.

*White Arsenic* caused, in a young woman, great pain, vomiting, purging, and great thirst.

194. *Dublin Journal of Medical and Chemical Science*, 1842, vol. xx, p. 422.

By Dr. Charles O'Reilly.

October 23rd, 1841.—Mr. B—, æt. 31, in good health, inhaled *Arseniuretted Hydrogen*. Immediately after inhaling the second portion he was seized with giddiness and faintness, followed by shivering, during which he had a stool, and two ounces of blood were discharged without pain from the urethra. Shortly afterwards he felt pain in lower extremities, more particularly in right, and numbness of the superior, and afterwards of the inferior extremities, followed by a tingling sensation. On the subsidence of these symptoms, which continued for two hours, he was seized with slight pain in loins; during this time he had constant vomiting; every drop of fluid was rejected; this violent vomiting continued from 3 p.m. (about half an hour from inhaling the poison) till 7 p.m. He then complained of considerable weakness, referring it to the distress caused by the constant vomiting, and a bitter taste in mouth; pulse 90, but feeble; temperature of the surface lowered, and voice whispering, which alteration took place while inhaling the gas. Dull pain in epigastrium on pressure with hand. The vomit was greenish, and about two quarts in quantity. Took *Opium* and *Ammonia*; immersed feet in warm water, and took an emollient ejection. At 10 p.m. applied *Leeches* to stomach,



followed by a poultice, and took *Black Drop, Mercury, and Chalk.*

24th.—Vomiting continued every hour during the night; somnolency during the interim; the vomit was still greenish; bowels freed by the injection; no urine; face copper-coloured, or rather a dark reddish-yellow; the remainder of body of a greenish-yellow, conjunctivæ same colour; white objects, however, do not appear coloured; pulse 80 and strong; slight tenderness in epigastrium still; troublesome cough. Continue the same remedies, with diluent drinks; also ten *Leeches* to epigastrium, followed by a *Mustard* cataplasm. Evening: vomiting not so frequent, now every two hours; has passed a tablespoonful of blood from urethra. Applied *Blister*, which did not rise though remaining on for sixteen hours.

25th.—Vomiting less frequent; pulse 76; occasional hiccough; no stool or urine; took a purgative of *Sulphate of Magnesia* in *Infusion of Roses*; also an enema.

26th.—Stomach has retained mixture; jaundice disappearing; bowels freely relieved; discharges loaded with bile; has vomited three times during day and night; no urine. To take *Bicarbonate of Potass, Cream of Tartar water, and Syrup of Roses.*

27th.—Jaundice nearly gone; no fever; considerable weakness; no pain; has vomited once during night the same coloured fluid; was exceedingly restless; great thirst; bowels natural; no urine; face somewhat œdematous; slight ammoniacal odour from breath; pulse 80; somnolency during the day. To have a hip-bath; to take *Nitre, and sweet Spirit of Nitre.*

28th.—Restless night; face slightly œdematous; tongue somewhat enlarged, and on its right side a deep irregular ulcer; breath has an ammoniacal odour; no urine found in bladder, though the catheter was used; two stools during night; nausea, and fulness in epigastrium. A liniment of *Vinegar of Squills* and *Muriate of Iron* to be applied to lumbar region.

Evening, somnolency increasing; loss of memory; face œdematous. Took *Lime water* and milk.

29th, 9 a.m.—Has slept occasionally; seven stools; quantity of urine exceedingly small, depositing a little blood; has drunk only one pint; night more comfortable; pulse 102; same odour from breath; a second tubercle, pointed and dark, on tongue; palpitation. Noon, great weakness, but in other respects

better; pulse 76; œdema increased. 4 p.m., has commenced sinking; died a little before 7 p.m.

*Post mortem* in thirty-six hours.—Universal anasarca; integuments of abdomen slightly green, particularly at the sides; abdomen greatly distended with gas; lungs, on opening the chest completely collapsed; a fluid to the amount of two pints, of a reddish-brown colour, without odour, was effused into the chest; heart pale and flabby, not containing blood; a little fluid in pericardium. Liver of a deep indigo colour; gall bladder distended with bile; kidneys of deep indigo colour all through, the left particularly large, the internal structure resembling much the spleen in appearance, the right smaller and firmer; two distinct patches of inflammation in the greater curvature of the stomach; the mucous membrane easily separated; bladder empty. Arachnoid somewhat vascular, containing air bubbles underneath; the substance of the brain presented bloodless dots; no fluid in ventricles.

A woman took 2 ounces of *Arsenious Acid*, and died in twenty-four hours. It caused violent irritation of the alimentary canal, excessive general depression, and slight cramps in the lower extremities.

Five persons took *Arsenious Acid*. They soon had vomiting and symptoms of irritation of the alimentary canal. One elderly woman had slight vomiting and excessive prostration of strength; and died in six hours with little suffering. The *Post mortem* showed only increased vascularity of stomach in two or three points.

195. *Edinburgh Medical Journal*, 1860, vol. v, p. 961.

Paper by Dr. Prosper de Pietra Santa, in *L'Union Médicale*, September 16th, 1858, on the disease of workers in *Schweinfurt Green*, vesicles, pustules, *plaques muqueuses*, and ulcerations on the parts exposed to the poison (fingers, toes, genitals, and especially scrotum).

196. *Edinburgh Medical Journal*, 1860, vol. v, p. 1137.

Heisch's paper quoted. See below.

197. *Medical Repository* (New York), 1802, vol. v, p. 43.

By Dr. S. Barnum.

February 16th, 1861.—A woman took in solution 2 ounces of

*White Arsenic*, minus a tablespoonful or more which remained undissolved. In an hour she was constantly retching to vomit, and sometimes vomiting, with violent spasms of stomach and bowels; weak and quick pulse; frequent dark bloody diarrhoea; frequent coldness of extremities. Took an emetic of *Sulphate of Zinc* which acted; followed by weak solutions of *Carbonate of Potash* in warm water; she soon vomited the first dose, but retained the next better. Next morning she was walking about her room. She had then no pain, but felt very weak, and complained of soreness of stomach. Recovered.

198. *Medical Record and Monthly Advertiser*, 1842, pp. 40, 110. Toogood's and Brodie's cases quoted. See below.

199. *Indian Annals of Medical Science*, 1857, vol. iv, p. 657.

By Dr. F. Mouat. [This is the *original* account, but is *correctly* given above in No. 120.—E. W. B.]

200. *Edinburgh Medical Journal*, 1858, vol. iii, p. 961.

By Dr. James Begbie.

Reference to Bardsley's *Medical Reports*. See below.

*Arsenic* in continued moderate doses, say five drops of the *Liquor Arsenicalis* largely diluted, two or three times a day, will generally within eight or ten days cause increase of heat and dryness of skin, with acceleration of pulse, followed by sense of heat and itchiness of eyelids, to which succeed swelling and tenderness; the conjunctiva becomes inflamed, the eye sensitive to light, and the orbit surrounded by a dark discoloration. The tongue is coated with a white silvery film, like that produced by touching its surface with a weak solution of lunar caustic. The throat becomes dry and sore; the gums swollen and tender; and if the remedy is persisted in, salivation ensues. Nausea, vomiting, diarrhoea, nervous depression, faintness and tremor, are added.

With the earlier signs of its operation a marked increase of the quantity of urine occurs, not infrequently with a free deposit of lithates. One of the earlier signs is a minute papular rash, which by-and-by assumes the form of delicate brownish scales, giving the skin an unwashed appearance; this has been most observed over those parts of the skin which are protected from

light by clothing. Valleix and other French writers remark, a contraction of the extensors of the legs as its effect. Romberg's remarks quoted. See below.

In a case of chorea the *Arsenical* solution produced a copious crop of boils.

201. *Edinburgh Medical Journal*, 1864, vol. x, p. 116.

By Dr. D. Mc. N. Parker.

A man, æt. 30, had been eating *Arsenic*, at first in minute doses, then in larger ones, but the exact quantity was uncertain. On November 20th, at 10.30 p.m., he was in bed with intense pain in region of stomach, not materially increased by pressure. Abdomen was much swollen and tympanitic, incessant vomiting, intense thirst, with constant desire for cold water, which, even in the smallest quantities, could not be retained. Pulse was 110, regular, but soft and weak; skin cool and moist; tongue moist, and covered with a thin white fur; urine scanty; countenance anxious; features contracted and face thin. Complexion unnatural, and by gaslight a dark greenish hue. For three or four weeks had had dyspeptic symptoms, and frequently had pain after meals, and could use little else than oatmeal porridge or other light farinaceous food. The 16th of November he walked twelve or fourteen miles, and in the evening complained of fatigue. On night of 17th he rested badly, and vomited frequently. He thought the genitals had been excited by the *Arsenic*. He had had a metallic taste in mouth and throat for some time. On the previous evening he felt very much worse than usual, and had complained of symptoms of the lungs, which were found to be congested. He now took *Bismuth* and *Opium*; and *Turpentine*, *Opium*, and *Mustard* externally.

21st.—Morning, better. No abdominal pain or vomiting; had slept but little. Continued treatment. Mucous membrane of anus was red and irritable as far within the sphincter as could be discerned. Later in the day the pains and vomiting returned, when he had *Opiate* injections, with *Prussic acid* and *Laudanum*.

22nd, 7 a.m.—Much worse; had had no sleep. Burning pain of stomach, and vomiting had continued all night. Abdomen more distended. Countenance more hippocratic, and complexion darker. Pulse hardly perceptible, at times it could not be felt; respiration 22. Tongue slightly furred and white, but moist; skin

cold; neither nourishment nor medicine could be retained in the stomach. Gave *Bismuth* and *Opium*, and a *Blister* over stomach. At noon the rectum would not retain the nourishment given. Though pulseless, when exempt from pain as he was at times for a few minutes, he said he felt quite well, and strong enough to walk out in the street. About an hour before this he rose from bed, and unassisted went down stairs and then returned. At 10 p.m. there was no perceptible pulsation in radial, temporal, or subclavian arteries. The femorals gave a very feeble impulse. The heart's sounds very indistinct and confused, could just be detected by the stethoscope, but its pulsations could not be counted; respiration 22. No dyspnoea. He conversed freely in a firm tone of voice. He rose from the bed unassisted and went to the night-chair, but could void neither *fæces* nor urine. Tenesmus and strangury were exceedingly troublesome. The skin and extremities were cold. Pupils rather contracted. Only a few drops of urine had been voided during the past twenty-four hours. The intense thirst had passed away, as also had the irritability of the stomach.

23rd, 8.30 a.m.—Had passed a most distressing night from pain in region of stomach, and from painful but ineffectual attempts to relieve the rectum and bladder; not even the smallest quantity of urine had been passed. The *Opiate* injections were not retained. He now required a bed-pan, being unable to rise. Had no desire for nourishment, but had taken some beef tea and retained it. Since 6 a.m. had been free from acute suffering, and dozed a good deal. His mind had wandered much. Pupils somewhat contracted. Tongue clean and moist. Abdomen very tympanitic. Respiration 20, and not laboured. Extremities and skin dry and very cold. No pulsation perceptible in any of the arteries. A slight confused action of heart could with difficulty be detected. On being roused, says "he feels quite well, and will never be caught in such a scrape again." He grew weaker, and talked more incoherently, till 10 a.m., when he died.

*Post mortem*.—Sanguineous fluid commenced to flow from mouth and nose in large quantities a few hours after death. In twenty-four hours the whole body was enormously swollen and disfigured. The abdomen was distended to its utmost limits. All the voluntary muscles were excessively rigid. Great lividity of countenance; skin of face had a glistening appearance, owing

to emphysematous distension and excessive venous congestion. Both emphysema and capillary congestion were general on the surface of the body, and air could be freely detected by the touch wherever sought. Penis and scrotum were black and swollen from decomposition and gaseous distension. On puncturing these parts and making pressure the confined air or gas escaped through the venous organs, in rapidly succeeding bubbles. The *sectio cadaveris* was made twenty-four hours and a half after death. Scalp and pericranium exceedingly congested, and the vessels contained air. The membranes and surface of cerebrum in the same condition. Membranes firmly adherent to each other, and to cerebral surface at point of junction of the two parietal with the occipital bone, extending continuously down through the fissure, dividing the cerebral lobes to the tentorium cerebelli. Brain was unusually firm and resisting to the touch. Congestion was confined to its surface and the walls of the ventricles, which latter contained a small additional amount of fluid. Corpus callosum was unusually soft. Sinuses and vessels of pia mater contained a quantity of air, which escaped in bubbles when these were opened. Blood of brain, as of the whole body, black and very fluid. Pericardium contained two ounces of fluid. Left ventricle largely hypertrophied and firmly contracted. Its muscular fibre was much more dense and hard to the touch than is usual in cases of hypertrophy. Left auricle also empty and contracted. Walls of right side of heart attenuated; auricle full of very dark liquid blood; ventricle collapsed and empty. Lungs congested throughout, perfectly engorged posteriorly. About two quarts of fluid in peritoneal cavity. Stomach externally not much changed; internally, but slightly congested over its first or œsophageal half; the congestion increased as the duodenal end was approached. Its mucous membrane was softer than natural. Between the mucous and muscular coats air was freely distributed, and could be moved from place to place by pressure. Patches of extravasated blood were also numerous between these two coats. Small intestine was inflamed or congested throughout. Duodenum almost black; the colour became lighter and the congestion less as ilio-cæcal valve was approached. Many large marks of extravasated blood beneath the different coats and on the mucous surface, the largest being beneath the peritoneal covering of the ileum. Large intestine was lighter in hue, but

yet considerably congested, with here and there small patches of extravasated blood in its cells. Rectum inflamed from its commencement, mostly near the sphincter. Liver of natural size, mottled, of a very peculiar dark greenish-blue colour throughout its entire substance, and engorged with black fluid blood. Gall-bladder full of black bile. Spleen loaded with blood, and of the same colour as liver. Kidneys very much congested. Bladder empty and contracted; its urethral orifice congested.

For the last five months the patient's daily dose was probably not less than two or not more than three grains.

202. *Dublin Medical Press*, 1840, vol. iv, p. 371.

Extract from *Londonderry Standard*.

*Arsenic* caused sudden and violent vomiting terminating in abortion and afterwards death.

203. *Dublin Medical Press*, 1839, vol. ii, pp. 81, 97.

Report of *Royal Academy of Medicine of Paris*, July 30th, from *L'Experience* Aug. 1st, 1839. See also *La Gazette Medicale*. Case referred to by M. Gendrin in *Journal Generale de Medicine*, 1828.

M. Emery said that *Arsenic* when given to patients in  $\frac{1}{4}$ -grain doses caused frequent pulse, heat of surface, and acute pain in region of heart. He had occasionally noticed paralysis of the extensor muscles of the hand, the flexors remaining unaffected.

204. *Dublin Medical Press*, 1843, vol. ix, pp. 52-3.

Report of the *Surgical Society of Ireland*.

By Dr. Mitchell.

Fifteen children ate sweetmeats coloured green with *Arsenic* and *Copper*. The eldest was completely collapsed, cold extremities, total imperceptibility of pulse. He had vomiting severely, for upwards of an hour before, a green slimy substance mixed with solid material. The others were suffering in like manner. Three had jaundice for more than a fortnight.

205. *Dublin Medical Press*, 1843, vol. x, p. 69.

By Dr. John Popham.

A young man took a teaspoonful of *Arsenic* in a glass of grog. In a few minutes he had excruciating pain in the stomach, with

other symptoms. The stomach-pump and *Peroxide of Iron* were used. After this he seemed much exhausted and had an attack of rigors. He complained of epigastric pain and vertigo, with dry red tongue and thirst, but the burning sensation had been relieved. The subsequent symptoms were light, and were mostly headache, pains in legs, and epigastric tenderness.

206. *Dublin Medical Press*, 1845, vol. xiii, p. 61.

From the *Historical Register* (London).

A man manufactured *Arsenical* candles. His hands were contracted and he was frequently sick during the three months he was at work. At last the *Arsenic* entered the hand, the skin being broken. His left hand and forearm were swollen; also the left axillary glands. The hand was inflamed. Purple patches gradually covered his arm and side. He died.

207. *Dublin Medical Press*, 1846, vol. xvi, p. 87.

From *Gazette Medicale de Paris*.

M— was slowly poisoned by *Arsenic*. He had shivering, cold perspiration, great itching in extremities, and at length considerable emaciation. He also vomited. After death the lower limbs were found contracted, and the rigidity so great that it was impossible to remove the clothes completely.

208. *Dublin Medical Press*, 1846, vol. xvi, p. 186.

Mary C—, of Wrexford, poisoned several persons with *Arsenic*. The only symptom given besides sickness and retching is that one lay on his belly on the bed while retching.

209. *Dublin Medical Press*, 1846, vol. xvi, p. 261.

From a memoir by Tiersot, of Bourg.

A young woman swallowed some *Arsenic*. In five or six hours she had violent colic, extreme prostration, and tenderness of epigastrium. Other cases given in original.

210. *Dublin Medical Press*, 1852, vol. xxvii, p. 63.

From *Chambers's Edinburgh Journal on Arsenic-eating*.

If *Arsenic-eating* is left off, the person has feeling of general discomfort; perfect indifference to all surrounding persons and things; great personal anxiety; want of appetite; constant feeling of the stomach being overloaded at early morning; un-



usual degree of salivation ; burning from pylorus to throat ; cramp-like movement in pharynx ; pains in stomach ; and especially difficult breathing.

211. *Dublin Medical Press*, 1846, vol. xvi, p. 198 ; 1848, vol. xx, p. 312 ; 1849, vol. xxi, pp. 5, 78 ; 1844, vol. xi, p. 108 ; 1850, vol. xxiii, p. 241 ; 1851, vol. xxvi, p. 72 ; 1857, vol. xxxviii, pp. 101, 215 ; 1856, vol. xxxv, pp. 46, 60 ; 1858, vol. xl, pp. 120, 157, 212 ; 1857, vol. xxxvii, p. 133 ; 1858, vol. xxxix, p. 55 ; 1852, vol. xxviii, p. 227 ; 1855, vol. xxxiv, pp. 409, 198 ; 1859, vol. xli, p. 21 ; 1860, new series, vol. i, pp. 59, 360 ; 1860, new series, vol. ii, pp. 388, 405 ; 1864, new series, vol. x, p. 176 ; 1865, new series, vol. xii, p. 305.

Cases of Fox, Clegg, Traill, Christison, Wooler, Godfrey, Watson, Trend, Whitehead, Shipman, Bryant, Bigg, Metcalfe, Parker, Wheatcroft, Hind, Jackson, Geoghegan, Paterson, Taylor, Hassell, Baedow, Schmidt, Heisch, Headland, and Mitchell, quoted : see above and below.

212. *Dublin Medical Press*, 1859, vol. xli, p. 280.

Poisoning of sheep at Newcastle, by *Arsenical* sheep-wash. Symptoms were, foaming of mouth, shaking of head, lying down. The arms and hands of the shepherds who washed them became sore, and mortified and sloughed.

The sheep which died were swollen and black.

213. *Medico-Chirurgical Review and Journal of Medical Science*, 1822-3, vol. iii, p. 208, and 1824, vol. iv, p. 221.

Murray's and Edward's cases, see above and below.

214. *Medico-Chirurgical Review*, 1828, vol. viii, p. 265.

By Dr. John Elliotson.

A woman aged about 60 took some *Arsenic*. In about an hour she was brought in in a state of exhaustion ; pulse scarcely perceptible, skin cold, pupils fixed ; incapable of answering when spoken to ; pressure in epigastric region gave excessive pain, under which she would writhe and utter some imperfect sound ; tongue dry ; appeared to wish for drink constantly. The washings of stomach returned tinged with blood. Died.

215. *Medico-Chirurgical Review*, 1832, vol. xvii, p. 162.

From *Journal Univ. et. Hebdom.*

A man and woman, two hours after taking *Arsenic* in food, were seized with sickness and vomiting, which by degrees ceased, and did not return till the following morning. Purging now superseded, and the stools were inodorous and unhealthy. Next day, vomiting was attended with much anxiety and great prostration of strength, and a sensation of tightness at throat. The next day another woman who had also eaten of the food became dangerously ill, with extreme exhaustion, feeble whispering voice, pulse scarcely perceptible, involuntary twitchings of the muscles, vomiting and painful purging; she died in thirty-six hours after the first attack. Another man who ate the food had soon afterwards violent vomiting and purging, extreme thirst, universal tremors, succeeded by a state of coma. He slowly recovered. The first two lingered, the man for thirteen days and the woman for four weeks. Before death both suffered much from a sense of burning in throat, dysphagia, fever, aphthous ulcerations on mouth and tongue, and remarkable insensibility of hands and feet. *Post mortem* in these two revealed marks of vivid inflammations of stomach and duodenum, and a morbid development of the *glandulæ Peyerii* and *Brunneri* in the ileum.

216. *Medico-Chirurgical Review*, 1833, vol. xix, p. 504.

Case (read at *French Academy of Medicine*) of poisoning by vapours from the explosion of a mixture of *Arsenic*, *Nitric acid*, and *Cobalt* [omitted as doubtful.—E. W. B.]

217. *Medico-Chirurgical Review*, 1834, vol. ii, p. 62.

Review of *Illustrations of the Effects of Poisons*, by George Leith Roupell, M.D., 1833. See original work.

218. *Medico-Chirurgical Review*, 1842, vol. xxxvi, p. 569; 1837, vol. xxvii, p. 263; 1827, vol. vii, p. 379; 1841, vol. xxxv, p. 227; 1839, vol. xxx, p. 612; 1835, vol. xxii, p. 463.

Cases by O'Reilly, Taylor, Christison, Deville, and Riley, quoted. See above and below.

219. *Dublin Quarterly Journal of Medical Science*, 1851, vol. xi, p. 68, and *Dublin Medical Press*, 1850, vol. xxiii, p. 241. By Dr. T. G. Geoghegan.

[The latest is the most complete account, but the earlier contains some additional symptoms, which I have added in their proper places.—E. W. B.]

(1.) A man, aged between 25 and 30, took *Arsenic* in food. In about an hour he had nausea, feeling of distension of stomach, with great pain as if there were a *fire* within him, burning in mouth, and subsequently vomiting of a greenish fluid; to these were speedily added burning in throat and along œsophagus, urgent tenesmus, with slight discharge of mucus, excoriation of anus, frequent urination, pain in bladder. On fifth day he was hoarse, and had pimples or vesicles round mouth, and during the latter part of his illness (which became gradually more aggravated) there were coldness of the surface, sordes on teeth, and livid circle round eyes, failure of vision, and discharges of a bloody matter from stomach. Throughout he had constant excessive thirst, great restlessness, bloodshot conjunctivæ, and anxious countenance; frequent priapism. He died in eleven days and a half.

*Post mortem* in forty-six days. Mucous membrane of stomach was a uniform light reddish brown, firm, and yielded on traction a flap of half an inch in length. The *washings* of the stomach were dark reddish grey, turbid, and containing in suspension a quantity of silvery-looking and apparently fatty particles. The inner surface of duodenum, which was dark brown, was smeared with a thick substance of unctuous consistence, of a dark purple, and evidently containing much hæmotosine. On a second exhumation, seventy-four days after death, mucous membrane of jejunum and ileum presented patches of pseudo-morbid staining of various shades of brown and black, also several patches of vivid brownish redness, apparently inflammatory. Mucous glands in lower part of ileum appeared as slightly raised brown dots. Mucous coat was softened and copiously smeared with a viscid, greasy-looking, reddish-black material containing blood. Mucous membrane of great intestine was reddish brown; in the descending portions of colon lighter; in rectum reddish grey, and presenting generally numerous small circular abrasions, with coloured borders, formed by the softening and removal of the mucous glands. The contents were similar to those of the small intestines. Liver very soft, fœtid, and internally of a uniform, rich olive colour; kidneys and spleen also softened; lungs scarcely so, but shrunken, lobuli distinct, parenchyma rather dry, and dark purple red; heart flaccid and destitute of blood. *Arsenic* was discovered in liver and slightly in contents of colon.

(2.) Six persons (five men and one woman) ate a cake into which a teaspoonful of *White Arsenic* had been put. Another woman, who had made it the previous day, ate some and had vomiting, which persisted the greater part of the night. The men were of the ages of 47, 45, 22, and 21, and the female aged 12. The eldest died after an illness of thirty-six hours. The rest, who ate only a small quantity, were almost immediately seized with severe vomiting. When seen ten hours afterwards, three of the five who recovered (one of whom had previously taken an emetic) were free from pain, but had heat and dryness of skin, constriction of throat and œsophagus, tightness and dryness of the chest, thirst, and a quick, wiry pulse. Next day, though most of these symptoms persisted, with the addition of whiteness of tongue, they left the hospital. On third day they were attacked with a miliary eruption, confined to the forehead, wrists, and feet. In the fatal case vomiting supervened in five minutes, and was frequently repeated. In one hour and a half an emetic was given. In twenty-five hours after taking the poison he was admitted in a state of hopeless collapse; countenance not much sunken, surface cold, pulse scarcely perceptible. The vomiting had ceased, but there were frequent calls to stool, with the discharge of small quantities of a brick-red fluid; little thirst. He died eleven hours after admission.

*Post mortem* in eighteen hours. Neck and scrotum very emphysematous, and twenty-two hours after death the subcutaneous areolar membrane generally was the same (weather quite cool). Œsophagus had some patches of vascularity, and its epithelium, which was emphysematous, was smeared with a little bloody mucus. Lining membrane of stomach coated slightly with a bloody fluid and of a rather uniform dark-red colour, with scattered blotches of black extravasation; mucous membrane was not softened except at the splenic end, and had numerous erosions, some of a rounded form, but the majority forming long, narrow, sinuous, and intersecting furrows, having a defined edge, destitute of hardness or of special coloration, and exposing the submucous coat. They conveyed to the eye the impression that a narrow stream of some corrosive fluid had flowed in various directions along the inner surface of stomach. The submucous coat was rather injected. Mucous membrane of the rest of digestive canal was of a uniform chocolate-brown colour, apparently from imbibition.

tion of the contents. There was a good deal of submucous injection of the colon, the transverse and descending portions of which had a few small blotches of ecchymosis beneath the mucous surface. Anterior surface and margin of right ventricle of heart had blotches of ecchymosis beneath the serous membrane; none on endocardium or valves; muscular tissue of heart soft. Posterior part of both lungs much engorged with blackish, semi-coagulated blood, giving to the part the appearance of pulmonary apoplexy; the tissue broke down readily under the finger. Blood in great systemic and hepatic veins fluid; in cavities of heart and great thoracic vessels dark and coagulated, but in right ventricle and ascending aorta, semifluid. Numerous globules of oil and air were floating in the blood of the aorta, pulmonary vessels, and *venæ cavæ hepaticæ*. *Arsenic* was found in liver.

(3.) Mrs. L. D—, *æt.* 43, took *Arsenic*. She returned home drunk, and was attacked by vomiting, which continued during the night, with bilious purging and violent thirst. Next day vomiting and purging were less violent. Shortly before death expressed a wish to sleep. Surface of body and extremities was warm till a short time before her death, which took place seventeen hours after her return home.

*Post mortem* in twenty-two hours. Some lividity of posterior surface of body; *rigor mortis* well marked, and continued so for forty-one hours after death. Epithelium of mouth remarkably white and opaque; *velum palati* pale, with a macerated and wrinkled appearance. On opening the abdomen a most offensive, sickly, and rather *fæulent* odour was exhaled, which proved to be due to the stomachic contents, consisting of a quart of turbid, orange-coloured, and rather viscid fluid. Mucous membrane of body and splenic end of stomach had acquired a tolerably uniform orange colour by imbibition of the contents, accompanied in part by a tinge of redness, but without vascular injection; in the former part there were a couple of small petechial ecchymoses. The pyloric third presented three distinct blackish-red ridges, projecting at least a quarter of an inch above the adjacent surface, and crested with a white curdy-looking matter which adhered with considerable firmness, and proved to be *Arsenious acid* incorporated with mucus. These ridges were firm, and when the coating was removed, rough to the feel; they were formed exclusively of the mucous membrane, having blood incorporated

with part of its tissue. In the vicinity of the ridges the latter was thickened and indurated, yet but little altered in colour; there was also a circular blotch of adherent *Arsenic*; and beneath it a rough, fungous, and highly thickened mucous surface. The membrane of the splenic end was not thickened, and gave a flake of one third of an inch on traction; the pyloric end yielded one of an inch and a half. Mucous coat at pyloric end injected. Lining membrane of duodenum dark red. Small intestine contained a considerable quantity of thick material slightly coloured with blood, and mixed with white flakes. Large intestine contained a little thick uniform grey matter. Ramiform submucous injection of both small and great intestines. Right auricle loaded with black, firmly coagulated blood; a little in left auricle and right ventricle; two non-elevated blotches of ecchymosis, about the size of a pea, beneath endocardium of the latter. Posterior part of lungs gorged with dark semi-fluid blood, apparently extravasated in the tissue. Blood dark coloured, and quite fluid in the abdominal cava.

(4.) C. S—, a woman, æt. 25, took *Arsenic* in water. In a quarter of an hour there were stinging sensations in mouth and pharynx with giddiness; in forty minutes nausea, and flow of viscid saliva from mouth, with heat of fauces, stupor, small and frequent pulse. Relieved by the stomach-pump, and then complained only of slight headache. Vomiting soon after supervened, and lasted incessantly till death, which was preceded by much cramp of legs. Some purging. Died in nine hours.

*Post mortem* in nine hours. Papillæ of tongue very prominent; uvula and fauces corrugated and white. Peritoneal coat of stomach vivid red, its vessels not much injected; mucous membrane studded with small vivid red blotches or stellæ, arranged in serpentine intersecting lines, the intervening spaces of which were still more closely beset with minute red dots; two or three small patches, apparently of extravasated blood, were evident in body of stomach; membrane at pyloric end opaque; that of great extremity softened and a little swollen, more easily detached than natural. Contents: a quart of orange-coloured fluid turbid and viscid, with a little bloody mucus. Mucous membrane of duodenum reddish and swollen; mucous glands enlarged; yellow mucous fluid in ileum and duodenum. Some redness of mucous coat of transverse colon; submucous ramiform injection of great and small intestines. Colon contained a yellowish-white fluid of

starchy consistence. Gall-bladder contained a little bile; spleen granular and soft; ovaries dark-coloured; lining membrane of uterus and Fallopian tubes vascular. Some frothy fluid in larynx and trachea; lining membrane between the rings red; posterior part of lungs engorged, giving out a frothy fluid on section, and a purulent-looking one from the bronchial tubes; membrane of the latter red. Right auricle full of fluid blood; right ventricle and left cavities empty. Blood generally dark; but vivid red and in small quantity in aorta.

(5.) Four persons died from *Arsenic*; three after an illness of five and a half to seven hours, and one in fifteen hours. In one case which recovered after the lapse of a month there were partial paralysis of lower extremities and desquamation of cuticle. Their illness was characterised by nausea within fifteen minutes; vomiting, at first bilious, then bloody; burning pain in stomach; slight tenderness of epigastrium, and constant thirst; also flushed face, headache, and suffusion of conjunctiva; faintings, quick small pulse, and cold extremities.

*Post mortem* in forty-eight hours. Stomach and intestines inflated with air; in three there were very dark red patches on the mucous membrane; in one the lining coat presented a uniform sheet of the latter colour. Sub-mucous coat congested. The stomachic contents consisted of a small quantity of turbid brown fluid, in one case containing a good deal of altered blood. Brain (examined in one case) congested on the surface, and the lateral ventricles distended with limpid serum. The blood so far as examined was fluid.

(6.) Mr. R. G—, with six other persons, took *Arsenic* in food. They were all seized with bilious vomiting, &c. Mr. G— died in about twenty hours in a state of collapse. In some of the persons pustules appeared on the forehead. Two observed that in five to seven minutes after taking the food they had a burning in throat. Three calves which ate the food died. Six grains of *Arsenious Acid* were found in about a tablespoonful of the food. In one of the calves the lining coat of stomach was inflamed. The contents of Mr. G—'s stomach (7 fluid ounces) were of a feculent colour, of a rancid nauseous odour, and strong acid reaction.

(7.) C. R— took *Arsenic* in food. He became ill in three quarters of an hour, and died in eight hours. He had vomiting,

purging, tenesmus, hoarseness, pain in loins, and coldness of extremities. A woman, who took some of the food had, in about three quarters of an hour, vomiting, giddiness and thirst; sensation of burning in gums and tongue; on the cessation of the vomiting, purging occurred. She was ill for four or five days. Her infant, whom she suckled after taking the food, had purging next day.

*Post mortem* of C. R.—, after three days.—Mucous membrane of stomach and upper part of small intestines and a patch in cæcum highly inflamed; stomach contained a thick red fluid. The latter in thirteen days was of the colour of coffee grounds, of a peculiar odour, strongly acid, and contained *Arsenious acid*. A large tract of mucous membrane of splenic end and body of stomach was of the same colour as the contents, the coloration terminating quite abruptly some distance from pylorus. Posterior wall of splenic end was a uniform red, with two blotches of extravasation, very readily removed by slight scraping, and leaving behind the appearance of erosion. Near pylorus was a fine punctated vascularity. Mucous coat of body and splenic end was much softened (from inhibition of the acid contents); that of pylorus thickened, and yielding a flake of more than two inches. Lungs congested. Blood in vessels generally, and in lungs, coagulated.

Case of Mr. R. Maguire, mentioned. Violent pains in the loins were complained of. (This case was tried at the Leitrim Spring Assizes, 1849).

(8.) A man took about 24 grains of *Arsenious acid* in tea. He at once experienced a very unpleasant taste, and in less than five minutes was giddy and sick; bloody vomiting and uneasiness in fauces succeeded, and he was somewhat ill for the next two days. A woman took about the same quantity, and very soon had violent retching and burning in throat. The same day she was found suffering from great headache, much suffusion, and some swelling of face; injected conjunctivæ, constant itching of eyebrows and forehead, white tongue with red tip, incessant thirst, great pain in stomach and bowels, shivering and coldness of the surface. After some hours there was bilious purging, which did not recur. Next day, in addition to the preceding, there was great difficulty of breathing, insomnia, and constant agitation. On fourth day there was a marked remission of all the symptoms, and she felt much better. This improvement



lasted only a few hours; she sank in a typhoid state four days and twenty hours after taking the poison.

*Post mortem* in thirty-six hours.—Externally, dark and desquamating areolæ of eyelids; sordes about mouth. On the inside of each cheek was an elevated spot of ulceration, covered with a yellow coating, and a partially red border. Epithelium of œsophagus was yellowish-brown. Peritoneal coat of stomach rose-coloured; mucous membrane at splenic end of a brick-red hue, showing scattered petechial ecchymosis, and covered with an open network of vividly red streaks. Rugæ well marked. Pyloric end yellowish-red; a small and solitary erosion of mucous membrane, which was generally of natural consistence, though a little swollen; contents, a thick bloody fluid, in small quantity; Mucous membrane of duodenum brownish-red; valvulæ conniventes darker, and in some places thickened, and showing petechial blotches. Jejunum and ileum had similar appearances, increasing in intensity in latter as it approached cæcum. Much submucous ramiform vascularity of cæcum and colon; ileo-cæcal valve much thickened; mucous membrane dark reddish-brown (less so in transverse colon). Some redness and petechial blotches in rectum. Pharyngeal membrane in neighbourhood of glottis deep red; that of trachea and bronchi vivid red, with frothy red fluid in latter. Posterior part of both lungs much congested with dark blood, giving on section an appearance almost amounting to extravasation.

(9.) Mr. and Mrs. P—, and their family, consisting of six persons, took *Arsenic* in food. The father, æt. 56, and a daughter, æt. 20, died after an illness of ten and a half days, and thirteen days and twenty hours, respectively. The rest, who were mostly under fifteen years, recovered, having been affected during periods varying from three to twenty-four days. They became ill, in one case in fifteen, in one in thirty, and in four in sixty minutes after taking the food.

The symptoms of the father were—*1st day*, green vomiting, hoarseness, and thirst, with a remission towards evening; *2nd day*, same; *3rd day*, no vomiting, but thirst; *4th day*, vomiting after eggs and porter; *5th day*, no vomiting, loss of appetite; *7th day*, vomiting, with occasional bloody purging and tenesmus, short cough, and difficulty of breathing, which latter continued till death; *8th day*, much vomiting, less purging; headache, great

weakness, loss of sleep; 9th day, purging more bloody, pain in stomach, tenderness in epigastrium, painful urination; 11th day, death. On the first three days and fifth and sixth days he went in a car to town to transact business. The daughter's illness was characterised by vomiting, latterly of a green insoluble bile, purging, and collapse; there was subsequently desquamation of the cuticle of the face, with hoarseness, and towards the close, small spots of purpura on neck. On the day before death there were cough and muco-crepitant râles (without dulness) in posterior part of lungs. She sank with typhoid symptoms.

Of the survivors, one had headache, and another giddiness, as the first symptom; and one did not vomit for six hours. One only had roughness of throat; one, vesicles about mouth; one had cough; one, bright green coating of tongue; one swelling of feet; two, partial paralysis (in one, of sensation in fingers, and in the other, of motion in the lower extremities); three had hoarseness; three, desquamation of cuticle, (some of hands, others of neck and nostrils); five had thirst.

*Post mortem* of Mr. P—, after forty-five hours.—Lining coat of œsophagus showed black spots, about six inches from stomach. Mucous membrane of stomach reddish-grey, with various shades of brown (from decomposition). A black patch of the size of a sixpence near cardiac orifice, and near pylorus several convex and slightly indurated spots of black extravasation, the altered blood on some of which could be easily wiped off, leaving behind a grey-coloured erosion. The membrane at splenic end was soft; the contents consisted of some slightly bloody mucus. Mucous membrane of upper part of duodenum thickened and granular. Some staining of lining membrane of jejunum from imbibition of contents, which were light brown, thick, and turbid. Mucous membrane of ileum in lower and middle part red, swollen, and somewhat softened, with a little petechial ecchymosis. Contents small and reddish-grey; moderate ramiform vascularity of sub-mucous coat of both small and great intestine. Liver very soft (patient had lived freely). Kidneys slightly congested. Mucous membrane of larynx and bronchi dark-red. Small quantity of coagulated blood in ventricles of heart.

*Post mortem* of Miss P—, in ten hours.—Rigor mortis well marked. Mucous membrane of stomach universally red (with an occasional tinge of orange), vividly so at splenic end; the

vascularity was chiefly of the fine punctated variety. Some florid petechial blotches occupied summits of rugæ; ramiform injection of submucous tissue, and of large blood-vessels of stomach; contents a thick orange fluid. Mucous membrane of duodenum olive, with tinge of red; that of ileum (especially at lower part) presented tracts of a dark purple, most intense on valvulæ, with some petechial blotches; the last few inches betrayed a mottled redness, with enlargement of mucous glands. Upper part of small intestines showed much submucous ramiform injection; the contents were orange-coloured and partly reddish. Lips of ileo-cæcal valve swollen and infiltrated; mucous membrane of cæcum vividly red, as was that of colon and rectum. In rectum a slight aphthous ulceration. Tubular portion of kidneys injected with dark blood. A little urine in bladder. Lining membrane of trachea and bronchi red; tubes contained a little bloody froth; lung dark, presenting posteriorly indurated, dark, friable masses of the size of a walnut, apparently of blood extravasated in the tissue, but yielding up this colour on maceration, which left behind a more solid structure than natural. The intervening portions of the pulmonary texture were red, engorged, and partly hepatized. Pericardium contained three ounces of amber serum. One of the carnes columnæ of left ventricle showed a small blotch of ecchymosis; a small quantity of coagulated blood, mixed with fibrin, occupied the ventricles. Blood in right auricle and great veins was dark and fluid, but coagulated on being removed, yielding a milky serum.

(10.) A woman, past middle age, took *Arsenic* and died in sixteen hours; having had vomiting, purging, and thirst.

*Post mortem* in a week.—Peritoneal coat of stomach had a diffused redness, and towards splenic end a brownish tint. Marked contraction of muscular coat about three inches from pylorus. Mucous membrane at splenic end was a mottled reddish-brown, covering a stratum of coarse ramiform submucous injection, soft, with a few petechial ecchymosis, and one or two erosions (of the size of a fourpenny piece), with an undefined border, which exposed the unaltered submucous coat. The body of the organ exhibited, as far as the contraction, an arrangement of dark, blackish-purple streaks of extravasated blood, deposited in the substance of a softened mucous membrane and readily removed by the nail, which exposed the sound submucous texture.

These streaks, which affected for the most part the direction of the long axis, were of trivial thickness, scarcely elevated, flattened on the surface, and made up of a close aggregation of irregular blotches. Amongst these lines were interspersed a few of the lighter-coloured petechial (fluid) ecchymoses observed at splenic end. The remainder of the mucous surface was of a brown-red, which ceased abruptly at the contractions, between which and the pylorus the membrane, where untinged with bile, was grey, and coated with viscid opaque mucus of the same tint. The mucous membrane generally was softened, not capable of being peeled off at splenic end, but yielding on traction in the body and towards pylorus flaps of a quarter and half an inch respectively. The submucous coat, except in cardiac region, seemed free from injection. The contents were twelve fluid ounces of a uniform reddish fluid, of the consistence of thin gruel, and depositing brown flocculi; this fluid had an acid reaction, contained *Arsenic*, and included a considerable quantity of insoluble hæmotosine. Mucous membrane of duodenum reddish, apparently a little thickened, and showed an oval ulcer of the size of sixpence, with a thick elevated edge, its surface exposing the submucous, and in the centre the muscular coat. (The patient had previously complained of pain in stomach, so it is probable that this ulcer was the result of antecedent disease).

(11.) Mr. J. B.— took *Arsenic* in food. Three hours after the meal (having retired to rest) he was seized with vomiting and shivering, which did not last long, but was renewed in morning, recurring when he drank; subsequently, burning in stomach, great tenderness of epigastrium, and cramps. On the last day, coldness of extremities, sunken countenance, failure of sight, and tympanitic belly. Died after illness of sixty-three hours.

*Post mortem* in forty-eight hours. Peritoneal root of stomach much injected; mucous membrane much inflamed, particularly at cardiac end. In this part there were streaks of coarse and dark ramiform submucous injection; numerous slightly depressed blotches of black ecchymosis of variable shape, larger towards cardiac end, scattered over surface, some of them surrounded by red areolæ. The membrane, at this point only, was much softened. The contents of stomach (acid to litmus) consisted of four ounces of a viscid turbid reddish-brown fluid, evidently

containing blood, and having a peculiar rancid and fœtid odour.

(12.) M. G.—, æt. 56, took about  $1\frac{1}{2}$  oz. of *Arsenious Acid*, and died in twelve hours. The symptoms were, vomiting streaked with blood, purging, dark areolæ round eyes and mouth.

*Post mortem*.—Mucous membrane of splenic end and body of stomach had numerous slight elevated streaks, in the former rusty coloured (from the *Iron* given), in the body red, and covered by closely adherent patches of a brownish-white matter. Pyloric end showed two large round patches of elastic coriaceous fibrine closely adherent to the mucous membrane, which was found beneath much swollen, rough, and vividly red. The mucous membrane yielded on traction a flake of a quarter of an inch at splenic, and half an inch at pyloric end. Submucous coat had some ramiform injection at splenic end. Contents of stomach turbid, and of chocolate colour (from the *Iron*). Colon much contracted. Spleen rather soft. Urine in bladder.

(13.) A boy, æt. 2, and a girl, æt. 4, took each a teaspoonful of *Rat-powder* (a mixture of *Arsenic* and flour) in the evening. The boy awoke an hour afterwards with vomiting, which recurred at intervals throughout; he was restless and cold, countenance sunken, dark areolæ round eyes, sleepy shortly before death. Did not complain of pain except when questioned, and then referred it to his throat, which the doctor who first saw him stated to have been inflamed. He died in nine hours. *Rigor mortis* was well marked thirty hours and a half after death.

The girl was aroused by the noise which the boy's illness caused, two hours after she had taken the poison. She took an emetic, followed by albuminous draughts. No purging, and inclined to sleep if permitted. After thirteen hours she was cheerful, skin warm, pulse 160, and very weak; tongue coated white, with scattered red papillæ resembling the tongue of scarlatina; some thirst and occasional green vomiting; urine scanty and depositing lithate of ammonia. In twenty-four hours face flushed; eyes rather injected; pulse very quick. In thirty-six hours better; pulse 124 and stronger; urine still scanty. In two days and a half, restless night; frequent vomiting of green insoluble bile since last visit; pulse 132, but afterwards rose to 160; restless; urine less scanty. In four days and a half, copious vomiting yesterday of green viscid substances; bowels

freed by injection with much relief; less thirst; pulse 96, soft; still vomiting on drinking; tongue loaded. In six days and a half, convalescent.

(14.) J. G—, æt. 33, took *Arsenious acid* in tea, Feb. 16th, 1841. Towards the end of the draught found it nauseous. In about five minutes a peculiar tingling sensation commenced in left arm, lasting about forty-five minutes; this was followed by nausea, vomiting, and headache, which continued till next day, when much thirst was added, with hoarseness, lachrymation, and swelling of eyelids. On 4th day, having almost completely recovered, he took two teaspoonfuls of *Arsenious acid* in coffee and milk. In about thirty minutes he had headache and nausea, followed by vomiting of green bilious matter and ropy mucus, continuing for thirty hours. There were also cramps, some collapse, constriction of throat, hoarseness, and burning in tract of œsophagus, which last symptom continued till 6th day; 2nd day, a line of excoriation on integument at external angle of each eye, and desquamation of cuticle of eyelids, with redness of latter; eruptions of pustules about angles of mouth; redness of fauces with aphthous ulceration; 3rd day, cough with yellowish-white expectoration, and bronchitic râles in chest; difficult micturition, but without pain; tingling sensation in axillæ (for eight days); heat of skin; quick pulse; 5th day, numbness of thighs and calves; 11th day, anæsthesia of fingers, and partial paralysis of flexors of forearm; a similar condition shortly afterwards attended the lower extremities, and was accompanied in both by pain persisting for a few days. In five weeks from the commencement of the illness, skin of entire body had desquamated; most remarkably so on hands. In six weeks the paralysis of flexors of both extremities was unabated, and accompanied with soreness on pressure. In two months and a half he was still unable to stand without support. In eight months the paralysis of sensation and motion, the soreness on pressure, and the impediment on urinating still continued, though less. In twenty-three months nearly well. Some time afterwards he quite recovered.

(15.) Miss D—, æt. 18, took *Arsenious acid*. She had vomiting, constriction of throat, stupor, and when near death dark areolæ round eyes. Died in thirty-two hours.

(16.) Five persons took *Arsenic* in food. Two died in from

eight to ten hours. Symptoms: burning in throat, vomiting, and pain in abdomen; in two cases the symptoms commenced half an hour after the food; in one (a child) stomach and intestines were found inflamed.

(17.) M. B—, æt. 30, took in gruel and porter nearly a teaspoonful of *Arsenic*. In about an hour she had some vomiting, which soon became green and copious, and produced great pain in throat and chest; at midnight she was seized with violent pain in abdomen, principally in hypogastrium; burning sensation in stomach and hoarseness followed, and sense of constriction in œsophagus; itching about eyelashes; dim sight; cold clammy sweat; sleeplessness; sooty taste in mouth; vertigo; ringing in ears; tingling in limbs; paralysis of legs; sensation as if cold water were poured down back. For several succeeding nights she had fits resembling epilepsy, except in the absence of frothing at mouth. On 4th day there was epigastric pain on pressure; subsultus tendinum; great thirst; pain in stomach when she drank; vomiting had ceased, and also the noise in ears and tingling in limbs. Not seen again.

(18.) A man and woman took *Arsenic* in punch. Both complained of its nauseous taste. The man died in from eight to nine hours afterwards, with vomiting (in part bloody) and pain in head and belly. The woman (who survived) had burning in fauces, vomiting, violent pain in abdomen, cramps, and incessant thirst. She was six weeks in recovering, previous to which there was general desquamation of the cuticle. In the deceased the contents of stomach were three pints of a dark bloody fluid. A duck, to which two tablespoonfuls of the contents were given, was seized on the same evening with paralysis of legs and an effort resembling vomiting. It lived three days, during which time it cast most of its feathers.

(19.) S. M— took *White Arsenic* (nearly an ounce was found in the stomach) and died in about seven hours. Symptoms: vomiting of green matter for the first two hours and a half; subsequently, bilious purging; pulse weak and slow, occasional sleepiness.

*Post mortem* in sixty-three hours. Body quite free from putrefaction; a very peculiar odour on cutting into the abdominal muscles and cavity. Much scarlet capilliform injection beneath the peritoneal coat of stomach, same in omentum;

mucous membrane of the body and splenic end a light reddish-brown, with some darker patches; beautiful vivid red striated vascularity of pyloric fourth; in splenic end were numerous erosions of mucous coat, chiefly rounded, with some streaks of various sizes, edges undefined and destitute of redness or induration, bottom formed by submucous coat; mucous coat of splenic end softened (by imbibition of fluid contents), that of pyloric not; little adherent mucus, but many patches of *Arsenic* mixed with it were scattered over the surface; a good deal of ramiform injection of submucous coat, chiefly of splenic end. Contents of stomach: two pints, faintly acid, of a dilute brown colour, including much viscid mucus, exhaling a sour and very peculiar odour, and depositing curdy-looking masses on standing. Lining membrane of duodenum reddish brown; a few small abrasions. Cavities of heart engorged with blood.

(20.) Four persons took *Arsenic* in food, which was said to have a peculiar bitterish and disagreeable taste. Symptoms were vomiting and purging, and pain in urination. When seen by the physician the pulse was thready, 120 to 180, and in two somewhat intermittent; faces pale, contracted and anxious, and extremities cold; in two there were cramps, violent burning in epigastrium and throat, with constriction in the latter, and bloody urine.

(21.) Five persons took *Arsenic* in soup. In about half an hour one woman had burning of throat and pain in stomach and bowels, followed by severe pain in head and across eyes, the former continuing till next day. Afterwards she had bronchitis, which slowly yielded. A man had, almost immediately after the soup, headache and feeling of distension in eyes; in fifteen minutes, vomiting and burning in throat; subsequently mild conjunctival inflammation and general debility, and finally bronchitis. Another woman in half an hour had nausea, followed in two hours and a half by burning of throat, severe pain in head, and scalding of eyes; afterwards pain in knees and loins. A girl vomited *immediately* and recovered.

220. *Medical Adviser, &c.* By Dr. Alexander Burnett, 1825. New series, vol. i, p. 601.

Buchanan's case. See below.



221. *Dublin Hospital Gazette*, 1854, vol. i, p. 157.

Vogel's report, abridged from *Archives des Vereïn.*

A man inhaled *Arseniuretted Hydrogen*; it caused blackish urine, depending upon the presence of altered blood-globules. From experiments on dogs he says that this condition is always caused by inhaling the gas; the urine always containing albumen at the same time, but the blood-globules are seldom recognisable.

222. *Medical Commentaries*, 1789, vol. iii, pp. 411-12, and 1787, vol. i, p. 113.

Effects of *Potassa Arseniata* in a case of epilepsy, communicated to Dr. Duncan. The usual dose was  $\frac{1}{40}$ th to  $\frac{1}{20}$ th of a grain. A larger quantity caused pains of the breast, gripings, and purgings, as well as an affection of the head. The smaller doses caused only a slight uneasiness in stomach. Extracts from Dr. Thomas Fowler's *Medical Reports of the Effects of Arsenic*. See original below.

223. *Edinburgh Journal of Medical Science*, 1826, vol. ii, p. 490.

Orfila's experiments referred to. See original in *Journal de Chimie Medicale*, April, 1826.

224. *Edinburgh Journal of Medical Science*, 1827, vol. iii, p. 233.

By W. H. Forrest.

A woman, aged about 30, took half an ounce of *Oxide of Arsenic* at 7 p.m., July 22nd. She was soon afterwards seized with excruciating pain in region of stomach, and bloody vomiting. About midnight radial pulse was nearly gone; extremities cold, and the *burning* pain in stomach and bloody vomiting excessively severe. Died at 3 a.m. in a cold exhausted state.

*Post mortem* after twelve hours. Slight ecchymosis on palmar aspect of left forearm. Abdomen full, but not tumefied. Internal surface of stomach very much thickened and inflamed; it presented a very red mottled gelatinous appearance, but on being scraped with a knife was found firm and unyielding. Blood quite fluid. Contents of stomach seemed to be a coagulated animal substance floating in a bloody fluid. When filtered, the

gastric liquor presented a dark bloody appearance, not unlike venous blood largely diluted.

225. *Medical Times*, 1840, vol. ii, p. 141.

Extract from *Echo du Monde Savant*.

A manufacturer prepared enormous quantities of *Arsenite of Copper*. Their neighbour, a man, his wife, and three children, who drank water impregnated with it, were all taken ill with pains in head, nausea, painful digestion, almost continual colic, purging, swelling and numbness of legs, universal lassitude, and extreme depression of spirits.

226. *Medical Times*, 1840, vol. iii, p. 57.

By M. Ansroul, from *Journal de Chimie Medicale*.

A young man took some *Arsenic*. In half an hour his pain was intense, with vomiting of sanguinolent matters. Horrible convulsions with grinding of the teeth soon came on; eyes turgid, pupils dilated, pulse small, skin covered with cold and clammy sweat, limbs extremely rigid, and at intervals he vomited a brownish matter. He took *Hydrated Peroxide of Iron*, and the nausea, pains in stomach, and convulsions, subsided. He was bled and conveyed home; the ride caused a return of pain and vomiting. The skin was now hot; mucous membrane of mouth white, and abdominal pain returned. Recovered in ten days.

227. *Medical Times*, 1842, vol. vii, p. 24.

Extract from Orfila's lectures.

The first and most ordinary symptoms of *Arsenical* poisoning are nausea, frequent and abundant vomiting, pain in epigastrium, and occasional stools, particularly when the vomiting is not abundant. Cramps and convulsive movements, with fever and intense heat of skin, soon arrive; and if a large dose has been taken, the skin may be covered with pustular eruptions, attended with intense thirst; sometimes the patient becomes cold and insensible, the face bluish and much swollen; the heart and pulse beat in the most irregular manner. Sometimes the convulsions cease and are replaced by syncope or a fatal calm; the body becomes covered with a cold sweat, the pulse gradually sinks, and finally he dies of prostration. Sometimes the convulsions become more and more horrible. In the case of

Soufflard the body became a blue colour, as in cholera. The quantity of urine is not always considerable, generally he voids only a small portion. In many cases the urine is red and tinged with blood, and the secretion is painful. At other times it is abundantly secreted, and may be voided without pain. Generally the mucous membrane of stomach is found inflamed as far as œsophagus; several of the folds of the stomach have a brown appearance, the other parts of the digestive tube being more or less inflamed. When the poison has been given in powder, ecchymoses and even eschars have been observed. In the stomach of Therese Rigal there were found about fifty eschars of the size of a pin's head. The heart will occasionally have red stains of the nature of ecchymosis.

228. *Medical Times*, afterwards called *Medical Times and Gazette*, 1843, vol. viii, p. 127; 1846, vol. xiv, p. 423; 1846, vol. xiii, p. 94; 1847, vol. xv, p. 42; and *New Series*, 1858, vol. xvi, pp. 64, 76; 1858, vol. xvii, p. 21; 1859, vol. xviii, p. 5; 1860, vol. i, p. 168; 1861, vol. i, p. 118; 1861, vol. ii, p. 560; 1862, vol. i, pp. 446, 471; 1875, vol. ii, p. 514.

Cases by Erichsen, Houghton, Hind, Halley, Adams, Orton, Paterson, Gibbs, Taylor, Kesteven, Schmidt, Sturzwege, Paul and Fagge quoted; see above and below.

229. *Medical Times*, 1843, vol. viii, p. 169.

Dr. Angouard publishes a case where fifteen scruples of *Arsenic* had been taken half an hour before he was sent for. The symptoms were, violent burning at epigastrium, increased by the slightest touch; ineffectual attempts at vomiting; intense thirst; contraction of upper and lower limbs, their extremities cold; pulse slow; respiration slightly quickened. *Tartar Emetic* caused free vomiting of blackish mucous matter. The secretion of urine did not take place until seven hours after the poison was taken, when it became very abundant (the patient had taken *Nitre*), and continued so for some time.

230. *Lancet*, 1853, vol. i, p. 397.

Reference to poisoning at Stettin by the emanations from *Arsenic* used in stuffing birds. [This case should be investigated.—E. W. B.]

231. *Medical Times*, 1843, vol. ix, p. 15, and 1846, vol. xiii, p. 324.

By M. Raspail.

Ghelen was suddenly seized with vertigo, fainting, and vomiting, and died in eight days from *Arseniuretted Hydrogen*. Raspail inhaled it for three days, and on the third day had vertigo and pains in the stomach, prostration of strength, cerebral congestion, fever, dim sight, indigestion, nausea, and griping. Reference to death of a nurse, Hôtel Dieu, Lyons, from *Arsenic*. The only symptom given here is violent pain in epigastrium.

232. *Medical Times*, 1847, vol. xv, p. 202.

By Dr. de Noronha Feital.

From the *Archivo-Medico Brasileiro* [only *briefly* quoted here. —E. W. B.].

A negress took half an ounce of *White Arsenic*. In twelve hours the alarming symptoms had subsided under treatment, leaving her weak and prostrated, with considerable sensibility of epigastrium, tongue red, &c.

233. *Medical Times*, 1847, vol. xvi, p. 303.

At Kensal Green six persons were killed by *Arsenic*, and three more placed in great danger. All had violent sickness, burning in throat and stomach, and metallic taste in their throats.

234. *Medical Times*, 1847, vol. xvi, p. 508.

By Dr. Hooper.

Mr. —, aged 24, took five minims of *Fowler's solution*, *ter die*, for shaking palsy, from October to 24th of June following, when he had ophthalmia of left eye, which had been preceded by general lassitude and uneasiness in fauces. The *Arsenic* was stopped. Within twenty-four hours the conjunctiva and palpebræ of same eye became œdematous and of a light livid redness, giving more the idea of congestion than of active inflammation. There was also a very copious flow of tears, and an equally abundant discharge of thin fluid, like the lachrymation, from corresponding nostril. On third day there was erythematous inflammation (redness and swelling) of palpebræ, extending over left side of nose, and rapidly spreading over entire surface of that side of head, but not extending beyond the medial line, the separation being abrupt and

distinct. The external ear was the only seat of pain beyond a feeling of tension and tingling heat. With the foregoing local affection he also had headache, drowsiness, nausea, with an inexpressible feeling of anguish and prostration. At first the pulse was rather slower than natural, subsequently it ranged between 90 and 100. The paralysis now became much worse, the muscular tremors especially so, affecting the lower jaw, neck, back, and both arms; they became so uninterruptedly harassing that he could not maintain the same position more than a few minutes at a time, day or night. Almost driven to despair by the perpetual agitation and dragging of the muscles, he felt the drowsiness consequent to protracted sleeplessness and bodily exertion, and yet he could get scarcely any sleep. He was in a constant struggle between sleep and motion; and even when he did doze for a few moments there was increased irritability of the muscles on waking. The erythema, having run through its different stages, left the skin numb, and liable to become hot, red, and shining, from the least local stimulus or increase of vascular action. On nose and ear especially the heat and tingling were at times most unpleasant. The ophthalmia, which ushered in the erythema, became more acute as the latter subsided, and the œdema of the conjunctiva soon exchanged its pale, flaccid, indolent character for the deep, red, fleshy, irritable surface of organised chemosis, and the cornea threatened to become irreparably disorganised.

Six weeks had now elapsed, but the stools were large and the prostration, involuntary movements, and sleeplessness had continued. He improved under *Ferri carb.*, *Opium*, and *Ol. ricini*, but afterwards the fauces again became the seat of irritation, which rapidly extended to larynx and trachea, causing a most troublesome hawking and cough, with ejection of mucus in variable quantity, bright yellow, translucent, readily soluble in water which it tinged with its colour, adhering to the sides of an empty vessel and there spreading and drying up without losing its colour. Soon afterwards his power to eat failed, and he sank gradually till he died on September 13th.

235. *Medical and Physical Journal*, 1800, vol. iv, p. 292.

By Dr. F. Thackeray.

A child, aged 18 months, took *Arsenic*. It was well at 8 p.m.,

and at 8.30 p.m. it had vomiting and purging, followed by coma of some hours, and died violently convulsed at 8 a.m.

*Post mortem* in thirty hours. Vessels of intestines in various parts very full, as if minutely injected. External vessels of stomach very much distended with dark and very fluid blood, and a blush pervaded every part of its external coat; it was moderately distended with air, and contained about two ounces of a black viscid fluid with several clusters of mucus or coagulable lymph; its inner surface was very red, and in some parts, especially about pylorus, it had a lividness approaching to mortification.

236. *Medical and Physical Journal*, 1801, vol. v, p. 542.

By Dr. Thomas Garnett.

A man made up some pills of *White Arsenic*, butter, and flour, by rolling them in his hands. He was never well afterwards. His head seemed very much affected, so that he scarcely knew what he said or did, and seemed to labour under a kind of insanity. His tongue was very foul and swollen, and he spat very much. Very costive. His arms and legs were paralysed, with violent pains in muscles and in bowels. He died.

237. *Medical and Physical Journal*, 1809, vol. xxii, p. 427; 1812, vol. xxviii, pp. 63, 115; 1819, vol. xlii, p. 435; 1833, vol. lxix, p. 83; 1831, vol. lxvi, p. 265; 1828, vol. lix, p. 363; 1823, vol. xlix, p. 439.

Cases by Yelloly, Brodie, McLeod, Elliotson, Roget, Christison, Buchanan, and Friso, quoted: see above and below.

238. *Medical and Physical Journal*, 1810, vol. xxiii, p. 384.

By Dr. Thomas Jones.

A young woman took *Arsenic*. She seemed well at 2 p.m., and at 4 p.m. had violent pain at stomach, with frequent vomiting; afterwards was much purged; all the time desired to have repeated draughts of water. Died at 2 a.m.

*Post mortem* after four days. A few red patches on peritoneal coat of stomach; intestines externally inflamed, but not to a high degree. Stomach contained about half a pint of reddish-brown fluid; interior of stomach and œsophagus showed high inflammation; villous coat of stomach was destroyed, and numerous portions of it which had separated were found in the fluid; other

portions of different sizes, some about the size of a shilling and isolated, others larger, still adhered. The parts attached were of an ash colour; felt hardish, as if corroded by a strong caustic. A few ounces of water in pericardium. Internal surface of intestines, so far as examined, highly inflamed.

239. *Medical and Physical Journal*, 1812, vol. xxviii, p. 345 (misprinted in "Index" 245).

By D. H. Davies.

July 9th, about 8 a.m.—Four children, aged 9, 7, 5, and 3, took *Arsenic* in a mixture supposed to contain cream of tartar, sulphur, and treacle. The first symptom (which came on in an hour or two) was sickness at stomach every three or four minutes, with pain and heat; vomiting continued at intervals, with pain in stomach. About 7.45 p.m. I found the whole four stretched about different parts of the same bed. A girl, aged 5, seemed to be suffering more than the others; she said she felt as if some living animal was constantly gnawing at the stomach, at the same time feeling a sensation of burning heat.

*Sulphate of Zinc* was given; in this girl it did not act, but in ten minutes after she took it the countenance was much altered, the circumference round eyes looked darker than usual, and the mouth was observed to be in the same state. In about half an hour from the time of taking it she died, apparently under the influence of convulsions, just twelve hours after taking the poison. In the other three the emetic acted. The vomit had apparently the consistence and appearance of pus mixed with adventitious matter. The youngest child had been excessively sick soon after taking the poison; but now inflammation was going on in both the others in a very rapid degree. The pulse was 110, skin hot, mouth clammy and parched, and a good deal of tenderness about the scrobiculus cordis and surface of bowels. *Calomel*, *Epsom salts*, and oily clysters were now given.

10th, morning.—The youngest appeared well. In both the others every symptom of inflammation had increased; the pulse was very rapid and full. In one case, for intervals of one or two hours, the greatest languor and prostration of strength would prevail, and the pulse for that time would be scarcely perceptible, and in an hour afterwards every symptom of increased strength and animation would return, and the pulse would rise in strength

and fulness above its previous standard. In the other the active stage of inflammation was going on in the regular way; he was therefore bled, and leeches and a blister applied.

In the afternoon the eldest, who had been bled, was somewhat better; the youngest worse, and died during the day. The surviving one now took a saline, rather alkaline aperient, with frequent emollient clysters. It recovered. On the fourth day after taking the poison this child had a vesicular eruption about the mouth and circumference of eyes; it had every appearance of the maturation of smallpox in its early stages. In a day or two it formed a crustaceous appearance, and gradually died away.

*Post mortem.*—In the child who died first there was little mark of inflammation on external surface of stomach, the duodenal end of larger curvature showing it most; villous coat very highly inflamed. Colon very much corrugated, particularly about the arch; duodenum slightly inflamed, and the surface of the whole of small intestines apparently more vascular than usual.

In the second child who died external surface of stomach was slightly inflamed; it contained two or three ounces of coffee-coloured fluid; villous coat most highly inflamed. The whole of internal surface of small intestines highly inflamed, particularly the rectum. Internal surface of bladder much whiter than usual. Rather unusual turgescence on external surface of brain, and the plexus choroidalis remarkably vascular.

240. *Medical and Physical Journal*, 1811, vol. xxvi, p. 31, and 1817, vol. xxxviii, p. 240.

Reference made to an inaugural dissertation by Dr. Jaeger, *De Effectibus Arsenici*, &c.; to Casimir Renault's paper (presented to the Faculty), *Nouvelles expériences sur les contre-poisons de l'Arsecnic*, and to *Remarks on Arsenic*, &c., by John Marshall, 8vo, pp. 163, Callow, 1817 [only a brief extract given here; see originals.—E. W. B.].

241. *Medical and Physical Journal*, 1813, vol. xxix, p. 44.

By William Bucknill.

A woman took an ounce of *Arsenic* in tea at bedtime. In a few minutes a burning sensation in fauces and stomach, very soon followed by violent vomiting, continuing all night; insatiable



desire for drinking, which induced her to take large and repeated draughts of warm water. About four hours after taking the poison a most excruciating pain in bowels, soon followed by diarrhœa, which excoriated anus. About 8 a.m. was found with the above symptoms, pulse scarcely perceptible, and in a cold clammy sweat. Towards evening the inflammatory action came on, which was treated as gastritis. In two or three weeks she recovered, except in having occasional attacks of cramp in stomach which returned for upwards of twelve months, then gradually left her.

242. *Medical and Physical Journal*, 1815, vol. xxxiv, p. 441.

By W. J. Crowfoot.

Robert S—, aged 6, and five other children, took *Arsenic* in food. Very soon after they were all extremely ill. Those old enough to describe their feelings complained of sickness and pain across the stomach, and general sense of coldness. Robert became worse, was seized with convulsions, and died in about five hours in a strong convulsive fit.

*Post-mortem*.—A slight appearance of inflammation about the lower orifice of stomach.

243. *Medical and Physical Journal*, 1823, vol. xlix, p. 117.

By J. W. Edwards.

A woman, aged 35, seven months pregnant, dissolved an ounce of *White Arsenic* in half a pint of hot water, stirred it well, and drank about half. In about eight minutes she had excessive sickness, pain, and other alarming symptoms. About 8 a.m., August 31st, I was sent for, and found her much exhausted from violent retching and vomiting. She complained of very great cold in extremities, unquenchable thirst, spasmodic pains in bowels, and especially towards epigastric region; mouth much parched; eyes bloated and face swollen; very restless, with great anxiety and distress of mind; pulse 120. Ordered *Magn. carb.* and *Opium*, mucilaginous drinks, and warmth to extremities. At noon vomiting was less frequent and less violent; skin very hot; intense thirst; burning pain in stomach, and great soreness on pressure; pains of head and sides; great restlessness; pulse 136, strong. Bled her from arm to twenty ounces, and repeated *Magnesia*. 7 p.m. more calm; great soreness of throat and

mouth; vomiting and retching less urgent; pain over region of stomach and towards the right side; pulse 106. Ordered *Castor oil*, twelve leeches to side, and repeated mixture.

September 1st, 8 a.m.—Had slept about three hours in night; vomiting less; burning of stomach and throat materially diminished; bowels had been scantily purged; pulse 104. Repeat *Castor oil* and *Magnesia*.

2nd.—Much soreness of throat and stomach; bowels open; skin moist; has been faint several times during the night; pulse 98 and small. Repeat *Magnesia*.

November 6th.—Has continued to improve. Present symptoms are—Indistinct vision; great weakness in stomach; numbness extending from feet to knees, hands similarly affected and always cold; is so faint that she thinks she never will be quite well again.

244. *Medical and Physical Journal*, 1827, vol. lvii (vol. ii of New Series), p. 247.

By James Scott.

A girl aged 16 took half a teacupful of *Arsenic*, and fifteen pennyworth of *Laudanum*. I found her writhing from great torture in epigastric region; tongue loaded with a thick buffy coat; breathing quick and oppressed; pulse imperceptible; body cool; extremities icy cold; burning heat in mouth and sensation of constriction of fauces, or "choking" as she termed it, amounting almost to suffocation. Insatiable thirst, calling constantly for water. Had vomited severely for two hours, and had had frequent dark and offensive stools. Died six hours after taking the poison.

*Post mortem*.—Internal surface of stomach had universally a bright vermilion blush, with patches of a brownish red scattered here and there, but chiefly in posterior lateral surface, in pyloric half. These patches were somewhat pulpy, rather loose in texture and adhesion, more glossy than the surrounding parts, and gelatinous in appearance. There were portions of disorganised mucous membrane, and could be detached by being pinched between the finger and thumb, leaving the muscular coat denuded. Near small end of stomach lay two masses of powdered *Arsenic*, enveloped in a sort of reddish jelly.

245. *Medical and Physical Journal*, 1821, vol. xlvi, pp. 466, 545.

By J. Hume.

Mrs. —, aged 20, took some *Arsenic* after supper, near midnight. Next day, about 8 a.m., she was in most excruciating agonies, with constant efforts to vomit, or retchings; in early part of morning had vomited once or twice rather copiously. Pulse above 120, rather unequal. Much mental and bodily agitation; seemed fully sensible of her danger, and repented of her deed. Acute and fixed pain in and about gastric region; burning heat in throat and fauces.

The abatement of the retching, burning heat, gastric pain, and the frequent but not effectual stools, was followed by chilliness, with cold extremities, nausea, and slight efforts to vomit; trifling headache; peculiar feeling of smarting and pain at the end of the rectum; inclination to evacuate, but not at all of the nature of tenesmus; and some oppression of chest with difficult breathing. She recovered in ten days, having taken *Magnesia* and *Opium*.

Roget's paper referred to, see below; also Marshall's *Remarks on Arsenic*, 1817.

246. *London Medical Gazette*, 1834, vol. xiii, p. 176; 1829–30, vol. v, p. 823; 1836–7, vol. xix, p. 238; 1833, vol. xi, p. 771; *New Series*, 1843–4, vol. i, p. 879; 1845, p. 1306; 1841–2, vol. i, p. 114.

Cases by Ward, Christison, Skillman, Perrine, Shipman, Beck, Fry, and from *Med.-Chir. Review*, quoted; see above and below.

247. *Dublin Medical Press, New Series*, vol. ii, pp. 405, 414.

Reference made to Lorinser in *Union Medicale*, and De Pietra-Santa in *Annales d'Hygiene* for October, 1858, and to cases in *British Medical Journal*.

248. *Dublin Medical Press, New Series*, vol. iv, p. 419.

By Mr. J. T. Paul.

A girl, aged 19, died from making flowers in which *Emerald green* was used. When taken ill she complained of a pain in the side and intense thirst. She vomited a greenish substance. She

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