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MISCELLANEOUS.

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HOMŒOPATHY.

THE CHIEF MEDICAL SCHOOLS OF ANTIQUITY, CONSIDERED IN THEIR RELATION TO HOMŒOPATHY.

By W. B. A. Scott, M.D.

In a former article I endeavoured to give a brief account of the principles and practice of medicine as handed down to us from those remote ages and that distant land where most of the arts and sciences of modern Europe took their rise, and to indicate some of the more striking atavistic resemblances exhibited in the doctrines of the later western schools. In so doing I was enabled (unless I greatly deceived myself) to trace to their source the "harmonies" of Pythagoras, the quadripartite physical schema of Empedocles, the "humoral" pathology and the digestive "coction" or "pepsis" of Hippocrates, and the "temperaments" and part of the embryology of Galen. I also met with not a few instances of empirical coincidence between the details of the practice of the ancient Hindoos and that of the homœopathists of our own times. As I hurried along my allotted course I too often had reason to feel that I was indeed treading upon uncertain ground; the difficulty of distinguishing with precision between details of doctrine and practice which were the genuine characteristics of the

infancy of oriental medicine and those which had been superadded from western sources in comparatively recent times was often insuperable; and hence it is quite possible that in some cases—though certainly not in all, or even in most—I may have described as germs generated in the prolific organism of the parent-system itself what were in reality scions extraneously grafted from one or more of its countless descendants. In treading the course which I have assigned to myself on the present occasion the footing is more secure, even if the path is scarcely less thorny or less steep. Instead of the vagueness and uncertainty which, notwithstanding recent researches, are too often characteristic of our sources of information respecting the doctrines and practice of Hindoo classical medicine, we have, in considering the medical schools of Europe, original writings of tolerably well-ascertained date and authenticity to guide us, so that, however intricate or arduous may be the accurate interpretation and due comparison of the authorities to whom I must have recourse in the discharge of my present task, its too probably imperfect performance must, I fear, be laid mainly to the account of my own lack of diligence or perspicacity, and but little, if at all, to the absence of trustworthy and sufficient materials.

My object in writing the ensuing pages is to present the reader with a succinct account of the leading doctrines of the classical schools of European medicine in their bearings on the modes of practice adopted by each—what may be called, so far, an abstract of "comparative iatriology," if I may be permitted to coin a word for which I know no current substitute—and to consider how far any of those doctrines, even supposing them to be true, was, from its very nature, capable of affording a basis on which any system whatever of practical medicine could be erected. I hope then to show that the law of *similia similibus curantur* actually does afford such a basis, but it is no part of my present task to bring forward any arguments in support of its truth. *This* has been done already, over and over again, by far abler hands than mine, and would necessarily appear superfluous, if not impertinent, to the readers of this journal. I shall

not dilate at any length on empirical or rational coincidences between the doctrines or modes of practice of the physicians of antiquity and those so splendidly systematised by Hahnemann in his *Organon*,—such as the deprecation of mere local treatment by Zamolxis, the denunciation of bloodletting by Chrysippus of Cnidus, Erasistratus, Jacobus Psychrestus, and many others, and of purgatives by the same Erasistratus, Thessalus, and the "Methodists" generally, or even the numerous instances of direct homœopathic medication in the practice of Melampus, Hippocrates, Praxagoras, Asclepiades, and Galen himself. My aim is, without entering at length into questions of the detail of practice, to demonstrate that none of the characteristic doctrines of the Dogmatists, Methodists, or other Greek schools, could by any possibility exalt medicine to the rank of a science, or give rise to any practical rule or system of rules for the treatment of disease.

First, let us clearly understand what is the essential requisite—the *sine quâ non*—in order to exalt medicine to the rank of a science, or, in other words, to place the practice of medicine on a scientific basis. To understand this we must consider the factors in the problem; these are, so far as drug-treatment is concerned, a certain pathological condition on the one hand, and the pharmaco-dynamics of certain animal, vegetable, and mineral substances on the other. Now, it is evident that there is no more inherent or palpable resemblance between any drug and any diseased state of the animal tissues, or morbid derangements of the animal functions—as, for instance, between belladonna and the scarlatinal rash, or elaterium and watery diarrhœa—than there is between the invisible effluvial particles of assafœtida and the terminal processes of the first pair of cerebral nerves in the olfactory mucous membrane, or between the aërial vibrations caused by the melody of a harp or organ and the strange emotions of sadness or exhilaration awakened in the mind of the listener. Looked at in this manner, that is to say, in the way of direct and immediate comparison, the two objects appear incommensurable—they seem to possess nothing in common, and we can see no reason to suppose

that the former should exert any action whatever upon the latter, much less are we able to predict what *kind* of influence the former will exert. Since, therefore, the two objects do not admit of *à priori* comparison, two courses alone are open to us—either (1) we may administer various drugs in various diseased conditions of the system, carefully recording the results in each case, and when these seem to have been beneficial we may try the same or a similar drug in future cases of the same or a similar disease; or (2), although from their nature the drug and the disease do not admit of direct and immediate comparison, we may endeavour to find some *third* object with which each may be compared, and thus institute a system of mutual inter-relations. The first of these courses was that adopted by the Empirics; the second was that which was pursued, though with very different success, by the Dogmatists or Rationalists, the Methodists, and Hahnemann.

Now, it is clear that, while an *art* (and a very useful and practical art too) of medicine might conceivably be constructed by adopting the first of the above courses, it could scarcely attain to the dignity of a science, being, in fact, little more than the observation of *coincidences* which, however constant, are not mutually related in any way, so far as we know. The second course inevitably leads to a science of some sort, true or false, and when this science is made the basis of practice its truth or falsity becomes fraught with the most beneficial or disastrous consequences. The respective relations of the drug and the disease to the *tertium quid* which we select as the connecting link between them, or rather as the object with which each admits of comparison, must inevitably give rise to a theory of pharmaco-dynamics, and on this theory the practice of medicine will be based. Hence the immense importance of, in the first place, being quite sure that this *tertium quid* has a real objective existence, and is not the mere product of our own fancy; in the latter case, indeed, the adjustment and classification of its relations with pathology and pharmacology, and the consequent mutual inter-relations of these, will be remarkably easy, since we are clearly entitled "to do what we will with our

own" *creation*, and, consequently, may institute exactly whatever relations please us most, which will generally be found to be those which fall most readily and neatly into a system; in the former case systematisation will be a hard and tedious process, because checked at every step by an actual *reality* to which we must adapt our systems, since it cannot adapt itself to them. This is, on the one hand, the true explanation of the neatness, clearness, and apparent completeness of such theories as those of Galen, where imaginary inherent "qualities" were invoked to form the point of meeting between the drug and the disease; hence his easily tabulated deductions and his readily systematised rules, apparently based on irrefragable syllogistic reasoning, and, to all seeming, reducing the practice of medicine to all but mathematical exactitude; hence, on the other hand, the immense difficulty of constructing any pharmacological or nosological schema which can form, so to speak, a technical, or mechanical, or tabular direction in the practice of a disciple of Hahnemann.

We may say, therefore, that then, and then only, will medicine be entitled to rank as a science when a link shall be found uniting pathology and pharmaco-dynamics—a *tertium quid* with which each admits of comparison, and to which both may be referred. The desiderata were well described by Professor Gamgee, in his opening address at Owen's College, Manchester, October, 1873.* "It will, however, only be *when general laws connecting disease with health, and establishing a perfectly rational system of therapeutics, shall be applicable to the whole body of medical facts*, that the term science will be legitimately applicable to medicine. Experimental pathology, studying the synthesis of disease, and *experimental pharmacology localizing the actions of drugs on the tissues and organs of the body*, are fast following in the steps of the rapidly advancing science

* *Essays and Addresses*, by the Professors and Lecturers of the Owen's College, Manchester. Published in commemoration of the opening of the new College Buildings, Oct. 7th, 1873. London, Macmillan and Co., 1874. The extract in the text occurs at p. 258, lecture viii. It is interesting to notice how completely homœopathy answers to all the requirements in the first of the sentences which I have italicised, and organopathy to those of the second.

of physiology, of which they are but departments; and, young though they are, are furnishing the materials for a real science of medicine."

For my present purpose it will be sufficient to examine the doctrines of three of the Greek schools, viz. the Dogmatists or Rationalists, the Empirics, and the Methodists, since, of the remaining schools of any note, the Eclectics and Episynthetics were offshoots of the third of these, and the Pneumaticks might for all practical purposes have belonged to any one of the three, as their sole distinctive doctrines seem to have been that of ascribing the ultimate cause of disease in all cases to the πνεῦμα, and that of substituting the four "primary qualities" of Alcmaeon for the four "elements" of Empedocles. In fact, very many who were really Pneumaticks at heart ranked foremost amongst the orthodox school; Galen, for instance, had manifest pneumatick proclivities, so had Hippocrates, if he was the author of the treatise περὶ φυσῶν, and Aretæus is by Le Clerc (though I think on insufficient grounds) considered to have been an avowed Pneumatick. A memorable extract from Celsus will put us in possession of the leading doctrines of the Dogmatists and Empirics in his own time, as well as of an admirable summing up of the case on both sides—a model of judicial impartiality, as it seems to me, though the leaning towards the latter is perceptible. For our knowledge of the doctrines of the Methodists we are principally indebted to Caelius Aurelianus, a Latin writer of uncertain date,* to

* There is very great difficulty in assigning the date of Caelius Aurelianus with anything approaching to precision. He does not refer to Galen, which has led some to suppose that Aurelianus was the more ancient; but, on the other hand, neither does Galen quote him. The latter was a sworn foe to the Methodists, whom, with his wonted urbanity, he called the "asses of Thessalus," so it might have been expected that Aurelianus would have come in for his share of abuse; it is, however, possible that Galen may have looked upon him as the mere copyist of Soranus, and so thought him beneath his notice. On the other hand, the total silence of Aurelianus respecting Galen seems almost unaccountable on the supposition of his having been subsequent to the latter. Judging from the Latin style of Aurelianus, which is vicious in the extreme, Reinesius was disposed to place him somewhere about the fifth century; others carry him back as far as the second. Soranus himself lived in the reigns of Trajan and Adrian (A.D. 98—138), so the middle of

a great extent a mere translator of Soranus, the distinguished Methodist, of whom he was a devoted admirer, but not wholly devoid of originality. But it must be remembered that, although Celsus, for the purpose of contrast, speaks of the Dogmatists or Rationalists as if they composed but one sect in contradistinction to the Empirics, the former were in reality no more a uniform or harmonious community than the modern allopaths. Like their modern representatives, they were fond of claiming for themselves every physician of eminence in the annals of medicine, and accordingly loudly maintained their own pretensions to such men as Hippocrates, Erasistratus, and Herophilus. Yet it would scarcely be too much to say that in practical matters Hippocrates and Erasistratus differed at least as much as any Empiric could have differed from any Dogmatist. It will be well, before reproducing the passage from Celsus, to glance very briefly indeed at the chief features of the teaching of Hippocrates and of his mode of practice, to compare the latter with that of Erasistratus, and then with equal brevity to survey the further development of doctrine and practice in the more expanded and regularly classified system of Galen. It is true that Galen was subsequent to Celsus, probably by a century; still it is absolutely necessary to glance at the finished schema of the former, whose boast it was that he had filled up lacunæ left by Hippocrates, and reduced to order and system what the "divine old man" had accumulated as a mere store of heterogeneous though important facts, if we wish to form an adequate conception of the true nature, scope, and tendency of the Dogmatic or Rational School.

the second century, or thereabouts, is the earliest date which can possibly be assigned to Aurelianus. Galen died A.D. 193. It seems, on the whole, the most likely hypothesis that Galen and Caelius Aurelianus were contemporaries, which would render the silence of each respecting the other less strange; and as to the linguistic barbarisms which induced Reinesius to assign so late a date as the fifth century to Aurelianus, it must be remembered that he (Caelius) was probably an African, and that the style of Tertullian, also an African, who flourished towards the close of the second century, also is extremely harsh. Besides, the extant writings of Aurelianus have been much corrupted by more recent interpolaters.

Excepting the "humoral" pathology of Hippocrates, there is but little in the teaching of the father of medicine which the Dogmatists of a later day are justly entitled to claim as corroborative of their system. Aphorism 22, Book II, has often been alleged in support of the doctrine of contraries, and justly so alleged if we are to take the annexed commentary of Galen as the legitimate interpretation of the text.* Dr. Rutherfurd Russell, on the other hand, maintains that this was merely "a dietetic, and not a therapeutic formula. Hippocrates knew of no medicine which could replete, therefore it is impossible he could recommend the cure of depletion by repleting medicines." I confess that further reflection has rendered me increasingly dissatisfied with this explanation of Dr. Russell's. Hippocrates drew a less marked line of separation between dietetic and therapeutic measures than some of his successors did, and therefore he would not have acknowledged any failure in the requisite parallelism between the first two clauses of his sentence, even although a purely dietetic prescription, such as "nourishing food," in the second should correspond to a distinctly therapeutic direction, such as purging or bloodletting, in the first.† Besides, according to Dr. Russell's interpretation, what are we to make of the *third* clause, *καὶ τῶν ἄλλων ἡ ὑπεναντίωσις*? Galen interprets this last clause very liberally, so as to find therein a justification of the doctrine "*si quid refrigerando morbum faciat, ejus per califacientia fiet curatio; si califaciendo, per refrigerantia.*" With *this* interpretation assuredly Hippocrates would not have agreed at all, since, in the work *De Priscâ Medicinâ,* he ridicules those who pursue "the *new* method . . . . . by hypothesis," viz. that "if hot or cold or moist or dry be that which proves injurious to a man, then the person who would treat him must apply hot to the cold, moist to the dry," and so forth. It seems to me that

* *Ἀπὸ πλησμονῆς ὁκόσα ἂν νοσήματα γίγνηται κένωσις ἰῆται, καὶ ὁκόσα ἀπὸ κενώσιος, πλησμονή· καὶ τῶν ἄλλων ἡ ὑπεναντίωσις.*

† The practice of Oribasius consisted chiefly in the administration of evacuants and corroborants, yet it would be absurd to say that it was therefore purely dietetic.

the clause καὶ τῶν ἄλλων ἡ ὑπεναντίωσις contains little more than a very general direction that a diseased state is usually to be treated with the measures calculated to produce the opposite healthy condition, which, of course, is the *ultimate* object of all medical treatment. He was vehemently opposed to the characteristic doctrine of the Dogmatists, viz. that in order to practise medicine it is first necessary to understand what man is, the manner of his formation, and the way in which his body is composed. He even paid scanty respect to the study of anatomy, on which the later Dogmatists laid so much stress, since he considered this rather appertained to artists than to physicians. His practice was, indeed, as Le Clerc remarks, a good deal expectant, and consisted for the most part in observing the phenomena ordinarily appearing in the progress of each disease, and endeavouring to favour the production of such as usually preceded its cure. Observing the tendency to periodicity in the exacerbations and remissions of many diseases, and the frequency with which many terminated in some form of evacuation—whether by catharsis, hæmorrhage, defluxion, diaphoresis, ptyalism, or diuresis—he was led to construct his well-known theories of "critical" days and "critical" evacuations. Connecting these with his doctrine of the "humours," he supposed that these latter, when in a state of dyscrasia, required a certain time for due "coction" or "maturation," and that it was by aiding the expulsion of these ripened morbid products that nature could alone be assisted in effecting a cure. His rule for the selection of the purgative to be employed in any particular case was that that purgative was to be chosen which had most affinity with the peccant element sought to be eliminated, a doctrine which strongly savours of a sort of rude, tentative homœopathy. Furthermore, in considering the manner in which the various "humours" were at fault, when the error was not merely one of excess or defect, he regarded the dyscrasiæ as consisting in an undue proportion of one or more of the "secondary" qualities of sweetness, bitterness, acidity, &c.; remarking, with respect to the so-called "primary qualities" of heat, cold, dryness, and moisture, which Galen supposed

to be the morbific agents, that they were almost wholly inoperative. The fact of Hippocrates having held this doctrine renders it probable that the treatise *De Affectionibus*, in which a passage occurs of a somewhat contrary tendency, was, as many have supposed, the work of his son-in-law Polybius, and not of Hippocrates himself.* It is worthy of remark that, by regarding one or more of the "secondary qualities," as sweetness, bitterness, &c., as the *corpus delicti*, a basis is formed on which either homœopathic or antipathic treatment is at least possible, since there are certainly bitter and sweet drugs; whereas by resorting, as Galen did, to the "primary qualities" of heat, cold, dryness, and moisture, no direct treatment of any kind is theoretically justifiable until we have first assigned similar qualities to the various drugs on purely arbitrary principles.† As a matter of detail, it will also be remembered that Hippocrates was no very great polypharmacist.

Very different indeed were the doctrines and practice of Erasistratus, the founder of the Alexandrian or anatomical school. He deprecated both purging and bloodletting, remarking that in abstinence we possess a much safer depletory measure, and further observing with much truth in respect to the former that the character of the evacuations produced by purgatives gives no indication of the previous condition of the substances thus removed, since the drugs

* The passage is as follows:—"Such medicines as purge neither bile nor phlegm act either by *cooling, or heating, or drying, or moistening*, or constricting, or condensing, or relaxing." There is no reason to doubt that the treatise *De Priscâ Medicinâ*, in which the influence of the "primary qualities" is depreciated, is a genuine book of Hippocrates.

† How purely arbitrarily, and, indeed, inconsistently, these qualities were assigned is well seen from the endeavours of Pelops to explain the action of powdered crab-shells in hydrophobia. We are informed, first, that hydrophobia is a "dry" disease, as patients suffering from it are afraid of water, and that crabs are a "moist" remedy, since these creatures live in water. In the next place we are told that the shells of crabs are better than those of other marine animals, because the former admit of calcination and pulverization, *thereby becoming extremely desiccative and absorbing or drying up the virus of hydrophobia!* Perhaps Pelops may have thought of crab-shells as Mr. Brass did of Mr. Quilp's *al fresco* entertainment—"just damp enough to be cheerful; nothing more."

themselves necessarily effected an alteration in their constitution. He disregarded the "humoral" doctrines of Hippocrates, and, though himself a most accomplished anatomist, derided all abstract anatomical speculations in connection with medicine to such an extent that Galen paid him the unintentional compliment of calling him only a "half-dogmatist." He declared himself strongly against polypharmacy, and seems to have been but little addicted to the administration of drugs at all, except those of the simplest kind. It seems probable that his close attention to so tangible and positive a subject as anatomy, in which he made many most important discoveries, tended to disgust him, as it has done many others in later times, with the vagueness and uncertainity of medical practice.

In the writings of Galen we find the highest and most complete development of the doctrines of the dogmatic or orthodox school, in which these are exhibited in a consecutive, systematic, and almost tabular form. Galen fully accepted the Hippocratic doctrine of the "humours," which he reproduced almost in the master's words. But instead of attributing disease to a "dyscrasia" of the "secondary qualities," he considered the "primary qualities" to be at fault; and since he recognised the necessity of establishing some relation between diseases and the drugs administered for their removal, he thereby inevitably rendered his system of pharmaco-dynamics no less fanciful than his pathology. Different diseases and different drugs respectively were supposed to possess different degrees of the four "primary qualities." Chicory is cold in the first degree, and pepper warm in the fourth. Hence, as the doctrine of contraries was fairly established in the time of Galen, according to his system all that was necessary to effect the cure of most patients was to administer to them some drug in which the four "primary qualities" existed in an inverse ratio to that which they held in the disease; at least this was all that was requisite in the first instance, though some further treatment was esteemed necessary in some cases to eradicate the primary cause of the malady. Since excess and deficiency of the "humours," no less than their "cacochymia,"

were recognised as the causes of disease, frequent recourse was had to bloodletting, purgatives, and the like evacuations. Mention was made of specifics, which Galen defined as drugs which act in virtue of some property inherent in their whole substance, and not by means of any of the "primary qualities," but they were only employed in the treatment of diseases arising from "occult causes."* Galen admitted that sometimes "similars" must be administered instead of "contraries" (though on what rational principle drugs were deemed either the one or the other seems inexplicable, or why they should have been deemed one rather than the other), but this was explained to happen "accidentally, through the intervention of something else, which was directly opposed to the disease." The most striking difference between the writings of Hippocrates and those of Galen is that the former were based upon careful observations and experiments; the latter consist, for the most part, in lengthy ratiocinations and theoretical distinctions. Galen even goes so far as to maintain that experiments had no share whatever in the discovery of the "indication" for treatment—that this is solely the office of reason. The system of Galen was thus much more complicated than that of Hippocrates; he also was much fonder of purging and bloodletting, and carried polypharmacy to a ridiculous excess.

It is thus seen that in former days, as at the present time, the "orthodox" or "dogmatic" school was in reality no school at all; that its most eminent teachers differed among themselves as much as, or more than, many Empirics differed from many Dogmatists, and that it was as absurd in the disciples of Galen to claim a doctrinal descent from

* This is exactly the principle upon which an honoured teacher of mine (a professor and hospital physician, to whom I owe more than to all my other teachers together) used to maintain that the orthodox school prescribed such drugs as *Mercury* and *Digitalis*,—"Here's a disease we don't know much about; here are two drugs about which we know still less; *let's try what they'll do with the disease!*" If I might venture to mention the name of my kind old friend it would add much weight to his words in the estimation both of homœopathists and allopathists, but I must forbear. I fancy medical readers will not be at much loss to guess it.

Hippocrates and Erasistratus as it is in modern allopaths to assert an exclusive right in Jenner, Harvey, or Sydenham. There was absolutely *no doctrine* common to the three great physicians of antiquity whom I have been briefly considering. Not the doctrine or law of contraries, for this was but vaguely hinted at by Hippocrates, and directly set at nought in his treatment of cholera; even by Galen it is qualified in such a manner as plainly shows that he was conscious of its applicability being far from universal, as may be seen from what he says about specifics, and from the strained explanation he gives of the supposed mode of action of certain "similars." Not the "humours," for these are almost wholly disregarded by Erasistratus and his follower, Herophilus. Not the "primary qualities," for these are explicitly rejected by Hippocrates. Not the practice of purging and bloodletting, for these are almost universally condemned by Erasistratus. Not the introduction of theoretical reasoning into medicine, for this is disavowed by Hippocrates himself. We are constrained to admit that the Dogmatists of old, like the allopathists of modern times, were simply a heterogeneous collection of individuals, of utterly discordant theories and methods of practice, who sought to procure for themselves a spurious show of unity and prescriptive dignity in the eyes of the public by audaciously claiming as adherents of their own all the distinguished physicians and scientists of former days—no matter how widely different from each other and themselves in their views—and trusting to the ignorance of the multitude for the fraud remaining undiscovered.

It is now time to bring Celsus on the scene, and to let him tell us the characters of the Empirics and Dogmatists of his own time. I have thought it right to give a short sketch of the doctrines of Galen (though he lived about a century after Celsus), in order that we might have an idea of the leading doctrines of the Dogmatists in their complete form.

"The Dogmatists hold that it is necessary to understand the hidden no less than the manifest causes of disease; that we must know how the natural actions and functions of

the human body are performed, which of necessity presupposes a knowledge of the internal parts. By *hidden causes* they mean those relating to the elements or principles of which the body is composed, and to the question in what health and disease consist. It is impossible to know how to set about healing a disease if we are ignorant whence it arises, since we must evidently act quite differently if diseases depend on excess or deficiency of one of the four elements, as some philosophers have taught; or if the whole fault be in the 'humours,' as Herophilus supposed; or if the spirits be the peccant cause, as Hippocrates believed; or if the blood which ought to be contained in the veins transfuses itself into those vessels which ought to carry the spirits, thereby exciting inflammation, which produces the unusual movement of the blood observable in fevers, according to the notion of Erasistratus; or if small bodies are arrested in the invisible passages, blocking them up, as Asclepiades maintains. Hence he will be the most successful physician who shall rightly comprehend the real source of the cause of diseases.

"The Dogmatists did not deny that experiments also are necessary, but they maintained that experiments would be useless unless conducted on rational principles. They thought it likely that the first men, or those who first engaged in medical practice, did not merely recommend to the sick the first thing which suggested itself, but that they gave much thought to the subject, and that subsequent reflection and experience convinced them of the justness or erroneousness of their conjectures. It was useless to urge that the earliest remedies were empirical, since it was agreed on all hands that they were administered in consequence of the reasonings of those who first employed them.

"They further said that new kinds of diseases were often seen to arise, regarding which neither reason nor experience had as yet taught anything; that it was therefore necessary to observe whence they came and how they began, otherwise it would be impossible to know why one thing should be employed rather than another in such an emergency. For all the above reasons we must pay attention to the study of

the 'hidden causes.' As regards the 'manifest causes,' which may be discovered and recognised by every one, including merely such questions as, for instance, whether the disease has originated from heat, or cold, or hunger, or repletion, and the like, they acknowledged that a physician must necessarily inform himself on such points, and reason in accordance with them, but he ought not to confine himself merely to these.

"They further said, with regard to the natural actions,* that it is needful to comprehend why and how we receive the air into our lungs, and why it issues thence after its admission; why we take food, and how it is thereafter prepared and distributed throughout the body; the cause of arterial pulsation; the causes of sleep and watchfulness, &c.; and they maintained that we cannot cure the diseases which affect these functions unless we understand the nature and causes of the functions themselves. To give an example taken from the function of alimentation, we must know whether the food is triturated in the stomach, as Erasistratus supposed; or putrefies, according to the doctrine of Plistonicus, disciple of Praxagoras; or is cooked by the influence of a peculiar heat, as Hippocrates believed; or whether all these doctrines are alike false, as Asclepiades maintained, and nothing is cooked, but the food is distributed throughout the body raw and in the condition in which it is taken. With regard to these different opinions, all must agree that quite a different kind of aliment must be given to the sick, according as we hold Hippocrates or Erasistratus or any other worthy of belief. If the food must be triturated, we

* This passage seems to have reference to the celebrated classification of "naturals, non-naturals, and contra-naturals," explicitly set forth subsequently by the author of the book *De Oculis*, commonly ascribed to Galen. According to this there are seven naturals—the elements, the temperaments, the parts, the humours, the spirits, the faculties, and the actions; six non-naturals—the air we breathe, our food and drink, repose and movement, sleep and vigils, substances retained in and expelled from the body, and the passions; three contra-naturals—maladies, their causes, and their symptoms. Physiology treats of the first of these classes, hygiene of the second, while pathology and therapeutics are conversant respectively with the study and the treatment of the third.

must choose kinds easy of trituration; if it must putrefy, we must select such as is readily decomposable; if it must be cooked by means of heat, we must administer such as most readily furnishes this heat; but if nothing is either cooked or changed, we need take no trouble about the matter, or perhaps rather give in preference the kinds of food which are most stable in composition.

"Lastly, they maintained that as the most serious pains and diseases arise from the internal parts, it is impossible to treat them without possessing a knowledge of these parts. Hence the necessity of having recourse to dissection, and even vivisection, like Herophilus and Erasistratus, by which means we learn the relative situation and appearance during life of the various internal organs, as their colour, roughness, hardness, &c. Otherwise, when the entrails protrude through a wound it will be impossible to pronounce whether they are diseased or healthy." The brief remainder of this passage is taken up with a vain attempt to defend the practice of human vivisection from the charge of cruelty—a defence which, however insufficient, is at least a good deal more satisfactory than that adduced in favour of the vivisection of the lower animals in modern times as practised by such brutes as Majendie, and which seems to have been countenanced by the late pious Dr. George Wilson, of Edinburgh,* and other eminent religionists, since the former was based on the supposed justifiableness of inflicting pain on a few atrocious condemned criminals in the hopes of benefiting countless innocent sufferers, while the latter maintains the perfect propriety of inflicting prolonged and diabolical torments on an innumerable host of innocent animals, ostensibly in the vague hope of *possibly* benefiting some few human sufferers in the remote ages of futurity, but really with the view of gratifying the vanity and prurient curiosity of a set of unprincipled and heartless savans.†

* See his life of Dr. John Reid, who on his death bed manifested a late though becoming contrition for his atrocities of this nature, which his religious biographer thinks wholly uncalled for.

† *En passant,* I may be permitted to observe that the results of the recent admission of women to some of the medical classes in the University of Edin-

"The Empirics, on the contrary, avowed that they only professed to comprehend the 'manifest causes,' as they considered all questions respecting the 'hidden causes' or natural actions to be superfluous, since Nature herself is incomprehensible. This seemed indisputable from the different conclusions arrived at by those who busied themselves with investigations of this kind, respecting which neither philosophers nor physicians agreed among themselves. Why is Herophilus rather to be followed than Asclepiades, or Hippocrates than Herophilus? As far as *reasonings* are concerned, all parties appear to display an equal show of reason for their own opinions. As to cures, they had been effected by members of all schools, and so they gave no indication which was to be preferred. If *reasoning* constituted a physician, there should be no better physicians than the philosophers, but unfortunately the science of healing was lacking to the latter, though they had reasonings in sufficient store. That the means employed in the art of medicine differed in different places, and were not the same in Italy, Gaul, and Egypt, which could not be the case if the causes of disease were always identical. That even when the causes were manifest, as in the case of wounds, the appearance did not necessarily suggest the appropriate remedy. If, then, the knowledge of evident causes cannot suggest the appropriate remedies, how can the knowledge of hidden, obscure, or doubtful causes give us any light or assistance? And if these last causes are at the best obscure and uncertain, is it not more reasonable to expect assistance from matters which have been well ascertained, and which have been already tried on various occasions, as is done in almost all other arts? Neither an

burgh afford a proof that mere brutality is not a necessary proof of genius—a fact which physiologists would do well to bear in mind. When certain of the medical classes at "Auld Reekie" were thrown open to both sexes indiscriminately, that of "practical physiology" (as the cutting up of live frogs and rabbits is euphemistically termed) was the reigning favourite with our charming sisters, many of whom distinguished themselves greatly in the subject, and seemed to survey the tortures of the wretched animals with the same interest with which their Spanish contemporaries contemplate a bull-fight, or with which their English greatgrandmothers viewed an execution.

artisan nor a philosopher becomes more expert in his respective calling by means of disputes, but by habit and experience. We may feel quite assured that all these difficult questions have nothing to do with medicine, since persons who hold opinions directly at variance upon them are equally successful in the treatment of their patients, which happens because they do not in practice trouble themselves about these 'hidden causes,' but confine themselves to what previous experience has shown to be successful. Medicine owed its origin, not to questions of this kind, but to the sort of experiments of which we have been speaking.

"Before there were any physicians, some invalids, feeling hungry, took much food during the first days of their illness; others, feeling anorexic, took none; whereupon it was observed that those who fasted made the best recoveries.* Some had taken food during an access of fever, others shortly before its commencement, others, again, not until the fever had subsided; it was observed that the last fared the best. Similar things having often happened, observant persons noticed which had best succeeded, and afterwards advised other invalids to practise them. The art of medicine thus took its rise from experiments made, sometimes to the benefit of the sick, at other times to their detriment, and at the expense of the sick it first learned to discriminate what is beneficial from what is injurious; and the remedies for each disease having been gradually discovered by this means, men began to reason and to inquire why the various remedies acted in such and such a manner. Medicine, therefore, was not invented after reasonings, but reasonings after medicine. The Empirics further asked the Dogmatists whether reasoning taught them the same things as experiments did, or contrary things? If the same things,

* It may be here remarked that this reasoning is not very conclusive. The fact that some were hungry while others were not so at corresponding periods of the disease showed that the disease itself was not the same in the two cases (and, indeed, no two cases of disease are identical); hence, it does not follow that if compulsory fasting had been enjoined upon the hungry they would have made any better recoveries.

it was superfluous; if contrary things, prejudicial.* *Formerly, indeed, it had been necessary to make experiments with much labour and difficulty, but now enough had already been made without its being necessary to make new ones at the expense of the poor sufferers, and we had only to enjoy the fruits of the labour of the ancients.*†

"It is unnecessary to suppose that new diseases spring up; but, in the event of meeting with one of which he was ignorant, a skilful physician would compare it with such of those which he knew as it most closely resembled, and try the remedies which had succeeded in such cases.

"They further said that they were far from maintaining that a physician could dispense with reasoning, or that an irrational animal could be a physician, although they were persuaded that conjectures drawn from hidden and obscure causes were of no value, since the object was to discover, not the cause, but the cure of the disease; and that we have nothing to do with the manner in which the coction or digestion of the food takes place, but with the question as to what kinds of food are most easily concocted or digested. In like manner it was useless to inquire how or why we breathe; we ought rather to seek out remedies for cough, dyspnœa, and other respiratory affections. We need not inquire why the arteries pulsate, but rather what is indicated by the various kinds of pulsation, which is learned by experience. Regarding the other questions proposed by the Dogmatists, any side might be supported with equal plausibility, and for the most part the wittiest or most eloquent would carry the point. Remedies, not fine speeches, heal the sick; and if a dumb man knew of good remedies, and had learned from

* This can hardly fail to remind the reader of the dilemma by which Omar sought to justify himself for burning the Alexandrian library. Neither Omar nor the Empirics seem to have perceived that *additional* facts may be neither identical with nor contrary to facts already ascertained.

† This sentence, which I have italicised, is the weakest in the whole argument of the Empirics, and involves, in fact, a complete desertion of their own principles. Fortunately, a method was pointed out by Hahnemann by which experiments can be made otherwise "than at the expense of the poor sufferers," but additional experiments will probably be necessary to the end of the chapter.

experience the mode of employing them, would he not be a better physician than the greatest orator, if the latter should be ignorant of materia medica?

"In conclusion, the Empirics complained that the Dogmatists not merely devoted themselves to trifling subtleties, but did manifest outrage to the common principles of humanity. What is the use of dissecting living men, and transforming medicine, which ought to promote the welfare of mankind, into a cruel instrument of its destruction, if by such barbarous means we cannot even discover what we want to know, and if we can find out all that is necessary without committing any crime? Neither the colour, texture, nor almost any other quality of the viscera remains the same after a body has been opened. For if fear, pain, hunger, repletion, weariness, and a thousand other slight inconveniences, can in these respects change the bodies of persons who are not dissected, how can you suppose that the internal organs, which are exceedingly tender and liable to alteration from the light and air to which they have never previously been exposed, shall undergo no change in these respects under the knife and other brutal and excruciating tortures, and that death shall not cause even a greater change?* Whan can be more absurd than to suppose that the organs remain the same in a dying or dead man as they were previously? We may, indeed,

* This idea occurs in Cicero (*Quæst. Academ.*, iv):—"Corpora nostra non novimus, qui sint situs partium, quam vim quæque pars habeat ignoramus; itaque Medici ipsi, quorum intererat ea nosse, aperuerunt ut viderentur, nec eo tamen, aiunt Empirici, notiora esse illa; *quia fieri possit ut patefacta et detecta mutentur.*" Also in Tertullian (*De Anima*, x):—"Herophilus ille, medicus aut lanius, qui sexcentos exsecuit ut naturam scrutaretur, qui hominem odit ut nosset, nescio an omnia interna ejus liquido explorarit, *ipsa morte mutante quæ vixerant*, et morte non simplici," &c. Something similar occurs also in Pope (*Moral Essays*, epistle I):

"Like following life in creatures you dissect,
You lose it in the moment you detect."

We find it also in the sneering address of Mephistopheles to the scholar:

"Wer will was Lebendigs erkennen und beschreiben,
Sucht erst den Geist heraus zu treiben,
Dann hat er die Theile in seiner Hand,
Fehlt, leider! nur das geistige Band."

open the belly, and handle all the abdominal viscera, while the subject still breathes, but does he not die the instant that the diaphragm is cut? Yet there is no other way of presenting the heart and its neighbouring structures to the view of the homicidal physician, who can therefore only see them in the state they assume after death, not in the condition in which they existed during life; and so, all that this physician, or rather this cut-throat, has achieved, is to have murdered a man in the most brutal manner, without in the least learning the appearance of the organs during life. Chance would afford physicians enough opportunities of seeing such internal parts as could be exposed during life, as, for example, in the cases of gladiators and soldiers, or of travellers wounded by robbers. *There* were the legitimate means of learning whatever was to be learned on such subjects, in the performance of offices of humanity, not in the perpetration of acts of barbarity—in seeking to preserve life, not to inflict death. On the ground of the appearance of the organs being altered by death they even decried all practical anatomy, alleging that, if not inhuman, it was at least revolting, and that all requisite anatomical knowledge might be obtained in the course of ordinary practice by the study of wounds."

On the above arguments Celsus remarks that, while it is quite true that the practice of medicine as a healing art must be based on experience, and that reasonings on obscure subjects have nothing to do with this, it is still impossible to deny that the study of natural science tends to enlarge the mind of the physician. That if the abstruser studies of Hippocrates and Erasistratus did not, properly speaking, make them physicians, they made them *better* physicians; that if reasonings sometimes deceive, so do experiments; that reasoning is necessary in medicine, but still our indications are to be derived from evident facts, rejecting everything which is obscure from the art of medicine, but not from the studies of the physician. That vivisection is equally cruel and unnecessary, but the dissection of dead bodies ought to be practised; and that as regards anything to be learned from vivisection, all that is

really necessary to be known may be acquired in the manner suggested by the Empirics, more humanely if less speedily.

To these excellent observations of Celsus it seems only necessary to add that the true place of reasoning in medicine, as in all other practical arts, is in determining the inferences to be drawn from experiments, in the selection of experiments to be performed, and in that of the method of performing them. All *à priori* reasonings are here manifestly out of place.*

The Methodists may be said to date from the beginning of the first century B.C. as the rise of their school may be distinctly traced to Asclepiades, although Themison is commonly regarded as their founder. Their doctrines were fully systematized for the first time by Thessalus, a physician in the reign of Nero, and improved by Soranus, who flourished in the reigns of Trajan and Adrian. A brief account of the teaching of the first three of these eminent physicians will acquaint us sufficiently for our present purpose with the characteristic doctrines of the Methodists.

Asclepiades, a native of Prusa, in Bithynia, flourished at Rome about B.C. 90. It is difficult to form a just opinion of his character, for, though severely censured by Galen and Pliny, neither of whom was remarkable for judicial candour, he is warmly praised by Apuleius, Scribonius, and Sextus Empiricus. He was the author of the famous précis of the physician's duty, viz. to heal *cito, tuto, et jucunde,* and perhaps owed no small share of his practice and reputation to his general adoption of mild and agreeable measures in the treatment of disease. His chief reliance seems to have been placed on fasting, abstinence from wine, friction, exercise, and gestation, and he is especially celebrated for his skill in devising ingenious

* "We must not only search for and procure a greater number of experiments, but also introduce a completely different *method, order,* and *progress* of continuing and promoting experience. For vague and arbitrary experience is (as we have observed) mere groping in the dark, and rather astonishes than instructs. But when experience shall proceed regularly and uninterruptedly *by a determined rule,* we may entertain better hopes of the sciences."—*Novum Organum,* I, 100.

mechanical and other appliances for the comfort of his patients.

Notwithstanding the apparently ascetic character of his regimen, he gained much favour with his patients by frequently indulging them with wine and food—in seeming violation of his own precepts—and particularly by allowing refreshing draughts of perfectly cold water. He strictly forbade the use of purgatives,* and was the first to prescribe a three days' fast at the commencement of fevers, in both of which practices he was followed by the Methodists, who from the latter (commonly, but erroneously, ascribed to Thessalus, who merely borrowed it from Asclepiades) derived their appellation of *Diatritarii*. Asclepiades derided the "critical days" and "faculties" of Hippocrates, and was so far from approving of the "expectant" method of that physician that he strongly insisted "Nature" as often did harm as good. His natural philosophy was very nearly that of Epicurus, only the ultimate particles of Asclepiades ought rather to be called molecules than atoms. The body he taught to consist of these molecules and pores (nearly corresponding to the atoms and void of Epicurus and Democritus), and health in a just relation between these two constituents. His theory of disease reminds one of a sort of combination of the *error loci* of Boerhaave and the "sthenic and asthenic" classification of John Brown. He taught that there are two classes of disease—diseases of "constriction," in which atoms of undue size or shape blocked up the pores (sthenic) and those of "relaxation," in which the pores were unduly open (asthenic.) To these some have supposed that he added a third class of "mixed" diseases, partaking of the characteristics of the two former. The influence of the humours he regarded as in some cases an antecedent or remote cause of disease, but never as the conjoint or immediate cause, with which he

* He seems to have restricted bloodletting to the case of diseases accompanied with severe pain; thus, he bled in pleurisy, but not in pneumonia or fevers. Other points in which the practice of Asclepiades coincided with that of the Methodists were his rejection of cauteries and his fondness for clysters and external applications.

chiefly concerned himself. But while he thus adopted a dichotomous classification of disease, and thereby theoretically even more than practically laid the foundation of the "methodic" school, he did not push his own principles to such an extreme as to overlook the necessity of individualising diseases of either class. This absurdity was reserved for Themison, the reputed founder of the Methodists.

Themison seceded from his master Asclepiades for much the same reason which had induced the latter to protest against the current doctrines of the Dogmatists, viz. the desire of simplification. He boasted of having first promulgated the method whereby skill in the art of medicine might be easily achieved, and a marvellously simple method it was, since it consisted in the rejection of every attempt to individualise diseases, or even to observe any but the most evident symptoms, and directed the physician to inquire merely into the supposed characteristic feature of each disease, *i. e.* whether it was one of constriction (στεγνὸν) or relaxation (ῥοῶδες). He admitted, indeed, that it was necessary further to divide the diseases of each class into acute and chronic, and acknowledged that each individual disease required a different treatment in the periods of its commencement, its height, and its abatement, respectively. Like Asclepiades, he considered only the *kind* of disease, omitting all question as to its *cause*, and he fully adopted his master's theory of the "pores." Unlike the Methodists in general, he employed purgatives; he is also the first who is recorded to have used leeches.

Thessalus, a native of Tralles, in Lydia, flourished at Rome during the reign of Nero, and from his boastfulness and ostentation, no less than from his alternate servility and insolence, seems to have well deserved the contemptuous appellation bestowed upon his disciples by Galen. He appears to have been the Ahn or Ollendorff of medicine, since he professed to constitute "every gentleman his own physician" after a six months' course of instruction. He thoroughly despised anatomy, of which he was wholly ignorant, and was no friend to reasoning, an art with the first principles of which he was entirely unacquainted. He

was the first to bring the term "metasyncrisis" into public notice, as significative of the change to be effected by medical treatment in the condition of the pores—a term which, by the way, he stole from Cassius, a disciple of Asclepiades. It was in his time, too, apparently, that the Methodists were first called "Diatritarii," though the three days' fast from which the soubriquet was derived was proposed by Asclepiades long before Thessalus was born. As Themison had already decried any consideration of the patient's age, country, strength, or manner of life, of the season of the year, nature of the part affected, &c., and Thessalus further simplified matters by determining the class of the disease merely by the most obvious symptoms—thus constipation and a firm state of the flesh were held to indicate "constriction," while diarrhœa and a flabby condition of the tissues were set down to "relaxation"—it is evident that the art of medicine, as taught in six months by Thessalus, and long accepted by the Methodists, whatever its defects, had at least the merit of being sufficiently compendious. It may be succinctly displayed as follows:

All diseases are either diseases of	relaxation,	as indicated by diarrhœa, defluxions, a flabby state of the tissues, &c., and requiring to be treated by means of astringents.
	or	
	constriction,	as indicated by constipation, a firm condition of the flesh, &c., and requiring to be treated by means of relaxants.

The Methodists did not, as a rule, even think it necessary to ascertain what part was diseased.

To sum up briefly, the Methodists rejected the use of purgatives,* but retained bleeding. They paid a laudable attention to the nature of the air respired by the patient,

* It may at first sight appear strange that they should have rejected an entire class of drugs which would so naturally fall under the head of "relaxants," but they sought to justify their rejection on theoretical grounds, since they argued that the use of purgatives would induce a state of undue "relaxation" in the pores of the alimentary canal. Caelius Aurelianus allowed purgatives to be given in cases of dropsy.

his couch, and his coverings—their particularity with regard to the latter having been probably derived from Asclepiades, who was a rare hand at "coddling." These details were too much disregarded by other physicians. They rejected specifics, and preferred drugs of the most simple kind. They almost universally prohibited narcotics and diuretics, but made frequent use of emetics. They allowed clysters, and were extremely fond of cataplasms and external applications. It is hence seen that their theory and practice were alike the development of those of Asclepiades, who, though usually reckoned a Dogmatist, has a more just claim than Themison or Thessalus to be esteemed the founder of the Methodists.

The Methodists and Empirics agreed, therefore, in so far as each protested against the wearisome and misplaced reasonings of the Dogmatists, and rejected obscure and doubtful indications of treatment. But the Methodists erred in adopting a "method" which, if more simple and compendious, was no less fanciful and erroneous than the "rational" system of those whom they opposed. The στεγνὸν and ῥοῶδες of Themison formed no more stable a basis of medical practice than the "secondary qualities" of Hippocrates or the "primary qualities" of Galen; all were alike unreal, and, even if they had been real, still required the assumption of corresponding qualities in drugs upon purely arbitrary principles. None could be brought to the test of experiment; it was as impossible to exhibit the relaxation of the imaginary "pores" under the influence of the relaxants of the Methodists as it was to demonstrate the cooling of the overheated "humours" under the influence of the fanciful "refrigerants" of the Dogmatists. No relation, except one which was purely arbitrary and hypothetical, could be established between the pathology and pharmacodynamics of any school; no *tertium quid* was established with which both might be compared. So long as this was the case, the Empirics must be admitted to have been in the right.

And yet Empiricism has become a term of reproach, and it seldom happens that any implication, either of praise or

of blame, becomes involved in a word of which the source may not be traced to some quality inherent in the meaning of the word itself. The history of a word is generally the best exponent of its full signification. The truth is that there is a stage in the mental development alike of an individual and of a community of which empiricism is the legitimate characteristic, and there is a corresponding stage in the growth of every science; but the period is one of youthfulness and immaturity. Five ages of mental development have been distinguished, which stand to the inner nature of the mind in much the same relation as that in which the "seven ages" of Shakspeare stand to its outward manifestations, and the former are correlated with five similar periods of physical development. These are the age of credulity (infancy), that of inquiry (childhood), that of faith (youth), that of reason (manhood), and that of decrepitude (decay). The infantile, credulous, or fetichistic age of medicine is that which deals with the wild supernatural theories and practices which it is one special glory of Hippocrates to have disregarded. The childish or inquiring age is that which has recourse, for the first time, to experiments, often ill-directed and therefore unsatisfactory. The age of youth, or faith, or hero-worship, is that which, conscious of the intricate and seemingly endless path of the experimental process, seeks to attain certainty by blindly adopting the conclusions of some distinguished investigator of former times. The age of reason or maturity is that which seeks to found a rational system upon the results of the experiments of childhood, endeavouring to shake off all the prejudices of its superstitious infancy and all undue allegiance to the heroes of its loyal but inconsiderate youth. Too often the wheat is uprooted together with the tares, and the rationality which commenced as a justifiable iconoclasm of the clay idols of youth, and an enlightened disregard of the unreal phantoms of infancy, erects itself into an idol no less vain than those which it had deposed, and, by unduly extending the limits of its legitimate dominion, peoples its usurped territory with phantoms as unsubstantial as those which it had expelled from its lawful

realm. So doing, it ere long gives place to the age of decrepitude or decay.

Hence we see that the stage of empiricism is an early stage, and its attainments are chiefly valuable as affording a sure basis for the systematic inductions of the age of reason. This is the true explanation of the fact that some degree of disparagement has now come to attach itself to the term "empiric" and cognate words, just as has happened to the term "childish." Yet, assuredly, all scientific reasoning which is not based upon experiment is valueless in itself and mischievous in its results, and, however opprobrious an epithet "childishness" may be deemed, a "child-like" mind is no less needful for a philosopher than for a saint. What the Empirics failed duly to recognise was that empiricism is an elementary stage, absolutely necessary as the foundation of the temple of science, but incapable of forming a superstructure which should be either worthy of the deity to whom it was raised, or adapted to afford a shelter to the votaries who sought refuge within its walls. Arrogating to itself too much, it soon forfeited even those pretensions to which it had a legitimate claim, and until the "New Philosophy" placed experiment once more on its rightful pedestal, restoring to it the dignity of which it had been so long unjustly deprived, the immature and elementary characters of the stage of empiricism were alone regarded, and its essential importance as a foundation was all but wholly overlooked.

The error of the Dogmatists was of a more complex nature. Not merely did they seek to extend the domain of reason far beyond its legitimate boundaries, thereby committing an error similar to that into which the Empirics had fallen respecting experiment, but they were guilty of the most reckless assumption of groundless premisses to meet the requirements of their fanciful and erroneous hypotheses. Furthermore, while they admitted, in a general way, that the discovery of facts on which to reason was the appropriate task of experiment, they seldom or never seem to have thought of subjecting these supposed facts to the crucial *à posteriori* test of ascertaining whether the conclusions

deduced therefrom would pass unscathed through the searching experimental ordeal. They perceived, indeed, the necessity for establishing some definite relation between drugs and the body they were intended to affect, but they fancied they had discovered this in the "primary" or "secondary qualities," which were on equally arbitrary principles assigned to drugs and to pathological states, thus selecting as the basis of their medical practice one which could never, from its very nature, be brought to the test of experiment, and which necessarily involved a host of purely arbitrary assumptions regarding both the curative agents and the object to be cured. As might have been expected, the trains of reasoning in their scientific treatises ere long became so perplexed and involved as from their inherent intricacy to add immensely to the difficulty of a just comprehension of their system, while the absurdity of many of their deductions respecting the exacter sciences, and the extravagance of the claims they made for these (as, for instance, that of anatomy), to which they devoted laudable industry and patience, effected in time that by many persons these very sciences came to be regarded with the same contempt which was not unjustly poured upon the vagaries of that "orthodox medicine" which claimed them as its supports. When to this is added the internecine controversies of the Dogmatists themselves, some taking their name from Hippocrates, others from Erasistratus, Herophilus, &c., we cannot fail to perceive that the ancient school of "orthodoxy" contained in itself the causes of its own decay, and shall feel disposed to wonder rather at its protracted and extensive usurpation than at its complete and humiliating, though long deferred, overthrow.

The Methodists, no less than the Empirics, detected and despised the empty mystifications in the long and tedious reasonings of the Dogmatists, and clearly saw that the practice of the latter was founded on a most unsatisfactory basis, or rather on no basis at all; but they differed from the Empirics in acknowledging that some rule or "method" was absolutely necessary as the foundation of the art of medicine. They also perceived that some relation must be established between drugs and disease, and, rejecting the

"primary" and "secondary qualities" of Galen and Hippocrates, they sought this relation in the condition of the "pores" as to laxity and constriction on the one hand, and in that of the action of drugs as to astringency and laxativeness on the other. This enabled them to form a nosological schema even more simple and compendious than that of Galen; but resting, as their classification did, on supposed qualities which could never be made the subject of experimental demonstration, it was alike unsatisfactory as the principle of a theoretical science and inadequate as the basis of a practical art. The essential error of the three great schools of antiquity lay in their one-sidedness; each school taught an important truth, but by dwelling *exclusively* upon this, and regarding it as a whole instead of as a part, it became practically worthless. Experiments, not scientifically reasoned upon, and not themselves conducted upon rational principles, form but an incoherent mass of items of no aggregate and little individual value. Reasoning, conducted on other than an experimental basis, and the conclusions of which are not accurately checked by a continual appeal to experiment, is a purposeless beating of the air. A "method" based upon a fanciful and groundless hypothesis is powerless alike to maintain itself against the stern logic of facts and to meet the requirements of a mind imbued with the principles of inductive philosophy.

Like the teaching of all true reformers, whose characteristic mission is *οὐ καταλῦσαι ἀλλὰ πληρῶσαι*, that of Hahnemann embraces in its totality all the truths which had been proclaimed in a partial and distorted form by his predecessors. The law "*similia similibus curantur*" is based upon the *carefully reasoned-out* results of *experiments*, is itself brought to the test of experiment, and affords a rational indication for a method of cure. A *rapport* is established between *materia medica* and pathology where alone such can exist, viz. in the *production by drugs of the particular pathological state in question.* Here we have the real meeting-point between disease and drugs, a *tertium quid* which undoubtedly exists, and which admits of experimental demonstration as often as we will. While it is simply impossible to demonstrate the

relations sought to be established by Galen between the "primary qualities" of drugs and those of the diseased animal frame, there can at least be no doubt that there is a similarity amounting almost to an absolute identity between the pathological conditions produced by the action of drugs and those constituting certain diseases. Here, therefore, we have a real and demonstrable relation established between pathology and pharmacodynamics; and, accordingly, the main requirement of Prof. Gamgee for the exaltation of medicine to the dignity of a science is met.

But, it may still be inquired, is the Method or Law of Cure hence deduced by Hahnemann justified by experience? Does not "*contraria contrariis curantur*" seem *à priori* much more probable than "*similia similibus curantur*"? The appeal here is necessarily and avowedly to experience, and to the verdict of experience all disciples of Hahnemann look with calm confidence for the triumphant vindication of the law. One remark may, however, be made in conclusion; "*similia similibus*" is a *law*, true or false; "*contraria contrariis*" is no *law*, but a piece of jargon. What is the "contrary" to an ulcer in the lungs, a toothache, or a headache?

The opposition to homœopathy has within the last few months taken quite a new turn; we learn from the editor of the *Medical Press and Circular* that the "profession" has always looked upon the law of similars with perfect tolerance, since it regards this as merely "unscientific," but it cannot away with the administration of infinitesimal doses. Ed. *M. P. and C.* appeals with confidence to the public to sanction allopathic intolerance in this respect. This appears to me one of the most naïve and delightful admissions ever extorted from the blind fury of obstructive envy. A *scientific* profession regards a radically "*unscientific*" doctrine with bland unconcern, and the devotees of the British Pharmacopœia are constrained to have recourse to the public upon a question of posology! A doctrine, avowedly based on experiment, and the truth or falsity of which can be established by experiment is freely tolerated, while a detail of practice, *all experimentation on which is, by their own*

laws, forbidden to the allopaths, is held to disqualify for professional intercourse or social regard!

"Daran erkenn' ich die gelehrten Herrn!
Was ihr nicht tastet, steht euch meilenfern;
Was ihr nicht fasst, das fehlt euch ganz und gar;
Was ihr nicht rechnet, glaubt ihr, sei nicht wahr;
Was ihr nicht wägt, hat für euch kein Gewicht;
Was ihr nicht münzt, das, meint ihr, gelte nicht."

ON SOME DISEASES OF THE BONE IN CHILDREN.

By Dr. Lorbacher.*

If, out of the series of diseases which form a constant item in our institution, I select the above named in order to hang thereupon some remarks, perhaps not unwelcome to the practical physician, it is not because I have something strange and novel to impart, but because the tolerably ample materials at my disposal enable me to establish some facts in pathological and therapeutical respects suggested by experience.

The children who come under our treatment are generally from one to four years old. The commencement of the disease may be dated, in most cases, from the cutting of their teeth or from weaning. An actually scrofulous diathesis could be observed in but few instances. It also attacked those who hitherto appeared quite healthy and well nourished, in whom no trace of scrofula could be detected. I therefore fully agree with Niemeyer, Alf. Vogel, and others, who explain rhachitis as a peculiar disease quite independent of scrofula. The apparent connection of the two finds its explanation in the fact that both most readily attack children who with insufficient food are long deprived of fresh air, or, in cellars and close lodgings and

* *International Hom. Presse,* iv, 3, p. 148.

narrow streets, have to breathe the corrupted atmosphere which there prevails. In most of our rickety children this was the predominant cause, and only in a single case I believe I could ascribe the fault to existing syphilis in the mother. That bad nourishment, such as prevails among the class who claim our aid, in which weak coffee and bread play a leading part, tends materially to promote the disease we learn from the circumstance that, when a change in this particular was practicable, there an improvement of the condition went on far more rapidly. The occurrence of rhachitis in children of the better class when the above-named condition did not exist, however, teaches us sufficiently that other causes come into play in the development of this disease; and there, probably, syphilis in the father must, perhaps, be the commonest source; at least, a case in my private practice is in my recollection where this could be exactly ascertained. In some instances it attacked the children of mothers who had borne children rapidly after each other.

The assertion put forth by some writers, that the outbreak of this disease is *always* preceded by Niemeyer's "fermentation diarrhœa," I found not confirmed, although in most cases a diarrhœa either preceded or accompanied it, yet, on the other hand, some cases were complicated with constipation!

So likewise atrophy was not always an attendant on rhachitis; the patients were sometimes very well nourished. In those that were atrophied the appetite was intermittent, whilst want of appetite and an aversion to flesh meat and its broth was present—a symptom which Grauvogl declares to be characteristic of his "oxygenoid constitution," which means one where there is a deficiency of albuminates and fat, and an energetic consumption of oxydizable matter and diminished formation of the solid constituents of the body. He is, therefore, inclined to view many forms of atrophy, as well as rhachitis, as consequences of this constitution, although he ascribes rhachitis elsewhere eminently to the so-called hydrogenoid constitution, and refers its occurrence in the oxygenoid rather to an imperfectly extin-

guished hydrogenoid constitution, especially in older children and adults. This view is confirmed by Virchow, who remarks thereupon that, in the dyspeptic condition of children which is wont to precede rhachitis, the diminished assimilation of albuminates is accompanied by a diminished assimilation of the mineral salts which promote the normal growth of the bones, as these, for the most part, are taken into the body as constituents of the albuminates.

It is interesting here to see for once two men converging after setting out from such different points, although Virchow merely notices the circumstance *en passant*, whilst Grauvogl lays especial stress upon it.

The above tenet of Grauvogl's seems to be quite contradicted by the facts we have observed, viz. that the inhaling of pure oxygenous air materially conduces to cure. Yet this contradiction is only apparent, for, according to his observations, it is not to the superabundance of oxygen in the air, but the diminished opposition of the organism to the influence of oxygen that the disorders in this constitution are due; so that they sometimes appear even in a much higher degree in cases where the reception of oxygen is diminished by the weakness of the respiratory organs.

It is thus very plain that, by inhaling pure oxygenous air, a gradual strengthening of the organs in question, and thereby an energetic and better elaboration of the ingesta is brought about, which also tends to compensate the local defect of nutrition. At least the fact repeatedly observed by us tends to this point, viz. the fact that, in rickety children, the aggravation that sets in in winter disappears again, even without medicine, in summer, when they are much in the open air.

The deficiency of calcareous salts in the affected osseous parts, and the hindrance to their normal growth, cause rickets to be sometimes classed with disorders of nutrition. But on the question of the *mode* of its development the learned are still far from being agreed. Whether the anomalous excretion of the mineral salts (phosphates) by the urine be a cause or effect of the disease, neither Niemeyer nor Virchow declares positively.

To speak further of the different views that have been held on this point would not consist with the purpose of this article, since for us homœopaths all this sort of thing is only of consequence when it bears upon therapeutics.

In our patients it was particularly the bones of the leg and forearm, sometimes in their epiphyses, sometimes in their shafts, the vertebræ, and in one case the ribs at their junction with the sternum (*pectus carinatum*), that were affected. No instance of cranio-tabes was seen. The chronic bronchial catarrh which sometimes attends the disease was strikingly present in one only. The precocious mental development common in such children was not strikingly observable at the dispensary.

In regard to prognosis it was our settled experience that rhachitis *per se* is not a disease of the dangerous class, but at the most can only cause deformities. The few fatal cases were those of children already so worn out with diarrhœa of weeks' standing that they generally died within a few days after their admission. In most instances we succeeded in arresting the progress of the disease and gradually effecting the cure tolerably soon. I think I ought to estimate the result so much the higher, as it was in very few cases possible to carry out the suitable regimen. Unfortunately it was not always in our power to ascertain the complete cure, because the patients, after decided improvement, stayed away.

Of the medicines employed the calcareous salts (*Calc. carb.*, *acet.*, and *phosph.*) took the first rank, although Niemeyer, Alf. Vogel, and others, declare with one accord that they are ineffectual. They ground this assertion on the fact that, as yet, no permanent cure has been effected by them; but they have not more exactly searched into the cause of this failure; they naturally and intelligibly ignore the cures of homœopathy altogether. Had they been acquainted with the laws so excellently and so clearly set forth by Grauvogl, which regulate the nutrition of the human organism, they must have known that, according to the law of specification, each tissue receives, out of the circumambient blood, only those materials which it can

utilise for its nutrition, and that, too, only in a definite and often minute quantity; so that, if more of them be introduced, the system is only embarrassed and its nutrition impeded; and that consequently if, on account of deficiency of calcareous salts, the bones fail of nourishment and growth, and these salts be supplied to them in immoderate quantity and quality, as happens in ordinary treatment, this can have no favorable influence, and at the best can only prove inert.

If it be considered, moreover, that the said salts, in the form in which they are presented to the organism according to the ordinary prescriptions, must first undergo a chemical process in the stomach, and that in the stomachs of rickety children, most of whom are suffering from chronic dyspepsia, before long violent decompositions ensue, with the formation of acid products, especially lactic acid, which last, absorbed into the blood, holds the phosphate of lime in solution and promotes its excretion by the kidneys; then surely there is no wonder if the said practitioners see no good result from the employment of calcareous salts. Yet, apart from this somewhat hypothetical explanation, if we take into account that the bone receives its nutriment as in a healthy condition, it is clear that, when weakened in its vitality by the disease, it can only utilise it in very minute doses and in a refined condition, as presented in the homœopathic preparations. Take also into account that the homœopathic medicines need not pass through the alembic of the stomach but are taken at once into the circulation and conducted to the part affected, and you gain a fresh element for explaining the circumstance that homœopathy effects cures in rhachitis by those salts, whilst they are quite inefficient in the old school.

Calc. carb. stands at the head of the list, and was used mostly in dilution 30, and in frequent doses. It seldom failed, and now and then made a perfect cure single-handed. The indications for its use are sufficiently known.

For *Calc. acet.* the main indication was the above-mentioned profuse watery, slimy fermentation diarrhœa, some-

times containing clots of coagulated milk with sour smell and no pain, during which the children were in the highest degree self-willed.

The results were often quite striking, though it was only given in the 2nd or 3rd dilution morning and evening. These doses preclude all idea of a chemical action such as neutralizing the acid.

From *Calc. phosph.* in dilution 3, which is generally looked upon as a nutritious substance, I have only seen one distinct case of cure. This was in a child three quarters of a year old, where one or two of the family had suffered from rhachitis, and one died of acute hydrocephalus, so that it was hereditary, and, besides the projection of the epiphyses, there was difficult dentition and tedious closing of the fontanelle. Relying on Grauvogl's recommendation in Band ii, s. 314, I took to this remedy and had no cause to repent.

Amelioration set in pretty soon and progressed without interruption, so that in about five months the child was almost cured. I might from this case put down the hereditary tendency, difficult teething, and slow ossification of the cranium as indications for this remedy. Naturally many more observations are needed in order to establish these as indications for its use. At any rate, it deserves more attention than has been hitherto paid it; especially in cases of hereditary tendency to hydrocephalus depending on rhachitic derangements of the nutrition, as Grauvogl's valuable observations show. It would be very desirable to have a thorough proving of the medicine, as the fragmentary one we have gives us too scanty data. Then we could decide whether Schüssler's assertion that the phosphates comprise the whole sphere of action of the metals or alkali in them is founded on fact.

Next to this *par excellence* specific remedy the employment of *Arsen.* appeared needful, where the rhachitis was combined with excessive atrophy and profuse, fetid, ill-coloured diarrhœa, and violent thirst, besides, at times, ill-coloured vomits, threatening to extinguish the already feeble lamp of life. In some cases this sovereign remedy

quickly brought on a favorable turn, though to complete the cure we always had to return to *Calc. carb.*

Of the other remedies *Nux vom.* 30 was used for constipation as an occasional sequela of rhachitis, and in one case *Alumnina* 30 was successfully employed.

Of dietetic auxiliaries, I can recommend *Cod-liver oil* from various and not merely dispensary experience; for as such only can I estimate it, and not as a sole remedy, as A. Vogel contends in his work on infantile diseases. Quite at the outset I think I have seen it do good with appropriate regulation of the diet. Next, I consider pine leaves baths, and fomentations of walnut leaves as helps not to be despised, which are also accessible to the dispensary patient. The main point, however, as an appropriate regimen, is pure fresh air, cleanliness, and nourishing digestible food. That, however, is precisely *the* thing which (amongst the working class with which the dispensary has to do) is the most difficult to render possible; and this too is the main ground of so many failures.

SCROFULOUS AFFECTIONS (ESPECIALLY INFLAMMATION OF THE EYES) FROM THE LEIPZIC DISPENSARY.

By Dr. Clotar Müller.*

Should there possibly still be, amongst those pathologists who follow a one-sided material-anatomical direction, some who do not recognise an idiopathic scrofulous dyscrasia, or without ceremony throw it into the category of tuberculosis; yet I hardly believe that any practical physician who has made not the dead but the living the object of his observations, at any rate any *homœopathic* physician, can shut his eyes against a fact so close to him for daily inspection as the intimate connection of certain inflam-

* *Intern. Hom. Presse,* iv, 5, p. 281.

matory processes on the skin, on the mucous membranes, in the lymphatic glands, the bones, and the joints, and not recognise in all these individual affections one general morbid condition. Although the individual affections comprehended under "scrofulosis" often have no connection whatever, in the strictly pathologico-anatomical sense, yet in running their course, they become so essentially distinct from simple affections of the same organ, and, on the other hand, possess among themselves such concordant peculiarities, that no unprejudiced observer can doubt their specific correlation and their common origin.

Even the most inveterate materialist and localist will no longer be able to see mere local processes in the most ordinary so-called scrofulous affections, where he is daily constrained to see that they hardly ever occur in one place only. but mostly in several places, and on different organs, either simultaneously or in succession after their peculiar fashion, and that they are utterly proof against mere local treatment. If he relies upon the circumstance that the scrofulous dyscrasia has not hitherto been shown to be in the blood, he is forgetting that no more has anything specific been detected in the blood in syphilis, cancer, tuberculosis, or any other dyscrasia, and especially that the very modern doctrine of *Crasis*, as the physiological school has styled it, is a mere hypothesis, a theoretic form of explanation destitute of any palpable proof. In fact, the newer school, which affects to be so consequent, has in this matter fallen into a complete inconsistency, inasmuch as they utterly belie their principle, which permits them to accept of that only which can be noticed by the senses. It is true that it can hardly become us homœopaths to find fault with them on this ground.! It is, however, a further proof that the purely materialistic view, the explanation of the process of life solely on physical and chemical laws, is satisfactory only up to a certain point, *i.e.*, it gives the key to some proximate causes, leaving the ultimate and most important ones untouched, and thus merely pushing the question farther off without any solution whatever. However a man may strive against the ad-

mission of a vital principle, yet he must after all admit one, and however much the expression "vital power" (Lebenskraft) has come into disrepute, I do not hesitate to own that without some such impalpable power, by whatever name we may call it, life with its manifold phenomena is utterly inexplicable and inconceivable. To me the Promethean fire is still a symbol of the highest truth, and by no means an improbable, unmeaning myth.

With just as much right as the physiological school settled their Crasis doctrine without tangible foundation could Hahnemann too establish his much ridiculed Psora theory. Both have a common basis and only part company in their further developments; both agree in the necessity of admitting a common origin for a series of correlated characteristic morbid symptoms, which stand in a manifest causal connection without their pathologico-anatomical relation being explicable in any other way; and though to both as categoric dogmas and no farther a certain probability may be conceded, yet their further development is in great part capricious, and for the present at least, incapable of demonstration, whilst nothing more than more or less powerful grounds of probability or possibilities of explanation render their acceptance plausible, whilst Hahneman decreed itch, syphilis, and sycosis as their special sources, whilst the physiological school declared as typical species typhus, tubercles, cancer, &c. For the reception of either of these views we are at a loss for any direct specific foundation, and equally so for the idea that the dyscrases are blood diseases, *i. e.*, definite derangements or anomalous compositions of the blood. But if we look on Hahnemann's Psora as a whole and disregard its tripartition according to its pretended three sources, it can hardly be denied that it almost entirely agrees with what the modern crasis doctrine understands by scrofulous and tuberculous dyscrasia; whether these two last absolutely coincide, or whether scrofula be only the commencement or perhaps only a modification of tuberculosis remains undecided; it is a pretty certain fact that scrofulous children are for the most part born of tuberculous parents, and very often after puberty if the

scrofulous symptoms disappear they too become tuberculous. According to others, on the contrary, scrofula occurs in families especially where one parent is healthy, the other tuberculous; whereas when both are tuberculous, the children generally perish in early infancy from true tuberculosis. Besides, it is also a fact that syphilis of the parents, whether cured, latent, or uncured at the time of begetting offspring, frequently produces scrofulous children. In short, the premisses are as yet by no means sufficient, and therefore the conclusion is as yet unattained.

Nor is a perfect agreement and assurance afforded by the general symptoms which are said to announce and help us to recognise the so-called scrofulous habit. The symptoms which are mostly indicated as such, feeble muscular system, large head, wide cheek-bones, swollen nose and upper lip and lymphatic glands, enlarged abdomen, early mental development, &c., are but the simple consequences of local morbid affections, and by no means so constant as to decide the diathesis, so that their absence or disappearance should prove that the children in question are not scrofulous at all, or are so no longer. Signs which really depend on certain hereditary anomalies of constitution are but very few. Much sooner would an ascertainable general scrofulous habit be contracted and recognised from Hahnemann's psora symptoms, only that here again the picture would be drawn on too large a scale, and would, more or less, lend itself to many, if not all ailments and chronic diseases.

On the other hand, as to the local processes, these all have, as we said above, such characteristic peculiarities in common (especially a tedious course, frequent relapses, obstinate resistance to exclusively local treatment) that there cannot be a doubt as to their connection and their origin from a common source, and very often the examination of one isolated local affection of this kind, even without any regard to the whole organism, justifies a positive decision as to its scrofulous nature; and in the category of these especially pronounced scrofulous local affections we may at once include inflammation of the eyes.

Here the local processes almost always attack the lids, the meibomian glands, the conjunctiva, and the cornea, in so specific a fashion as to appearance and the course they run, that one would recognise and term them scrofulous, even if no other complications (on the skin, in the lymphatic glands, &c.) existed along with them, and if the general habit exhibits no peculiar morbid diathesis.

Among the patients at the Leïpzic Homœopathic Dispensary there is no lack of scrofula, and in particular also children suffering from this very inflammation of the eyes are very numerous. We have known some who have been for years troubled in this way, and exhibit every sort and every stage of the complaint, for some of which already the most diverse remedial plans had been tried without success. Thus, in 1873, 56 new cases of scrofulous ophthalmia were taken in, besides 21 other cases which were entered as affections of the cornea on account of the special concentration of the disease upon this membrane, and 30 more of blepharitis, which likewise, with very few exceptions, belong to the scrofulous category, so that thus 113 cases of scrofulous eye affections were under treatment, without counting those who remained from previous years. Whether this great number be a specialty of Leipzic I would not venture to decide; it must be noticed, too, that the neighbouring towns and villages send their contingent. No more would I assert positively that this great prevalence of scrofula was the consequence of the external circumstances to which it is commonly attributed, as bad air, unhealthy dwellings, bad food, &c.

At any rate, it is a fact that in countless cases these unfavorable conditions do not cause scrofula, and on the other hand, in the total absence of these external causes, it very often does occur. The main cause of scrofula seems to me always to lie in derivation from dyscrasic parents, *i. e.*, it is hereditary.

It is true that for children who carry the innate seeds of scrofula in themselves those external causes may be of great moment in the further development, and act in aggravation of the disease. Notoriously, in scrofulous ophthalmia, the

local affections are of a very various and complicated nature. Sometimes the lids and meibomian glands are exclusively or mainly affected, sometimes the sclerotic conjunctiva and cornea, sometimes the lachrymal gland with its canal; not infrequently all these at once or in succession. Books also distinguish the irritable and torpid forms. It seems to me quite sufficient here to treat of two forms, into which nearly all others run, viz., blepharitis and conjunctivitis of the eyeball. Of course, also, cases do occur where the lids and the eyeball are simultaneously attacked.

A. *Blepharitis.*

This does not occur so frequently as inflammation of the conjunctiva, and also seldom produces symptoms so serious and so dangerous to the sight. It may, therefore, always be considered more favorable than the second form. On the other hand, in respect of obstinacy and still less amenability to treatment, it is the worse of the two. Also it asserts for itself the first rank in regard to the disfiguration of the face.

I have several times had cases to treat where the everted, deep red, and scabby eyelids rendered the subjects actually a horror to society, and consequently in the highest degree miserable.

In general, the meibomian glands suffer first; several hordeola are formed, which partly proceed to suppuration, partly to induration; the adjacent portion of the lids then begins to swell, and to excoriate from the acridity of the augmented secretion; then entropium sets in, with trichiasis or ectropium; till at last the eyelashes partially or totally perish. With all this photophobia is often absent and generally slight.

As already hinted, the treatment of this form is by no means easy and gratifying. It generally needs great perseverance and patience on the part of the physician, and not unfrequently one has to be content with moderate or half results, as indurated tubercles and inequalities remain in the lids, which also sometimes become again exacerbated.

In cases of entropium and ectropium success is still less frequent.

According to my experience, I must reckon *Graphites* and *Merc. corr.* as the chief remedies; but if the ailment be not long standing and have not yet induced any very troublesome local symptoms; or if, besides the eye, other scrofulous indications be present, as ulceration of the lymphatic glands with suppuration, exanthema, ozæna, otorrhœa, then I generally employ at first a long course of *Sulphur*: when the bones are implicated, *Calcarea* or *Silicea*. By these remedies I sometimes succeed in amelioration of the general dyscrasia, and even of the local affections. To pay all possible attention to the general disorder is always the main problem and task. For, however severe be the local ailment, even when it is of itself very serious as a mere partial and alternating expression of the general disease, one sees very clearly that sometimes the apparently most obstinate eye affections disappear totally in a few days; but that suddenly tinea, otorrhœa, bronchitis, disease of the bone, or some other outbreak of the constitutional scrofulosis makes its appearance. Such occurrences most strikingly teach us how unlikely any mere local treatment with desiccatory salves, poultices, caustic, &c., is to have any radical result.

Naturally, we do not, with this, neglect to recommend all possible attention to the skin, baths, wholesome food, air, and dwellings, only in truth in the case of most dispensary patients all these recommendations remain as things "devoutly to be wished" on grounds that are intelligible but not to be got rid of.

After the *Sulph.* or *Calc.* has worked for two or three weeks, or, in any violent and troublesome affections of the eyes even at the very outset, I take to one or both of the above-named local specifics, and I use *Graphites* mostly when the eyelids present separate granular, stye-like tubercles and suppurating points, with swelling of the lids and profuse discharge of mucus and pus, so that every morning the lids and eyelashes are agglutinated. If the margins present an uninterrupted red and sore surface,

with scabs and ulcers on the lids, and there is either a commencement or threat of entropium or ectropium, then at once I betake myself to *Merc. corr.* Both these I generally use in the 3rd centesimal trituration, enough to cover the point of a penknife morning and evening for two or three weeks. If amendment ensues, as in the majority of cases, I leave off medicine for two or three weeks, and then frequently repeat the same course.

It will easily be conceived that cases also occur where nothing is gained by this treatment, or which are of such a character that I adopt some other medicine from the very first; *e.g.*, when the lids are swollen, painful and erysipelatous, I mostly find *Bell.* successful. In œdematous swelling of the lids, with copious secretion of acrid serum, causing soreness and ulceration of the adjacent portions of the cheek, *Rhus tox.* When large boil-like eruptions are formed near the eyes and especially on the scalp, and generally when there is obvious complication with tinea capitis, *Hepar sulph.* For special affection of the laryngeal gland and duct, with suppuration denoting abscess, *Puls.* For dry redness of the lid-margins with hard tubercles, and destruction of the eyelashes, *Staphisagria.* For dark red eyelids, everted or swollen-like bags, and for puffy red prominence of the conjunctiva like raw flesh, *Apis.*

Externally there is very little to be done. The main point is, that, on awaking, the agglutinated lids be released and cleared of mucus and pus with *warm* water only, which also through the day should be used as often as possible for "dabbing" and suffusion. When the lids burn and itch much in the night and the children rub and scratch till they bleed, I apply fresh beef tallow in very small quantity to the margins and sore places, also when the lashes stick together, so that in opening they are not forcibly torn out, but preserved as much as possible.

B. *Conjunctivitis.*

The processes induced on the conjunctiva by scrofula are various, complicated, and, unfortunately for vision, in many

cases more detrimental than blepharitis. It is comparatively favorable when the inflammation is limited to the sclerotica, and does not involve the cornea. In this case there are found almost regularly on the albuginea, phlyctenæ, flat, yellowish-white pustules as large as a pin's head, and from that to a lentil, which are surrounded by dilated purple vessels in the form of a bundle of strings. After some days these burst and heal sooner or later, whilst the vessels running to them shrink and gradually disappear, so that usually, after this process, the eye seems clear and free again; only that in general, sooner or later, a relapse occurs without any apparent cause; hence the disorder becomes very disagreeable and obstinate.

If the case be recent and the congestion slight, without much burning and pain, *Euphrasia* generally succeeds in soon curing these phlyctenæ; but if the pain and inflammation be serious, it is expedient to begin with a few doses of *Bell.* But if the inflammation returns and other scrofulous symptoms on the skin or in the glands leave no doubt of the constitutional character of the ophthalmia, then I at once employ *Aurum*, a remedy which in 2nd or 3rd centesimal trituration has for years approved itself to me in such cases, only it often has to be continued for weeks.

The affair is not so easy and simple, if, as in the majority of cases, the inflammation extends to the cornea. Either this amounts to no more than a further development of the injection of the albuginea over the cornea, so that, on certain spots or over the whole periphery, vessels extend within the margin (which is the more favorable case), or else ulcers, greater or smaller, are formed on the cornea itself, and these leave little shallow pits, with opacity of the surrounding parts. In favorable cases they may, but always after a long period, get well, and then they leave a spot which looks as if scraped off and a smoky opacity of the seat of the ulcer, and surrounding portion. These spots on the cornea are very slow in disappearing, if they do so at all, but do not, comparatively, much affect the sight. Not infrequently, however, these ulcers go deeper, even to

perforation. Then, either the iris falls forward, is covered with an exudation, and a distorted pupil ensues, whereby the power of vision is in general very tolerably preserved; or the aqueous humour escapes and phthisis oculi sets in. Happily the perforation, as a rule, seldom occurs, and even then it oftener proceeds to prolapsus of the iris. But even without perforation the function of the eye may be more or less injured, or totally destroyed, by the formation of opaque spots and cicatrices of the cornea, staphyloma, &c. Add to this that, even irrespective of such an unfavorable issue, the children are afflicted with violent pains and extremely tormenting photophobia, and consequently fall away in their condition and development.

This photophopia (which is by most authors called only blepharospasmus) is one of the most troublesome and obstinate symptoms of the whole disease, and one which, unhappily, is hardly ever entirely absent. Moreover, it does not occur in direct proportion to the material alteration of the cornea, but is often violent in the extreme, whilst that organ is slightly or not at all affected. It is, however, always attended with copious lachrymation, which again in many cases produces a moist eruption on the neighbouring cheek. At the same time this sensitiveness to light makes the examination of the eye very difficult—nay, often impossible, since it is at times perilous and downright injurious to open the eyelids forcibly. From all these agonising and urgent sufferings the photophobia is, in very many instances, the symptom against which the first attack must be made. According to my experience, *Bell.* is always the main remedy. Even where *Atropin* has been freely dropped in previously, yet I not unfrequently see good results from *Bell.* in the 3rd or 2nd centesimal dilution, three drops three or four times daily. If it prove unavailing, I generally give *Acon.* in lower dilutions, and always succeed better than with *Conium* and *Jacea*, both which are strongly recommended. Externally I know of nothing to employ, only I strongly forbid the favourite binding of the eye with a cloth, and in preference only suspend a simple eye-shade from the forehead, or a

shade of green paper, and keep the children in a moderately bright room as the best situation.

If the photophobia and the violent pain is somewhat abated, or if originally only moderate, I employ the remedy which, according to my experience, exhibits, *par excellence,* a very decided effect on the cornea, and succeeds in curing its inflammatory ulcerations and opacity more than any other medicine, viz. *Merc. sol.* Very often have I observed a striking result from it, and I therefore do not hesitate to ascribe to it a really specific action. Only one must not expect it in a few days, but go on giving the medicine for two or three weeks, and at times desist, and give a few doses of *Sulph.* in the interim, if the amendment either does not commence or receives a check; I have also found it effectual in the third trituration, as well as in the 30th dilution, only making this distinction, that in acute attacks, especially when the deep ulcers threaten perforation, I prefer No. 3 in frequent doses; whilst in chronic cases of opacity, spots and cicatrices remaining after the ulceration, I use the 30th dilution, and at longer intervals. I have hitherto found no reason to give up this method after many trials with other remedies, though I must admit that, not very seldom, cases have occurred where *Merc.* refuses its aid; but then all other remedies, as *Apis, Hepar, Colch.,* &c., equally fail, as a rule. On all occasions where the inflammation on the cornea is already advanced to ulceration, I use *Merc.* without hesitation; whilst, if the injection merely passes from the albuginea to the cornea, I confine myself to *Aurum.*

As for the spots, cicatrices, adhesions of the iris, &c., remaining after the inflammation has subsided, which more or less hinder the sight, the *Merc.* here often enough proves inefficient, or at least only a partial remedy; nay, occasionally the sight is entirely lost, and neither *Merc.* nor *Cannabis, Calc., Conium,* nor *Apis* can restore the transparency to the cornea when thereby degenerated. In general, during the treatment of a scrofulous ophthalmia, one finds it necessary to use other medicines than those here indicated, eapecially when the intercurrent eruptions

or affections of the glands, ears, and nose become aggravated, and occasionally constitute the most important part of the cases. External treatment in the case of conjunctivitis and keratitis is of no essential consequence. *Cold* water and *cold* poultices here, too, do more harm than good on the whole. Dabbing and suffusion with *warm* water, employed every one, two, or three hours, in case of pain or increased secretion, produce amelioration and benefit, and, according to my experience, amply supply the place of all your "salves," "eye-waters," and "drops." In conclusion, I will give the result which has been attained in the last year (1873) with the cases treated in the dispensary, remarking expressly, however, that, on account of the unavoidable staying away of many patients, a fair conclusion as to the success of the treatment cannot be drawn. Out of 36 cases of blepharitis; 7 cured, 6 improved, 9 came but once, 11 stayed away, 2 still remained under treatment, 1 had recourse to other treatment.

Fifty-six of conjunctivitis and keratitis: 14 cured, 9 improved, 9 came but once, 11 stayed away, 12 remained under treatment, 1 had recourse to other treatment.

Twenty-one of spots and cicatrices on the cornea: 7 cured, 5 improved, 5 came but once, 3 stayed away, 1 remained under treatment.

I might take this opportunity of mentioning a peculiar scrofulous affection which comes for treatment to this dispensary very often, of which I remember nowhere to have read any special notice. It is an arthrocace or fungus-like process on the second joint of one or more of the fingers, which I might best indicate by the old-fashioned phrase "tumor albus," only it is distinguished from "white swelling" of the knee in that its course is still far more chronic, and in general quite painless; also its termination is generally more successful. If the ailment be recent, one sees nothing more than a firm swelling, neither red nor painful, which does not even much hinder the bending of the joint. Gradually this very limited tumour reddens a little, the skin becomes tight and shining, and the movement is more impeded. In this state it may remain for months, and

then, in slight cases, abate very slowly, down to a slight prominence and stiffness, which is always permanent. In bad cases abscesses ensue, which are tedious in opening and form fistulæ into the very joint; in the further progress the bone becomes involved and grows carious. Upon the whole, the latter case is the rarer. Painlessness and tediousness are the two characteristics of this ailment, and even in cases which take a favorable course I have not succeeded in materially shortening the course by any medicine. I cannot in general say that the remedies hitherto in use (*Calc.*, *Silic.*, *Merc.*, *Sulph.*, *Asa.*, &c.) have shown any perceptible curative power. The disorder just ran its leisurely course, now favorable, now unfavorable. *Phosphor.* and *Acid phos.*, however, seemed most beneficial. The homœopathic remedies show themselves to greater advantage in affections of the lymphatic glands, which often come before us at the dispensary; *e.g.*, last year 57 new cases, of which 14 were perfectly cured, 7 essentially relieved, 11 remained under treatment, and the rest stayed away, without any result becoming known. It was generally glands of the neck which were swollen, indurated, or suppurating, far seldomer axillary or inguinal glands. In the case of hard, painless swelling, either total or considerable dispersion was often effected by *Sulph.* and *Calc. carb.*; where these failed *Baryta* sometimes succeeded; but if suppuration took place, and those characteristic ulcers formed with callous, puffy edges and steatomous ground, then *Merc.* and *Silicea* are the chief remedies. But in truth, the cleansing and ultimate healing of these ulcers was generally very tedious, followed by disfiguring cicatrization.

For ozæna *Merc.*, *Aurum*, *Sulph.*, and *Silicea* are used generally with good result. This disease also comes pretty often to the dispensary; *e.g.*, last year 19 cases, of which 9 were cured, 3 relieved, 7 still under treatment. The majority of these were limited to affection of the mucous membrane, with exanthema and swelling of the nose and upper lip, whilst actual periostitis or caries occurred comparatively seldom. On the other hand, pretty many old and neglected cases of otorrhœa and inflammation of the ear,

with affection of the bones of the meatus and of the petrous portion. Here the result is (naturally) in but few cases relatively favorable, as, too often, a considerable or even total destruction of the hearing cannot be prevented.

In ozæna, as well as otorrhœa, no other external remedy was in use but injections and sniffing up of tepid water. Just as little satisfactory is the treatment of scrofulous disease of the bones, periostitis, and joints. The medicines employed—*Sil.*, *Merc.*, *Ac. phos.*, *Calc.*, *Iodine*, *Asa.*, *Gelsem.*, &c.—had but seldom a decided visible effect, whilst the want of all appropriate external practices, by bathing, compresses, &c., will bear the chief blame.

HARLEY'S ÆTHUSA CYNAPIUM.*

By Alfred E. Hawkes.

If we homœopaths have often had to complain that our therapeutical treasury has been ransacked, and many of its valuable contents made use of, by those who profess to differ from us, without any acknowledgment on their part, we have not unfrequently had to confess to being placed under obligation by the labours of our opponents, and perhaps few physicians of the old school deserve our thanks more than Dr. John Harley.

He has added not a little to our knowledge of the action of drugs on the system in a state of health, and while we cannot agree with him in the use he makes of such knowledge, we do not feel that that should debar us from expressing our indebtedness to him.

The latest discovery of his that has come to our knowledge is the rather startling one that the Æthusa cynapium, which has been looked upon as a deadly poison 300 years or more, is a harmless herb.

* *Guy's Hospital Reports*, 1874.

Under the impression that a plant which had been credited with such baneful effects must of necessity possess many medicinal virtues Dr. Harley set to work determined if possible to find these out, and make them known to the profession.

What success he met with the sequel will show.

After quoting several authorities, such as Dalechamps, who spoke of the æthusa as poisonous and hurtful; Linnæus, who gave it its name (from αιθυσσω, to kindle), indicative of its burning character, Haller, who had known anxiety, hiccough, even three months' delirium, stupor, convulsions, and death follow its administration, Dr. Harley goes on to examine critically the most important of the recorded cases of poisoning with which the drug has been associated.

Instead of giving an account of the cases Dr. Harley has mentioned in his paper we have placed all the symptoms that occur in them, said to be due to the æthusa, in the order which has been thought most convenient for reference.

These symptoms are shown by Dr. Harley to have been due either to other plants, or to some form of disease; he is not able to admit that æthusa caused any of them.

It would be a work of supererogation to point out in detail which symptoms Dr. Harley refers to *Aconite, Conium,* or *Strychnine.* Let it suffice for us to say that either some other drug than æthusa or some disease such as erysipelas, enteric fever, pleuropneumonia, or phthisis was the cause of all the symptoms mentioned below.

We therefore think that our homœopathic confrères will act wisely if they strike out of their materia medica these symptoms.

It may be here stated that all the symptoms in Hempel's materia medica are taken from reports of cases which Dr. Harley condemns as affording no evidence of poisoning by Æthusa cynapium.

The following are taken from the reports of sixteen cases of reputed poisoning by æthusa.

Head and sensorium. — Headache and stupefaction;

vertigo; faintness; confusion; unconsciousness; frontal pain; coma.

Moral symptoms.—Utters agonising cries; delirium, holds extravagant propositions; sees numbers of dogs and cats; confusion of speech; alarm, restlessness.

Eyes.—Heaviness of; motionless, glazed, injected; pupils tolerably sensitive to light; dilated pupils; eyes fixed and vacant; pupils widely dilated and insensible; double vision; pain in the eyes; eyes are bloodshot.

Ears.—Ringing in the ears.

Face.—Speckled, red, and swollen; flushed, changeable, collapsed; pallor of face; patchy, cellular inflammation of face; erysipelas.

Mouth.—Sense of pungent heat in the mouth; moist tongue.

Throat.—Pungent heat of throat; dysphagia; dryness of fauces.

Appetite, taste, &c.—Anorexia, thirst; bitter taste in mouth.

Stomach &c.—Severe pain over stomach; nausea; vomiting, cramps in the stomach; pungent heat in stomach; vomiting of greenish matter; moving pains in pit of stomach and œsophagus; swelling and sensitiveness in hepatic region; vomiting of frothy, milk-white matter; chronic gastritis.

Abdomen.—Colicky pains in abdomen ten minutes after taking the substance; abdomen swollen and sensitive.

Stools, &c.—Diarrhœa; painful purging; obstinate blood-stained mucous purging.

Chest, respiration, &c.—Respiration difficult and short; anxious breathing; pain in left side of chest; breast pain.

Extremities.—Coldness; muscular weakness; torpor of the limbs; numbness and tremor of lower extremities; trembling of the limbs; spasmodic convulsions of arms; limbs feel numb and heavy; violet spots on thigh.

Sleep.—Somnolency, interrupted by frequent startings and excessive agitation.

Fever.—Small weak pulse; imperceptible pulse; feverishness; pulse full and quick; pulse quick, small, hardish,

irregular; great heat of body, with quick pulse; cold sweats; intermittent pulse.

General.—Whole body swollen and livid; languor; spasms and convulsions; tremors; lethargy; cannot maintain erect posture; prostration; fatal convulsions; exhaustion; epileptic convulsions in a child; extreme emaciation; jaws spasmodically fixed; trismus.

Post-mortem appearances—Early stiffness and coldness; Abdomen swollen and purple; large ecchymoses upon the whole of the body; blackish fluid in stomach; stomach reddish externally, containing in one case some milk and root fibres; one stomach contained yellow mucus only; patch of congestion, and red spots in stomach; inflammation of stomach and peritoneum; suppuration of internal membrane of stomach; mouth black; redness of lining membrane of gullet and windpipe; whole of small intestine finely injected; sloughing spots upon several points of the small intestine, and scirrhous masses in the mesentery; inflammation of intestines; abdominal viscera stained with bright yellow spots; spleen livid; liver and spleen much engorged; liver hard and yellow; plethora of heart and lungs; right heart gorged with black fluid blood; brain, meninges, and sinuses congested with black blood.

Having thus disposed of the reported cases of poisoning, Dr. Harley proceeded to show by a series of carefully conducted experiments the inability of fool's parsley to give rise to any symptoms even when given in large doses.

He obtained by means of immense pressure the juice from the entire plant, "including the small woody tapering roots and the fruit just forming." The crude juice was thick, turbid, of a dingy green colour, its sp. gr. being 1070. It had the faint, not unpleasant odour of the bruised plant.

The turbid juice was mixed with rectified spirit in the proportion of three volumes of the former to one of the latter, no separation of the solid matter taking place, and in this form the mixture was given to the patients.

It is important to note that potash failed to elicit the faintest odour of *Conia*. With this preparation Dr. Harley made eight observations, giving it in doses ranging from

ʒiiiss, to ʒvij; no effects being appreciable either to himself or the patient, he administered ℥ij of the thick juice, but this failed also to have any effect.

Dr. Harley then had a tincture prepared from the nearly ripe fruit which he gathered himself: "one part by weight of the fruit furnished four parts by measure of the tincture." This he took himself and administered to others in doses varying from ʒss to ʒvj.

A tincture from the ripe fruit was next made, "but the menstruum was S. V. R. two parts, water one part, acidulated with one fortieth part of *Sulphuric acid.*"

No effects were produced by administering ℥ij, of this tincture; negative results followed the administration of ʒij of an extract and ten grs. of the oleo-resin. The largest dose of the juice given was four ounces of the spirituous mixture, equivalent to three ounces of the fresh juice, and to six ounces of the fresh herb, a quantity greater, Dr. Harley believes, than was taken or assumed to have been taken in any one of the above-quoted cases of poisoning. Dr. Harley concludes by saying that "he is unable to attribute any therapeutical influence to the plant," but considers that "his labours will not be without their reward if he has established what he is himself convinced of, viz., that Æthusa cynapium is a harmless plant."

[We have expunged the above symptoms from our symptomatology of æthusa, and recommend all practitioners to do the like. But it by no means follows that the plant is inert and destitute of medicinal power because Dr. Harley did not observe any very marked absolute symptom from a few trials to test its alleged poisonous properties.—Eds.]

NOTES AND THOUGHTS DURING A HOLIDAY RAMBLE AMONG SOME OF THE TOWNS AND HEALTH RESORTS OF NORMANDY AND BRITTANY.

By Vernon Bell, M.D.

After much heroic bustle, as usual up to the last moment, we descended to Folkestone, and took ship for France. To expatiate on the indignities to which one third, as is alleged, of the human family is exposed from that common enemy *le mal de mer* is not an agreeable topic, and therefore we forbear to recal humiliating memories of a personal character.

In due course of time we disembarked at Boulogne, where for many years it has been our occasional wonder that the landing facilities should remain in such a primitive condition. This is all the more extraordinary, as the civic patronage of the Virgin Mary, whom Louis XI created Countess of Boulogne, has ever since rendered the town enterprising and illustrious, in the estimation of its French inhabitants.

Diverging from the Paris route at Amiens, we soon entered Normandy. The contrast between its picturesque English-looking landscapes and those of the flat and hedgeless scenery of Northern France, generally arrests the attention; indeed, from the fresh complexion, blue eye, oval face, and frank expression of the Normandy peasant, the traveller, but for the ugly blouse, might believe himself to be in England. If acquainted with osteology, he would probably consider the relative proportions between the widths across the shoulders and pelves of the males, more English and normal too, than in many other parts of France.

Within three or four hours of leaving Amiens our train made a sweeping descent into Rouen, and deposited us in that venerable Gothic town. On taking our first leisurely view of this ancient city, the animated scene on quay and river reminded us of Buda-Pesth in Hungary,

though, unlike that capital, the adjacent heights are on the hithermost side of the stream, and the river itself runs in a direction opposite to that of the Danube. As we stood on the old bridge which spans the Seine, we beheld a species of cottonopolis on the one side and a fringe of handsome modern buildings on the other. It was only after diving behind the latter, that we found ourselves in the midst of the civil and ecclesiastical architecture of the middle ages, and could mentally reproduce the scene of the heroic sufferings of "that missioned maid," whose cruel fate sealed the expulsion of permanent English armies from French soil, and added fresh lustre to the crown of France, though at that time worn by a man of infamous memory. While thinking of this, and standing in the *Place de la Pucelle*, we felt that the dirty locality would be deprived of much of its interest, if we believed with many influential French antiquaries that Joan was never burnt at all, but married and spent a long and happy life in the midst of her numerous family. We were disposed rather to sympathise with the *pious efforts* of Bishop Dupanloup, in his recent endeavours to obtain a place for her in the calendar of papal saints.

After all we had heard of Rouen Cathedral, we were thoroughly disappointed with it. To our eye it appeared a mass of profuse elaboration, not to be compared with York Minster in that grandeur which is produced by the most exquisite proportion, united to vast magnitude. We far prefer the church of St. Ouen, and notwithstanding the sentence of the great art-critic Ruskin, that its lantern tower is "one of the worst pieces of Gothic in Europe," we considered its flowing lines and the whole architecture of the church, both outside and in, as perfectly harmonious and beautiful.

Rouen, is said to be a healthy city, especially in the autumn. Its rainfall is never excessive, and its drainage, owing to the sloping character of the ground, is generally good. The historic associations of Rouen are more abundant than those of almost any other provincial town in France; and in its *industrial* history an event occurred at

the beginning of the 17th century which reflects great credit on its rulers. They encouraged the renowned though ill-fated inventor of the stocking-frame, when our Elizabeth, with a want of sagacity unusual in her, treated him and his wonderful machine with indifference, and even hostility.

Hotels and lodgings are plentiful in Rouen, and its markets are well supplied; so that some English invalids might profitably and pleasantly spend a few weeks here. The noise from the execrably paved streets, however, must always be a serious annoyance to people in feeble health. Even William the Conqueror, when he came here to die, was so distracted by the din that he gave orders to have himself conveyed some distance out of the city; and we suspect the municipal arrangements of the Rouennais have not "improved for the better," in our day. At all events sufferers from tic and neuralgias generally would be ill advised if they made a prolonged stay at Rouen. But hypochondriacs of ecclesiastical and feudal sympathies might meet with much to sweeten life here. If they could be roused to a genuine study of many of the noble objects around, the habit of introspection, instead of always contemplating the palling distortion within, might be inverted, and become a serene sympathy with bygone and present external forces, till the consciousness, so rapturously transformed, would prove the seed of a new life. Thoughts of the achievments of others would be an ecstasy, and eating and drinking even, might become a gladness. There is no lack of mediæval material for mental recreation; and for the body, modern Rouen has provided something very reviving and æsthetic in its roast mutton and celebrated apple jelly!

The route from Rouen to Fécamp presents no special attraction, for the country is flat and fertile until the coast is neared. The town of Fécamp is ancient and, except in the summer, inanimate. It lies in a shallow valley, and, like the greater part of French littoral towns, the houses run sprawling backwards in long narrow streets away from the sea. The fear of predatory incursions from that quarter in bygone times, and the instinctive dislike of the

modern Frenchman for cold gusty breezes, may have originated and perpetuated a practice, the opposite of that which obtains among our English coast towns and villages, which boldly face the water and extend themselves along the shore. To students in physics Fécamp must always be inviting, since it was here that the great naturalist Cuvier, while tutor in a family, began, without the aid of a single book, those marine studies which prepared the way for the complete revolution in the classification of the animal kingdom.

The topography of Fécamp partly resembles that of Whitby, and partly that of Dover. Its bay is wide and semicircular, and on each side of the valley the coast is bold and rocky. The atmosphere is at all times charged with saline material, and westerly winds drive the waters of the channel with considerable force against the shingly beach. The effect of this upon the bathers is occasionally amusing. A portion of the shore opposite the casino, hotel, and warm baths is divided into three parts; the south is reserved for ladies, the north for gentlemen, and the middle is allotted for men and women who desire to avail themselves "d'une liberté toujours convenable" and bathe together. A heavy swell sometimes carries the whole squad off their feet and tumbles them, head-over-heels, up on the shingle, where, with lively exclamations, shouting and laughter, they rearrange their bathing costumes and venture in again.

At Fécamp, as at Étretat, the cold and shock of the waves are more felt than at Trouville, Deauville, or Villers-sur-mer. As a rule, wherever the rocks are calcareous along the coast of Normandy, the beach is shingly, the tides rise rapidly to considerable heights, and the water is deep and often rough; consequently the group of bathing places represented by Fécamp or Étretat is not so well fitted for children, and feeble etiolated adults, as shores with sloping heated sands, over which the water grows warm as it slowly flows and ebbs.

Where bathing cannot be prescribed and ought not to be permitted, as in instances of ill-conditioned plethora with full pulse, considerable muscular strength, and animal

and intellectual functions torpid through a saturating scrofula, Fécamp and its congeners might answer well.

If the doctor considered it unadvisable to send such cases to a region as mildly stimulating as the South Coast of England, and yet was anxious to find a sea-side locality which would aid in improving the blood, strengthening the solids, and cajoling the patient out of self-indulgence into self-exertion, without much accelerating the circulation or rousing any latent mischief, we believe he might select such places as Dieppe, Fécamp, Étretat.

To England-bred constitutions, the salt laden breezes of the Atlantic, on the shores of Normandy and Brittany, are relaxing, yet "alterative." They reduce but recreate, and this is just the very melioration required by the constitutions to which we have referred.

At Fécamp there are few lodgings facing the shore, except those in the principal hotel, and in the adjacent villas, which belong to the establishment. Apartments are to be found for all classes, in the two or three story houses which compose the long streets; but many English people who have objections to small rooms might not consider them "comfortable." The marine enjoyments of a Frenchman differ somewhat from those of an Englishman; the latter loves his music and his promenade, but his highest accomplishments are exhibited in the surroundings of his home; on the other hand, the less said and seen about a Frenchman's *logement* the better. It is chiefly out of doors that he sparkles as a star of the first magnitude. He is unapproachable at the casino, or in his fantastic morning dress, and when seated on a horse or donkey, with his lower extremities encased in Hessian boots, and his calvaria adorned with a red or blue *beret*, he is simply an object to envy.

A drive of an hour and a half brought us to Étretat, another popular French watering-place, which has sprung into existence within a quarter of a century. Here, as at Fécamp, the principal hotels are inadequate to meet the necessities of the visitors in July and August, and when the weather is propitious, it is difficult to procure accommoda-

tion of any kind. Artists and *gens de lettres*, form so considerable a proportion of those who visit Étretat, that there can be no difficulty in imagining the sort of colouring that may prevail, according as hopes of comfortable quarters, have been fulfilled or cast to the ground. Everything at Étretat is dear, and the shopkeepers have the reputation of being very assiduous in pushing business. A French author narrates that a gentleman, being in danger one day from a vehicle driven furiously along a narrow street, took refuge in a tailor's shop. After the customary interchange of civilities, the tailor proceeded forthwith to measure him for a pair of trousers. On expressing some mild surprise at such unusual attentions, he was met with the prompt reply, "Mais Monsieur, que voulez-vous, c'est la saison"! The impressive character of the tailor's proceedings, and the perennial visits of figure and marine painters, received some explanation, as we sauntered among the boats and bathing cabins along the shingle. There were hundreds of bathers of both sexes and of various ages, and excepting a piece of striped material called a *caleçon* to incase the pelvis, the male portion of them were naked as they were born. A large sheet or variegated dressing-gown is considered *de rigueur* by a few, in which to wrap the form while walking to and from the bathing-huts, but most of the young Apollos, if they use one at all, throw it carelessly over the arm, and mingle with ladies and gentlemen in the narrow lane, which is made by two rows of wooden boxes placed at the top of the beach. Machines cannot well be dragged over the shingle to and from the sea, and if they were allowed to remain permanently in the water, a sudden swell on this treacherous shore, might carry them off, and grind them to pieces before the morning. As the young and old issue from their huts, and walk along the boarded paths, or hobble over the pebbles, painters from the nude, have endless models, free of cost, from which to make their drawings. Here the young athlete, who has draped his sheet to catch the wind, which sends it in graceful flowing folds from his shoulders; and there the tallowy-looking Parisian, who covers himself to his heels, apparently to conceal his nakedness, but

in reality, to hide his ugly big omentum. The female portion, which plays its part in this semi-pagan scene, is dressed in fantastic costume, but still it is dressed, and freely consorts in and out of the water with the more uncovered male portion. We have seen at Hâvre, young men and maidens thus attired for bathing, reproducing old Greek races along the sands; anon, joining hands in a large circle, and dancing among the shallows of an ebbing tide; then finally, when exposure to water and wind, had probably induced internal engorgements and a general feeling of excitement, the male youth, still unclothed, proceeding to counteract these effects on the cross bar, and other appliances of the gymnasium, in presence of men and women collected in the department common to both. Without any fear of being suspected of prudery, we say emphatically, that it must be the earnest hope and desire of every continent English mind, that the moral sense of our island, may never permit the introduction of Gallic bathing customs to our shores.

The beach of Étretat is situated in the arc of a circle, terminated at each extreme by two singularly pointed rocks, which, in the lower part, have been worn into wide openings or gateways, by the incessant attrition of the waves. In roughness, the beach resembles that of Westward-ho in Cornwall, and is quite as notable for its sunsets and seas.

This arc, which is a species of amphitheatre, runs backwards up two united valleys, and contains the modern houses and elegant suburban villas, of which the town is composed.

The cliffs belong to the same formation as those on the opposite English shore, but are more friable. One piece of chalk, however, has resisted its immemorial washing, and though now above three quarters of a mile from the present water-mark, still shoots up from the waves, a colossal monolith, 250 feet high.

About the middle of the beach stands the commodious casino, composed of a long terrace; cabins for bathers, ball and concert room, library, a saloon for play, a *café* with billiards, a restaurant and a closed gallery for promenading on rainy days. We were struck with the droll old mackerel

and herring boats, dotted about, high on the beach. They are roofed over with boards, tarpaulin, or thatch, and have invariably an entrance through the stern or by a door in the side. They serve the fishermen as storehouses, and occasionally a bachelor makes one his dwelling. Dickens in writing 'David Copperfield' must have had similar structures in his mind, when he delineated Peggotty's home. These picturesque old hulks, with the ordinary boats, bathing-huts, and crowds of bathers and onlookers, afford a *coup d'œil* which is only to be seen at Étretat.

The drive from Étretat to Hâvre* (*i. e.* "harbour" of Paris) is over a pleasing undulating country, and at the end the road dips with a sharp descent into the town. It is the particular feature of surrounding heights which gives Hâvre a grace seldom seen in other seaports. On one side, the eye catches a forest of masts; on the other, it sweeps up long vistas of handsome streets, to a green sloping back ground, dotted over with white glistening dwellings, embosomed in trees. Behind, lies the deep broad estuary, freighted with craft of every nation, and, away beyond, the arc of blending sea and sky, which evokes our eager yearning after the Infinite and, like it, recedes before our advancing grasp, yet ever remains in view. During our five days' stay in August we had splendid weather, but were conscious that Hâvre was *not* bracing, though all the while a delicious half-gale was blowing from the west-south-west. Frascati's, close to the north jetty, is admirably situated. It combines hydropathy, sea-bathing, and hotel accommodation in per-

* The people of Hâvre aver, that the commerce of France—of the channel towns in particular—is being gradually but surely destroyed by the great increase of taxation, and the "protectionist" policy of the Government. Statistics unquestionably prove, that the trade of this city has been rapidly declining since the German war. Hâvre is no longer the gateway, through which flows all the raw material, used in the cotton industry of the country, for that now passes, 10 per cent. cheaper, over the Belgian railways *viâ* Antwerp; and Hâvre, from being one of the most prosperous seaports of France, is slowly decaying. It is possible, that true French patriots may not consider this state of things an unmitigated affliction, if it retard another horrible conflict like the last. Peace with poverty may be a greater blessing than wealth with war.

fection. The steamers from Southampton are swift and comfortable, and Frascati supplies newspapers, magazines, and various kinds of amusement.

A small steamer conveyed us from Hâvre, across the ten mile frith to Trouville. This ultra-fashionable resort differs from Fécamp and Étretat, in having wide sands instead of rough shingle—an important advantage for bathers. It is situated vis-à-vis to Hâvre, and is readily accessible from England, in nine or ten hours, *viâ* Southampton and Hâvre. Steamers sail from Littlehampton to Honfleur, a port about nine miles distant from Trouville, but if reports are true they are not well adapted for passenger traffic. More circuitous routes by railway, *viâ* Rouen or Paris are of course available.

The town of Trouville, originally a superior village, trading in fish, and celebrated for its oysters, stands on the Touques, where that stream falls into the estuary of the Seine. As its reputation grew, villas, casinos, lodging-houses, chalets, *et hoc genus omne*, sprung up along the sandy shore, and towards the end of this row some speculators have built and equipped a first-rate hotel—*l'Hôtel des Roches-Noires*—containing three hundred rooms. Nine or ten francs a day, for a small and indifferent bedroom, and as many more for two substantial meals without wine, are considered just, indeed moderate, prices, in the season, which extends from the middle of June to the middle of October. Behind the town, its wooded heights are covered with country houses and charming grounds, which afford exquisite views over the firth.

On the opposite side of the Touques, an ambitious attempt has been made, to establish a rival to Trouville. The place is called Deauville, but in reality it forms only one town with its neighbour over the bridge.

By the aid of the late Duc de Morny, the Deauville land society has converted, within four years, a dreary waste of sand-hills into a huge collection of pavilions, kiosques, churches, immense hotels, palatial, though in numerous instances unoccupied, villas, a bath establishment, a casino, even a hippodrome, and, last of all, the pristine gratitude of the inhabitants appears to have welled over in the intention

of a statue to honour their late patron. But whether the collapse of the scheme to create a magnificent and successful town in a day, the death of the Duke, or the overthrow of the empire which promoted his fortunes, be the cause, it is certain that the gratitude of the Deauvillais has not effloresced into the original design. The neat granite pedestal is there, but the gilt-stopping of its inscription—

AU
DUC DE MORNY
LA
VILLE DE DEAUVILLE

—is falling out, and there is no statue. When gratitude has recourse to reasoning and finance, it provides itself with wings to flee away.

If we are not mistaken, however, Deauville has a bathing future before it, and probably Trouville, in a few years, may occupy but a subsidiary place. The former has many advantages over the latter; it is free from horrid smells and has a fine esplanade of three miles in length, with firm extensive sands in front.

For the present Trouville is the fashionable summer rendezvous of Parisians and like-minded hosts from other quarters, who visit it to assist in Parisian "life" by the sea. It is emphatically the resort of city *malades qui se portent bien.*

A broad plank road laid along the sands serves as a promenade, having on one side bathing-huts and on the other kiosques, &c., for the sale of showy bijouterie and other cheap wares. Along this pathway sails, throughout the day, the overdressed riff-raff of plutocratic life, while its ears are regaled by the music of an excellent orchestra; by the noisy chaffering of bath attendants, and by other ministers and familiars of its would-be fashionable round. The night falls, and the whole shore is resplendent with refreshment, billiard, ball and concert rooms, which supply atmospheric conditions the reverse of those the invalid may have enjoyed throughout the day.

On this shore of marine incongruities the "faculty" is represented in the person of "M. B...d, Médecin de l'établissement des Bains de Mer de Trouville-s.-mer." There are other "Médecins Consultants" occupying boxes of still smaller dimensions, and as we strolled along the wooden way we experienced a sense of curiosity as to the manner in which these gentlemen conducted their *clientèle* on a cold drizzling morning, with the tide coming up and impatient patients waiting around the door to obtain their doctor's fiat, for in the construction of these consulting huts the possibility of *two* rooms had evidently never been contemplated.

As, one day, we wandered on through the gaudiest and noisiest part of this alley, we suddenly came upon a rough lean-to standing against the sea-wall, and covered with conspicuous yellow placards announcing in English, that "Old England is at Trouville." Before we could surmise what portion of "Old England" could be represented in this odoriferous shanty, its deal door was thrown open, and a very horsey-looking Anglo-Saxon issued forth leading a stout cob. We ceased to perfect our knowledge of this countryman in a foreign land.

The division here, for the bathers, is similar to that at Fécamp. The women go to the left, the men to the right, and the centre section is allotted to the two sexes who wish to bathe together. "The administration" has taken care, since the accident fourteen years ago, when three persons sank in a quicksand and were drowned, that the portion allotted for bathers shall be on the firm sand only, and that the bathing regulations shall be enforced with special attention. The shore at Trouville has a gentle inclination to the sea, and, in this, compares favorably with the shingly shores of Fécamp, Étretat, and St. Valery-en-Caux. Healthy people can of course frequent *any* sea-side place—pebbly and confined, sandy and open, relaxing or the reverse; but when advising for invalids and children, the configuration of the coast, with its topographical and meteorological peculiarities, ought to be known and thoroughly weighed.

We do not consider Trouville well adapted, socially, for

cases of excitement. The atmosphere of its balls and soirées, and its dissolute ways, are the reverse of soothing, and when the young and very old are allowed to "assist," they almost always suffer from nervous tension and its rebound. If we deemed it wise to send patients with obscure congestions of head, heart, or chest, to the drier yet less stimulating localities of Western France, in preference to the moister and colder but, somewhat keener air of our own shores, we should certainly not select Trouville. Its sands appeared to us well fitted for rickety and scrofulous children, if they could be kept out of its forcing-house atmosphere of dissipation; and for adults who, having low reactive power, are unable to resist the abstraction of warmth induced by bleaker and more exposed situations. Cases of passive or venous congestion are not likely to thrive at Trouville.

But at Deauville, on the other side of the Touques, the quiet is greater; the alternating land and sea winds are less impeded by heights behind, and life generally is not so "fast;" so that weak nervous invalids would be in the midst of conditions altogether more favorable than those at Trouville; and as they improved and could bear more stimulation, such as it is, they might cross thither.

Honfleur, about eight or nine miles farther eastward, is a place where no invalid ought to remain. The old seaport and its surroundings are picturesque, but owing to the situation at the mouth of the Seine, the sands are coated with a mixture of dock filth and the alluvial mud always deposited by a large river. The sea recedes a considerable distance from the shore, and, at low tide, much of the town sewage meanders over the muddy expanse, so that it is not difficult to imagine the nature of the superambient atmosphere under a summer sun. With the wind slightly landward a heavy offensive odour is often perceived.

In addition to these disqualifications as a health resort, the sea water at Honfleur must, to some extent at least, be diluted by the Seine, and we could not help surmising that so large a mass of river water, augmented too by that of its tributary the Touques, must affect the density of the Trouville tides also, if indeed, owing to the relative lightness

of fresh water, it does not continually ride in on their surface. But these conjectures concerning the density of the Trouville waters may be easily confirmed or confuted by any resident member of our profession, who stills retains the elevating faith that his vocation is a science and not a trade, and who does not make himself wholly subservient to the freaks and follies of the animate theatrical walking costumes and eccentric bathing toilettes, that have their being around him in this most distinguished of French marine resorts.

For ourselves, not anything less important than a *sederunt* of the Homœopathic Congress, or of the British or Social Science Associations would have induced us to extend our stay in this place another day! We whisked out of its railway station with a sense of relief, feeling that Louis Philippe in 1848, and the Empress Eugénie in 1870, could not have quitted it with greater alacrity.

About four miles from Trouville, a quiet watering-place called Villers-sur-mer is often visited by those who seek the sea for recuperation and health. It stands near the middle of a rocky reef which girds a considerable section of this coast.

We drove thither for a few hours one day, and on our return to Trouville late in the afternoon, had the pleasure to witness one of those striking sunsets, for which French artists are said to frequent Villers and its neighbourhood so much. Just as we had attained the summit of the littoral road, which here towers high above the sea, the sun had nearly reached the horizon, and was reflecting a rippling path of gold to the shore away below our feet, when presently he passed behind two pairs of long slender cloudlets, and became in semblance a solar Saturn. In another minute or so he had sunk clear of his rings, with his lower edge just dipped in the waves, when at once, as it appeared, a large three-masted ship, close to the horizon and in full sail, was vividly projected on the centre of his vast lurid disk. The mind was too absorbed with the passing glory to note the passing time; it seemed but an instant, and he was gone.

The aspect of the country from Trouville to Caen resem-

bles that which we suppose England must have presented a century ago. Twenty years of railways have not materially altered its appearance; the manners of the people are frank, simple, and Bœotian; their houses are quaintly antique and gable-ended, having the ancient outside stone stair leading to rooms above, while in many the lower story is reserved for cattle and horses. Altogether, the effects of Attic culture found in the towns are nowhere visible to a passing traveller among the rural population of Normandy. Their mode of agriculture is behind that of the present day, and the eye seldom lights upon large scientifically cultivated farms like those in the Scotch Lothians. In a field of twenty acres may be seen as many different crops, and every little peasant proprietor tills his own soil and lives his frugal life, in some cottage or neighbouring village, hard by his farm. The French peasant is devotedly attached to his corner of land, and cultivates it with inconceivable assiduity, but he displays no far-seeing energy. His aspirations are bounded by the small patch of ground which has been transmitted to him, and which, at his death, will be divided by the law, in equal portions, among his offspring. This law of *compulsory* subdivision regulating the disposition of property, especially that of land, has evidently a pernicious effect on the condition of the country and its inhabitants. It seems to promote indifference to education, and to any improvement on a large scale; it induces jealousy of great acquisition and social superiority, and notoriously operates in limiting the number of births, so that France, at its present rate of increase, takes nearly two centuries to double her population, while Germany and our own country each double theirs in about fifty-five years.

And *this* is the legacy left by the glorious Revolution which was to restore the multiplication, harmony, and industry of the world in general, and of France in particular! Well, it is not strange: only such fruit could spring from such seed.

Caen is a faded, and fading city, though famous still for its lace, tripe, and mussels. With a few exceptions, the provincial towns of France present a dwindling appearance

to the eye of a foreign traveller. The country seems everywhere rich and prosperous still, but the cities bear evidence of a great civic past. Caen appears to have attained its highest power in the time of the Conqueror, when it was the seat of his rough court. More than eight hundred years ago he here promulgated the law of curfew, and here his menials and townsmen, who scarcely dared to look him in the face when alive, despoiled his corpse, and otherwise misdemeaned themselves during his funeral rites.

To the student of Gothic and Norman architecture, Caen is rich in instruction. In elegance and exquisite beauty the towers and spire of Saint-Pierre, for example, are unrivalled. But then the sciolist always thinks that of every last church he sees. Caen has the reputation of being salubrious, of which its colony of English may be a proof, though, perhaps, cheap provisions, cheap education, and low rents, were not without their influence, for since the last war the departed English have not returned. The site of the town is irregular, and the streets spread over a large space, enclosing wide healthy openings, which are usually so attractive to those English who make their home on the Continent.

The scenery between Caen and Bayeux is flat, and monotonous, but the road is short. Bayeux is a dull old town, sombre by day, and illumined with oil lamps swinging from ropes attached to the walls on each side by night. Its inhabitants seemed kind and courteous. Visitors usually spend a few hours here to see the fine cathedral and the "Bayeux tapestry." The interior of the cathedral exhibits, in one fabric, remarkable examples of the florid though heavy Norman arch, and of the graceful beauty of the advanced pointed Gothic. The two styles are the perfection of ecclesiastical contrast and art. As for the renowned tapestry, we recommend the curious in sampler-making to examine a lithographed facsimile of it, in the *Vetusta Monumenta* (sixth volume) of the Society of Antiquaries. To some, the copy might be more pleasing than the original. Nevertheless, this strip of dirty brown linen, laboriously embroidered with coloured worsted, records, in a series of

rude vigorous pictures, the conquest of a divided people now consolidated into a mighty empire, which, with its outgrowths, bids fair to dominate the world.

The country from Bayeux to Coutances *viâ* Saint-Lo, an old-fashioned sleepy town, is rich in hedges and turf-dikes overgrown with weeds and bramble-bushes, yet enclosing pastures of emerald splendour, which are relieved here and there by exuberant wooded slopes. The railway terminates, for the present, at Saint-Lo, so we hired a conveyance to take us to Coutances, a distance of eighteen miles, and during the transit our coachman, a handsome, athletic, young Norman, worthy of his energetic ancestry, endeavoured to convince us of the superiority of the French over the German soldier. His eye widened and flashed, and his nostrils expanded, as he recounted how a body of German cavalry, during the late war, came down upon a French gun on the edge of a wood, and how he, in defending himself, unhorsed his antagonist and slew him. After much characteristic gesticulating, thrusting, and cutting the air with his whip, he suddenly ended his narrative, and, looking into our eyes, said with deep melancholy, "Je l'ai vu mourir"—I saw him die. After this recital we had a dull ache at the heart, and, for a few minutes, sank into a strange confused waking dream, about a possible new theory of the Collision and Dissolution of Forces, and speculated upon the vast and complex dynamico-psychological problems which may be studied in the future at the blaze of the big bonfire of mere materialistic correlations and conservations. We thought of the pre-human Spirit world, and came down past the genesis of Constellations with their Persistences of Forces, through the ages of the deadly strifes of colossal lizards and monstrous amphibia, until finally we ended, as we began, with longing to resolve the problem why one of God's images should violently take the mortal life of another of God's images! Throughout these shadowy conjectures we merely followed the example of some notable exponents of modern physicism, and kept theory well in advance of facts.

Our young charioteer was an involuntary conscript, and

assured us, pointing to a slanting scar across his forehead, that he hated war.

At five o'clock on the following morning, we were roused from sleep by the clatter of wooden sabots along the street of Coutances, and by a noise resembling a band of nightingales out of tune. On throwing open the window, and looking up at the eaves, we beheld some hundreds of swifts' tails bobbing over the entire edge of the hotel roof, while their owners were chirping their cheery matins. Suddenly, two mischievous jackdaws came screeching down from the towers of the adjoining cathedral, and sent the whole band circling round. Whether the morning song of our little friends had disturbed the daws' rest, or was out of harmony with some marauding scheme which they had been hatching for the day, we could not tell, but the swifts did not return. As we could sleep no more, we dressed and went into the cathedral. This church must be interesting to the ecclesiologist, for, though small, it is said to be one of the most beautiful and complete Norman structures in France. The mullioned arches, which separate its chapels, give a peculiarly graceful lightness to the interior. The exterior, indeed the whole pile, from its elevation on the top of a hill, serves, not only as a cathedral, but also as a landmark for sailors.

The road out of Coutances is down a series of zigzags to the bottom of its hill, then along thirty miles of varied landscape—hedgerows enclosing waving corn, valleys abounding in orchards, patches of dense wood, sunny slopes and bosky dells, winding streams, with many a beautiful Nymphæa alba floating on their surface—and up some more steep ascents, into Avranches. Had an American eclectic happened to be with us, we might have inquired whether he fancied that dysenteric attacks, among the natives of these alluvial bottoms and sluggish waters, had their healing analogue in the showy aquatic, and if, according to his school, a few doses of the "fluid extract of Lily White" would be a safe agent on which to rely. We might also have indulged in some therapeutic moralising on the mistletoe bush hanging as a sign over the cabaret

doors in this part of France, and gleaned some useful information concerning the alleged success of our transatlantic eclectic colleagues, in their application of Viscum album to Vertigos!

As it was, however, we had no such privilege, and therefore fell into an unsociable vein of inquiry, as to why a bunch of mistletoe without, should indicate cider within. We knew that a bush over the lintel in olden times denoted a tavern, and that seeds of the mistletoe attaching their radicles to the bark of the apple tree, would often strike root and live thereupon, to the injury of the tree; but this knowledge, we felt, did not afford a wholly satisfactory solution, and so we abandoned our cogitations, rather sourly reflecting, however (though we had not been drinking cider), that the votaries of the cider mug and wine flagon, like human mistletoes, put forth, in too many instances, no independent energy to augment their own or the general weal, but live their parasitic life on the product of the industry, thrift, and self-denial of others.

Avranches, another of the *habitats* of our continental English, is an imposing-looking town at a distance, and, though rather interestless, is very clean; while the panoramic view from its plateau is really superb. Before us lay a well-wooded country divided into two parts by the straight white road along which we had driven, and, away to the left, dimly visible in the haze of the declining sun, shot up, 600 feet from the sea, the granite peak of St.-Michel, surmounted by its semi-military, semi-abbatial church and convent buildings. On the following day, when the tide was out, we wandered, Murray in hand, through the unique Gothic cloisters, large halls, and noisome dungeons, then finished by mounting to the top of the church. The prospect is *very* extensive. In one direction the sea fills in the picture, but for three fourths of the view the eye wanders over a plain of white glistening sand, which, far beyond, is framed in by the green wooded landscape. Our visit was concluded, happily without the *special* protection of Saint-Michael, to ensure which, a priest in the

church dispensed long lighted tapers to numbers of "the faithful" at a franc or two apiece. We did not buy one.

On leaving Mont-Saint-Michel we returned to Pont-Orson, whence we had diverged from the high road, and continued our journey to Saint-Malo, observing many evidences, *en route*, of the Breton's contentment with his *blé noir* and *chopine de cidre*. The Bretons are the Welsh of France. Like them they are vain, choleric, and most tenacious of their local customs and language. They are true Kelts, and their freckly brown complexions, coarse round faces, and little sharp dark eyes, are not so pleasing as the physiognomy of the modern Norman.

Saint-Malo is a remarkable specimen of an old fortified French seaport, and stands in the midst of a little archipelago of rocky islands, from one of which it seems to rise out of the sea. When the tide is at its height, and the wind coming stiffly from the west or south-west, its appearance, as seen from a distance, is most imposing. Looking seaward from Dinard, the eye rests upon Saint-Malo begirt with grim machicolated walls and flanking towers, symbols of a rule which has long passed away. The sea, churned into foam, among the jagged granite islands, dashes against its foundations, and careers around its walls. Everywhere rugged angular rocks, crowned with forbidding batteries and bristling with cannon, guard its inlet, and raise in the visitor a sense of impatience, to gaze upon the evidences of that civic wealth which sought protection behind such ramparts.

But the prosperity of Saint-Malo is of the past. Now—*inside* the walls—the nose is considerably more impressed than the eye, for the vile smells of the narrow unsavoury streets would rouse the most indulgent sanitary inspector. We recommend any one visiting Saint-Malo to *stay*, in preference, at Dinard, on the opposite side of the estuary of the Rance.

Dinard is a large scattered township, possessing hotels, villas, and handsome houses facing the shore, and more houses and lodgings running back into the country. Its rock-bound coast is black but picturesque, and here and there it is indented with sandy nooks and bays,

well adapted for bathing; to promote which, machines and other facilities may be procured in abundance. Dinard is a favorite bathing place with many English and Americans in the summer, both on account of the beauty of its situation, and the salubrity of its climate; and even in the winter, some invalids prefer it to the south of England. We were assured that it is very mild in winter, but we fancy, from its position and the general character of the coast, it must be somewhat airy. The walks and drives in the neighbourhood—the views over the splendid bay studded with its fortified islets, the houses and ramparts of Saint-Malo in the distance clustering like particoloured crustacea on the opposite rocks, the sweeping cumuli over head, the ever changing light and shade, and the restless sea—should often produce a resurrection of dormant faculties; a renewal of sprightly impulses; in short, a healthful glow through mind and body, which stations less favoured by nature can rarely call forth.

At Saint-Malo also, there is an extensive casino and sea-bathing establishment, but, on account of the badness of the drinking water and for other reasons we have assigned, the British invalid should leave them to the French, who are less exacting in their requirements in such matters. Saint-Servan, built on one of the singularly shaped tongues of land which jut out here, is called a suburb of Saint-Malo, and communicates with it by a *pont-roulant*. This is an ingenious bridge running on an iron tramway laid underneath the water, and drawn to and fro by a steam engine and endless chain. Saint-Servan is a dull and ugly place, but it is selected as the best and most convenient by English people, who are engaged at Saint-Malo in commercial and other pursuits.

Our next point was Dinan, and, of course, instead of going by the road we sailed up the Rance. The river somewhat resembles both the *Elbe* in Saxon-Switzerland above Dresden, and the *Meuse* between Namur and Liege. Its scenery is occasionally sterile and precipitous, where the water has worn its way through a granite gorge; but generally it consists of undulating hills, affording peeps of

the back country; picturesque villages, promontories, long reaches, castles, church steeples, windmills and other objects which enliven the landscape. After passing through a lock in the river we reached Dinan, and made our first acquaintance with a Dinan cabman, who demanded nine francs for conveying ourselves and a reasonable quantity of baggage, a little over a mile, to our hotel.

Dinan, romantically perched on a steep granite rock surrounded on three sides by a defile nearly 300 feet deep, is situated in the midst of the most beautiful scenery in Brittany. The architect, artist and antiquary will find abundance here to satisfy every rational desire. From one side of the town the view of the river, spanned by a stupendous modern viaduct of granite, is worth going a long way to see; and in every direction round about, the country is eminently picturesque and beautiful. The town, environed by ancient walls draped here and there with ivy, and pierced at intervals by massive turreted gates, which an enthusiastic admirer of feudal times has styled "glorious specimens of mediæval masonry," is decidedly dull and dirty. In that good old period men worked in stone for three halfpence a day, and archers shot through the loop-holes for threepence! The aspect of Dinan is not modern. It is full of old XV century houses, with overhanging gables and rude sculptures above the lintels, while underneath, grimy arcades rest on quaintly carved granite or timber pillars.

A quiet morning's promenade by the gardens which fringe the town walls helped us to understand how Dinan could have become a favorite resort of English residents, who occupy the greater number of the pretty villas in the environs. House rent depends, of course, on size and situation, but a very fair dwelling with eight or ten rooms can be procured, we were told, for about £80 to £100 a year, while smaller houses can be had for £40. The wages of female servants range from £14 to £16 a year. The permanent English number more than 600, and have provided themselves with an English chapel, chaplain, and doctor. Dinan has the character of being mild in the

winter, yet bracing, and of being especially suitable for children and old people. We felt its climate extremely relaxing in September. It is milder and less exposed than Avranches, where the English colony is about equal in number. Provisions also are cheaper, but prices, at both places, have risen considerably since the late Franco-German war, and are still rising.

For our own part we should select Avranches as the cleaner and more bracing, though colder, locality, and should much prefer the society of Normandy to that of Brittany.

We left Dinan and its coarse-featured natives; the Bretonnes rendered all the more forbidding by the snowy-white "coiffures" with which they adorn their brows.

Our faces were, however, turned homewards, so we began before leaving Brittany to cast about for something agreeable to record respecting the *country*. The towns are full of interest, but the best we can say of the country, excepting around Dinan, is, that it has hedges. We looked first at the scenery on each side,—it was flat as a pancake, with not a park or a grand tree to be seen; then at our horses,—they were hacks; and lastly, we fixed our gaze on the road stretching away before us. Like all French highways the road was first-rate, broad, well kept, and hard as iron, and the poor beasts went hammering along with a monotonous iteration which forcibly recalled to mind the observation of that facetious philosopher, *Punch*, who says "it isn't the 'unting 'urts the 'oss. It's the 'ammer, 'ammer, 'ammer, on the 'ard 'igh road." The Bretons are said to be kind to their animals, but our driver must have been an exception, for the 'ammer, 'ammer, 'ammer, was only varied by an incessant ejaculation of "Yoock-ee," and the whishing sound of a long heavy whip.

Before finally quitting a province which, after all, has conferred its name—Britain—on our own country, we slept at Dol, a low-lying town on the borders of the department. Once a metropolitan See, it is now a *dolorous* place, though there are still some quaint antique houses of the fifteenth century in the "Grande Rue." Many of these houses, as well as some of those we have just seen in Dinan, are built

"en colombage," *i. e.*, with the upper story projecting over the ground floor, forming a gallery or porch supported by columns with grotesque capitals. The Breton costumes here, as in all north Brittany, are sober in the extreme, varying in style, as an intelligent lady of our acquaintance observed, between that of a Quakeress and a Sister of Mercy. She said it is only in the south-west corner, about Quimper, &c., which we did not visit, that the original attire is met with—trunk-hose, long hair and large round hats for the men, with bright petticoats and embroidered dresses for the women. The guide books are in error when they make statements to the contrary.

Next morning we re-entered Normandy, on our way to Dieppe, and travelled leisurely through the charming valleys of Mortain and Vire. Their general contour presented many features we had observed in other parts of the country. The scenery is often gracious, soft in lines and tints, and broken in parts by sandstone hills, whose tops occasionally rise into picturesque ranges of miniature crags. In other parts there are long monotonous rows of poplars, bordering fields of Polygonum Fagopyrum, with its loose white flower. This is the sarrasin, blé noir, or buckwheat, which forms the staple food of the peasantry, and is perhaps so extensively cultivated, because it can be sown and reaped in little more than a month.

We halted for a few hours at the old Roman city of Lisieux, to see its Rue au Févres. This striking street of mediæval domestic architecture is very faintly illustrated by a few structures in our own Chester, York, and Warwick, but seems as if it had been bodily taken out of Nuremberg, where the oriel window, timber-framed wall, sloping roof, and pointed gable, have found their maturest development in a whole town.

Dieppe, a celebrated and once prosperous old city, stands at the mouth of a wide valley opening on the channel, and is bounded on each side by high chalk cliffs. The river Arques, running behind the town, has been converted into docks where the trade of the city is carried on, thus leaving the quarter facing the sea to hotels and lodging

houses for the floating summer population. The suburbs and country around remind the traveller of Devonshire, with its pretty villages and cottage gardens filled with roses and carnations.

The thirteenth-century church of Saint-Jacques may repay a visit. Its stone screens separating the aisles from the chapels are peculiar, but the churches of Dieppe ought to be visited on *entering* rather than on *leaving* France.

Lovers of curiosities can make collections here from exquisitely carved ivory articles of extravagant cost, to a twopenny "Crayon Sexagonal en 'Dolly Varden.'"

Without exception Dieppe is the most imposing watering-place on the western shores of France. Biarritz and Trouville attract their bathing throngs through aristocratic patronage or fashionable caprice, but modern Dieppe has advantages which must steadily augment its number of visitors, year by year, as the French become more alive to the benefits of marine medication. The "plage" is broad, ample, and tastefully laid out, and the bath establishment and casino are well situated near its north-western extremity, where the old keep, which sheltered Henri Quatre, still looks down on town and sea from its perch on the lofty cliff above. The business of bathing is a marked feature of Dieppe, but though there are firm sands, the banks of the shore are steep and pebbly, and the sea is often rough. Bathing is only permitted at certain times of the tide, when men go in boats to enjoy their bath, but even they are not allowed to venture out without a guide. The women and children, issuing from tents, walk down planks to the sea, where they are received and attended by stalwart fishermen. There are no bath women. At most of the bathing places along this coast, the practice of swimming is taught with great diligence, and nowhere is it more necessary. Probably when the world has reached its ideal relations, and our spirits have regained their sovereignty over nature, our bodies may prove their ascendancy in water; then we may resume our lost dominion, and no more drown than the dog of to-day when he falls into the flood. Till the advent of that new æon, however,

we should learn to swim, and the modern French, like the Latins of old, include "la natation" in a liberal education.

Dieppe is of easy access from England, and is well supplied with good hotels which look upon the sea. Though its shore is shingly and not the best adapted for children and timid bathers, the locality, in common with the greater part of the Normandy coast, possesses the advantage of sea breezes which blow from a good point, and over a large extent of sea, throughout the summer and autumn. Children of a lymphatic scrofulous temperament, and many weak strumous adults, to whom moisture either warm or cold is prejudicial, would probably thrive better at the warmer, drier, and breezier beach of Dieppe than on any of our more humid coasts; the solar light too would be more stimulating for them, passing, as it does, through less vapour than in England. But strong constitutions, functionally exhausted by hard study, the fatigues of business, or the arduous toils of fashionable life, will not recover so quickly in Normandy as in more northern latitudes. The reason lies on the surface: the latter need only mental and bodily rest, and freedom from conditions inimical to vitality; the former require a rapid metamorphosis which will increase the appetite for wholesome food, and thus promote the consequent substitution of good material for bad.

Wholesome food can always be selected at superior French hotels, where the provisions and cookery are usually excellent, for nowhere is aristology so much studied as in France; but second-rate hotels and bad cookery are no less inseparable, and we warn invalids to avoid them. Perhaps there is no cookery more thoroughly injurious than that met with at inferior continental hotels; and we have long been of opinion that many English invalids do not derive benefits from warmer climates, spas, and mountain stations, which are not more than counterbalanced by innutritious food, domiciliary discomfort, and the fatigues of travel. To the lotos-eaters who annually circulate about Europe, fatigue—Nature's innocuous opiate—will often prove a blessing in disguise, and a diminution of food and

home-comfort must occasionally supply the *pabulum* of a new sensation—the sensation of self-denial. But to the sick and worn it is far otherwise. In a large proportion of cases their medical advisers had better keep them at home under their own eye, or at the most restrict them to some suitable localities within the British shores, of which there are abundance for the greater part of British physical needs.

We were the more impressed with this as late one sunny afternoon we kept winding in and out among the motley multitude, to watch the mien and faces of the passers-by and resting groups assembled on the "plage"—some for amusement, some to breathe the air.

In more than one instance we fancied we recognised the well-known physiognomy which, we think, ought rarely to be seen on the sea-shore. There was in the eye at rest, that absent far-off look—that strange wistful glance—which betokens a young life beginning to ebb away; the violet shade below was deepening, while all around the hue of health was gone. Yet in every movement there was spring and buoyancy, and under some emotion the same eye would shoot forth a ghostly gleam, as if the spirit, though yet unconscious that it must soon be rapt away, was impelled by some dim unrecognised presentiment to come to its window and look with a long lingering gaze on the forms and faces it loved so well. The pulse, the degree of animal heat, and our accustomed ear, might soon have confirmed or dissipated all sad suspicions, but no inquiries or explorations could, in the nature of things, be prosecuted on that spot, and our convictions as to the unsuitability of Dieppe for acute tuberculosis remained unchanged.

We believe a marine atmosphere everywhere to be prophylactic, not curative, of true tubercular phthisis, for the blood is already superoxygenized, and ought not to be exposed to a medium containing a greater quantity of oxygen. Before irritation begins, the purer and denser air, the greater quantity of oxygen and probably of electric fluid, the more constant light and agitation of wind, and the more uniform moisture and temperature at the sea-side, may tend to prevent the develop-

ment of phthisis; but when this disease is once established, these aërial properties quicken arterial action and shorten life. No case with a nightly pulse ranging from 90 to 100, and with a corresponding temperature, has ever, in our experience, been radically benefited by a residence on the sea-shore, but several cases have been injured. When the pulse and temperature have been above 100, though in such cases the prognosis is rarely uncertain anywhere, a fatal end has invariably been accelerated by sea-air. Its effects upon vomicæ are notorious. When the sea-water is atomized by high winds and carried into the pulmonary cavities in a state of fine division, it rarely fails to increase the irritation; therefore, though men are in the habit of considering those wise whose opinions coincide with their own, there can be no doubt that the current of medical opinion is flowing in the *right* direction when setting in against transporting true tuberculosis to the vicinity of the sea. In the case of adolescents attacked by phthisis, sea-air and sea-water have always an injurious effect; and in giving apparently sound children, of a tubercular family, permission to bathe, we invariably desire, as precautionary measures, that they lodge away back from the sea, that they never remain in the water long enough for the second shiver to make its appearance, and that while dressing after their bath they keep their feet in hot sea-water.

We had no means of accurately determining how far these observations, excepting on general principles, are applicable to the coast of Normandy; still, its climate is, in the main, very like that of England. It is drier, rather warmer, and generally steadier, but the same winds prevail and produce nearly the same effects, and the seasons are somewhat similar to those of our own country. Of course, if a traveller has only a few oppertunities to observe the social phenomena of a district and its people, he has also little time in which to study the character of its climate. The general laws of meteorology seem, however, to indicate that in winter, as the polar current has a westerly tendency, perhaps the coast of Normandy may be somewhat colder than the south shore of England, but when the equatorial wind from the

south-west blows, during any part of the year, the climates of the respective coasts must approximate very closely.

The road from Dieppe to Tréport, the last place we visited before returning to Boulogne, is through what the French call *un pays accidenté*—an undulating country.

The small Bresle, draining the dry calcareous hills of the back districts, enters the sea at Tréport through a wide fault in the high chalk cliffs which bound the whole of this coast. Part of the gap is formed of tumbling broken ground, on which the church and town are built. On entering by the Dieppe road, we thought the oozy stream running through salt lagoons, and debouching in a wide muddy mouth, which forms a refuge for fishermen's boats, did not promise much comfort for Parisian bathers. But this was only the old town, containing the shops, cafés, caravans, merry-go-rounds, and other amusements of the place. The modern portion runs away towards the high castellated cliffs on the west and harmonises with its well-dressed inhabitants. It consists of one long row of dwarf houses facing the shore. Everything at Tréport is on a small scale except the prices.

At intervals the town is intersected by narrow little streets, which slant down to catch the sweep of the south-west breeze, the end house of each street forming part of the row that fronts the sea. Before these shore houses there are little gravelled or paved areas, railed off by neat white barriers, containing merry groups of stylish people. The houses themselves cast a grateful morning shade, while in the afternoon sun they glitter with awnings of every sort of stripe and hue. The brick walls painted in white, yellow, green and umber, with their little balconies and variegated *jalousies*, give a more French aspect to this place than is to be met with anywhere else in Normandy. The whole scene was animated. On one side a party of young lads were posing an old fisherman with his triangular net, the better to sketch him and the cliffs in the background; on the other a set of urchins, having enjoyed their morning bath, were playing at leap-frog in the primitive costume of Nature. Down on the shingle, women were laying out sheets to dry; while nearer the water a file of men, women

and children, *en costumes de bains,* some with dainty little hats, and others with tasteful head-dresses, were moving in procession over the sands into the sea.

At Tréport, when the tide is up, there is only shingle, but when it has ebbed the sands are firm and good. The "Établissement" is here, as usual, in front of the houses, and, for undressing, rows of pretty little square bath-cabinets, made of white canvas stretched on wooden frames, are ranged along the top of the shore. The "Cabinet du Médecin" too, is a handsome structure of *two* rooms, six windows, and a door; with "Service Médical" inscribed in legible characters on its sea side—hours 9 to 11 and 3 to 5. French people often take two and sometimes three baths in the day when the weather is fine, and they have a luxurious arrangement which might be more frequently imitated in England; bathers on returning to dress find a foot-bath of *hot* sea-water, that is, when they choose to pay a trifle additional for it.

After the doctor has been visited there is an adjoining house for "Jeux"—cards, bagatelle, and other diversions. Near this quarter stands the principal hotel of the place, "L'Hôtel de la Plage." Most of our countrymen who come here prefer this more expensive but decidedly more comfortable hotel to furnished lodgings, and they are right. The term furnished apartments in France is not synonymous with furnished apartments in England. In France lodgers must do everything for themselves. If they want a cup of tea, and have no servant of their own, they must go to their little kitchen to prepare it.

We had the curiosity to inspect a suite of apartments which had just been vacated, and asked permission to take measurements. It consisted of three bed-rooms, each eleven feet by nine; a dining-room ten feet by nine; a kitchen "with every convenience," seven and a half feet by six and a half; numerous tiny presses, and a water-closet without water. But Le Tréport does its best to accommodate and, in its own way, to amuse its visitors, appearing not to envy the gay and *fainénants* throngs frequenting its attractive rival —Trouville.

One morning before leaving Tréport we walked into the old fourteenth-century church which stands on a promontory overlooking the harbour, and while regarding the stone pendants hanging from the roof, and the curious old gabled chapels, we came upon a venerable priest and half a dozen crones mumbling some litany in one of these recesses. As we silently walked past, not to disturb the congregation, he began to job an *asperges* (holy-water stick) over them, while some choristers and the organ toned forth the beautiful anthem "Asperges me, Domine, hyssopo, et mundabor; lavabis me," &c. We lost the remainder of the words while we were moving round the back of the choir, but the functions must have been performed with unaccustomed brevity, for as we were leaving the church we found most of the worshippers had resumed their usual vocation of begging underneath the porch. The circumstances and our leisure suggested a few reflections on sacerdotal tenets in general, which we do not care to see "in print." The development, however, of ritualism, the present ecclesiastical disease of England, fills us with amazement—how adult men and women, born, reared, and educated within these islands, can, in the end of this nineteenth century, take refuge in the meretricious allurements of such veneered Romanism, after the world's gray experience of the parent corporation, as exhibited in its repressive and destructive effects upon the faith, morals, and material progress of many of the Continental nations!

There is only one step, it has been said, from the sublime to the ridiculous. We can testify there is only one, and a very short one, from the serious to the facetious, for in connection with the revival of these obsolete and reactionary rites in England at the present day, and their occasional inconvenient results, we were reminded of a racy narrative which, though it has "gone the round," is, we imagine, worth reproducing. The *Temps*, which is responsible for the original story, says to the effect, that on the festival of St. Hubert, the patron saint of lovers of the chase, a certain baron of mediæval proclivities prevailed on his parish priest to revive the ceremony of St. Hubert's mass, at which the hounds

are required to attend, escorted by the huntsman. Having wrung a reluctant consent from the good man, who was not equally fond of old customs, the grateful baron promised to give him the first animal brought down by the pack when service was over. On the appointed day, therefore, all were at their posts in the village church—the priest at the altar, the baron and his friends in the choir, and the hounds, in deference to the *curé's* remaining scruples, in the porch. All went well during the greater part of the mass; the hounds were quite as attentive as the congregation, and the solemnity was drawing to a close, when a cat trotted up to have a look at them. One of the hounds (who was not deep in his missal) caught her eye; he darted forward, dragging the companion to whom he was coupled with him, and the pack were instantly in full cry, found in the nave, and in less than ten seconds, the whole congregation were in at the death. At this moment the celebrant was repeating the *Pater*, and, so the *Temps* says, having reached the words, "Panem nostrum quotidianum," added, "Pray don't let the cat count, baron, for I am sure I can't eat it!"

We took the train for Boulogne, and shortly after leaving Tréport crossed the ancient boundary of Normandy. We experienced some sense of dulness—it might be physical—as we realised that in leaving the distinguished old province we had quitted the home of Gothic architecture and the cradle of English national prowess and pastimes. Our admiration had been all the greater as we were conscious we should probably never again have an opportunity of admiring her pastoral scenes or of gazing upon her monuments of ecclesiastical grandeur, architectural skill, and lavish devotion.

In this state of lassitude and mental somnolence we arrived in sight of "le pas de Calais," Anglice, "the Straits of Dover;" but finding the waves unpropitious, we departed from Boulogne for Calais, that gloomiest of French towns, expecting a quicker and a better boat and half a dozen miles less—of misery.

UPON THE MEDICINAL PROPERTIES OF SILICA IN CANCER, FIBROID TUMOURS, AND DIABETES.

By R. Fawcett Battye, M.R.C.P.Ed., &c.

Under this title and authorship there appears an article in the *Edinburgh Medical Journal* for last November which has many interesting peculiarities. It seems that in presenting a medicinal agent which, "so far as the writer knows, is entirely new," he felt himself under an obligation to explain how he came by it—in other words, to give an account of himself; and under the circumstances we must say that it was a very proper feeling. He tells us in the first place how he obtained possession of over three pounds of powdered flint reduced to a fineness exceeding that of flour, by means of a patent "which, however, proved a failure commercially." Having in this not very explicit manner got hold of a large supply of the mineral, his difficulties are not half over. He goes on to say, "Would that I could as simply state how I arrived at the conclusion, that flint introduced into the circulation would produce some beneficial end, as how I obtained flint in a suitable condition for administration!" Would, indeed, that he could as simply and as satisfactorily state to the readers of that allopathic journal how he came to discover for himself a medicine that has been in general use by the homœopathic body any time these thirty years. Would that he could explain the necessity and mode of finely triturating his *Silica* after our method; would that he could give a reason for administering but one grain of *Silica* twice a day; and finally, would that he could point out the indications that led him to the use of this agent in the above diseases! But the author does not rest content with this expression of his solicitude, for he makes an attempt to satisfy his readers, but certainly in the most extraordinary manner. Undaunted by the difficulty of his task he sets to work, and

after a pretty wide survey of earth, air, and ocean, arrives at the conviction "that nitrogen gas is a compound of silica and hydrogen." There is nothing very startling in this, but granting its truth we do not see that it helps our therapeutics very much. Indeed, our author admits that it is not worth while troubling any one with the manner in which he arrived at this conclusion, but, having come to it, his logic takes a flying leap as follows:—"A strong hypothetic basis has led to the assumption that in *Silica*, when suitably administered, some medical property would be found to exist." Truly a solid foundation for the science of medicine! A strong "hypothesis" is the basis of an "assumption," we presume, of equal "strength," fortified with which we are to treat cancer, fibroid tumours, and diabetes.

If our author had wished to prove the impossibility of *Silica* having any active properties whatever, nothing would have lent him greater support than affiliating it with nitrogen, a gas which has such feeble affinities that it is but a mere diluter of oxygen in the atmosphere for vital purposes, and is so deficient in chemical power that it is with difficulty forced into combination, and when so placed takes the first opportunity of escaping from the bondage; a gas, in fact, that is best described by negative properties. To educe from its alliance the inference that *Silica* will be found to have active properties is *lucus a non lucendo*, with a charming simplicity about it. The whole process looks like a trick of slight of hand, whereby out of an empty handkerchief a couple of live rabbits are produced. There is an air of unreality about the argument, which seems to be brought in apologetically in connection with the subject of *Silica*, as if haply an old homœopathic drug might have its legitimate parentage safely ignored, and be made to look as if it were at home whilst new allopathic associations were being formed for it.

Leaving theory, as the author advises, we turn to the more useful subject of practice. As we are now on solid ground we willingly listen to his statements, and find that several interesting cases, whose diagnosis is evidently scientific and trustworthy, are related as having been

treated with the powdered *Silica* in grain doses night and morning. At first this was mixed with a little *Morphia*, but subsequently it was given without it, but not quite alone, for it was made up into a lozenge with a little powdered chalk, resin, and gum, apparently to give consistency.

Five cases of cancer of the breast and uterus are given, with the uniform result of almost complete removal of the pain whilst the *Silica* was taken. The progress of the disease was not arrested in general, but the fourth case was apparently cured. It was one of developing cancer of the right breast after removal of the left for encephaloid. The large mass disappeared along with the pain, the retracted nipple, and the depression of the skin on one side of the mamma. The fifth case was one of scirrhus of the breast, and under treatment it shrank considerably, the health greatly improved, and the pain, as usual, disappeared. It is necessary to state that in open cancer a lotion was used containing Fowler's solution, *Conium*, and *Bicarb. of Soda*, although the author attaches no curative value to it beyond clearing the surface and destroying the odour.

Two cases of fibroid tumour of the pelvis are given. They both diminished very considerably—the first mentioned shrinking to the size of a hen's egg, and the other steadily diminishing very considerably—but in the latter case a similar growth occurred in the neck, while undergoing the same change, became impacted between the trachea and the œsophagus, and by its pressure prevented food being swallowed, so producing death.

Two cases of glycosuria, the mild form of diabetes, follow, the first of them doing remarkably well in six weeks; all the sugar had vanished from the urine, and the sp. gr. was reduced to 1015. A relapse at the end of a year yielded to treatment as before. The second case improved very much in six months, though it is not stated that all the sugar disappeared; after the lapse of a year he was still improving.

Then come three cases of pronounced diabetes. The first ended fatally, in spite of the sp. gr. of the urine being

reduced occasionally to 1015, thus evidently showing the power of the drug, although the action could not be maintained. The second case improved, but the patient went away and was lost sight of. The third case, however, is so remarkable that we particularise it. A middle-aged man lost forty pounds in weight in four months; the constitutional symptoms of diabetes fully developed themselves. The sp. gr. of the urine varied from 1034 to 1037, with large amount of sugar, tested by Professor Rodgers and himself, the quantity passed being not less than six pints by night and perhaps as much more by day. After three weeks' fruitless treatment with *Perchloride of Iron* and *Chlorate of Potash*, he was placed on the *Silica*, one grain night and morning.

During the first four months the sp. gr. scarcely altered, but after four months it ran down to 1028, and at the end of seven months was 1017, and gave no trace of sugar. Since then health and strength have been quite re-established, and at the end of three years his weight is nearly up to its original mark, and not a symptom of diabetes is to be found in him.

In addition to these there is a case of simple albuminuria in a woman æt. 42; albumen was copiously escaping. At the end of eighteen months of *Silica* treatment only a trace of albumen was found, and the patient's health was quite regained.

In the treatment of all the foregoing cases no restriction of diet was enjoined beyond the disuse of ardent spirits, and the diabetic diet was rather widened than contracted.

It is interesting to notice that in the diabetic cases it was the invariable rule that the skin became moist, the thirst less, and the calls by night to void urine less frequent, while the *Silica* was taken.

Clinical facts of this order are specially interesting to us, familiar as we are with the use of this medicine, and it is impossible to read them without surmising that we have before us some evidence of the homœopathically specific adaptation of *Silica* to conditions in which we have not

sufficiently tried it. The relief of cancer pain, the shrinking of fibroid tumours, and the removal of the diabetic condition, are sufficiently manifested. We are well acquainted with its power over strumous ulcerations and indurations, with its pathogenesy of morbid nutrition, and its remarkable renal and urinary symptoms; and if its powers of producing organic disease were fully known it is highly probable that we should be able to include several of the morbid conditions here referred to within its curative sphere. Our provings, especially of the older medicines, are so largely of a subjective character that we have much to learn of the organic effects of medicine. Consequently clinical facts have their value in helping us to piece out a schema of drug action. Nor must we be reluctant to gather a hint from cases like those before us, though introduced to our notice with a prefatory cloud of dubious speculation.

ON SOME RECENT PROVINGS OF DRUGS, WITH COMMENTS.

By D. Dyce Brown, M.A., M.D. Aberdeen.

In several recent numbers of the *British Medical Journal* is given by Dr. Hughes Bennett the report of a committee of the British Medical Association to investigate the action of medicines. The object of these investigations, at least those presently reported on, is chiefly to determine the antagonism of certain drugs to one another. This is certainly an important object, and may result in saving the lives of persons poisoned by one or other of them, who would have died had not this mutual antagonism been discovered. But what to homœopaths are more important points in these experiments are those brought out by the way. I say by the way, because their importance, or even their import, is passed over without comment by the reporter, and may possibly have not been noticed by him. Whether this is the case or not, as a casual reader might

easily glance at the results of antagonism without observing the other important points in the investigation, I think it worth while to give a sketch of the experiments referred to, and elucidate what I consider of great value by way of comment.

It is in the last reported series of investigations where we find the important results referred to—namely, in the investigation of the antagonism of *Theine, Caffeine, Cocaine,* and *Guaranin* to *Meconate of Morphia.* As a preliminary to this study, the pure effects of *Theine, Cocaine, Caffeine,* and *Guaranin* are first investigated. In these latter experiments is brought out in the clearest manner the *double action of medicines.* This great fact lies at the bottom of homœopathic treatment: that every drug produces two different actions, in a small and large dose respectively; that these two actions are exactly the reverse of one another; that produced by the small dose being the primary or stimulant action of the drug, while that produced by the large dose is the secondary effect, or the effect of reaction from the excessive dose. This we believe to be the case in all drugs, or nearly all, and it is upon the belief that the secondary, reactive, or physiological dose corresponds to the state of disease, and that in a case of disease corresponding or similar to the physiological symptoms of a drug, the true treatment is to give the small or stimulant dose of this drug; it is upon this belief, I say, that we explain scientifically, and in accordance with the most recent physiology of the day, the results of treatment by the law of similars.

In giving this as the scientific explanation of homœopathic treatment we are obliged to reason a good deal by analogy, as it is difficult to *prove to demonstration* the two reverse actions in a drug, for the simple reason that when a dose sufficiently small to produce only the primary or stimulant action is administered to a healthy person, no perceptible effect may be felt; and in many cases it is only when the line of demarcation between the stimulant and reactive dose has been overstepped that effects are felt, which then become the secondary or physiological symp-

toms. As a foundation for our theory we have at least two demonstrated facts. The first and most important are the well-known experiments of Bernard and Brown-Séquard on the sympathetic nerve, where after proving that a mild galvanic stimulus produced contraction of the vessels, diminution of temperature, &c., the same stimulus in increased force produced reaction, in the shape of dilatation of vessels, increased temperature, &c. Then, secondly, we have the well-known stimulating action on the brain of small doses of *Opium*, while the reverse is produced by large doses. Often these two effects are produced in the same individual; their stimulant effect lasting a longer or shorter time, according to the size of the dose. Again, in Dr. John Harley's experiments with *Belladonna*, in his *Old Vegetable Neurotics*, we have this same double action clearly proved.

In the next step of the argument we infer by analogy that what has been *proved* to exist in the case of galvanism, *Opium*, and *Belladonna*, will probably hold good of all other medicines. Of course, to those who have practised homœopathically, and know the remedial effects of small doses to be the reverse of the effects of the large dose, it is not a matter of probability, but of certainty. But in putting the argument to an allopath, who doubts the effects of our small doses in treatment, I prefer, to avoid all cavil, to put it in this cautious way. Ample corroboration of this probability is to be found in the writings of allopaths, where certain well-known therapeutical results of small doses can be compared with the physiological symptoms brought out in a good proving. In thus arguing with an allopath it is of the greatest importance to note any further *facts* which may from time to time be discovered, in order to make the demonstrated basis of the theory all the more secure, and the inference from analogy that all drugs act in this double manner the more probable. Such facts we have in the experiments which form the subject of this paper.

Instead of quoting the experiments in detail, which would occupy too much space, I shall simply give the results as tabulated by Dr. Bennett:

1.—*Experiments with Theine.*

407. Frog, $\frac{1}{120}$ gr. Slight weakness of posterior extremities.

408. Frog, $\frac{1}{64}$ gr. Weakness of posterior extremities.

409. Frog, $\frac{1}{32}$ gr. Paralysis of limbs; loss of reflex action. Respiration impeded.

410. Frog, $\frac{1}{16}$ gr. Complete paralysis of limbs; loss of reflex action; respiration impeded; cutaneous congestion.

411. Frog, $\frac{1}{12}$ gr. Gradual prostration; paralysis of all the muscles; loss of reflex action; respiration stopped; congestion of cutaneous surface and mucous membrane of mouth and tongue.

413. Frog, $\frac{1}{12}$ gr. Complete prostration; loss of reflex action; stoppage of respiration; cutaneous congestion; stasis of blood in capillaries. *Post mortem.*—Heart still beats; congestion of viscera; muscles contracted when electricity was applied; when spinal cord, nerves, or brain irritated, muscular contractions occurred.

414. Frog, $\frac{1}{10}$ gr. Complete prostration; loss of reflex action; stoppage of respiration; congestion of cutaneous surfaces.

415. Mouse, $\frac{1}{10}$ gr. Same as 414. *Post mortem.*—Same as 413. Spinal cord exposed; anterior column irritated, contraction of muscles ensued; posterior column irritated, no contractions.

418. Frog, $\frac{1}{4}$ gr. Rapid prostration, with tetanic symptoms.

419. Frog, $\frac{1}{3}$ gr. Upper part of spinal cord exposed during life; rapid prostration. After death, on touching anterior column of cord, contraction of all the muscles; on touching posterior column no contractions. Before death muscular contractions followed irritation of the posterior column.

421. Frog, $\frac{1}{2}$ gr. Very rapid prostration and loss of reflex action, with usual effects.

422. Frog, 1 gr. Almost instantaneous prostration.

425. Rabbit, 2 + 2 + 2 + 2 grs. From first and second

dose no effects. From third dose, ears hot and congested; no other effect. From fourth dose, animal paralysed and prostrate; tetanic spasms; pupil contracted. *Post mortem.*—Membranes of brain congested; substance of brain and spinal cord healthy; internal viscera congested; muscles contracted when electrodes of Faradic current were applied; when applied to nerves or spinal cord muscular contractions ensued.

426. Cat, 4 + 4 grs. From first dose, great irritation and cerebral excitement; depression afterwards. After second dose, excessive salivation; partial paralysis of posterior limbs; tetanic spasms; tongue and mouth congested; mucous discharge from bowel. *Post mortem.*—Same as 425.

427. Rabbit, 6 grs. Observations on respiration: Number 1st increased, and 2nd diminished. Complete paralysis of all four limbs; laboured breathing; loss of reflex action; congestion and heat of ears; pupils contracted; tetanic convulsions. *Post mortem.* — Same as 425.

In this experiment, though in the table it is simply stated that there was congestion and heat of ears, yet on looking at the record of the experiment in full, it is stated, that "almost immediately" after the dose "the ears were observed to become paler than before; then, suddenly, they appeared of a bright red colour, all the vessels being enlarged and congested."

428. Rabbit, 6 grs. Observations on heart's pulsation. Number 1st increased, and 2nd diminished; otherwise same as 427. *Post mortem.*—Same as 425.

429. Cat, 6 grs. Irritable at first; staggering gait; excessive salivation; discharge of mucus from bowel; subsequent depression.

430. Cat, 6 + 3 grs. From first dose, irritation and cerebral excitement; embarrassed respiration; subsequent depression; profuse salivation; staggering gait; animal stupid and drowsy. From second dose mucous discharge from bowel; mouth and tongue congested; vomiting.

433. Rabbit, 12 grs. Spinal cord exposed during life;

posterior column touched, animal cried and struggled. After injection of *Theine* complete prostration and loss of reflex action. On touching posterior column it did not move away or cry; on touching anterior column muscles were contracted.

2. *Experiments with Caffeine.*

434. Frog, $\frac{1}{128}$ gr. Very slight weakness of posterior extremities.

436. Frog, $\frac{1}{32}$ gr. Considerable weakness of limbs; respiration impaired; reflex action diminished.

437. Frog, $\frac{1}{16}$ gr. Almost complete paralysis; respiration stopped; almost complete loss of reflex action; prostration; cutaneous surface congested.

438. Frog, $\frac{1}{14}$ gr. Complete prostration; respiration stopped; reflex action lost; under surface of skin, tongue, and mouth congested; stasis of blood in capillaries. *Post mortem.*—Heart beat feebly; great congestion of viscera. When brain was irritated, muscles of face contracted; on irritating spinal cord, nerves, or muscles, there were muscular contractions.

440. Frog, $\frac{1}{10}$ gr. Spinal cord exposed during life; symptoms same as 438. On touching anterior or posterior column with point of needle strong muscular contractions followed. After *Caffeine* was injected no contractions followed on touching the posterior column, while anterior column remained as before. *Post mortem.*—Same as 438.

441. Frog, $\frac{1}{8}$ gr. Prostration and loss of reflex action; congestion of skin; stoppage of respiration. *Post mortem.*—Same as 438.

442. Frog, $\frac{1}{3}$ gr. Rapid prostration and loss of reflex action, with usual symptoms.

444. Rabbit, 1 + 1 + 1 + 1 gr. From first and second dose, no effects. From third dose, congestion of ears; cerebral excitement; contraction of pupil; staggering gait. From fourth dose, partial paralysis of limbs; reflex action diminished.

445. Rabbit, 4 grs. Numbers of the respirations and pulsations of the heart, first increased, second diminished. Temperature of the ear, first diminished and second increased. Ears at first anæmic, subsequently hyperæmic; breathing laboured; pupils contracted; paralysis of limbs; loss of reflex action; tetanic spasms; opisthotonos. *Post mortem.*—Membranes of brain and internal viscera congested; substance of brain and spinal cord healthy; electrodes of current applied to brain, nerves, cord, or muscles produced muscular contractions.

446. Cat, 6 grs. Irritation and cerebral excitement; mouth and tongue congested; staggering gait; tenesmus and mucous discharge from bowel; salivation excessive; subsequent depression.

449. Rabbit, 12 grs. Spinal cord exposed during life; posterior columns touched with point of needle, animal struggled and cried out; anterior columns touched, animal struggled. After injection of *Caffeine*, when posterior columns were touched, animal did not cry out, but struggled slightly. When anterior columns were touched, strong muscular contractions ensued. Symptoms same as 445.

3. *Experiments with Guaranine.*

451. Frog, $\frac{1}{64}$ gr. Animal sickly; slight weakness of posterior extremities.

453. Frog, $\frac{1}{16}$ gr. Partial paralysis of limbs; reflex action impaired; respiration impeded; congestion of cutaneous surface.

454. Frog, $\frac{1}{12}$ gr. Prostration; almost entire loss of reflex action; respiration stopped; congestion of cutaneous surface.

455. Frog, $\frac{1}{8}$ gr. Complete prostration and loss of reflex action; respiration stopped; cutaneous congestion also of mucous membrane of tongue and mouth; stasis of blood in the capillaries. *Post mortem.*—Heart beat freely; congestion of skin and internal viscera. On irritating brain, spinal cord, nerves, or muscles, there were muscular contractions; anterior column of cord irritated, strong contractions of limbs; posterior columns irritated, no contractions.

456. Frog, ¼ gr. Rapid prostration and loss of reflex action; otherwise same as 455. *Post mortem.*—Same as 455.

457. Rabbit, 4 grs. Number of the respirations and pulsations of the heart, first increased and second diminished. Temperature, first diminished and second increased. Ears, first anæmic and second hyperæmic. First, cerebral excitement and second depression; paralysis of limbs; subsequent apparent recovery, but afterwards died in sudden tetanic convulsions. *Post mortem.*—Membranes of brain and internal viscera congested; substance of brain and spinal cord healthy. Electricity applied to nerves, brain, cord, or muscles produced muscular contractions.

458. Rabbit, 4 + 2. From first dose, ears congested and cerebral excitement. From second dose, complete paralysis of limbs; loss of reflex action; contraction of pupil; tetanic spasms, with opisthotonos. *Post mortem.*—Same as 457.

459. Cat, 6 grs. Irritability and cerebral excitement; subsequent depression; partial paralysis of limbs; respiration impeded; tongue and mouth congested; tenesmus and discharge of mucus from bowel.

461. Rabbit, 8 grs. Exposure of spinal cord during life. On touching posterior columns with point of needle, animal struggled and cried out; on touching anterior columns animal struggled. *Guaranine* produced effects same as 457. On touching posterior columns animal did not struggle or cry out; on touching anterior columns muscular contractions of limbs ensued.

The results of the experiments with *Cocaine* (Erythroxylon coca) are so very similar to those with *Theine, Caffeine,* and *Guaranine* that I forbear to quote them.

From these carefully conducted experiments we see that those four drugs, *Theine, Caffeine, Guaranine,* and *Cocaine,* are almost identical in their action. I shall therefore class them together, and we find that they act—1, on the brain; 2, on the vaso-motor nerves, and through them on the capillary vessels; 3, on the spinal cord and the reflex function; 4,

on the heart; 5, on the respiratory nerves; 6, on the rectum; and, 7, on the system generally, producing prostration.

I shall examinine these more particularly and comment upon their bearing on therapeutics. In this examination we get a remarkable insight into, and explanation of, the action of tea and coffee on the system when taken in moderation, when abused, and when used as medicines.

I. *Its action on the brain.*—The various experiments clearly testify by actual visible proof to the double action referred to, as *the* great basis fact of homœopathy. It first causes excitement and a state of great irritability, and this is followed by a reverse state of depression. The depression is accompanied by a congested state of the membranes of the brain, but as this is part of the general vaso-motor paralysis I shall refer to it again. The brain substance was found healthy, showing that this cerebral excitement and subsequent depression is a purely cerebral or mental state. This state of matters beautifully explains the action of tea in states of mental lassitude and depression, and proves that the use of a cup of tea in such a case, where its beneficial action is known personally to every one, is in reality a piece of homœopathy; that a small dose produces its primary or stimulant effect in a case where there is mental exhaustion produced by other causes.

This state of excitement and irritability of the brain explains the irritable, excitable, or "nervous" state, which we find existing in persons who drink tea or coffee, especially the former, in excess.

II. *Its action on the vaso-motor nerves.*—Here again is beautifully seen the double action indicated in several of the experiments by—1, an anæmic state of the ears, showing contraction of the vessels, and consequently stimulation of the vaso-motors, and along with this diminished temperature of the part; and, 2, by paralysis of the nerves, as shown by the hyperæmic state of the same part, accompanied by rise of temperature. In those experiments where the primary contraction of vessels is not

noticed as having occurred it is evident that the stimulus was so powerful that the first stage was passed before it was noticed, and was followed immediately by the reaction. It is also clear that there was *general* vaso-motor paralysis produced, since along with the hyperæmic condition of the ears there was congestion of the membranes of the brain, of the tongue and mouth, of the skin, and of the internal viscera, with stasis of blood in the vessels. The therapeutical deduction from these facts is, that in acute inflammations in any part of the body (in which the vessels of the part are in this dilated state), tea and coffee, instead of being forbidden, ought to be given, as in small quantity they will assist the action of the medicines.

III. *The action on the spinal cord.*—Paralysis of the limbs is one of the most constant symptoms in poisoning by these drugs, and one would naturally suppose that this was caused by paralysis of the *motor* nerves. This, however, is not the case. Several experiments were made to prove this, and it was found that when the anterior or motor column of the cord was irritated while the animal was under the influence of the drug the animal struggled, and muscular contractions were easily induced, but when the posterior or sensory column was irritated no muscular movements were produced, and the animal seemed not aware of the irritation.

It was further proved by a separate experiment for the purpose that the peripheral sensory nerves are likewise paralysed. All the experiments also show that the reflex function becomes abolished. The paralysis of the limbs may, therefore, be accounted for in this way, viz. that the sensory nerves being all paralysed, no external impression being therefore felt, and along with this the reflex function being destroyed, the animal is in too great a state of mental or cerebral depression to make any movements, which can only be elicited by direct irritation of the motor nerves. In fact, the animal is in a state (which I have put in the 7th head) of general prostration; the sensory paralysis, the reflex paralysis, the mental depres-

sion, and the general vaso-motor paralysis, all contributing to cause this. Here again we see the homœopathicity of giving a cup of tea or coffee in cases of general physical prostration, as, for example, after fatigue or after parturition, their beneficial effect being known to every one.

Here also we find how homœopathic is the ordinary treatment of opium-poisoning in administering a strong cup of tea or coffee. In opium-poisoning we have the same blunting or paralysing of the sensory nerves, the disinclination to move, the cerebral depression, the congestion of the brain and its membranes, the vaso-motor paralysis, and the laboured breathing (of which more after).

Accordingly we find that in the subsequent experiments made to prove the antagonism between these drugs and *Morphia* they are really proved to have an antidotal effect to a certain extent. Dr. Bennett says, "this table (of experiments) shows without doubt that *Theine* influences the physiological action of *Meconate of Morphia*, because after a dose of that drug, which would alone produce coma, if *Theine* be also introduced, it is followed by a period of cerebral excitement. Although the limits of the antagonistic action are narrow, it will be seen—1, that while a cat may recover from the effects of a dose of 1¾ grs. of *Meconate of Morphia* given alone it will rarely recover from the effects of a dose of 2 grs. even should the effects of the latter dose be modified by the introduction of 4 or 5 grs. of *Theine;* 2, that in three cases the animals recovered from the effects of 1⅞ grs. of *Meconate of Morphia* and 4 to 5 grs. of *Theine*, while they died when the same dose of *Meconate of Morphia* was administered eight days afterwards; 3, that when the dose of *Theine* was increased beyond 5 grs. the animals invariably died apparently from the effects of the *Theine;* the important result, however, is shown that fatal doses of *Meconate of Morphia* (1⅞ and even 2 grs.) may be completely antagonised by *Theine.*"

Similar results were obtained from *Caffeine,* and less marked results from *Guaranine.* These results are exceedingly interesting to us as showing the successful result of the pure homœopathic treatment of poisoning by *Morphia.*

IV and V. *The action on the heart and breathing.*—The heart's action was at first increased and then diminished, while the respiration was first quickened and afterwards impeded. Here again is the double action. Therapeutically it shows the benefit homœopathically of tea and coffee in cases of failure of the heart's action and syncope. The same may be said of impeded or difficult respiration arising either from asthma or heart disease. I have often noted, and I am sure others have also, the statements made by patients who are subjects of asthma, or emphysema, or heart disease, when the breathing gets very laboured and difficult in the early hours of the morning, amounting in many cases to orthopnœa, that they were always relieved of their breathing on getting their morning cup of tea; and a cup of strong coffee is one of the oldest and best known domestic remedies in asthma. This proving shows that such treatment is homœopathic, and patients who are so subject should be advised to have a cup of tea or coffee made as soon as possible when their morning dyspnœa occurs.

VI. *The action of the rectum.*—This is shown by the tenesmus produced with the discharge of mucus from the bowel. Therapeutically we should keep in view the beneficial result likely to accrue in dysenteric diarrhœa from a good cup of tea or coffee.

On the whole, from a homœopathic point of view, this series of provings is one of the most interesting and instructive that has been made for a long time. Rarely have provings brought out so clearly the double action of the medicines, while the every day experience of every one shows how the action of tea and coffee in moderate quantity is beneficial in just those cases where the symptoms correspond more or less to the physiological action of the drugs, or, in other words, where they are homœopathically indicated; while Dr. Bennett's experiments of antagonism between them and *Morphia* actually prove this fact to demonstration.

How clearly also is seen how valueless are the large mass

of facts brought out in such careful provings unless read by the light of the law of similars. When the fact of the two actions of drugs and the connecting link between is once seen, what a flood of light is thrown upon what would otherwise be an array of interesting but practically useless facts.

Let the allopath but note the fact of the double action of drugs; let him perceive that the physiological action of a drug is but a picture of disease; let him in a similar case of disease arising from other causes consider it possible that the small doses will act on the diseased part and produce its primary stimulant action, as in the case of tea and coffee, in prostration and opium-poisoning, and we at once have homœopathy practised. Such a result must soon come. The provings of well-known drugs so much desiderated by advanced men of the whole school will be found labour lost,—no practical meaning will be evolved from the mass of facts when read from the old-school point of view. There is but one key to their full meaning, and that is the law of similars.

ON THE PATHOGENESIES OF THE "CHRONIC DISEASES."

By Dr. Richard Hughes.

Second Paper.

In the last number of this Journal* I gave an account of the nature and materials of the forty-seven pathogenesies contained in the second edition of Hahnemann's treatise on *Chronic Diseases.* The conclusions to which their examination led were stated as follows:

1. The symptoms of the thirteen medicines appearing for the first time in the second edition, and the additions to

* Vol. xxxii, p. 631.

those already published, were obtained from both healthy and sick persons by means of globules of the 30th dilution.

2. Those of the eighteen medicines appearing for the first time in the first edition, and the additions to the four old ones therein contained, were mainly obtained from sick persons by means of the dilutions from the 3rd to the 12th.

3. Those of the seventeen medicines which are transplanted from the *Materia Medica Pura* were, as a rule, observed in healthy persons taking appreciable doses of the drugs.

I also mentioned another constituent of many of these pathogenesies, viz. observations of authors. These have their own special merits and defects, which must be elsewhere discussed. Nor need we say anything about the symptoms of our third class. But those of the first and second class are obviously open to challenge ere they can be admitted among the genuine and pure effects of the drugs. It may fairly be demanded what evidence we have of the power of infinitesimal quantities—from the millionth to the decillionth of a grain—to affect the healthy organism; and what guarantee is afforded that the symptoms observed upon sick persons are not effects of the disease existing rather than of the drug being taken.

I. Let us first consider the question of the action of infinitesimals on the healthy organism.

It will be borne in mind that this is a very different question from that of the efficacy and expediency of infinitesimal doses in the homœopathic treatment of the sick. The altered sensibility to stimuli of the diseased organ, and the similarity of the action of the drug to that of the morbid cause, combine to make aggravation a possibility here, and to suggest that doses should be small and may be very minute. The case is much less complex when action in health is before us. No *à priori* considerations are needed (or indeed helpful); and the data, moreover, are of less dubious interpretation. It is a simple question of fact, admitting of observation and experiment, and

unlimitedly verifiable. We have to inquire up to what limit of attenuation the well-known effects of drugs have been obtained, and whether we are hence justified in affirming or inferring the pathogenetic action of infinitesimals.

I say, of *drugs;* and thereby limit considerably the field of inquiry. That Spallanzani fecundated frogs with the 42,000th of a drop of semen; that the fever and rash of cow-pock have been produced by vaccine lymph diluted up to the 4th centesimal or higher;* that rabbits die of septicæmia when a trillionth part of a drop of the blood of another similarly perishing is injected into their veins,† —these are facts of another order. The presence of spermatozoa in the first, the catalytic or zymotic processes presumably existing in the second and third, make it impossible to argue from them to medicinal influence. Nor are the phenomena of sensation directly applicable to the present question. The minuteness of the particles of musk which affect the olfactory nerves, or of sodium which can be made visible by spectrum analysis, prove the exquisite delicacy of our senses; but they go no further than suggesting the power of infinitesimals. They do nothing towards proving their capability of deranging the healthy organism, of causing pain, spasm, inflammation, and so forth.

But a very little investigation will show that we have corresponding facts within the limits of true drug-action.

1. The pupil is a delicate and easy test of the physiological working of drugs. I have before me a prescription written by an eminent living oculist. It directs one fifth of a grain of *Daturin* to be dissolved in an ounce of water, and a drop to be put in each eye at 7 p.m. daily. Calculation will show that such drop contains but $\frac{1}{2400}$ of a grain of alkaloid; but the dilatation of the pupil which results is unquestionable. *Atropia* carries us further still. The "atropised gelatin" prepared by Savory and Moore under the direction of Mr. Ernest Hart purports to contain but

* *Brit. Journ. of Hom.*, xxiv, 171; xxv, 340; xxxi, 605; xxxii, 720.
† Ibid., xxxi, 104.

$\frac{1}{100,000}$ of a grain in each disk; yet it answers its purpose excellently well. Prof. Donders, cited in the fourth edition of Pereira's *Materia Medica*, finds that in dogs the attenuation of *Atropia* may be carried up to $\frac{1}{700,000}$ before the effect became doubtful, and it is possible, from the recent experiments of Rossbach and Fröhlich (*London Med. Record*, I, 786), that the doubtfulness arose from contraction being produced by the drug when reduced below the dilating-point. Prof. Donders, moreover, adds: "The sensitiveness of the eye to *Atropia* indeed excites astonishment when we consider that of the single drop of attenuated solution which suffices to produce dilatation, probably not a fiftieth part is absorbed." Of a piece with these facts about *Atropia* is Dr. Harley's observation (*Old Vegetable Neurotics*, p. 223) of "congestion of the entire conjunctiva, with dryness of the membrane, and dull aching pain in the eyeball, lasting for several hours," from the instillation of twelve drops of a solution of one part in 400,000 parts of water.

2. Another good physiological action for quantitative testing is the tetanizing power of *Strychnia*. The limit of this, in frogs, has been ascertained by Dr. Arnold.* He found it readily producible by $\frac{1}{10,000}$ of a grain. The $\frac{1}{1,000,000}$ did not ordinarily cause more than increased reflex irritability. But in one frog, which the day before had been tetanic for some hours after $\frac{1}{10,000}$ had been administered to it, but which had quite recovered, a slight attack came on in half an hour after receiving $\frac{1}{1,000,000}$, which ended in the death of the animal after some hours.

3. Our experiences hitherto have been with quantities which, though minute enough, do not reach as far as the millionth of a grain, *i. e.* to our 3rd dilution. But in the case of *Arsenic* we have facts pointing to a much wider range of efficacy.

Dr. Imbert-Gourbeyre, whose bibliographical and personal collections of the effects of *Arsenic* will connect his name indissolubly with this drug, has recorded several instances of its action in infinitesimal doses.† Among these are—

* *Brit. Journ. of Hom.*, ii, 101.

† See especially his "Études de quelques Symptômes de l'Arsenic" (*Gazette Médicale*, 1862).

from the 4th trituration (*i. e.* $\frac{1}{10,000,000}$) pruritus, erythema, papules, and burning of eyes, with lachrymation; from the 8th ($\frac{1}{100,000,000,000,000}$) a confluent miliary rash with great malaise (this was in a healthy prover, a medical student). Dr. v. Grauvogl† proved *Arsenic* upon himself. The 3rd and 10th decimal attenuations made him ill; the 30th decimal did not do this, but it brought on the insatiable thirst which he subsequently experienced when suffering from the stronger doses, and which he therefore knew to be arsenical. The 30th decimal = the 15th centesimal attenuation; *i. e.* it contains a quintillionth of a grain.

4. One testimony more. The *Atropia, Strychnia,* and *Arsenic* with which we have been dealing are virulent poisons. But Hahnemann has proved all his medicines alike, so that we have yet to ascertain the efficacy of mild ones in infinitesimal quantities. I know of no *data* bearing on the question in the case of such drugs as *Agaricus, Euphorbium,* and *Nitrum,* which have a moderate energy in their crude state. But of those which, inert thus, develope energy in the process of trituration we have a typical example in *Natrum muriaticum.* This substance was re-proved under the superintendence of Dr. Watzke, a most competent observer, and with all his prejudices the other way. But he writes, "I am, alas! (I say alas! for I would much rather have upheld the larger doses which accord with current views)—I am compelled to declare myself for the higher dilutions. *The physiological experiments made with Natrum muriaticum,* as well as the great majority of the clinical results obtained therewith, speak decisively and distinctly for these preparations."

In the face of such facts (which might easily be multiplied) we are not justified, I think, in rejecting symptoms purporting to be obtained by infinitesimal doses of drugs, as such. The uncertainty which hangs about them is the same in kind (though indeed greater in degree) as that which pertains to all provings on the healthy subject. It is enhanced mainly by the subjective and fleeting character of most of the phenomena recorded. When these, as in

* *Text-book of Homœopathy* (tr. by Shipman), ii, 59.

Dr. Imbert-Gourbeyre's cases, are objective, or when, as with Dr. v. Grauvogl's, they are marked and recurring, there need be no doubt of their reality.

II. The second question raised by the pathogenesies of the *Chronic Diseases* is—What is the value of symptoms observed upon the sick?

Now there can be no doubt that, with proper precautions, the pathogenetic effects of a drug may be observed upon patients taking it for their ailments almost as well as upon healthy subjects. Some of our best records of the effects of *Atropia*—as those of Grandi and Michen—are taken from epileptics treated by it. The conditions of security are obvious. The disease must be of a definite and limited character, consistent with fair general health; all symptoms conceivably resulting from it, or occupying the same seat, must be excluded, and likewise all phenomena previously observed by or in the patient during the time of his ill-health.

That Hahnemann recognised the necessity of such precautions to obtain even a tolerable result is evident from his preface to the 1st vol. of the *Materia Medica Pura* (1830). He there writes, "Among the observations of others which are mingled with the following symptoms some were obtained from sick persons. However, inasmuch as they were chronic patients, with symptoms well known, these last need not be confounded with the effects produced by the medicines, as Greding has shown and carefully exemplified. Symptoms observed upon such patients, therefore, are not without value, and may at any rate serve for corroboration when analogous or identical symptoms appear among the pure effects of the drugs in healthy persons." He also says, in his *Medicine of Experience* (1805), "How, even in diseases, amid the symptoms of the original disease, the medicinal symptoms may be discovered, is a subject for the exercise of a higher order of inductive minds, and must be left solely to masters in the art of observation." This statement stands unchanged in the last edition of the *Organon* (1833); and a note is added to the words "medicinal symptoms,"

explaining them to be such as "during the whole course of the disease might have been observed only a long time previously, or never before; consequently new ones belonging to the medicines."

Recognising Hahnemann as a "master in the art of observation," and seeing how sound were the canons he professed, we might have taken without question at least the symptoms he himself has furnished to the pathogenesies of the *Chronic Diseases*, even though they were obtained from the sick. But, unfortunately for our trustfulness, he has given us a means of testing his actual practice in this matter; and the result is by no means favourable. I refer to the observations he has cited from authors. Here we can see him, as it were, at work among his patients; we can notice the symptoms he selects as resulting from the drug administered, and not from the disease present, and test their conformity to his own canons and to common sense.

Let us first take Greding, as one whom Hahnemann mentions by name, as a typical instance of care in distinguishing between medicinal and morbid symptoms. It is the way of this writer to give a series of cases of the same disease treated by a particular drug, recording all the phenomena noticed in the patient during its administration. He sometimes, but not always, in summarising the results, indicates which of the symptoms recorded may or may not be fairly referred to the drug. Now, when he does so, Hahnemann does not necessarily follow him. When treating some epileptics with *Cuprum*, one, immediately after swallowing the pill, lost sense and thought for a short time; and another, who suffered from piles, had hæmorrhage from them for four days together. These, Greding with good sense writes, "huic remedio *nequáquam* tribui posse videntur." But they appear (S. 15 and 208) in Hahnemann's pathogenesis as effects of *Cuprum*. Again, this author narrates the treatment of twenty-three epileptics and epileptomaniacs by *Belladonna*. One would expect that any symptoms taken from such a source would steer very clear of epileptiform and maniacal phenomena; yet from one of them we have S. 1322 ("with a sudden cry, he trembles in the hands and feet"),

which Dr. Russell (*Clinical Lectures*) cites as contributing to the evidence for the homœopathicity of *Belladonna* to epilepsy;* and the forms of mental disturbance standing as S. 1375, 1376, 1377, and 1387 are all taken from maniacs or melancholiacs. Once more, Greding treats three cases of jaundice with *Belladonna*. Two of them had green stools during the transition from clayeyness to their natural tint; but this phenomenon stands (S. 703, 704) among the effects of the drug on the healthy. Lastly, I would refer the reader to the account I have given in the *Monthly Hom. Review* for Nov., 1873, of the cases treated by Greding with *Aconite*, from which Hahnemann has taken symptoms. One was a maniac, and, not unnaturally, showed signs of her disorder at the monthly period. Hahnemann tells us (S. 252) that *Aconite* causes "rage at the time of the appearance of the menses." Another has, as part of a chronic ailment, a troublesome cough, S. 353 belongs to him; and speaks of "frequent cough" as if a part of the effect of the drug.

I need go no further to show that the use Hahnemann has made of Greding's records has no countenance from that observer himself, and is of a most questionable character. Let us take another author of the same stamp, the famous Baron Störck. His cases treated by *Aconite* are summarised in the paper to which I have already referred. In one of these a "considerable tumour in the left iliac region" diminished and finally disappeared under the action of the drug, with an accompanying discharge from the vagina of a viscous yellowish matter in abundance. Hahnemann (S. 251) sets down "profuse, tenacious, yellowish leucorrhœa" as caused by *Aconite!* But the most curious facts in relation to this author belong to his celebrated reports of the use of *Conium* in cancer. He repeatedly states that no bad effects were observed from the drug, and his recorded cases seem to bear out the assertion; but Hahnemann cannot believe this, and so the pathogenesis of *Conium* in the *Chronic Diseases* contains thirty-three symptoms to which the name of Störck is attached. The following are specimens of them.

* See also S. 1374.

A patient with mammary cancer coughs and brings up pus before she dies. As might have been expected, her lungs are found invaded by the disease; but "purulent expectoration" (S. 550) and "a pain shoots into the ulcers when coughing" (S. 752), are contributions from her to the pathogenesis of *Conium*. Another sufferer with the same disease gets a chill in the street while selling fruit on a cold, windy day, has colic and purging, and finally dysentery, of which she dies. "Violent belly-ache with chill" (S. 359) and "weakening diarrhœa" (S. 428) are extracted from the narrative as effects of the *Conium* she was taking. Another had S. 518, 224, 7, 870, 909, 562, and 210 in a group. They were deemed traceable to overloading of the stomach, and all disappeared after an emetic; but they swell the pathogenesis of *Conium*. It is needless to multiply such instances.

I could mention numerous facts of the same order. Most of the cited symptoms of *Arnica* are observed upon injured persons treated by it or paralytics recovering under its use, and they belong, as a rule, solely to the bruised or powerless parts. To *Antimonium crudum* are credited a number of phenomena which are obviously the mechanical effects of the violent vomiting caused by it. All the bad effects ascribed to suppressing agues by *Bark*, as dropsy, jaundice, phthisis, and the like, are set down as pure effects of *China*, though they never occurred in any other but aguish subjects; and so on *ad infinitum*. The result of the examination is sadly to discredit the compiler of this part of the pathogenesies as a "master in the art of observation" whom we can trust to discern medicinal symptoms among those of the original disease. We can but reason from the known to the unknown, and infer that a similar wholesale appropriation of the phenomena of disease as effects of the drugs administered went on in the chronic cases treated by Hahnemann, and resulted in the pathogenesis of the first (and a part of the second) edition of his work.

It has been attempted to avoid this inference by suggesting that Hahnemann must have employed others in this part of his collection, and hence is not to be charged with their errors. I wish it could be proved so to have been, but

there is an entire lack of evidence for the supposition. I fear that the real explanation lies in the exaggerated notions Hahnemann came to entertain of the potency of drugs, especially when "dynamized" hy his processes. He actually lays down the canon (*Organon*, cxxxviii) that "all the sufferings, accidents, and changes of the health of the experimenter during the action of a medicine (provided the proper conditions are complied with) are solely derived from this medicine, and must be regarded and registered as belonging peculiarly to this medicine, as symptoms of the medicine, even though the experimenter had observed, a considerable time previously, the spontaneous occurrence of similar phenomena in himself. The reappearance of these during the trial of the medicine only shows that the individual is, by virtue of his peculiar constitution, particularly disposed to have such symptoms excited in him. The symptoms do not arise spontaneously as long as the medicine that has been taken is exercising an influence over the health, but are produced by the medicine." It is easy to see what a loophole this opens to imaginary effects of drugs. Thus, in 1813 (*Dudgeon's Lectures*, p. 184), Hahnemann writes to Stapf—"You are right in supposing that the increase by a medicine of symptoms that had been previously present most probably indicates that the medicine given can of itself also excite similar symptoms. *Still, we must not include such symptoms in the list of the pure, positive effects of the medicine, at least not in writing.*" Ægidi's *Colocynth* case shows how, in the *Chronic Diseases*, this salutary caution was dropped. A patient labouring long under neuralgia starting from a nephritic complaint, and suffering several times a day from "agonizing pain proceeding from the region of the left kidney down the corresponding limb as far as the outer malleolus," took at 9 a.m. a drop of *Colocynth* 6. In the evening the patient had, periodically, "a dreadful cutting in the abdomen, proceeding from the left renal region, spasmodically drawing the left thigh up to the body, and forcing the patient to bend herself completely forward." This, at the utmost, was a medicinal aggravation, but it appears as S. 114 of the pathogenesis of *Colocynth* in the *Chronic*

Diseases. This suggests how many of the apparently wonderful effects of inert and useless drugs (as *Natrum carbonicum*) were obtained.

I am compelled to draw the conclusion that the great bulk of the pathogenesies of the *Chronic Diseases* are not to be relied upon as genuine physiological effects of the drugs. The fact of their being obtained with infinitesimal doses—from the 3rd to the 30th dilution—would not disqualify them, however much they would stand in need of verification. But their appearance in the sick, after the revelations we have had of Hahnemann's mode of dealing with such symptoms, puts them (to my mind) utterly without the pale of genuine drug-effects. They are at best mere guesses, and cannot be used with any confidence in working the rule *similia similibus.*

The inference as to the value of our present repertories is obvious. They are two other practical results to which I would call attention:

1st. We have no English translation of those pathogenesies of the *Materia Medica Pura* which were afterwards transferred to the *Chronic Diseases,*—Hempel's version giving these only as they stand in the latter work, where it is almost impossible to separate and distinguish the two elements. Some of these are of substantial value, as *Phosphoric acid, Calcarea acetica* (obtained from the saturated solution), *Aurum, Hepar sulphuris,* &c. It would be a boon to English readers if a German scholar would give us, in some journal or separately, these pathogenesies in our own tongue.

2nd. It is imperative that those special medicines of the *Chronic Diseases* which have shown themselves to have therapeutic virtue should be re-proved. This has been done by the Austrian Society for *Sulphur* and *Natrum muriaticum,* and is being done by the American Institute for *Sepia* and by the Central Society of Homœopathic Physicians of Germany for *Cuprum.* Cannot we in England undertake it for *Calcarea, Silicea,* and such like drugs? Our use of them at present is almost entirely empirical; yet we prize them highly. What realms might they not conquer if a

genuine proving in all potencies on the healthy were instituted, and the results recorded, not piecemeal, but in due connection and sequence! To our younger practitioners and students, who yet have leisure, I earnestly commend this work.

AN ADDRESS DELIVERED AT THE OPENING OF SESSION 1874-5 OF THE BRITISH HOMŒOPATHIC SOCIETY.

By Alfred C. Pope, Vice-President.

(Read before the British Homœopathic Society.)

We meet to-night, gentlemen, to commence the work of another session, the thirty-first of our existence as a society. In occupying the chair on this occasion, in the absence of our President, I must first be allowed to thank you for the honour you have done me in re-electing me as one of your vice-presidents, and this I do most sincerely.

I trust that we have before us a series of meetings in this room, which will be marked by the reading of good practical papers and by useful as well as interesting discussions. I would, indeed, hope that the session on which we are entering may be productive of a considerable addition to our power of controlling disease and of remedying injury.

All that a secretary can do to promote the prosperity of a society we may rest assured that Dr. Drury will do. We all know how energetically he has laboured to place our finances in a sound condition; we also know how thoroughly he has succeeded in doing so. But, gentlemen, however great may be the zeal of a secretary, however carefully he may husband the resources of his society, however considerable may be the time and thought he devotes to its interests, all will fail unless he receives a

full and ungrudging support from his constituents—the members of the society he strives to serve. Our Secretary is, I know, very desirous of rendering our meetings both instructive and attractive. To this end he will doubtless apply to you to furnish papers that will do credit to our Society. I trust that he will in this matter be warmly supported, and that there will be no lack of members ready and willing to contribute out of their stores of experience, study, and reflection, towards making our meetings yet more and more interesting.

It is the bounden duty of every member of our profession to endeavour to do somewhat towards enlarging the boundaries of existing knowledge respecting our science and art. Still more imperative is it upon us who believe that we have in our possession a method which, when fully developed, will render the cure of disease more certain, will bring within the category of the curable many disorders which are now deemed susceptible of palliation only; still more imperative, I say, is it upon us to use every effort to improve and render more accurate our knowledge of drug-therapeutics. We have a great work to perform, our numbers are few, the obstacles we have to encounter are great, and in proportion as these things are so is it necessary that every individual practitioner of homœopathy should endeavour to do something which shall render the practice of homœopathy more certain and more simple than he found it. It is here, where we meet together to discuss the views broached by different members, that we can best cultivate the sciences upon which our art is built. It is by that free and intelligent criticism, which the reading of an essay in a society such as this encounters that errors in observation are corrected, that difficulties in practice are solved, that what is true is best determined, and what is useful is most easily discovered. The advantages which must therefore flow from our meetings are obvious and great.

In his address at the close of last session Dr. Bayes told us that "this and its kindred societies in the provinces are the *only medical societies* in Great Britain in which physicians and surgeons can openly meet and discuss medical

and surgical science and art in all their relations to therapeutics, and in all their bearings to adjunctive means and clinical experience." Gentlemen, this is true, and "pity 'tis 'tis true."

It is deeply to be lamented that the only principle which offers a real solution to the problem of how drugs may be most efficiently prescribed should be one which is excluded from discussion in all assemblies of medical men save in our own and some five or six other associations in the country. That it is so renders it all the more important that here attention should be especially devoted to the consideration of those subjects which bear upon its practical application. Hence it arises, that though the entire range of medical science is full of interest for us, and while it is of the greatest importance that we should be earnest in the study of each department thereof, we must ever regard our Society as one peculiarly devoted to the discussion of therapeutics. It is to the improvement of the art of curing disease by the employment of drugs that our attention here must be especially directed. Here, and here only, in this great metropolis can the physiological action of drugs be debated with any advantage to the physician. Here we recognise a knowledge of the parts for which a drug has a special affinity, the degree and kind of its action, and the manner in which that action is expressed, as being essential to a right use being made of it in the treatment of the sick. Our aim here should be the discovery of remedies—of drug remedies, that is—which shall be specific in their mode of action, and the adding to such information as we already possess regarding those now in use. Hence, everything that bears upon Materia Medica, everything that can increase our knowledge of the alterations in health produced by drugs, everything that can illustrate their application in disease, meets with a cordial reception in this Society. For these reasons, therefore, I would take advantage of this opportunity of inviting the attention of those who may be willing to respond to the call of our Secretary for scientific contributions to the consideration of the actions and uses of drugs, and to clinical illustration of

their influences upon the course of disease as subjects especially suitable for introduction at our meetings here.

I am glad to know that our session will be opened by a paper on a thoroughly practical and most important question. One of our chief difficulties both as practitioners and as advocates of homœopathy consists in the unorganized or but partially organized condition of the results of our drug provings and of the vast collection of clinical observations which lie scattered throughout a literature of seventy years. The former have hitherto defied the most ingenious of repertory makers, and the latter still await that grouping which alone can make them useful to the busy practitioner. It is to a subject of no less interest than this that Dr. Wyld will this evening draw your attention. I am quite sure that if any progress can be made, if any improvement on the scheme devised by Drs. Drysdale and Blake can be suggested here to-night, towards the designing of a thoroughly practical and complete therapeutic repertory, our session will have opened most auspiciously.

As you are aware, this Society has in hand the preparation of a second and improved edition of the *Pharmacopœia.* For the work which has been done we are indebted mainly to our Secretary, and for that which will be done we shall, I doubt not, be under still further obligations to him as well as to his coadjutors. I am happy to be able to inform you that this important undertaking is rapidly approaching completion.

There is one department of our Society with the arrangement of which I think that comparatively few of our members are acquainted. I allude to the library. We have around us a goodly collection of volumes of general interest to us as medical men, and also of works on homœopathy. From the study of these latter it would, I believe, be in the power of any member to compile a valuable history of the rise and progress of homœopathy. The various opinions of those who have been foremost in promoting its study and in furthering its development are here recorded. The fact that their contents are so seldom looked into leads me to fear that members are under the

impression that our library is intended to be merely an ornamental appendage of our Society. Certainly such is not the case. The books have all been carefully catalogued, a set of rules has been published indicating the manner in which they may be obtained, and the restrictions under which they can be used by provincial as well as by metropolitan members. It would be gratifying to the Library Committee, and tend to stimulate them to improve the collection entrusted to them—and this Committee requires some stimulus—were the books at your disposal more frequently inquired for.

Before I sit down I wish to draw your attention very briefly to a matter of great importance which has already been brought under your notice this evening by Dr. Bayes. I refer to the application which has been made to us by our American brethren to assist them in promoting the success of the assembly of American and foreign physicians practising homœopathy, which it is proposed to hold in Philadelphia in 1876. I trust, gentlemen, that the requests we have heard read to us to-night from our active and enthusiastic colleagues on the other side of the Atlantic will be responded to by us in a manner worthy of our Society and of the consideration they unquestionably deserve. The proposed gathering will doubtless be an important one in the history of homœopathy. It is therefore desirable that we should do all in our power not only to render it successful and influential for good, but also to maintain our *prestige* as British representatives of homœopathy. Abundance of time is allowed to us to think over the proposals that have been made, to select the most creditable representative of medical science we can find, and ample opportunity will also be afforded him to select and work up a subject suitable to bring before an audience of the kind that may be expected to be assembled in Philadelphia on the occasion in question.

It now only remains for me, gentlemen, to express once more an earnest hope that we have to-night entered upon the most useful and practical session in the history of the society, and to call upon Dr. Wyld to read the paper of which notice has been given.

ON THE THEORY AND PRACTICE OF HOMŒOPATHY.

By Dr. Wyld.

(Read before the British Homœopathic Society.)

Gentlemen,—Twenty-two years ago Dr. Dudgeon and I were two of the physicians to the Hahnemann Hospital.

During these remote and to us comparatively juvenile days we often walked together from the hospital to the west end, and on one of these occasions I remember suggesting to my companion in arms that it might be a good thing to publish *A Practice of Homœopathic Medicine* under adequate editorial supervision.

To this proposal Dr. Dudgeon replied that the time was not rife, that homœopaths were all at sixes and sevens, and that there existed insufficient talent and experience to construct such a work as I proposed.

Twenty-two years, as I have said, have passed over our heads since that day, and it now seems to me that the time has arrived when our body are perfectly competent to compose such a work, and I think if published the book would be received gratefully by nearly all homœopathic practitioners.

We have hundreds, it might almost be said thousands, of "domestic" and popular books printed and rapidly sold to the British homœopathic public, but, so far as I know, there does not exist any "practice of homœopathic medicine" entirely worthy of being addressed to the educated and scientific homœopathic practitioner.

The almost innumerable "domestic" books which have found so eager a public have spread a certain available knowledge of our system broadcast over the whole world, and so far they have conferred an immese boon on the public. They have thus forced our opponents to inquire into the claims of homœopathy, the result of which is an

amount of secret as well as avowed homœopathy, which must at no distant day revolutionise the entire practice of medicine.

The time would seem, then, to have arrived when we should possess "a theory and practice of homœopathic medicine" which we could place with confidence in the hands of any honest scientific sceptic demanding of us a practical guide to his inquiries into homœopathic therapeutics.

The criticisms on our system which various individuals and journals from time to time favour us with almost all take as their texts statements and ideas published by individuals who flourished when homœopathy was in its infancy, many of which ideas are ignored by probably *nine tenths* of the educated medical men who *now* practise homœopathy.

If so, does there not exist a very strong reason for publishing under the highest auspices a theory and practice of homœopathic medicine on a thoroughly scientific basis; that is, a volume which we could with confidence place in the hands of the most fastidious and exacting critic?

When I have from time to time encountered adverse criticism based on the opinions of early homœopaths, I have replied that such were not the opinions now held by the great majority of our body, and when these critics have demanded where they could find homœopathy stated as now practised, I have generally referred them to the *British Journal of Homœopathy.*

This work is, however, now so voluminous that he had need to be a most exemplary and painstaking critic who would wade through the thirty-two volumes of that valuable repertory of British homœopathic facts and opinions.

Dr. Dudgeon, in his late admirable address, told us that the number of *avowed* practitioners of homœopathy was not on the increase, and he attributed this to the fact that there was rising up a school of medical practitioners who were gradually absorbing the broad principles and practice of homœopathy, so that there did not now exist that imperative and increasing demand for *openly avowed* practitioners of our system which was so active some *twenty-five* years ago.

I think this is an additional reason why we should publish a standard work on "the principles and practice of homœopathic medicine," for if we do not we shall be forestalled, and that now small but active school of medicine I have alluded to will take the work out of our hands. They will publish a theory and practice of medicine homœopathic in everything but the name, a book which may be adopted as a text-book by a large number of advanced homœopaths, and become a standard work in the profession, while all which we will be able to show will be an innumerable number of "domestic" books concerning the majority of which the greatest number of us may be more or less ashamed.

Avowed homœopaths in those days will become still more a mere *sect* than at present, while a large and powerful school of *new* physic will arise and push us from our stools, reaping most of the profit and all the honour connected with *broad* homœopathy.

Strongly impressed with the above conviction that we should produce a standard and authoritative "theory and practice of homœopathic medicine," I would beg to submit the following method for your consideration :

1. That the united talent of our body should be solicited to produce a volume under the sanction and supervision of the British Homœopathic Society entitled "The Theory and Practice of Homœopathic Medicine."

2. That the volume be limited to, say 900 pages, and sold at, say 18s.

3. That the most approved arrangements, as followed by the best allopathic works, should be adopted as our model.

4. That the volume should be written so as to be acceptable to scientific minds, and that it should aim at presenting no needless hindrance to its acceptance by those who now thoughtlessly, ignorantly, or maliciously oppose us.

5. That the assistance of all the legally qualified practitioners of homœopathy in the British Isles be solicited in composing the volume.

6. That a list of all diseases and subjects to be treated

be printed and circulated among homœopathic practitioners, requesting them to mark such disease or subject as they may desire to write upon, and that in the event of more than one member desiring to write on the same subject the Publishing Committee shall elect a gentleman to write the article, submitting the paper of the successful candidate to the revision of those not elected.

7. That all papers sent in shall be revised by each member of the Committee before being published.

8. That the paper circulated shall indicate the number of pages to be given to each subject, so that the volume be retained within the fixed limits.

9. That a wide committee be appointed to carry out the above scheme, it being suggested that the editors of our two leading homœopathic journals, our Secretary, our President, and Vice-President, shall be solicited to become members of this Committee, and shall be requested to extend the Committee so as to secure all available talent.

10. That the sum of £100 recently voted by this Society in aid of a *Therapeutic Repertory* be applied in furtherance of the above scheme.

Discussion on Dr. Wyld's paper.

Dr. Bayes said that the difficulty to the proper carrying out of Dr. Wyld's idea resulted from the great difficulty of reconciling the present pathology with the practical application of our symptomalotogy. We cannot treat diseases according to the present names given to them, and what we need is a new classification of diseased states, so that the thing named may be really the thing to be treated. In our present state of knowledge the *Repertory* and *Symptomen Codex* are really our best books of homœopathic practice.

Dr. Dudgeon remarked that various attempts had been made by British homœopathists to supply a homœopathic practice of medicine such as Dr. Wyld proposed, from Dr. Laurie's *Practice of Physic* to Dr. Ruddock's *Text-book*. How far these works fulfilled the intentions of their authors he would leave them to judge. The work proposed by Dr. Wyld, if executed as he designed, would undoubtedly be very useful, and he should be glad to see it undertaken. But he could not admit the propriety of appropriating for Dr. Wyld's projected work money that had

been voted for a perfectly different object, viz., a therapeutic repertory, which was quite a different work, in every respect, from that proposed by Dr. Wyld. If Dr. Wyld could persuade the Society, which was absolutely wallowing in wealth it did not know what to do with, to grant him £100 or more for his work, well and good; but he never would consent to apply to the proposed practice of physic the money voted for the repertory.

Dr. R. Hughes said that, while sympathising with Dr. Wyld in his desire, he could not see with him either as to the need of such a work as he proposes or as to the practicability of his plan for it. The treatises of Kafka and Bähr were, he thought, as good as any practice of physic which homœopathy could produce; and the latter has been rendered into English by Dr. Hempel. But even did the *lacuna* exist, he did not think we had in this country the means of filling it up. From one cause and another we had very few men who could or would write useful monographs on special forms of disease, such as would be required for Dr. Wyld's book. The difficulty experienced in getting original matter for our journals shows the hopelessness of expecting adequate aid in a work like this. Moreover, he thought the proposed revision by a committee of the Society likely to be unpalatable, and, from the inevitable difference of opinion as to dose, hardly workable. The one thing to be done in this direction was, he thought, to collect under appropriate headings the clinical experience scattered throughout homœopathic literature; and this was the plan of the therapeutic part of the repertory. He should be sorry if either the energies or the funds of the Society were diverted from this useful and practicable undertaking into more ambitious but less promising channels.

Dr. Carfrae coincided entirely with the opinion expressed by Dr. Hughes, and begged to draw Dr. Wyld's attention to the remark made by Dr. Hughes with reference to the absence of any text-book for inquirers into homœopathy. Dr. Bähr's book is an excellent one for such a purpose. In answer to Dr. Hale's observation that chronic diseases could not be treated of in a text-book, Dr. Carfrae further drew Dr. Hale's attention to Hartmann's book on chronic diseases, which he considered excellent so far as it went, but as it is now somewhat behind date, if any one would write an edition with additions up to the present time, it would be still more useful.

Dr. Drury did not understand Dr. Wyld's proposal as involving the consideration of a more judicious mode of spending the £100 voted last session, or as reopening the question with a view to reverse a decision, the wisdom of which might be doubted. Dr. Wyld's proposal was not a new one. The publishing committee of the Society being extremely anxious to present some suitable work to the members, had different propositions before them. He had talked the matter over with Dr. Yeldham in reference to a work very similar to Dr. Wyld's, and it became his

duty to find out whether if such a work were undertaken a sufficient number of members could be found to complete it. His inquiries satisfied him that it was useless to attempt to bring out any complete work, and his opinion was that such a work would be better done by one man than by a number. In the present divided state of the homœopathic body as to what was the best mode of treatment, such opposite opinions were held that in a book of this kind it would have a very bad effect to find men expressing opinions so diametrically opposed to each other; one man advocating the extreme views of high dilutions and another approaching allopathy so closely that the great difficulty was to find any trace of homœopathy. Such a book falling into the hands of an inquiring allopath would be very apt to bring his investigations to a rapid conclusion. This was the greatest objection to any general collection of authors in one book, and was an argument in favour of such a work being carried out by a single hand. Were this well done, and the author explaining and, as far as possible, reconciling conflicting opinions, there could be no doubt as to its value.

Dr. YELDHAM thought Dr. Wyld's proposal, though excellent in itself, was premature. He did not consider homœopathy sufficiently advanced as a science to admit of the successful accomplishment of so ambitious an undertaking. Two grave obstacles presented themselves to his mind. The first was the admitted imperfection of the homœopathic materia medica. Hahnemann had done a glorious work, but with all his genius, zeal, and industry, it was impossible but that he must leave it imperfect. It was the duty of his followers to prove and re-prove his *Materia Medica* over and over again, until it was purified of an immense amount of dross that overlaid it, and was placed on a solid, durable, and reliable basis. Homœopathy was, in fact, pretty well comprised in the proper study of the Materia Medica. It constituted its distinctive characteristic, the other branches of medical knowledge being common to all medical sects. The second obstacle was the unsettled state of the dose question. With their present divided opinions on that vital point, how would it be possible to compile a system of homœopathic therapeutics? Unless the north and south poles were brought together —for so widely did their opinions diverge—the dose must be altogether ignored, or the teaching must be one-sided, and the utility of the work, as a standard guide to the student and practitioner, be destroyed. Before Dr. Wyld's scheme, or any other of like nature, could be carried out in a manner to reflect credit on homœopathy and prove practically efficacious, this vexed question of the dose must be cleared up. By careful thought, study, observation, and discussion, men would be brought, more and more, to an agreement on this point, until at length a generally admitted rule, or law, would be accepted. When this should come about, and with a sound Materia Medica at his com-

mand, the compiler of a comprehensive system of homœopathic medicine would be able to speak with authority, but not till then.

Mr. Pope (in the chair) said that from the title of the paper they had heard, he had expected that Dr. Wyld would have proposed some plan of a therapeutic repertory that would have been an improvement upon that designed by Drs. Drysdale and Blake in the *Monthly Homœopathic Review* for September, 1873. Dr. Wyld had, however, not alluded to that paper at all, but, on the contrary, had suggested that the Society should take in hand the bringing out of a far more comprehensive work than was intended by the Hahnemann Publishing Society. Dr. Wyld would have this Society publish a work like Dr. Reynolds' *System of Medicine*, substituting homœopathic drug selection for the methods taught by the contributors to that work. The size of the volumes that would be required would be a great impediment. For whereas allopathic drug treatment can be sketched out in a few lines it is far otherwise when that which is homœopathic is treated of—the latter would demand as many pages as the former did lines. Again, we have no specialists amongst us with such opportunities for watching the cause and studying the pathology of a given class of disease, to the exclusion of nearly every other class, as have the allopaths; and consequently we could not find gentlemen who could write on the special pathology of any one organ with the degree of authority necessary for such a work. Another objection to Dr. Wyld's scheme which had been already referred to, was that if such a book is wanted we have it already in Bähr's *Therapeutics*. Various books have been referred to as fulfiling the want expressed by Dr. Wyld, but of these Dr. Sharp's was not what Dr. Wyld thinks we need. Dr. Sharp's has a value of its own. It is a work not on the practice but on the institutes of medicine. It explains what homœopathy is and the various studies required to enable a practitioner to apply the homœopathic law intelligibly. It is a work preliminary to practice. Dr. Bähr's, on the other hand, shows the principles taught in Dr. Sharp's carried out into practice. Mr. Pope thought that the *lacuna* which Dr. Wyld had said existed really did exist, but he also thought that the plan of the Hahnemann Publishing Society was one far better calculated to fill it, far more practical and far more practicable than that which Dr. Wyld had described. The whole tenor of the discussion had, he thought, gone to prove how much needed was such a work as that the plan of which had been sketched by Dr. Drysdale and Dr. Blake. He trusted that Dr. Wyld would carefully examine their essay in illustration of their plan, and that he and others would undertake a portion of the work. If such an event should be the result of the discussion that had taken place that evening, he felt sure that it would prove to have been most useful to the progress of homœopathy.

Dr. Wyld in reply said he was sorry to find he seemed almost

to stand alone in the views he had expressed in his paper. He confessed he was not convinced by the adverse reasons given. The idea of *A Theory and Practice of Homœopathic Medicine*, the joint work of all the British homœopathic talent, had beeu a favourite idea with him for twenty-two years, and he could not be expected to resign it at an hour's notice. The work by Bähr had been spoken of as sufficient to fill the hiatus Dr. Wyld believed to exist in our literature; but several gentlemen had confessed that it was far from fully satisfactory. Besides, why should we as Englishmen be satisfied with the work of one German? What we required was the best possible book, the result of united British homœopathic knowledge. Others had doubted if Britain possessed adequate ability to produce a book equal to Dr. Wyld's requirements, but surely, if one German could, 200 Britons might be expected to do so. Dr. Wyld regretted the view taken by the meeting, but believed the day would arrive when these views would be reversed.

TWO CASES OF HYDROPHOBIA, WITH OBSERVATIONS.

By Charles H. Blackley, M.D., M.R.C.S. Eng.

(Read before the British Homœopathic Society.)

To be in accordance with the nomenclature which is commonly used in reference to cases such as I am about to describe, I suppose I ought to give one as a case of hydrophobia and the other as a case of rabies, inasmuch as one of them occurred in a human being and the other in an animal. Partly for the sake of giving a short and convenient title to my paper, and partly because the two cases exhibit the effects of the same morbid poison, and therefore of the same disease, I have designated them as cases of hydrophobia. The name is not, even for the human subject, very happily chosen, because the symptom itself is not present in every case, and, as I shall have to notice further on, its absence in attacks of the disease in animals has given rise to erroneous notions of its characteristics.

If, in bringing under your notice a case occurring in one of the lower animals, I seem to be stepping somewhat out of my province, I must plead the example set by some eminent writers on medicine, and more especially the vast importance which attaches to the detection of the earliest symptoms of the disorder in the animal. When once the malady has fairly manifested itself in the human being, we are utterly powerless to stay its progress or to put off for a single day the fatal issue. Although we cannot accomplish much more in the case of the animal, we can, by a timely recognition of the early symptoms in the latter, ward off mischief which in a very large majority of instances ends fatally when once inflicted. On this account it seems to me to be quite as important to study the symptoms in the lower animals as it is to observe them in the human being; and I am the more impressed with the truth of what I have just stated by the circumstance that, had I not been fully alive to it, I might, and should in all probability, have been one of the victims of this terrible malady.

The first case I have to bring under your notice occurred in a girl eleven years of age. Being on a visit to a relative who lived some eight miles away from Manchester, she was sent out with a baby in a perambulator, to make some purchases of articles of food in the neighbourhood. On returning she was met by a strange dog, which, being either attracted by the smell of some of the articles in the perambulator, or stimulated by the sight of the moving vehicle, made a spring as if to get on to it; and on the girl attempting to drive the animal off it turned upon her, and caught her by one cheek, and made a lacerated wound behind the ramus of the jaw, about an inch and a half long, and at the same time made three lines of abrasion, as if by three of the teeth, on the front of the corresponding cheek. A medical man in the neighbourhood was called in, and gave it as his opinion that the dog could not have been mad, or it would not have attempted to take the food from the perambulator; consequently he did not think it necessary to adopt any special mode of treatment in order to prevent the absorption of the virus, if present. In accordance with this

view of the case the wound was treated in the ordinary way, and, without showing any specific signs of irritation, healed very kindly in the course of twelve or fourteen days.

For about eighteen days after the wound had healed the patient remained apparently quite well, but thirty-two days after the bite had been inflicted she began to complain that she felt weary and incapable of mental exertion. The school tasks, which before had been a pleasure to her, had to be laid aside. On January 26th, thirty-three days after the wound was made, she complained of pain in the cicatrix and also of some stiffness in the muscles of the neck and throat. The scratches on the cheek became red, and on the following day looked quite fresh, as if they had been made only a few hours before, but were a little darker in colour than newly made abrasions would have been.

It was at this point (January 27th) that I was called in. The girl was evidently aware of the nature of her malady, for, without any special course of interrogation on my part, she gave me the substance of the incident I have related above.

The cicatrix behind the ramus of the jaw was perfectly normal in appearance, but was a little tender to the touch. On attempting, at my request, to drink a little water a violent spasm of the muscles of the neck and throat came on, but this was preceded by a deep sigh or gasp, as if she might just have plunged into cold water. The sterno-mastoid muscle on each side of the neck was rendered so tense as to stand out like a thick cord, whilst at the same time there was a look of mingled anxiety and terror depicted on the countenance such as is not easy to describe, but which is not easily forgotten when once seen. The tongue was coated with a thin layer of yellowish-white fur. The fauces and pharynx were pervaded by an equally diffused purplish-scarlet blush, but there was no pain in the throat except when the patient attempted to swallow. The pulse was steady, but rather full and hard, and about ten beats above the normal standard, which with this patient was usually about eighty. The pupils were a little dilated, and the eye had a somewhat wild and restless appearance.

Bowels confined. Urine normal in quantity, but passed rather oftener than was natural. Prescribed *Belladonna* 1[x] in two-drop doses every two hours, alternately with *Ignat.* 1 every two hours.

January 28th, 9 a.m.—Had been very restless during the night; had not had any sound sleep; seemed as if continually disturbed by unpleasant dreams. Complains of pain in the muscles of the neck and along the cervical portion of the spinal column, but swallows fluids a little more easily.

5 p.m.—Swallowing more difficult than in the morning. Seems to be much more sensitive to external stimuli. The sight or sound of moving water brings on spasm. A very gentle stream of air projected from my own lips on to the patient's forehead, and continued only for a few seconds, brought on a violent spasm. Pupils still dilated; tongue and throat much the same; pulse 90 and somewhat irregular; bowels constipated; stool very dark in colour. Prescribed *Belladonna* θ in drop doses every two hours with *Ignat.* 1[x] every two hours, alternately.

10 p.m.—Had asked for cold water, and had been able to drink it with some little effort. Had asked her mother to beg of me not to breathe upon her face again, as it distressed her so mach. Other symptoms much the same.

January 29th, 9 a.m.—Very thirsty; asks for cold water, and swallows it with very little effort. Had been incessantly talking during the night. Some delirium and also illusions. Fancied that I and my colleague, Dr. Rayner, were two young girls who had gone in to see her.

8 p.m.—Has been more delirious during the day. Tongue dark red at the sides, coated in the centre. During the night the delirium increased; raved about the dog that had bitten her; imagined it to be near her, and fought as if to drive it away. Urine muddy and of a dull yellow colour, and passed very frequently and in small quantities. Became more restless; frothed at the mouth, and attempted to spit out, which she did with much difficulty; snapped her jaws violently together; and attempted to bite her fingers. Three or four hours before death a dark coffee-coloured fluid oozed

from the mouth, then convulsions came on and lasted for a short time; she then became perfectly placid for some time, and passed away on the morning of January 30th, 1874.

The second case I have to describe occurred in a small black-and-tan terrier belonging to myself. On February 4th, four days after the death of the patient named above, the animal was bitten by a strange dog that was seen lying in a field close to my own house. Had it not been for the occurrence of the other case it is probable that this incident would not have attracted any particular attention; but having, only the day before, had to attend the inquest on the patient whose case I have given, my suspicions were at once aroused. Our own dog was carefully examined to see if the skin had been broken anywhere. No abrasion could be found, but of course there might have been several without the possibility of their being detected; and unfortunately there was no chance of determining whether the other dog was rabid or not, inasmuch as it was a strange animal, and ran off as soon as the scuffle, in which the bite was given, had occurred. In order to prevent the absorption of the virus, if present, the dog was well washed with carbolic-acid soap, and as there was no certainty of the strange dog being mad, I determined not to have my own destroyed, but to have it watched carefully. It is to this careful observation that I probably owe the escape of more than one member of my family circle from this disease. The disorder comes on with such a stealthy and insidious step that it is difficult to believe that anything serious is about to happen, and I can now well understand how it is that fatal injuries are so often received when the animals inflicting them are not even *suspected* of being affected with rabies.

The first symptom which was noticed appeared in about a week after the bite. This consisted in a degree of restlessness and fidgetiness, which was unusual. With this there was a tendency for the animal to be licking the upper surface of the front legs in a way she was not accustomed to do. In some six or eight days more we noticed that she was much more sensitive to external stimuli than she gene-

rally was. Music, and especially the sound of a reed instrument, had always, even when in health, disturbed the animal a little, but now we noticed that this sensitiveness to musical sounds was increased. Formerly it was only when a chord was struck that it seemed to disturb, but now a simple melody, without any chords, would cause the dog to follow the notes with her own voice in a most grotesque and amusing manner. It was also curious to observe that the tendency to be licking various parts of the body was much more noticeable after music had been played for a time than it was on other occasions. With all this, however, there was not anything that would, under ordinary circumstances, have awakened one's suspicions, and it was only when other symptoms, of a peculiar character, showed themselves that I began to think it might prove to be a case of rabies.

We soon noticed that the animal did not take her food as well as usual, and that she went about picking up and eating bits of thread and shreds of cloth that lay on the floor. This symptom was entirely new, and is so common at the commencement of rabies in the dog that, though I was wishful not to think that the disorder had actually commenced, I was convinced that this was the case when an incident which I shall notice further on occurred.

In order to prevent any chance of further mischief to others, I at once had the animal chained up in a spare room and did not allow any one but myself to go near it. Up to within two days of the animal's death I took her out by the chain, once or twice a day, into the garden. There was some risk in doing this, but as the dog was very small and as I always adopted certain precautions, this was reduced to a very small amount, and I found that, by allowing her to have partial liberty now and then, I was enabled to observe one or two peculiarities in the symptoms which would otherwise have escaped my notice. Moreover, as this was the only case I had ever had an opportunity of watching from the commencement to the end, I was wishful to observe it closely, and therefore determined to run the risk such as it was. I may however remark that it is not a risk I should

advise any one else to run even when the animal is small, unless the experimenter is an exceedingly cautious individual.

As I have before remarked, there was a lessened desire for food accompanying some of the earlier symptoms, but this, like some of the other changes, was at first so gradual that one could not say exactly when it commenced. By-and-bye a portion of the food put down would be left until the next meal time—a very unusual thing with the animal in health—and after the symptoms became more fully developed, food would be left entirely untouched for hours. There was thirst in the early part of the attack, but both food and water were partaken of at times until within a short time before death.

One very marked symptom in the case was, what appeared to be an irresistible impulse which the dog had to spring at and to bite any moving object that came within reach. The sudden movement of my own foot would cause it to dart at the toe and make a desperate effort to bite through the boot. This impulse to spring at any moving object was very noticeable whenever the animal was taken out into the garden; and apparently the nature of the object was not a matter of any consequence: a block of wood, a stick, or stone, in motion seemed to have just the same effect as any portion of my own body in motion. The effort was, however, very spasmodic and would cease almost as suddenly as it commenced, but would, in the open air, sometimes occur eight or ten times in as many minutes.

I have already mentioned that the animal picked up bits of cotton and shreds of cloth. This symptom became more developed, and we soon noticed that bits of chip and coal were devoured whenever she could get near these, and by-and-bye anything that was within reach and that could be grasped by the jaws was gnawed away very quickly. Pieces of carpet put into the kennel for the dog to lie upon were torn up until they became heaps of loose wool only. Whilst chained up a desperate effort was often made by the animal to break the chain; she would come close to where the end of the chain was fastened, and then by a sudden bound

tighten it and jerk it, as if with the intention of breaking it, and failing this, would turn suddenly upon it and attempt to crush it between the teeth with a force which at times I feared would break them.

Early on in the attack the stools and the urine were, so far as I could judge, not much altered. Later on the stools became dark and pitch-like in appearance, and were mingled with shreds of wool and cotton and also with the bits of wood and coal that had been swallowed. The urine became scanty and muddy, and was often of a dull greenish-yellow colour, and both the urine and the fæces were frequently devoured as soon as they were voided.

The sleep was fitful, and the position was continually changed, and occasionally the animal in its waking state would stand perfectly still for a time, with its head fixed as if gazing at some distant object. The voice in the early part of the attack was very little if at all altered, but it soon began to change, and became much more shrill and piercing, and near the termination of the case it became very distressing by the continuous howl that was kept up as if through severe pain. There was not at any time any great discharge of saliva, and towards the termination of the case it seemed, as far as I could judge without a close examination, to be much diminished.

Three days before death there was an evident loss of power in the limbs. The gait became unsteady, and at times there appeared to be some stiffness or partial paralysis of the hind legs. This loss of power increased so much during the later stages of the disease that the animal got on to its feet with great difficulty, and would often fall over immediately if there was not something near against which it could lean for support.

For the last twenty-four hours of life both food and drink were entirely refused, and for the last twelve hours the vision was much impaired, if not altogether absent. Convulsions came on about three hours before death, and on the 27th of February, twenty-three days after being bitten, the animal died. Rigor mortis came on in about three hours after death.

In consequence of my being engaged with important matters which I could not set aside, I could not spare the time to make microscopic examinations of the blood in either case before death, nor yet of the brain and spinal cord after death. This I regret very much, as I may never have so good an opportunity again, and it is probable that I should have been able to learn something of the pathology of the disease by these examinations.

In these two cases there are some points of resemblance as well as some points of difference which are worthy of being noted; and first I must observe that the stage of incubation was, to all outward appearance, a state of perfect health in each case. In the animal we could only have the objective symptoms to judge by. In the girl, however, we had both the subjective and the objective symptoms to guide us. According to the patient's own statement she felt quite well up to within seven days of her death. In some of the minor symptoms there was also some resemblance; as for instance in the thirst and disinclination for food, and in the frequent micturition and appearance of the urine. There was also a similarity, probably, in the delirium and the illusions, but it is difficult to determine to what extent these were present in the dog. But the conditions in which there is, in my opinion, the most marked resemblance are the general hyperæsthesia—the sensitiveness to external stimuli—and the powerful reflex action to which this gives rise.

In the symptom which gives its name to the disease in the human being there is a marked difference. In the girl hydrophobia was, as we have seen, fully developed when I first saw her. In the animal it was not seen at all and this brings me to remark that in some parts of the country it is a popular notion, and one that was evidently shared by the medical man who first saw the girl, that if a dog can take either food or drink—and especially the latter—it cannot be suffering from rabies. A more fatal mistake cannot be made. The symptom, hydrophobia, is rarely, I believe, seen in the dog, and in some few cases in the human being it is not seen at all. Its absence cannot, therefore,

be considered a diagnostic sign of the absence of either form of the disease.

The late Mr. Youatt, in his admirable book on "*The Dog*," when speaking of the difference in the disposition as manifested by the wolf and by the dog under the influence of rabies, says the wolf will seek, or lie in wait for, and attack his natural enemy, man; but the dog, he says, will not often attack human beings unless provoked; and he strongly advises any one who may come near a sleeping dog not on any account to disturb it if there is any suspicion of its being afflicted with rabies. I believe it is equally unsafe to make any sudden movement near a rabid dog in its waking state, and that it is the stimulus given by any object in rapid motion which often causes it to inflict the fatal bite. A case I had under my care many years ago illustrates this.

A boy, about twelve years of age, was brought to me with a lacerated wound on the posterior surface of the left leg, of about four inches in length. The wound had been made by a dog which stood at a door past which the boy was running with a vehicle of some kind. With a single bound the animal was upon the lad, and in an instant the wound was inflicted. I learned on inquiry that twice before in the same week the dog had attempted to bite in the same sudden and spasmodic manner, and I advised that it should be chained up and watched for a time. The mother of the boy believed the dog was rabid, and insisted on its being at once destroyed. The animal was accordingly poisoned, and thus the chance of knowing whether it was affected with rabies or not was lost. I had, however, very little doubt of it, because the owner told me the dog was usually very peaceable unless it was greatly provoked, and under the most severe provocation it had never been known to inflict a severe injury like this. He was not, however, aware that it had been bitten by any other dog.

The incident which caused me to have my own animal chained up also exhibits this tendency in the rabid dog to fly suddenly at any moving object. On the evening of the same day that some of the symptoms I have already men-

tioned were first noticed, the cat we then had and the dog had been sitting quietly side by side on the hearth for more than half an hour, and when one of the servants, as was the custom, took up the cat to put it into another room for the night, the dog made a sudden spring and caught hold of one of the dangling feet as it passed her and bit it severely. It would seem that this tendency is also sometimes seen in the cat. Youatt tells of a terrible encounter he had with one he had been requested to examine. In order to get a good view of the animal, he went down on his hands and knees and was moving towards it, when it sprang suddenly upon him and caught him by the face.

It may be that this uncontrollable impulse to catch at moving objects is only an exaggeration of a natural instinct in animals of the canine and feline tribes, but I believe that a strong and uncontrollable impulse to do certain acts is also a marked feature in some cases of hydrophobia in the human being. Dr. Copland, in his article on "Rabies," * gives a case in which this symptom was exhibited in a very marked manner. Cooper, in his *Surgical Dictionary*, gives another case of a similar character,† in which this impulse was very strongly manifested.

The cat mentioned above began to show signs of change in its disposition in about six days after the bite. The symptom we noticed was an increased show of affection—a constant desire to be nursed and petted. This, according to some veterinary authors, is a common symptom at the commencement of the disease in some animals; and as I fully believe in Mr. Youatt's dictum when he says that a "rabid cat is a perfect demon," I had the animal destroyed at once.

Of the treatment of hydrophobia in its fully developed form I have not much to say. Under any method of treatment it is, in this country, an intractable and terribly fatal malady. I have, however, been told by those who have resided in Ceylon that the native doctors there have a remedy for hydrophobia which they regard as a specific. The knowledge of this remedy they keep secret with the most jealous care,

* See note on p. 568, vol. iii, *Copland's Dictionary of Medicine.*

† Vide *Cooper's Surgical Dictionary*, vol. i, p. 1050 (8th ed.).

however, so that there is no chance of determining its real value, nor yet its nature or composition.

In the case of the animal no treatment was adopted. No medicine could have been administered without force being used, and to have attempted this with the means I had at my command would have been an exceedingly dangerous experiment. In the case of the girl the drugs administered seemed to moderate the dysphagia, but of this we cannot feel certain, because in some cases this symptom almost entirely disappears before death; nevertheless, if it should ever be my lot to have cases of hydrophobia under my care again, I should be inclined to give precedence to the two medicines selected in the above case; but if called upon to use them again, I should, I think, prefer to give them by subcutaneous injection.

Dr. Tuthill Massey, in a printed slip he kindly sent to me a few weeks ago, recommends a trial of *Crotalus horridus* in hydrophobia. I tried the two drugs named above because they seemed to me to furnish, in the symptoms they produce on the healthy subject, as complete a picture of this disease as can be found in any two drugs. Moreover, it is well known that they act principally upon those parts of the nervous centres most affected in hydrophobia.

According to Sir Thomas Watson, the late Mr. Youatt was in the habit of using *Belladonna* in the treatment of rabies. At first he used it alone, and afterwards combined with the *Scutellaria lateriflora*. With these two drugs Mr. Youatt had very decided success, and though he could not pronounce them to be true specifics, he regarded them as very valuable aids in the treatment of the disease. The experiments he tried on animals that had been purposely inoculated with virus from a rabid dog seemed to prove indisputably that these drugs acted as specifics. (For the details of these experiments I must refer you to the last edition of Sir Thomas Watson's 'Practice of Physic.')

As a local application the *Nitrate of Silver* is allowed on all hands to be the most efficacious; and where it can be early and freely applied it does not often fail. In the case of the

boy the wound was too large and too deep for the *Nitrate* to be applied freely. It was, however, applied to the edges of the wound. The patient remained under observation for six weeks and during that time no symptoms of hydrophobia were developed, but as I lost sight of him then I cannot say how he went on afterwards. I have during the last dozen years had five or six cases of bites by dogs under my care, and my invariable practice has been to cauterise freely where this could be done.

Eighteen months ago I was myself twice bitten by the same dog. The first bite only penetrated the sleeve of the great-coat, but the second made a decided indentation in the soft part of the leg as if by one of the teeth. The cuticle was apparently unbroken; nevertheless I applied the *Nitrate* freely. There was no suspicion that the dog was rabid, and it afterwards proved not to be so; but the feeling of security produced by the knowledge that I had done all that could be done strengthened me in my resolution to carry out the plan I had hitherto followed of cauterising freely if there was any uncertainty about the condition of the animal. Some authors advise that the part injured should be cut out; others, amongst whom is the veterinary author I have quoted, think there is a danger of re-inoculation whilst the operation is being performed. I believe there are few cases where the knife can be used safely and where the *Nitrate* or the actual cautery cannot, with the help of a little care and ingenuity, be used with, at least, equal safety.

In studying a case of hydrophobia many interesting questions are suggested to the mind. These I cannot now enter upon in detail, and will only name some of them in the order of importance in which they seem to suggest themselves.

1. At what period after the introduction of the poison does an animal become capable of inoculating another with a fatal dose of the virus?

2nd. Is it possible for an animal that has been bitten to inoculate another without itself showing the distinctive signs of the malady?

3rd. What is the condition of the tissue of the injured part, and what microscopical changes does it undergo during and after the period of incubation?

4th. Is the disease simply local during the period of incubation, or does the poison obtain an entrance into the blood current from the first?

5th. On the hypothesis that there is contamination of the blood from the first, on what changes does the exhibition of the characteristic symptoms depend?

I am not able to answer these questions. Some of them are worthy of all the labour that can be bestowed upon them, and will demand much careful observation and minute research before they will be answered.

In conclusion, I may observe I have left untouched many important points connected with this malady, any one of which would afford subject matter for a separate paper.

Discussion on Dr. Blackley's paper.

Dr. Leadam said that he could only reply to the call of their excellent Chairman by referring to a case of hydrophobia which occurred in the course of his practice so long ago as the year 1848. He was sent for to see a patient said to be labouring under brain fever, and he found a lad of about twelve or thirteen years of age, who had been bitten by a mad dog two months before, and was then spitting a white frothy saliva about his bed, and at everybody indifferently, and barking like a dog with a sort of noisy cough. He was flushed and complained of his head, said they were running needles into his brain, the eyes were suffused, and his pulse quick and irritable. There were frequent paroxysms; he grunted if he were asked to drink water, but on water being poured into a basin with a splashing noise, the paroxysms were reproduced with convulsions and agitation. This symptom lasted five days, after which the disease began to decline. During the convulsions he would scratch and bite at all around him. He was attacked on the 3rd of October, 1848, and the disease was over and the patient well on the 9th. The remedies used were *Belladonna* 3, *Lachesis* 12, *Hyoscyamus* 12. After the recovery of the patient, he (Dr. Leadam) called upon Dr. James Copland and read the notes to him, when he declared it to be an undoubted case of rabies, but when he stated how it was cured—that it was by means of homœopathy that the result was obtained—he lifted up his hands and said "Ah! it got well of itself." He had never been able to get a hearing for homœopathy in hydro-

phobia. He had written to the *Times* and the *Standard*, and sought to advertise to prove that homœopathy had cured the disease, but no notice had been taken of it, and people went on being experimented upon, and no one could listen or give heed to the fact that homœopathy is able to cure hydrophobia. The case was published in the *British Journal of Homœopathy* for January, 1869.

Dr. R. Hughes said that it was always a pleasure to listen to anything from Dr. Blackley; one was sure of getting both fulness and accuracy of statement. The only remark he would add had respect to the therapeutic part of his paper. While not questioning the homœopathicity of *Belladonna* to hydrophobia, he thought that the main influence of the medicine would be exerted upon what was the less important element in the disease, viz., the affection of deglutition, which had been traced to inflammatory action in the medulla oblongata and its issuing nerves. Our object should be to combat the tendency to death, which here (it seemed to him) arose from the exhaustion produced by the incessant delirium and restlessness. He thought that to meet this element in hydrophobia *Belladonna* yielded in potency to one of its congeners, viz., *Stramonium*. He preferred this to the *Ignatia* given by Dr. Blackley, as in hydrophobia the hyperæsthesia was cerebral rather than spinal as in tetanus.

Dr. Watson considered the paper a remarkably interesting and suggestive one, and thought that from the report of Dr. Blackley's case there was distinct evidence to show that the poison of hydrohpobia specially affected the brain and spinal cord, bringing on a state of intense congestion, as shown by the injected eyes, spasm of the glottis, loss of power in the lower extremities, and excessive sensibility of the cutaneous nerves. In the case of a little girl he had lately under his care, bitten on the end of the nose by a large black retriever, evil consequences were greatly feared, but after applying *Nitrate of Silver* (solid), the wound healed kindly, and nothing more was heard of it. From the view of this terrible malady Dr. Watson took he would be disposed to recommend a trial of *Veratrum viride* and *Stramonium*, the former of which he had found of such signal service in cerebro-spinal congestion, and he by no means despaired of our ultimately finding a true homœopathic remedy to meet it.

Dr. Hewan would not have risen to make any remarks on the paper, as he was one of the lucky or unlucky individuals alluded to by previous speakers who had never seen a case of hydrophobia. But the Chairman had just said that so many people escaped hydrophobia who were bitten by (mad ?) dogs, that he (Dr. H.) begged to be allowed to mention one or two cases of the kind that had come under his observation. About three years ago he was summoned to visit a gentleman, aged between 45 and 50, a very healthy looking handsome man, with a most attractive presence.

Patient had gone on a visit to a bowling green where a large Newfoundland dog was chained up. In passing the dog, which happened to have a longer chain than usual, without any provocation whatever and with still less warning it suddenly sprang on him, and, tearing his coat, fastened its teeth deeply in his left arm. Other parts of his clothes were torn. His boots and hat also were injured by the teeth of the animal, which had got into a most excited and rabid state. Found patient sitting on a chair and resting his elbow on a table, supporting his head on his hand. He looked pale and faint, left forearm especially presented several lacerated wounds. These gradually healed kindly but slowly, so that he (Dr. Hewan) was able to relinquish regular attendance by the eighth day. On the twelfth day after the accident he was sent for, when he found the arm in an erysipelatous condition, which, however, yielded very rapidly to treatment in two days. Some days after, on visiting him, found patient better; but he never, for a considerable time after, fully recovered from the nervous shock and fright which he had sustained at the first. He was troubled with frightful dreams and restless nights, and the wounds, though completely cicatrised, presented a red and angry-looking blush. Still no hydrophobia has supervened, for no later than a month ago he (Dr Hewan) met this gentleman walking briskly on the street. The second case is that of a lady who, about a month ago, was bitten on her finger by a pet cat of hers, while in the act of separating it from her poodle dog engaged in a fight with it. Courageously, and with presence of mind, she procured some *Nitrate of Silver*, with which she freely cauterised the wound after separating the lips as freely as it was possible. This operation caused her considerable pain at the moment and for some time afterwards. Two or three days after she became somewhat low, and complaining, and inquired very anxiously of him (Dr. Hewan) if he thought any bad result would follow. There was a slight blush of inflammation around the edges of the wound, which gradually wore away after a little simple water dressing, and his patient is now quite well. He hoped that he should not have, at some future time, to report this as a case of hydrophobia.

Dr. Vernon Bell said, he had never seen a case of hydrophobia in either man or dog, and consequently had only one or two observations to make on the management of Dr. Blackley's instructive examples of this terrible disorder. In the first case the savage mode of the dog's attack conveyed, to say the least, presumptive evidence that the animal was affected with rabies, therefore the wound should have been freely rubbed with *Lunar caustic* by the doctor who first saw the child, when the result might have been different. In the region of the neck and in the neighbourhood of the large vessels it might have been difficult if not impossible to resort to excision, but the further action of the poison would perhaps have been arrested by the milder means.

The neglect to use the milder means would, he hoped, be a warning to himself (Dr. Vernon Bell) should a suspicious case of dog-biting be ever placed under his care. When Dr. Blackley saw the child no better selection could have been made than that of the *Belladonna* which he administered. In the case of Dr. Blackley's own dog he (Dr. Vernon Bell) considered Dr. Blackley had forfeited a capital opportunity of testing the power of *Belladonna* over the disease, in his laudable desire to study its symptomatology. He (Dr. Vernon Bell) would have given some tasteless *Atropia* in the food, and should have watched the action and reaction of the drug with much interest. He (Dr. Vernon Bell) quite concurred with some remarks of Dr. Blumberg about the resemblance that the action of *Belladonna* on the normal economy bore to many of the most prominent features of genuine hydrophobia. About fifteen or sixteen years ago, when he (Dr. Vernon Bell) began to test the action of *Atropia* internally, he one day took the twenty-fifth of a grain, and shortly after grew anxious and restless—his vision became impaired—deglutition and micturition difficult—tongue, mouth, and throat excessively dry, with a constant desire to spit out pellets of inspissated mucus like bird-lime. After a time his wife gave him a glass of wine and took him to walk in Hyde Park, but he feeling all the symptoms aggravated returned within doors and drank some strong black coffee, after which the symptoms gradually diminished and in a few hours passed off, leaving no trace except in fluid dejections next day. Since then he has always been disposed to believe reported cures of hydrophobia by *Belladonna*. But in his (Dr. Vernon Bell's) opinion we ought to anticipate all *drug* treatment by *stamping out* so intractable a malady. He considered there should never be a case of rabies in the human subject. It was not creditable either to the government or to the intelligence of our people that animals seized with rabies were not segregated or destroyed so as to stop the spread of further disaster. One of the best physiologists of the present day had given, in the newspapers, some clear indications by which the approach of the disease in the lower animals might be readily detected. He (Dr. Vernon Bell) thought if these indications and a few rules could be widely circulated and peremptorily enforced, much would be done to render the occurrence of hydrophobia extremely rare. In this connection it was difficult not to sympathise with Dr. Cooper, who had alluded to the great number of mad dogs in Ireland, and not to wish that Saint Patrick had extended his beneficent mission to their expulsion as well as to that of the snakes.

Dr. Bayes was happy to say that he had never seen a case of this terrible disease, and therefore he had no experience to record. He wished, however, to mention that when some time ago a discussion on the subject was carried on in the *Times*, there was a statement by some veterinary professor (he thinks Mr

Gamgee) that a solution of *Lunar Caustic*, ten grains to the ounce of distilled water, was used at the college, and was at once poured into any wound. It had the advantage of penetrating at once to the bottom of a bite, and was said to have been invariably successful.

Dr. Drury agreed with the author of the paper in thinking that *Belladonna* was a medicine calculated to be of use. Having been asked to see a case in consultation by his friend Dr. Day, a most careful practitioner, he thought the symptoms pointed strongly to great spinal irritation, and, had time permitted, he had suggested applying a lotion containing *Belladonna*, *Chloroform*, and *Spirits of Wine* to the spine. The case he alluded to was supposed at first to be acute rheumatism, but Dr. Day, who had been called up to the case in the night, had recognised the great likeness to hydrophobia, and had called the attention of the family to the fact. He had selected and given *Hyoscyamus*, at first with some apparent benefit. Dr. Drury saw the case about two hours before death; it had been going on then for about four days. The pulse was exceedingly rapid, the eye was wild, there was great restlessness, the unhappy patient asking "what was the matter with him?" There was no objection to drink, but on attempting to swallow, or on feeling a draught of cold air, a most violent spasm came on, affecting the muscles of the neck; he constantly ejected saliva, spurting it out with much force; there was no loss of consciousness. It was very remarkable that nothing was said by the patient or family about a dog, but a friend of the family communicated the fact to Dr. Day and himself that about four months previously suspicion was excited about a dog in the house that had attacked a cat; the dog had been sent to the veterinary surgeon to be destroyed. He recollected the circumstances, but had not kept any record of when this had been done; it was afterwards ascertained that the young man had been bitten by the dog and had mentioned the circumstance to his minister, but had been unwilling to mention it to his family. From witnessing this case and from the fact that a connection of his own had been a victim of this terrible disease, he could sympathise with those who thought that some efforts should be made to lessen the number of worthless dogs that were allowed to wander about, he would be very glad to see the tax upon dogs considerably increased and much more energetically enforced than it appeared to be at present. A dog belonging to a medical friend had once bitten him as well as some others; now, he thought once a dog showed this propensity, as soon as it was fairly ascertained that the dog was not mad that it should be destroyed, as the anxiety caused by the bite of a dog far outweighed any value that might be attached to the animal. It had been suggested that in the snake poisons a cure might be found for the bite of a rabid dog; possibly this might be a safe direction in which to look for a remedy, but the one poison acted so slowly, the other so rapidly,

that it might be other remedies would be found as efficacious. He looked upon the poison more as analogous to the vaccine virus, which seemed to act like a ferment in the blood, but what he once witnessed in a case of vaccination encouraged him to hope that some remedy might be found for the disease in question. Having vaccinated a nurse in the hospital, the arm was progressing favorably; but before the vesicle had arrived at maturity, he gave the patient some *Mercurius solubilis* for toothache; the effect of this was that the vesicle at once ceased to advance and withered away. Now, if medicine was capable of interfering so completely with one blood poison, why should it not with another? Though he should be sorry ever to see the disease again, he was not disposed to regard it as necessarily incurable. In the early stage immediate and complete cauterisation, aided by a ligature above the wound, if it could be applied till the wound was allowed to bleed freely, and the *Nitrate of Silver* used, seemed the proper course to pursue. When the disease was developed, equally prompt remedies should be used, as a disease so severe and so rapid in its progress should be at once treated by the administration of the suitable homœopathic remedies.

Dr. Dudgeon had seen a fatal case of hydrophobia many years ago in the Liverpool Infirmary, but he had had nothing to do with the treatment. It struck him that *Hyoscyamus* was a medicine that corresponded well to one of the predominant moral states of the hydrophobia—fear, and this medicine had also been recommended by various writers for the complaint. A medicine which none of the speakers had mentioned, but which had been highly vaunted in hydrophobia, and which fulfilled Dr. Hale's condition of being an animal poison, was *Cantharis*. Many prophylactics had been recommended, but the circumstance of a person not taking hydrophobia after being bitten by a mad dog was no proof of the efficacy of any prophylactic he might have taken, for it was well known that only a small proportion of those bitten got the disease.

REVIEWS.

Free Phosphorus in Medicine, with special reference to its use in Neuralgia : a Contribution to Materia Medica and Therapeutics. By J. Ashburton Thompson, Surgeon at King's Cross to the Great Northern Railway Company; Surgeon Accoucheur to the Royal Maternity Charity, &c. London : H. K. Lewis, 1874.

We have here a handsome octavo volume of 276 pages on *Phosphorus*, a medicine which has long held a distinguished place in homœopathic practice, and which has formed the subject of many articles in our periodicals and of a valuable monograph by Dr. Sorge. The familiar motto of our gas companies, "Ex fumo dare lucem," referred to Horace's *Ars Poetica*, is that selected by Mr. Thompson for his book, and gives us promise of much light being thrown on the subject by the author. But the dedication to that "eminent" physician and great plagiarist of homœopathy, Dr. Murchison, who had the effrontery to advise his disciples to pilfer from the homœopathic materia medica while he set them the example of stigmatising as quacks the authors of that *Materia Medica*, excited our suspicion that this book, which purposes to be "a *résumé* of what is known of the use of *Phosphorus* in medicine," would not be likely to give homœopathic practitioners their due share of credit in the employment of the drug. For, as is well known to every one who knows anything about the matter, *Phosphorus* has only been used extensively and habitually by the homœopathic school; and if one or two old-school doctors have employed it empirically in one or two diseases, since it was first discovered some two centuries ago, their

observations form but a fractional part of "what is known of the use of *Phosphorus* in medicine," the contributions of members of the homœopathic body outweighing these infinitely in extent, precision, and value. A glance at the publisher's name in the title-page increased our doubts as to Mr. Thompson's *résumé* being fair and complete. For alas! the name of otherwise respectable English medical publishers by no means guarantees that the book may—far less must—be written in good faith, or that it will fulfil the promise of the preface to give a *résumé* of all that is known about the use of the drug in medicine in a truthful and conscientious manner. On the contrary, since the trade's-union tabooing of homœopathy and its professors commenced, now many years back, the name of any publisher belonging to that trade's-union gives the presumption that the book, if it treats on the subject of homœopathy at all, will do so only to misrepresent and caricature it, and to vilify its professors. To such a pass have things come in the dominant school of medicine through the hasty and inconsiderate conduct of the British Medical Association and other sectarian allopathic cliques. Under the plea of defending the honour of the profession they have inflicted a deadly wound on its honour and independence. In their blind hostility to homœopathy they compelled the publishers to lend the aid of their secular arm to punish the objects of their *ex cathedra* anathemas. And now, when, having become more enlightened as to the merits of the system they formerly denounced so cordially, they would willingly treat it in a fairer spirit and honourably acknowledge their obligations to it, the publishers will not allow them to do so. The bulk of the profession, who are the publishers' customers, still, in the opinion of the latter, retain the animosity towards homœopathy which their leaders were so successful in impressing them with in former years, and the publishers fear to damage their own pecuniary interests by publishing works that treat of the homœopathic method in a scientific spirit. Thus the allopathic medical authors are like the horse in the fable who called in the man's assistance to help him to hunt down his enemy the stag,

but found to his grief that the man would not permit him to leave off hunting stags for ever afterwards. So, now that medical writers are beginning to find out that they have been premature in their condemnation of homœopathy, and wish to adopt what is good in it while rejecting the errors and excrescences that have accumulated about it, as we have all along been doing, they are driven to adopt the meanest subterfuges in order to avoid the martyrdom which would await them were they to act in a straightforward and honest manner. How deadly the blow their own former conduct in the matter of homœopathy is to the independence and liberty of medical authorship, the bulk of the profession, we imagine, are not aware of, for they do not write books, and those who do, we doubt not, keep their shameful secret. We happen to have been let in behind the scenes, and we may give our readers a short sketch in illustration of the tyranny of the publishers towards a medical author who is fired with the ambition to write a book on any practical subject involving the administration of a medicine plagiarised from the homœopathic school, as is now the fashion. What happens is something of this sort.

The would-be author is "put to the question" in the den of the inquisition, here represented by the publisher's back parlour, when the following dialogue may be supposed to take place.

Publisher.—Good morning, Mr. M. or N. (Harley or Thompson, as the case may be). Is there anything I can do for you?

M. or N.—I wish you to publish a book for me on the action of a medicine.

Publisher.—Ah, I see—*Phosphorus*—a medicine in use in the homœopathic school. Probably you are not aware of the rule of the trade's-union to which I belong, that no book recommending homœopathic medicines or favourable to homœopathy in any particular can be published by our firm. Otherwise the bulk of our customers would not only not buy the book, but would cease to deal with us at all, and our other clients, the medical authors, would cease to publish with us; also that a mark would be set against us in the trade, in con-

sequence of which no medical journal would review any books published by us, nor even advertise them, although they might not be connected with "homœopathy" at all. You cannot wonder that I should therefore be explicit at the outset.

M. or N.—Oh! I was not aware of these rules, but you need not fear; this book is not in favour of the homœopathic use of this medicine or of homœopathy at all.

Publisher.—Well! that, of course, alters the case, and we may come to terms; but as we booksellers cannot judge on the subject, we have drawn up certain verbal rules to guide us in the case of all books which touch upon homœopathy, and these I may explain. They are very simple, and are two in number. 1st. Either you must simply leave out the words homœopathic and homœopathy strictly from beginning to end of your book, in which case you may copy the rules and practice of the homœopathic school as closely as you please. Or 2ndly, if you are obliged to mention the word you must disclaim all belief in the truth of any part of it; you must use a shibboleth or formula such as is usually adopted, and which generally consists in calling all who profess to see good in the principle quacks, liars, humbugs, &c.; in short, you must say something to commit yourself against the doctrine and practices, so as to absolve me from responsibility to the allopathic sect.

M. or N. (here Dr. A. Thompson answers).—As regards my book on *Phosphorus*, I have been obliged to mention "homœopathy" because it was already known through Mr. Bradley as the source of the cure of neuralgia by that medicine, but I have carefully avoided giving any credit to the principle, and I have also omitted the mention of homœopathic authorities as far as possible in the history and literature of the medicine. This extract will, I think, satisfy you.

"In 1828, or twenty-three years after the publication of the former of these cases, *Phosphorus* was first 'proved' by Hahnemann, Hartlaub, and Trinks (Sorge's "*Phospher*," &c.), and from these provings, says the *British Homœopathic Review*, 'its action in neuralgia was deduced, and it is, in consequence, regularly used

by the homœopathic school in facial and visceral neuralgia, and neuralgia of the trunk and sciatica.' The drug is to be found in Jahr's work (1838), in which it takes an unconspicuous place among thirty-one other remedies indicated in those cases which offer the list of symptoms appended to each drug under the head of '*Phosphorus*.' To the ordinary mind, unaccustomed to the delicate orthographical distinctions of homœopathy, the symptoms detailed are not distinguishable from those appended to many of the other thirty-one drugs.

"Notwithstanding, however, the regular use by the homœopaths for nearly fifty years of a remedy for this very common and distressing disease, which, in *ordinary* doses, operates in neuralgia with a rapidity, a certainty, and a permanency unequalled by the action of any other medicine in this or any other disorder, its merits remained unheeded or forgotten along with the works of Von Lröbel and Lobstein until two years ago; and it is even yet generally believed that for neuralgia, as for rheumatism, no remedy, in the proper acceptation of the word, is known. In the *British Medical Journal* for 1872 Mr. Messenger Bradley reported that he had exhausted the *Pharmacopœia* in treating a patient who suffered from acute and long-continued neuralgia of the chest-walls, without the least success, when, after an interval, the patient called on him, saying that he had been very speedily cured of his pain by a homœopath. On inquiry it was ascertained that the remedy employed was *Tincture of Phosphorus*. Mr. Bradley accordingly proceeded to test the value of this preparation in other cases of the same disease, and reported favorably of some of its trials. In April of the next year Mr. Slade-King communicated a short note to the *Medical Times and Gazette* in which he stated that he had successfully treated a few selected cases of neuralgia with it" (p. 188).

Publisher.—Well, that is meagre enough acknowledgment of the part played by the homœopathic school, and it criticises the imperfection of the indications given by them. But still many writers in that school are equally strong, if not much stronger, in their criticism of the actual state of their materia medica, while still holding to the principle, and, therefore, under the bann of the trade's-union. So, for my own protection, I would still prefer the shibboleth. So

will you be so good as add somewhere in your book the required formula?

A. T.—Really, Mr. Publisher, you must excuse me. I have said—what is the truth—that I am not convinced of the truth of the homœopathic theory, and I have merely given facts on *Phosphorus* as an empirical remedy for neuralgia, and I do not think it at all likely that I shall ever find in the homœopathic theory an explanation of this or anything else. But I must protest against this binding down my liberty of judgment for the future, and what you ask is degrading to a man of science and the member of a liberal profession.

While he was speaking several other medical men had come in to the room, and Mr. Publisher, addressing them all, now says,—I must really protest against this. It is not our doing as booksellers that these conditions which you call degrading are imposed. On the contrary, we regard them with surprise and regret, and wonder that a *soi-disant* liberal and scientific body should have descended to such weapons in this conflict of opinions. We should have thought the best way was to allow freedom to all, and the weak and erroneous theories would soon go to the wall. But you as a body have chosen otherwise and must bear the consequences. You cannot expect us to be ruined to protect the freedom of opinion among your profession. So you must settle the matter among yourselves, and in the mean time I must insist on the shibboleth, otherwise I cannot publish the book, nor, I may inform you, will any other medical bookseller except one, who is tabooed as homœopathic, with the consequences already explained.

During this explanation Mr. Thompson feels very uncomfortable, and the consequences of his striking for freedom rapidly pass through his mind. Unless he gives way, the book, which mostly appeared in the weekly periodicals, will never come out independently, or if he wishes to do the subject completely in the *Hahn. Mat. Med.* it will only be read by a small body and he will get no glory from the medical journals, and, besides, it would cost him years to do it well enough for that work. He would also be tabooed among the so-called orthodox, turned out of his appointments, lose

all chance of presidentship of societies, or being an F.R.S. or a fashionable physician or a baronet! The thought is too dreadful, so away with scruples and let us promise the shibboleth.

Besides, is it not doing a good work to make widely known such a good medicine for neuralgia, even if only empirical? How many poor sufferers would still languish in pain if my experience were buried in the archives of a small persecuted body? At the same time he hears a muttering among the surrounding group of would-be medical authors expressing dissatisfaction with the publisher's remarks. We hear *sotto voce* "Impertinent interference with the liberty of medical authorship," "Ne sutor ultra crepidam."

The Publisher (taking no notice of these grumblings).—You know my conditions, and you may take them or leave them, as you like. They were originally forced upon me by gentlemen of your cloth, and I cannot now depart from them without a pecuniary loss I am unwilling to incur. You need not suppose that these rules press particularly hard on the smaller fry of authors, such as those I am now addressing; they are equally stringent upon the "eminent," who, however they may boast of their freedom and however they may fancy they are free, are in reality nothing of the kind. Thus, should any one of the "eminent" contributors to Reynolds's bulky work venture to mention homœopathic treatment among others he would be stopped, unless, indeed, he mentioned it merely to ridicule it. As Wilks, Thorowgood, Murchison, and all their tribe, who fancy they are speaking of their own free will when they call homœopathic practitioners quacks or similar disparaging names, are not really doing so but are simply uttering the compulsory shibboleth without which we (the publishers) would take good care their "eminence," as far as writing books or contributing to the medical periodicals is concerned, would be summarily cut short. So, as we cannot allow these great men their freedom, still less can we grant it to authors of the second and lower ranks.

So our author gives way and promises. Here is the shibboleth:

"Thus it will be seen that the drug which causes an eruption may also cure an eruption; but (if it be worth noting for the thousandth time) this is a favorable opportunity for observing that the trifling amount of pathological knowledge which governs this use of *Phosphorus* entirely deprives it of any superficial resemblance it may be supposed to bear to the superstitious practices of homœopathy, and of any support it may at first sight be deemed to afford to the notorious hypothesis upon which that system (if the expression can be justly used) is based" (p. 240).

Here we are invited to take notice that for the thousandth time any support the resemblance of what a drug will cure with what it produces on the healthy can be explained away by the slightest amount of pathological knowledge. We are tolerably well acquainted with the bulk of what has been written for and against the homœopathic principle, but we confess we have not met with the 999 instances which render the thousandth proof of the falsity of the homœopathic theory unnecessary, and we take the liberty to say that we see no force at all in his supposed proof from pathology; and as we are so stupid that we must accept that agency on authority, we prefer the authority of the many excellent pathologists of the homœopathic school who have seen in these resemblances the pathological proofs of the homœopathic theory. So we are sorry to say that in this sentence we can find nothing but the degrading pronouncement of a mere shibboleth from personal fears at this instance of the trade's-union tyrants. It is melancholy and contemptible enough to see a man in Mr. Thompson's position following Wilks, Harley, Thorowgood, and that band of men who sacrifice their independence.

The expression "superstitious practices of homœopathy" puzzled us for a time. It is simply nonsense to call giving $\frac{1}{100}$ of a grain of *Ipecacuanha* to cure vomiting superstition, and we had always understood that superstition was a quality more likely to be met with in the partisans of an old and traditional belief than in the adherents of a new and progressive science. Indeed, we had seen the "superstitious practices" of bleeding, purging, and blistering, losing their hold on the minds of the old school, and when not

replaced by adherence to the scientific processes of homœopathy, terminating in a sort of medical atheism or denial of the remedial powers of physic. Probably when Mr. Thompson penned the phrase he had running through his mind some vague reminiscence of Sir J. W. Simpson's ridiculous attempt to fasten a fantastic theological creed on the followers of Hahnemann. Our readers have not forgotten the alliterative title of Simpson's notorious work *Homœopathy, its Tenets and Tendencies, Theoretical, Theological, and Therapeutical.*

What, indeed, does all this profession of disbelief in "homœopathy" amount to, but a mere personal disclaimer of a supposed body of doctrines which does not exist and of which there are no living representatives? The "homœopathy" of the trade's-unionists is a mere goblin, a man of straw, a thing which has no existence as a matter of fact, and never had.

The "homœopathy" we believe in and uphold theoretically is simply "The Science and Art of Medicine as it will be when the exact place of the homœopathic theory is fully worked out." Nothing more nor less. What that place may be we do not exactly know. It may be greater than we individually assign to it now, or it may be less; which ever it be we are prepared to accept it. But we refuse to give up one jot or tittle at the bidding of persons who have not tested the fundamental facts experimentally, or who are afraid so to test them, or in any way for personal motives have not shown that reverence for the truth alone and for its own sake alone which is essential in every man of true science, as in every right-minded and religious man. In this question unfortunately we have seen too much of that mean and truckling spirit. In our own experience we are seeing one by one all the accessory and negative outflows of the homœopathic theory adopted and put forward without the name, and now, one by one, all the medicines discovered by us being adopted without the name by men who too plainly fear persecution if they declare the whole, though it is plain to all who care to look that they know quite well the source.

In short, the tribe of By-Ends is represented in overwhelming numbers in our profession in this our day, and when we see these partial and cautious plagiarisings of our theoretical and practical principles we are too closely reminded of him who says of himself, "I had always the luck to jump in my judgment with the present way of the times, whatever it was; and my chance was to get thereby."

A good half of Mr. Thompson's book is occupied by the sections History, Pharmaceutical Preparation, Dose, and Internal Administration. As so much of the history of *Phosphorus* is in connection with the homœopathic school, a history of *Phosphorus* which shall ignore the part played by that school reminds us of the old joke about the play of Hamlet with the part of Hamlet omitted by particular desire. To be sure, homœopathy is not altogether excluded from Mr. Thompson's history, at least the name appears in another section of the work, but only in the second dilution as it were, homœopathy only appearing on the scene through the medium of Mr. Bradley, who appears to have the fortune (good or bad, we are not told which) to possess a homœopathic friend. So in Mr. Thompson's Hamlet the hero is not exactly altogether omitted, but he only appears in a ghostly sort of way, as though he had assumed the character of his deceased parent. While writing this notice we received the following letter, which pertinently exposes some of the historical blunders:

To the Editors of the 'British Journal of Homœopathy.'

GENTLEMEN,

Being a country practitioner and thus out of the way of societies and public libraries, I try to keep abreast of progress by procuring and reading current medical literature. This may explain why I possessed myself of *Free Phosphorus in Medicine*, &c., by J. Ashburton Thompson, Surgeon at King's Cross, &c. London, H. K. Lewis, 1874. Price 7*s.* 6*d.*

I thought 7*s.* 6*d.* rather a large sum to pay for a book treating of one drug only, yet I made up my mind to get the book and promised myself at least a thorough knowledge of the subject. My excuse for thus wasting my hard-earned 7*s.* 6*d.* must be a country practitioner's ignorance.

I do not complain of the quantity; there are 275 pages of printed matter. Neither can I complain of the get-up of the book; on the contrary, it is well printed on very nice paper and it is neatly bound in cloth. Further, I do not complain of its dedication, which runs—"To Charles Murchison, M.D., F.R.S., LL.D., in admiration of the minute observation, deep research, and faithful delineation characteristic of his works."

Well, after reading this I began to expect great things; for the author (it is Mr. Thompson who uses this word of himself) may fairly be expected to imitate, even though badly, the qualities be thus publicly admires in his patron.

Mr. Thompson begins his preface thus:—"The following notes are offered to the profession, not so much as constituting an original work, as containing a *résumé* of what is known of the use of *Phosphorus* in medicine, written in the light of a [*sic*] considerable clinical experience."

This promises well.

The contents of the book are indexed under eight heads, of which *History* and *Pharmaceutical Preparation* are respectively the first and second.

Then, first, *History*.—Mr. J. A. Thompson makes no mention of Alchid Bechil, who lived about the end of the twelfth century, and who isolated *from urine* a substance which shone in the dark and which he called *bona luna*, and sometimes also *carbunculus;* but although he makes no mention of this highly interesting fact, he is all the more apodictic in his statement that "*Phosphorus* was discovered by Brandt, a chemist of Hamburg, in 1669."

German authors write Brand. Brand was not a chemist, but a broken-down tradesman, and his discovery is most probably to be placed some four years later, *i. e.* 1674 or 1673.

In the next paragraph Mr. Thompson writes, "It seems, nevertheless, that an English chemist named Godfrey Hawkwitz," &c. I submit with all due deference that Gottfried Hanckewitz was a *German* chemist residing in London.

Mr. Thompson makes no mention of the interesting fact that Boyle wrote on the subject of artificial and natural phosphori several years before Brand discovered the substance *Phosphorus*. Neither does he mention Kunkel's friend, Professor Kirschmayer's, dissertation (1676).

On page 3 Mr. Thompson says, "Down to 1774 *Phosphorus*

had still been *exclusively* prepared from urine." Already Kunkel mentions having prepared *Phosphorus* from cress, grain, &c.

The next paragraph begins, "The idea that the newly isolated element would possess medicinal properties was, no doubt, suggested by the source from which it was first procured."

At that time it was not known to be an *element*, and its luminosity was certainly one signature for its medicinal application.

On page 6 we read, "Sorge, Bouttatz, Joequemin, Boudet, De Lens, and Lobstein, all contributed to the literature of the medicinal use of *Phosphorus* between 1800 and 1820."

Sorge, the first of these here mentioned, was not born till many years after 1820, and what he "contributed" (a masterly prize essay) bears date 1862. Dr. Sorge is now a young and rising homœopathic practitioner in Berlin.

The very next paragraph contains a glaringly false statement, only possible when considered as the offspring of crass ignorance of the subject; and, Gentlemen, this is only the sixth page! There are still 269 pages of this printed matter.

On page 7 I read of "pregnant and aborting workpeople." Then of Lorinser's *work*, which means some twenty pages in an Austrian medical journal, only Mr. Thompson is obviously not aware of the fact.

The reasoning in the next paragraph (pp. 7, 8) is *on n'en peut plus*. Mr. Thompson states that in 1843 the *Prussian* Government, to prevent crime, decreed the substitution of *Phosphorus* for *Arsenic* in vermin-poison. "How far this measure was from effecting the expected [*sic*] purpose is shown by Chevallier, who ascertained that of 494 cases of criminal or suicidal poisoning which occurred in *France* during a period of five years no less [*sic*] than 180 persons died from the effects of *Phosphorus* alone." It was later on that Prussian decrees were operative in France.

On page 11 we come to "Its Pharmaceutical Preparation," of which the first paragraph reads thus:—"The internal administration of free *Phosphorus* may be effected by three methods, viz. by the reduction of the element to a state of subdivision, by its solution, or by the decomposition of a chemical combination of it with a metal within the body." ! ! ! This is about the richest sentence I have met with since I read Artemus Ward.

Gentlemen, there are still 264 pages of this precious printed matter, but I submit that these ten pages which I have thus glanced at are quite sufficient to immortalise any "author."

As I am utterly ashamed of having spent my good 7*s.* 6*d.* on this miserable *Machwerk*,

I beg you will allow me to remain,

Gentlemen,

Your obedient servant,

MEDICUS RUSTICUS.

The other sections, which are spun out with a wearisome iteration of similar statements and ideas, all the really important part of which might have been condensed within a dozen pages or less, have for their chief object the recommendation of a pharmaceutical preparation of *Phosphorus* whereby the largest quantity of the drug can be administered with least risk of developing poisonous symptoms.

The section on "Therapeutic Uses" is very disappointing. The author has collected together a great many observations from allopathic journals respecting the employment of *Phosphorus* in sundry cerebral and spinal affections, and in impotence, where the result was generally purely negative or at best unsatisfactory. But it is in neuralgia that Mr. Thompson has most to say about *Phosphorus*, and he gives us a condensed summary of the cases of neuralgia treated by it and recorded by him in the *Practitioner*, together with some new cases.

He objects that the homœopathic indications were not precise enough to distinguish it among thirty-three remedies for neuralgia, but his own directions for discriminative diagnosis are positively null, and simply amount to saying "Give *Phosphorus* in any case of neuralgia to the verge of poisoning, and if you don't succeed—well, I can't help it!" But when *Iron*, when *Aconite*, when *Morphia* and thirty others, are to be given, and when *Phosphorus*—of that no word. In short, it is the old empirical routine over again, and we take the liberty to predict that the fate of Mr. Thompson's book will be that of a thousand others of the same stamp, viz. the medicine will be tried and found good in some cases, then tried and failed with in fifty others, then cried

up to the skies, then abused and forgotten like hosts of other empirical remedies.

Some remarks in reference to the curative power of *Phosphorus* in certain skin diseases conclude the therapeutic part of the work. Not a word respecting the use of *Phosphorus* in pneumonia, disease of the bones, acute softening of the liver, and sundry other diseases in which its remedial powers are almost a household word among a large section of the medical profession, and yet the author alleges his work to be a *résumé* of what is known of the use of *Phosphorus* in medicine.

If Mr. Thompson imagines his work to be an exhaustive treatise on *Phosphorus,* the sooner he is undeceived the better. It is little more than his contributions to the *Practitioner,* viz. an account of his own empirical treatment of a number of cases of neuralgia with *Phosphorus*, but it adds nothing to our previous knowledge of *Phosphorus* and omits much that was sufficiently well known to those who chose to resort to the proper sources of knowledge. We hope ere long to possess a true and complete treatise on *Phosphorus,* as we understand that Dr. Burnett, of Chester, is at work on it for the *Hahnemann Materia Medica.* This we may be sure will be a genuine and elaborate working up of the whole subject, and not a book written by a By-Ends, and docked and trimmed to suit the publishers' trade's-union.

Before concluding we may add a word or two on the altered and aggressive style we have adopted these last few years. As long as allopathy remained allopathy and was a real method of treatment, false and pernicious as it frequently was—as long as homœopathy was utterly rejected, though occasionally discussed and sought to be refuted in its principles and practice on pretended scientific grounds, while the trade's-union conspiracy against homœopathy was not in force—as long as our adversaries refrained from pilfering from our materia medica, but stuck to their ancient formulas —there was nothing for us to do but to bide our time and hope that patient work would in the end be crowned by success and that our theory would come to the front. When medical

nihilism set it, and the scepticism with regard to traditional physic was not supplemented by any employment of our specifics, we still had to wait and hope. Our many cures of patients whom allopathy and nihilism failed to relieve compelled attention to our system. An alteration began gradually to manifest itself in the practice of our allopathic colleagues. They began to use our medicines, their own being entirely discredited, and they found—to their delight, let us hope—that all we had said respecting *Aconite* and some other drugs which they cautiously tried was true. But they were ashamed to confess that they had formerly erred in condemning homœopathy. They stuck to their condemnation and alleged that the remedies they stole from our materia medica did not act homœopathically at all. In order to conceal the truth they compelled the publishers to refuse to publish our works and they shut us out from the medical journals, so as to render it impossible for us to enlighten the great mass of the profession on the matter. In this they have for the present succeeded. But it will not be so always; signs are not wanting that the odious cliqueism of the allopathic sect is on the point of being broken up.

But in the mean time a serious danger threatens the patient world which it is our bounden duty to point out. As long as allopathy, truly so called, was practised there was an evil and a danger, but we knew the worst and by stopping active treatment the danger was mitigated. When nihilism was the prevailing treatment the evil was less than allopathy. But now a far worse state of things has set in. If there be any truth at all in the homœopathic theory of specifics, excessive doses of these powerful specific drugs must be hurtful. This is felt to be so by the homœopathic school, hence one of the chief reasons for the small doses used in homœopathy. Those who openly avow their belief in the truth of homœopathy as a therapeutic rule equally openly avow their preference for small doses.

But the plagiarists who wish to make use of homœopathic specifics without being found out are *afraid* to give small enough doses—not afraid for the sake of the *patient*, not afraid that the medicines will do him harm from their

virulent character as poisons, nor that the small doses could do him no good, but *afraid for themselves*, lest they should be found out in practising homœopathy and be tabooed by one another, turned out of societies, deprived of hospital appointments, prohibited from all the emoluments and honours that await the defenders of the orthodox faith—in short, relegated to the obscurity of those who have been rash enough to avow their adhesion to the homœopathic therapeutic rule.

This altered attitude of our adversaries entails an altered demeanour on our side. We cannot allow the treasures we have painfully accumulated to be wrested from us and misused to the disadvantage of the sick. We have nothing but commendation for him who, like that eminent surgeon Liston, employs any number of our medicines in a straightforward manner, acknowledging the source of his treatment and administering them according to the method experience has shown to be the best. But we have nothing but contempt for those, however "eminent" they may be, who bring forward our remedies without a hint as to where they got them, or, if they be too notoriously homœopathic, then with a sneer at homœopathy, and, in order to conceal their indebtedness to the reviled system, administer them in doses that all our experience shows must be attended with danger to the patient.

Our aggressive attitude has been forced upon us by the meanness and dishonesty of our opponents, who adopt our methods and even profess the very doctrines and maxims that have accumulated round the homœopathic therapeutic rule, while they hold up to ridicule as homœopathy a pure figment of their own construction, which they well know has no resemblance to the system they seek to discredit. As long as this disingenuous conduct is carried on we shall take care to expose it, but we hope for the credit of the profession, as men of science and lovers of truth, that we may not again have to speak harshly of colleagues with whom we would much rather work cordially in the development of therapeutics for the advantage of the sick and suffering.

Text-Book of Modern Medicine and Surgery on Homœopathic Principles. By E. HARRIS RUDDOCK, M.D. London: Homœopathic Publishing Company and H. Turner, 1874.

DR. RUDDOCK has met with an immense success as an author of popular works on homœopathy, and he here gives us a work of a more ambitious character, one which, as we gather from the title and the preface, is especially intended for inquiring practitioners and students of medicine.

It is scarcely within the power of one practitioner to furnish a complete treatise on the treatment of all diseases from his own experience, nor does Dr. Ruddock attempt this, but he has borrowed largely from the best standard works, and we are bound to confess that in the case of many diseases he has presented a concise and correct view of the most modern doctrines, pathological and therapeutical. But a large class of disorders—those, namely, connected with the female sexual organs—are altogether omitted; why we know not. Among skin diseases we find no notice of that not uncommon affection pemphigus, and though we have polypus of the nose there is no mention of the equally common polypus of ear.

While some diseases are treated with considerable fulness of detail and the indications for the various remedies given with considerable minuteness, others are dismissed with a few words and a mere list of remedies given without any attempt to point out the particular indications for their use.

The arrangement of the book is such as to render it easy of reference, and a clinical directory increases the value of the work to the busy practitioner. There is a so-called Materia Medica of 116 of the principal remedies, but it is the poorest thing of the kind we have ever seen. Under each medicine there is merely given a dry list of some of the states in which it has been found useful. Seldom anything more than this, occasionally the names of two or three "analogues," that is, we suppose, drugs having a certain pathogenetic resemblance to the one mentioned.

Were it not for these and other shortcomings to be presently mentioned, we think that this work might be of some use as a sort of introduction to homœopathic practice, and though very unequal in execution, it might serve as a first step to a more perfect knowledge of the homœopathic treatment of disease.

So much praise we can accord to the work, but it is disfigured by some of the blemishes which we have noticed in others of Dr. Ruddock's works. Thus, the frequency of reference in foot-notes to the author's periodical, *The Homœopathic World,* is most irritating. It is seldom that any other work whatever is referred to, and on those rare occasions the volume and page of the work cited are not given—very often not even the title of the work, only the author's name, and that not always exactly; whilst the references to *The Homœopathic World* are given with the greatest minuteness. It would appear as if the author wished to force the sale of the whole nine volumes of his popular periodical, and that on medical practitioners who are presumed to have a soul above popular medical literature. If there is anything worth the reader's while to know in these references to the periodical why not give it in the text of the work, instead of merely indicating the volume and page where it may be found? We have taken the trouble to verify some of these quotations taken at random, and find that the article in the *World* is usually taken from some other work, which, according to all rules of courtesy, should have been the source referred to if reference was necessary.

In some cases the author sins against good taste by seeming to arrogate to himself a peculiar knowledge of the subject in question. This is strikingly shown in the observations on spermatorrhœa—that happy hunting ground of the advertising quack. We find here such expressions as "Very extensive correspondence and considerable private practice have afforded us unusual opportunities of investigating this subject." "Our experience forces us to the conclusion that, notwithstanding the magnitude of the evil, the subject has been much overlooked or underrated by medical men generally." "From innumerable frank

personal disclosures made to us in our professional capacity we have ground to conclude that" (what does the reader think?) "schools are the very hot-beds of this degenerating habit" (masturbation). Now, we deny that the subject has been either overlooked or underrated by medical men generally, and every one who has written on the subject has said, and every one knows, that masturbation is much practised at schools. So that Dr. Ruddock's profession of peculiar knowledge on this subject is perfectly unfounded, and he must know it to be so.

Then, as to treatment, here is what we find—"The *medical* [meaning, of course, *medicinal*] treatment involves the administration of remedies only partially described in this text-book—*Agnus cas.*, *Bary. carb.*, *Eryng.*, *China*, *Canth.*, *Phos.*, *Plat.*, *Ign.*, *Ac. phos.*, *Gels.*, *Staph.*, *Iris*, *Nux v.*, *Sulph.*, *&c.*, the selection and doses of which can only be determined by the local and general symptoms of individual cases. Amplitude of resources are pre-eminently necessary in the successful management of this affection." So, after professing peculiar knowledge of a disease like spermatorrhœa, of which and its effects he draws a most harrowing description, the author pens the above sentence about the treatment, in which he still seems to claim superior, if not exclusive, knowledge. This sort of thing may produce a profound impression of Dr. Ruddock's sagacity on his non-medical readers, but it cannot fail to disgust any medical inquirers who may take up his book.

A tolerably good description of enteric fever is disfigured by the following note—"The author once diagnosed a case of enteric fever in the early stage, in a patient at Oxford, whom he had not the opportunity of seeing, chiefly by the *light-ochre colour of the evacuations*. He prescribed remedies—chiefly *Baptisia*—which modified all the subsequent symptoms and carried the patient safely through the fever, while many persons died in the locality from the disease." The less an author says about the diagnosis and treatment of cases of enteric fever he has not seen, in a work intended for the profession, the better.

On the whole, this is a very disappointing book.

Some of the diseases are well and intelligently described, and the indications for their remedies are careful and ample, while other diseases are treated in a careless and slipshod manner, and no one would be the least instructed by the meagre list of undistinguished medicines given. The work is disfigured by the blunders we have pointed out above, and, on the whole, is not a desirable work to put into the hands of an inquirer, chiefly on account of the unequal value of its different articles, its numerous omissions, its discourtesy towards the authors of other works, the insufferable egotism of its style, and the supreme bad taste of some of the articles in it. The twenty (advertisement) or thirty (preface) physicians who have assisted Dr. Ruddock in the preparation of the *Clinical Directory* must be delighted to observe how completely Dr. Ruddock has made their observations his own; how, in short, their notes and hints have served to enhance the glory of Dr. Ruddock as meteoric stones are said to contribute to the effulgence of the sun, though they themselves may be imperceptible.

NEW EDITIONS.

1. *The Diseases of Women Homœopathically Treated.* By Thomas R. Leadam, L.R.C.P. Ed., &c. 2nd edition. London: Gould, 1874.
2. *Homœopathy in Venereal Diseases.* By Stephen Yeldham, L.R.C.P. Ed., M.R.C.S., &c. 3rd edition. London: Turner, 1874.
3. *Characteristic Materia Medica.* By W. H. Burt, M.D. 2nd edition. New York: Boericke and Tafel, 1873.
4. *Handbook of Therapeutics.* By Sydney Ringer, M.D. 4th edition. London: Lewis, 1874.

1. The first edition of Dr. Leadam's work was reviewed by us in our ninth volume. The author says this edition is thoroughly revised. If so, it still contains

the statements we considered it our duty to criticise in our review, so it is to be supposed that Dr. Leadam, after twenty-three years' consideration of the subject, still adheres to his advice not to open mammary abscesses, that he has never during these years experienced the efficacy of *Bry.*, *Lach.*, or *Spig.* in palpitation during pregnancy, that he still believes that the allopaths look upon the action of warm baths in uterine congestion as similar to the effects of maceration on the dead body. In all these things he may be right, but we confess we should have liked to have found some proof in this new edition of the correctness of those views which we thought it necessary to object to when the first edition appeared. We have not beside us the first edition to compare with this, but we can see that some portions have been recast, and the work has been enriched by extracts from Dr. Guernsey's large work on obstetrics. As regards these extracts it would have been advantageous to the reader and more courteous to Dr. Guernsey had the quotations been indicated in the usual way by inverted commas. For lack of this we were much puzzled on reading at p. 293 a sentence in which we were referred to "the latter part of this chapter" for remedies for particular complications of retroversion. In vain we turned to the end of the chapter, or rather section (for this work is not divided into chapters); nothing of the sort was to be met with. It was only after a more minute investigation had shown us that this sentence belonged to an unindicated quotation from Dr. Guernsey that the mystery was cleared up.

With the exception of these little defects Dr. Leadam's work is one that may be consulted in many instances with advantage, and we are glad to see a second edition of it in a handier shape than it had in its first edition.

2. This third edition of Dr. Yeldham's well-known work has been enriched by several new sections, and otherwise improved "in accordance with the writer's latest experience." We observe that the doses of *Iodide of Potassium* now given by Dr. Yeldham in secondary syphilis are much larger than those recommended in the first edition. We

think it can hardly ever be requisite to give so much as five grains three times a day. Our own experience tells us that one grain three or four times a day is usually amply sufficient.

3. This second edition of Burt's *Characteristic Materia Medica* has a new feature, which the author calls "a most important improvement," "a new discovery," and "a new truth." It is, in fact, an incorporation of his *Physiologico-Pathological Basis of the Materia Medica* noticed by us at length in our last volume. Appearing, however, in this new shape, we think it right to say a few more words about it. "This new discovery," he says, "consists in the fact that all medicines have for their starting-point or centre of action one or the other of two nervous centres, either the animal or the organic; those that have their centre of action in the *animal* (cerebro-spinal) *nervous system* being the true remedies for *acute* and *subacute* diseases, while those that have their centre in the *organic* (ganglionic) *nervous system* are the true remedies for *subacute* and *chronic* diseases."

Without telling us how he discovers to which of the two categories medicines belong, he proceeds to arrange all the common remedies of the homœopathic *Materia Medica* under the two heads of "cerebro-spinants" and "ganglionics," dividing them into sub-groups chiefly in accordance with the organ supposed to be mainly affected.

Of course as he gives us none of the data on which he made the arrangement we are unable to say whether or not it is well founded, but whether true or not we doubt if it will prove of much practical utility, for many of the medicines are placed in both groups, and there is a wide margin left for accepting all the medicines as remedial for all diseases by the admission that all are useful in subacute diseases—that being such a vague and extensible name as to be applicable to almost every possible disease. Indeed, the illustrations of the application of this "new truth" given by the author show that he allows himself the greatest latitude in his notions of subacute disease-forms.

In noticing the first edition of this work* we observed that the author had taken unwarrantable liberties with the authorities he professed to quote, and we instanced that he had ascribed to Dr. Hughes an indication for the use of *Nitric acid* which Dr. Hughes had never given, and that he had made the same authority state that *Colocynth* was useful for dysentery when the disease is located in the *small* intestine, whereas Dr. Hughes had stated explicitly that it was only useful when the dysenteric process is situated in the rectum. Notwithstanding these disclaimers we find precisely the same statements repeated in this edition, which displays an amount of carelessness very undesirable in the author of such a work, which in its main features is chiefly a compilation, and as such should above all things be accurate, otherwise it ceases to be reliable.

As a rule we do not believe very much in "key-notes" or any such royal roads to the selection of the right remedy, but when, in some of those instances in which we can verify them, the notes are so obviously false, we are inclined to suspect that there may be many more of the same description.

4. Professor Sydney Ringer improves in courtesy towards men in our school as he goes on. The present edition contains the names of several conspicuous members of the homœopathic school, as the author's authorities for the remedial powers of different remedies. Thus Dr. Fleischmann, of Vienna, is put forward as the authority for the utility of *Phosphorus* in pneumonia. Dr. Richard Hughes is referred to as the voucher for the remedial action of *Phosphorus* in chronic inflammation of the rectum. *Phosphorus* is introduced with the following remarks:—"For many years this substance has fallen into disuse, but quite recently, owing to its signal success in neuralgia in the hands of homœopathic practitioners, it has been restored to favour." Drs. Hughes and Cooper are given as authorities for the use of small doses of *Arsenic* in neuralgia. Dr. Dyce Brown is quoted as the author of experiments with *Santonin*, and as recommending it in

* Vol. xxviii, p. 190.

certain eye diseases; and Dr. Bayes is adduced as an authority for the curative effects of *Aconite* in otitis, and for that of *Arsenic* in old and weakly persons with swelled feet. This is a small instalment of the debt Dr. Ringer owes to members of our school for the numerous instances he gives of the homœopathic action of drugs, and we trust succeeding editions of his very popular work will display a still greater sense of his obligation to the labours of the homœopathic school. We may even hope to see the honoured name of Hahnemann quoted as an authority for many of his statements respecting the remedial powers of drugs.

Corso teoretico-pratico-alfabetico di Medicina Omeopatica, pel Prof. Cataldo Cavallaro, Dottore in Philosophia ed in Medicina, &c. &c. 2da edizione, Vol. I, II. Palermo, 1871.

Probably few of us connect Italy with any great display of homœopathic activity. To the minds of most of us it presents itself probably as the land of art, churches, picturesque brigands, and *dolce-far-nientism*; and as for its insular appendage or appanage—whichever term our contemporary the *Pall-Mall Gazette* may prefer—it probably is principally associated in our minds with less picturesque but more ferocious brigands, brimstone, and Marsala wine. But we would be wrong were we to imagine that Italy has done nothing for homœopathy except producing the fungous excrescence of Count Mattei's marvellous medicines; for, not to mention other good works, we may mention that Dr. Dadea is now bringing out one of the most, if not the most elaborate Homœopathic Materia Medica that has yet been published in any country. And even poor Mafia-ridden Sicily has not been idle. The work whose title heads this, and which has already reached a second edition, is a vast encyclopædia of homœopathic knowledge. The

first edition was in four volumes, and the second edition, which is very much increased, is likely to run into many more volumes, if we may judge from the specimen before us, which only reaches the letter C in the second volume. Of course, in a work like this, which treats of every mortal disease in alphabetical order, it cannot but be that the articles are very unequal in point of merit; still, as far as we can judge from the contents of these two volumes, the author tells us as much as is known respecting the diagnosis, ætiology, and homœopathic treatment of the various diseases. Some of the articles merely enumerate the remedies that have been or may be supposed to be useful in the diseases, while others give copious details of the indications for each remedy. It is a work of great labour, and we are glad that it is appreciated by his countrymen.

The Science of Homœopathy; or, a Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By CHARLES J. HEMPEL, M.D. New York: Boericke and Tafel. London: Turner. Pp. 177.

HAD we been able to greet this work with unreserved commendation we should have devoted to its review a space commensurate with the importance it would have possessed. As it is, we shall confine ourselves to a statement of the reasons for which we think Dr. Hempel's "exposition" is unprofitable. We owe it to one who has done such good service to our cause to state such reasons; and on the same ground we abstain from further criticism.

Dr. Hempel characterises his work as an "endeavour to develope the idea which originally gave rise to the founding of the homœopathic school, and to establish this idea upon a basis of scientific universality and exactness." He speaks of himself as "examining homœopathy as a philosophical truth, and demonstrating its validity as a law of Nature from the stand-point of universal reason." He thinks that "the

Holy of Holies of her glorious temple does not yet seem to have been fully entered by the cultivators of this science. His work is "the fruit of independent thought."

The result of the meditations thus heralded is a theory which may be stated thus. The earth was created full of "germ-forces," which, acted upon by the greater "cosmic forces" of the universe, develope into "concrete individualities." Every drug is such an individuality, and so is every disease. The latter corresponds in the microcosm, man, to the former in the macrocosm. This correspondence is ascertained by provings. And when the drug, which, as it were, reproduces itself in the organism is given for a similar condition idiopathically induced, it will neutralise it by a sort of chemical re-action. "The drug-force embodied in this agent is in relation of superior affinity to the natural morbid process going on in tissues." "Superior" to what is not explained; but the meaning seems to be that the "cosmic life-force" abandons the disease to seize upon the drug, and so the former becomes once more latent and potential only.

We do not stay to criticise the soundness of this theory. But does Dr. Hempel seriously suppose that a speculative statement like this, born of Swedenborgian theosophy, can have the slightest value for the scientific thought of the present generation, can commend homœopathy to a single opponent? It is utterly unverifiable; and there are probably not half a dozen people among those who read his book to whom it will be acceptable or even comprehensible. Of what use is it, then, to publish a whole volume for the sake of its exposition?

We are far from saying that this is all that Dr. Hempel gives us. There are a good many notes of cases here and there which are of practical value, and the chapter on the insufficiency of chemical doctrine in medicine would have been useful had not v. Grauvogl gone over the same ground. But the general drift of the book is the assertion of this doctrine of correspondences between drugs and diseases; and the impression it would make on the mind of an allopathic reader would be, that the "scientific basis of homœopathy"

which the author professes to reach is laid in cloudland, and has no concern for sober and practical people.

The Protoplasmic Theory of Life. By JOHN DRYSDALE, M.D. Edin., F.R.M.S. London: Baillière and Co.

WE can, of course, do no more than call the attention of our readers to the appearance of this book. It is a link (by positing the seat of vitality) in the series of papers which the author has been publishing (first in this Journal and then separately) on "Life and the Equivalence of Force," and which he proposes to follow up by a discussion of the nature and action of stimuli. Having thus laid his basis in pure physiology, he will endeavour to show how homœopathy is founded thereon, by recasting in a fuller form the articles on the doctrine of specifics which appeared in these pages some years ago.

MISCELLANEOUS.

Lectures on Homœopathy.

WE have much pleasure in announcing that the British Homœopathic Society have set about establishing Lectures on Homœopathy at the London Homœopathic Hospital. The staff of the Hospital in charge of in-patients will deliver occasional lectures on Tuesdays on "The Practice of Homœopathy." Dr. Dudgeon will deliver lectures on "The History and Principles of Homœopathy," and Dr. R. Hughes will give a course of lectures on "Materia Medica." The first lecture is fixed to be given by Dr. Dudgeon, on Thursday, February 4th.

CLINICAL RECORD.

Cases collected from Foreign Journals.

By J. C. Burnett, M.B.

Acne Pustularis.—Usually occurring in the face, and specially on the forehead, but also on the back and on the chest. Most frequently at the age of puberty and generally affecting the unmarried. Never, strange to say, observed in the castrated; and hence rather a wonder that some daring doctor should not before now have proposed emasculation as a cosmetic remedy. Marriage cures pustular acne. Many years' observation has taught me that most of those who suffer from acne pustules have also a greater or less hypertrophy of the thyroid gland, which pretty clearly indicates a lymphatic constitution.

Treatment.—In years gone by I plagued myself a good deal with the higher and lower dilutions of medicines that seemed to correspond to the pathological state, but the only medicines which showed good results were *Nat. mur.* 6 and *Conium* 6 gtt. j, nocte maneque. But often six or eight weeks would pass before I could perceive any improvement.

During the last four years I have given, when otherwise symptomatically indicated, *Calcarea Carbonica* 3 trit. night and morning, a little pinch about as big as a pea. I see there are already nine cases of acne pustularis recorded in my case-book as cured by this treatment within from four to six weeks.—(Dr. Hirsch, of Prague, in the *Internationale Hom. Presse.* Bd. iv, Heft 8 and 9, p. 505.)

Sudden Blindness.—Mr. S—, æt. 30, a bookseller, of Prague, a native of Saxony, and hale and hearty, and also of very temperate habits, had a frugal supper, one evening in the month of

April, at an eating-house, then went home and to bed, where he read a while and then fell asleep. He slept well, woke at his usual time, but found that it was still dark, and hence concluded that he had awoke too early. He tried to get to sleep again, but in vain, and so he thought he would look at his watch and ascertain the hour. He tried first one match, then another, and then a third, but without being able to get a light. At the fourth match he got a little impatient, and perhaps the head of the match being afire, fell on his hand, for he suddenly felt a severe burning pain, but ever without being able to *see* anything, he became terrified as the horrible thought arose in his mind that perhaps he had lost his sight. His house-folk, being called, soon satisfied him that it was broad daylight. He became despairing, lamented, wept, wrung his hands, and begged them to send quickly for the doctor.

Dr. Hirsch came, and found that the only subjective symptom was blindness, and objectively there was nothing beyond a slight dilatation of the pupils to guide him. Neither could anything be gathered from the anamnesis, except that the room of the eating-house in which he had taken his supper was, at the time, very close and filled with tobacco-smoke. The patient was several hours in this room, and then returned home through cold and wet. Was a cold the cause of the sudden cessation of the function of the optic nerve? Dr. Hirsch thought it might be so, and hence mixed a few drops of *Aconitum* 3 with a glass of water and ordered two teaspoonfuls thereof to be taken every hour. Diet to be light and simple. In the evening there was copious perspiration, otherwise no change. He slept well all night and perspired freely. Next morning patient found himself in the perfect possession of his eyesight.—(*Ib.*, Heft 10.)

Sudden Blindness.—This time Dr. Hirsch is his own patient. One sultry summer evening he met another medical man who persuaded him to go with him and take a bath in the river. Hardly had he been a couple of minutes in the water when he found himself suddenly without sight. His friend conducts him home; he takes *Aconitum* 3; soon gets into a perspiration; sleeps six hours; awakes bathed in sweat, and sees again as well as ever. Dr. Hirsch thinks intense congestion of the retina was the pathological condition (*Ib.*, *ib.*)

One cannot help regretting that no ophthalmoscopic examination was made, especially in the doctor's own case.

ECZEMA.—Patient is a young lady of 28, and of lymphatic constitution. In September, 1873, she got a vesicular eruption behind her right ear and with it itching and burning, and shortly thereafter it began to wet. *Staphisagria* 6, *Graphites* 3, and *Hepar* 3 were successively tried in vain. Non-medicated pilules were then given for ten days, and hereupon Dr. Hirsch exhibited a single powder of *Sac. lac.* moistened with *Graphites* 30. Then non-medicated powders for a week. At the end of this time the place where the wetting eczema had been was pretty nearly normal, but somewhat pale red. It appeared that the healing process had made great progress from the third day after the exhibition of the powder of *Graphites* 30. Subsequent observation showed that the cure was radical.—(*Ib.*)

KIDNEY REMEDY.—Professor Rapp specially recommends *Coccionella* trit. 1, in nephritis with pericarditis. *Cochineal* (= *Coccus cacti.*) acts on the kidneys like *Cantharides.* Professor Rapp prefers the trituration to the tincture, because in preparing the tincture *only the colouring matter* is dissolved and *not* the *ethereal oil* and the *formic acid.* In spasmodic affections of the chest with renal pains the action of *Coccus cacti* is said to be excellent.—(*Ib.*, p. 562.)

CARDIAC MEDICINES.—Dr. Schædler, of Berne, mentions the following as his principal heart medicines:

1. *Spigelia*, 6—12 x in pericarditis and endocarditis, complicated with rheumatism, stitches, pressure in cardiac region, wave-like movement of the heart, danger of suffocating from the least movement, hypertrophy of the heart, with insufficiency of the bicuspid valves.

2.—*Cactus grandifloris*, 1—12. Fatty hypertrophy of the heart, violent palpitation, with suffocative attacks on lying down, constriction of the chest, sensation as if the heart were seized with an iron hand. Angina pectoris.

3. *Digitalis*, 3—12. Slow pulse, excessive weakness and fainty feeling, frequent nocturnal micturition, the saliva runs out of the mouth at night, palpitation of the heart, dyspnœa, dizziness.

4. *Lycopodium*, 30—200. When typhus-symptoms are present, the neck is drawn to the right, quivering heart-beat, pulsating tearing in the region of the heart. Stitches in the left side of the chest.

5. *Natrum muriatic.*, 30. Frequent palpitation of the heart on moving about, flickering before the eyes, formication in the whole body, beginning in the feet, gradually ascending, a gone-to-sleep-feeling, violent pressing under the heart in the evening in bed, feeling of weakness, lassitude, and heaviness. (Professor Rapp cures Fluor albus with *Nat. mur.*, 30—200. . . . . Brilliant results in women who had visited salt-water spas and returned just as they went, and specially Fluor albus, with excessive weakness.)

6. *Kali carbonic.*, 6—30. Difficulty of breathing, with violent and irregular heart-beats; in the whole body everything pulsates, especially in the hysterical; frequent and strong palpitation. Dr. Rapp has seen excellent results from *Kali carb.* 30 in puerperal peritonitis. Further, as a *heart-remedy* Professor Rapp recommends *Veratrum* 4, and that when there is a good deal of palpitation in chorea.

Dr. Siegrist, of Basel, wishes *Kalmia latif.* to be borne in mind. *Kalmia* has, palpitation of the heart, dyspnœa, pains in the limbs, stitches in the lower part of the chest, hypertrophy of the heart, with thickening of the valves, pain in the right side of the face.—(*Ib.* Meeting, September 12th, at Schaffhausen, of the South German and Swiss Hom. Medical Men.)

Spleen Medicines.—Dr. Grubenmann, of St. Gallen, begs Professor Rapp to name and characterise a few *spleen medicines.* Professor Rapp said, *Carbo veg.*, squeezing, pinching pain in the region of the spleen, bloatedness, tension of the abdomen, fulness, grumbling and rumbling in the abdomen, quickly darting stitch arising quickly and as quickly disappearing.

Conium, 3—12. Pressing stretching pain in the hypochondrium, painful stretching round the hypochondria, as if tied together. Piercing pains in the liver region, colicky pains of the most violent kind, dry spasmodic tickling cough in the night, with pressure on the chest and at the same time swelling of the glands.—(*Ib. ib.*)

Remarks of Translator.—It may be not uninteresting to

compare Professor Rapp's spleen remedies with old *Rademacher's.*

Rademacher's *Splenica* are *Carbo veg.*, squills, acorns, Galiopsis grandiflora, Rubia tinctorum, juniper berries, oil of amber, *Conium maculatum*, &c.

Speaking of *Carbo veg.* as a splenic remedy Rademacher says, "This remedy I have used for a long time, and during this long time have cured not a few with it, yet I can hardly help doubting whether it really acts as a splenic remedy. I long left the matter undecided; and now, although it is not yet beyond doubt, I think it is worth communicating." . . . . "I have given it in such cases in which a morbid condition of the spleen was more or loss clear, but yet not beyond all doubt, and in which there was a *consensual affection of the chest with cough.* This *cough* I have cured with *Carbo veg.*, and that not only slight coughs, but also very severe ones which other physicians had fought against with powerful remedies in vain." Rademacher then goes on to say that *Carbo veg.* is *not* a lung-medicine. Further on he gives a case which he cured with *Carbo veg.* From this and from the foregoing it appears that Rademacher's indications for *Carbo veg.* as a spleen-medicine are, "obscure spleen affection with very asthmatic cough, worse at night, in fact so bad that patient is compelled to rise to get relief."

It seems to me that Professor Rapp's characteristics of *Carbo veg.* as a splenic remedy are simply and purely symptoms of flatulence. On the other hand, Rademacher's characteristics have a real clinical value.

Rademacher's way of characterising the sphere of *Conium* more as a spleen medicine is less valuable. It is "a cough depending upon an original affection of the spleen; no lung-medicine will cure this spleen affection with cough; it is very difficult to be cured at all; the only gastric medicine of any avail is *Carduus Mariæ;* when this last fails I give *Conium* with splendid and astonishing results." What is here attributed to Rademacher is quoted from his work *Erfahrungsheillehre,* vol. i, 4th Ed., Berlin, 1851.

Nephritis (Interstitial.)—Mrs. L—, æt. 48, received into the Hôpital Saint-Jacques, Paris, May 10th, 1874. She has been subject to diarrhœa for the last eight or ten years, and this affection had resisted all allopathic treatment and gradually

destroyed the woman's constitution. Nevertheless she kept to her work up to last year. At this period she was received into one of the wards of our lamented Milcent for the treatment of this diarrhœa; she left some time after, completely cured of the diarrhœa. This success of homœopathic treatment is the cause of her coming to us again.

Status præsens.—Emaciation, great weakness, loss of appetite, great thirst night and day; urine very abundant, watery, sp. gr. 1·010, and containing a notable quantity of albumen. At present there is no œdema of any part, but at the commencement of the year she is said to have had some slight puffiness of the face.

The heart is hypertrophied; the apex beat is outside the mammary line; the radial and temporal arteries are ossified; the respiration is natural; patient has off and on diarrhœa.

Patient began to feel thirst and to pass a good deal of water about three years ago.

March 11th.—I prescribed *Arsenicum* 3 trit., 20 centigrammes in 200 grammes of water, a spoonful every three hours.

17th.—Thirst less; less micturition; patient is less weak. Nevertheless the sp. gr. of the urine is still 1·010.

26th.—Amelioration of her general condition; urine same gravity. *Arsenicum* 1 trit.

April 1st.—Patient is better; her vitality is awakening slowly; her appetite has returned; she drinks less; micturates less, but the sp. gr. of the urine is still the same. *Acid. phos.* 3, gtt. iij.

She got this medicine until April 15th, at which time she was transferred to Dr. Frédault.

Gentlemen, you know that besides morbus Brightii or parenchymatous nephritis there may be two other lesions of the kidneys. One of these is called interstitial nephritis, and is characterised by a morbid development, a proliferation or a hypergenesis of the connective tissue, as we say nowadays. This hyperplasia is followed by the atrophy of the glandular tissue choked up by these excessive productions, which in their turn also finish by contracting and becoming atrophied. The other lesion is the amyloid degeneration of the kidneys; it occurs almost exclusively in the scrofulous or in the rachitic and in the course of chronic suppurations.

In the case under consideration we have to do with the interstitial variety of nephritis, characterised in our patient by the following symptoms: excessive thirst, increased quantity of urine after the manner of diabetics; the urine contains albumen in a notable proportion, especially the last few days; with this there is absence of œdema, which, considering the time which has elapsed since the beginning of the malady, excludes the idea of morbus Brightii. As in nearly all such cases, we observe that there is at the same time hypertrophy of the heart and ossification of the arteries.

Medication is very difficult in such cases, as, indeed, always when there is an organic lesion. However, I prescribed *Arsenicum*, which is, as you are aware, quite homœopathic to albuminuria, and which in this case corresponds perfectly to the thirst, to the debility, and to the emaciation.* You know, indeed, that in all the cases of chronic poisoning by arsenic, albumen is found in the urine of the poisoned persons; when the poisoning is acute it is not only albumen, but also hæmatoglobuline, that is voided with the urine. Yet it is not *Arsenicum* only that may be indicated in albuminuria. In acute cases, characterised by sanguinolent urine and pain in the kidneys, I prefer *Belladonna* at the commencement, and subsequently *Cantharis*. This last remedy is perfectly homœopathic, for no one is ignorant of the fact that the vesicatory may determine renal congestion accompanied by transitory albuminuria, renal pains, and difficult emission of scanty, and at times sanguinolent, urine. As to chronic nephritis, I combat it with *Arsenicum* and *Plumbum*. Subjects of saturnine intoxication have pretty much the appearance of patients suffering from chronic albuminuria; moreover, their urine is often albuminous.

You saw me just now prescribe *Drosera* for a phthisical person in the second bed of the female ward. This medicine corresponds to a cough brought on by tickling in the throat, with bouts of coughing and with vomiting. It is precious, not only on account of the services it renders to the patients, but also because it serves as a demonstration of what I shall call *therapeutic certainty*. This last is inclosed by two terms—the positive knowledge of the disease on the one hand, and the not

* Arsenic-eaters get *fat*; knowing stable leeches *fatten* horses on arsenic. —*Translator.*

less positive one of the modifying agent on the other hand. If you have not this twofold knowledge you are always ignorant of the effect which you have to attribute to your medication. Now, gentlemen, for this positive knowledge of the therapeutical agents you have to thank Hahnemann, for it is he who is the veritable founder of experimental materia medica. No doubt you will find this method indicated before his time; thus, Pliny, of the ancient times, notes the effects of *Aconite* on the healthy human being; Störck, long thereafter, followed in this way. But all this was but a presentiment, if I may thus express myself, and if you compare these rough attempts with the homœopathic formula and the pathogenesies of a hundred medicines, due to the superhuman labour and the patience of Hahnemann, you will recognise without difficulty that to none other than to him doth the honour of the reform in therapeutics belong.

But it is not sufficient to know the positive effect of the drugs, we must also know what malady we have to deal with, and the disease once recognised we must differentiate it as to form and variety; without this your statistics will not have the slightest value. Indeed, if you treat a case of typhoid fever, and you wish to prove the action of a medicine on the duration of the malady, you must show what form you have had to deal with, for, left to itself, the benign form gets well in from fourteen to seventeen days; the common form in twenty or twenty-four days; the tedious form may last for forty or sixty days. The same distinctions are necesssay when it is a question of pneumonias, which, notwithstanding their benignity, proclaimed by your masters since they have been witnesses of the marvellous successes of homœopathy, show, nevertheless, in the official statistics of the hospitals of Paris, a mortality of from twenty to thirty per cent. When you have the morbid species, their forms, their varieties, the epidemic character, the medical constitution, when you know the positive effects of the remedies on the healthy human being, then you will be able to affirm that you possess the elements of therapeutical certainty; otherwise, allopaths or homœopaths, your observations will bear the impress of uncertainty and of illusion.

These illusions and this ignorance of the action of medicines constituted the appanage of traditional therapeutics, and the immortal Bichat affirmed this, which our adversaries will do well

to ponder on, in these words :—" *Incoherent collection of opinions themselves incoherent, the materia medica is, perhaps, of all the physiological sciences, the one in which the cross-ways of the human mind are best pourtrayed. What am I saying? Why, it is not a science at all for a methodic mind; it is a shapeless jumble of inexact ideas, of boyish observations, of deceptive measures, of formulæ as queer in conception as they are daintily put together. It is said that medical practice is repulsive; I say more—it is not, from certain stand-points, that of a reasonable being if we are to draw our principles from the general run of our materia medica works.*"

Such is, gentlemen, the justly severe language of the most celebrated master of whom the faculty can be proud. And it is in the name of this therapeutics thus branded by him that we are persecuted, we whose one goal has been to drag it out of the chaos in which it was buried. And it is not only on scientific ground that we have been fought against, but likewise on professional ground. The most base, the most hateful slanderings, the most shameless lies, have been cast abroad against us at all times and seasons; accusations of charlatanism and of scientific immorality have been showered upon us. And by whom have these blind attacks been conducted? By those men who yet know us perfectly well, by men who were our companions at college and our competitors in the examinations at the faculty and in the hospitals, and who, not having had the courage to embrace the truth, have at least not had the bashfulness of silence.—(Dr. P. Jousset, *Art Médical*, October, 1874.)

Acute articular rheumatism.—Miss Mary M—, æt. 24, domestic servant, received on March 17th, discharged April 15th (Ward 1, Bed 2, Hôpital Saint-Jacques).

A month ago she felt pains in her knees, which lasted only one day; she continued to go to work until the 13th March; on that day violent pains showed themselves in her knee and hip-joints.

On the 16th the wrist and elbow joints were attacked, but the pains were not so severe as in the legs. This girl has no hereditary disposition to this affection, but she has been subject to megrims these three years. Evening temperature 39°, pulse 120.

On the 18th the morning temperature is 37·6°, pulse 80. The joints of the legs are principally affected, but there is no redness, swelling, or perspiration. The heart sounds are quite

pure. Headache, anorexia. *Chin. sulph.* 3 trit. Evening temperature 38·6°, pulse 88.

On the 19th the morning temperature is 38·2°, pulse 84. The hands are somewhat swelled; the heart continues sound. Evening temperature 39°, pulse 92.

On the 20th the morning temperature is 37·8°, pulse 72. Excellent night; *Chin. sul.* 3 trit. Evening temperature 38·6°, pulse 100.

On the 21st the morning temperature is 38°, pulse 84. Diarrhœa. Pains in the continuity of the limbs. *Chin. sul.* 2 trit. Evening temperature 38·6°, pulse 100.

22nd.—Morning temperature 38°, pulse 84. Rep. Evening temperature 38·2°, pulse 88.

23rd.—Morning temperature 38·6°, pulse 72. Patient sleeps well and suffers much less. Rep. Evening temperature 38, pulse 22 (*qu.* 72?).

24th.—Morning temperature 38°, pulse 68. Same temperature in the evening; patient is doing very well. From this day on she is convalescent.

27th.—Patient rises from her bed. General condition very satisfactory; some few articular pains persist. *Colchicum* 3.

31st.—Abdominal pains. Patient has overtired herself a little; her joints are still a little affected. *Rhus* 3; she is up but very little.

April 2nd.—Much better since she has again kept her bed. We give her *China* 12 until her departure.

15th.—Leaves the hospital cured.

With regard to this patient, I wish to call your attention to the individuality of her case, which has two characters of its own. First, there is the slight swelling of the joints, and, secondly, the absence of the usual profuse perspirations. You are aware that acute articular rheumatism has not by any means a cyclical course; it may last six weeks just as well as one week; no therapeutical certainty can be grounded on a greater or less rapidity of a cure. I had *Chin. sul.* exhibited because of the remittent type of the fever, characterised by the difference of temperature and pulse in the morning and evening.

You see, at the end of the observation, that *Chin. sul.* answered our expectations, and that the patient became convalescent on the 7th day of the treatment, on the 9th or 10th of the disease.

However, the patient walked about in the ward a little too much one day. I was obliged to send her to bed again. *China* finished the cure and the patient left the hospital in a state of perfect health after a stay of less than a month.

Well, now, I have no hesitation in stating that, both as regards the duration of the disease and likewise as regards the duration of the convalescence, this case may certainly be called a success.

Chininum sulphuricum is my usual medicine in the treatment of acute articular rheumatism, and, like *China*, corresponds to the articular pains, and likewise to the swelling and redness; it especially corresponds to the intermittent or remittent febrile movement. If the fever is very intense and continual, the pulse big and strong, the face red, the thirst great, and considerable anxiety, then *Aconite* is the principal remedy.

Mercurius is principally indicated by profuse perspiration, pallor of the face, and nocturnal aggravations of the pains.

Bryonia is frequently made use of by homœopaths in acute articular rheumatism, inflammation of the large or of the small joints, swelling pale or red, moderate fever, pains aggravated by the least movement.

As for *China*, why, it affects the same localisations as *Chininum sulphuricum*. You saw me prescribe it for our patient when the fever had entirely abated; that is the time for its administration in acute articular rheumatism. You will often hear me order it in gouty arthritis.

Now that we are on rheumatism I am naturally led to speak to you about another patient suffering from endocarditis of rheumatic origin, dating from ten years ago, viz.:—

CHRONIC RHEUMATIC ENDOCARDITIS.—Miss L. P—, æt. 38, received March 9th, discharged April 7th.

This girl, of a puny constitution, entered our wards complaining of shortness of breath and palpitations of the heart. She was never in good health. During her childhood she showed symptoms of scrofula. Having once begun to menstruate, she suffered from the whites between the periods and from the ordinary symptoms of chlorosis, cephalalgia, dizziness, and palpitation.

Ten years ago she had rheumatic fever, and subsequent to this malady her palpitations became worse. Frequent dyspnœa prevented her from undertaking hard work; she has never had a

cough, otherwise a physical examination of the chest gives but a negative result.

Status præsens.—Palpitation on the least movement, very sharp pain at the apex of the heart. An examination discovers a rough souffle systolic, and at the apex; very distinct purring at the apex; the heart is very much hypertrophied.

It would seem that the palpitations and the pains which the patient had felt at her heart before the attack of rheumatism, and which arose from her chlorotic condition, have been considerably increased by the rheumatism.

The diagnosis is here very simple—insufficiency of the mitral valve in consequence of rheumatic endocarditis; compensatory hypertrophy.

May 9th.—*Cactus* 1, ten drops in 200 grammes of water, a spoonful every three hours. Ordinary diet.

11th.—Patient complains of insomnia and sharp pains at the heart. We wait.

12th.—Amelioration; *Cactus* 1 again, but only four drops.

13th.—The same aggravation as before with the ten drops; we suspend all medication for forty-eight hours. Amelioration; a better night; decrease of the pains, of the palpitation, and of the suffocative feeling.

16th.—Again *Cactus* 1, gtt. iv.

18th.—No noteworthy aggravation, but, all things considered, patient's condition is much the same as it was a week ago. Patient is put under *Aconitum* 1 and then 30. This last dose calms both pains and palpitations, the purring disappears, the bellows-sound persists, but is less rough; patient leaves the hospital much relieved.

The interesting part of this observation is the absence of any sign of a cardiac cachexia, notwithstanding the gravity and the chronicity of the lesion. This woman is, indeed, thin and anæmic, but so she was before her rheumatism, and she owes the relative immunity, of which she has thus for her the benefit, to the compensatory hypertrophy of her heart, which hypertrophy has balanced the arterial and the venous pressure. The day on which this equilibrium shall cease will show us the beginning cachexia.

The treatment, of course, is a very thorny affair. A lesion of ten years' standing hardly offers us a chance of any brilliant

therapeutical success. All that can be done consists in trying to better her general condition, to fight against the lesion, and thus retard the cachectic period; as to repairing an organ, why, the thought cannot be entertained.

I prescribed *Cactus grandiflora*, which is well indicated in affections of the heart of a rheumatic nature, and you have had the opportunity of twice observing a manifest aggravation produced by this medicine. In fact, from the very first day the patient complained of palpitations and of insomnia we suspended the medicine; the patient was better; two days later the same remedy, and then the same aggravation. I, however, thought it right to persevere with the *Cactus* until a few days since, when I replaced it by *Aconitum*, this powerful modifier of heart affections. For I have experimented with this ranunculacean, and by injecting rabbits with increasing doses of the *Extract of Aconite* I produced almost constantly lesions of the mitral valve. With regard to the case of that young man suffering from—

Measles of the ordinary form, and who to-day has become convalescent from this cyclical malady without having presented any special phenomena besides a few bouts of nose-bleed and a little diarrhœa, I will just make a few remarks as to the treatment. For my part I confine myself to *Aconite* in the treatment of a simple case of uncomplicated measles. The febrile movement, the thirst, the redness of the skin, are its principal indications, and I generally give it in the 3rd dilution, a dose every three hours. *Pulsatilla* is preferable where we have otalgia and absence of thirst. If the epistaxis get very bad you may require to plug, but I think you will generally be able to manage with *Ipecac.* Finally, gentlemen, you are aware what a serious matter is the capillary bronchitis of measles, also called peripneumonic measles. Trousseau considers it very frequently mortal. Well, now, since I have made use of homœopathic medicines, and I practise homœopathy a good while already, I have not lost a single case. Our medication is, indeed, heroic in this case, and turns on the employment of two medicines, *Ipecacuanha* and *Bryonia*, in alternation every two hours, and these I always administer in the 12th dilution. I do not pretend that this is infallible, but we may safely say it is of crushing superiority.—(Dr. P. Jousset's Clinical Lecture at the Hôpital Saint-Jacques, Paris, March, 1874. *Art Médical*, October, 1874.)

ULCUS SIMPLEX VENTRICULI.—Here, gentlemen, is a patient who has been suffering from vomiting for many years past.

M. M—, mason, æt. 37, was received into Ward 1 on March 25th.

This patient, subject to epistaxis from childhood, began to be ill about three years ago, and after two months of dyspepsia he began to vomit his food. This emesis occurred at times immediately after taking food, at other times five or six hours thereafter, but was always preceded by violent colic. He vomited almost daily, but off and on he would not vomit for a whole fortnight. Put on milk diet at La Pitié for two months, he received no benefit

Patient complains of pain on pressure under the xiphoid process, but no tumour can be discovered by the hand in the epigastric region. No pain in the corresponding region of the spine.

26th.—*Nux vom.* 30, four globules in 125 grammes of water, three spoonfuls a day.

27th.—Patient vomited last night. Rep.

28th.—No vomiting. Same treatment.

29th.—Vomitings. *Nux vom.* 3.

30th.—Vomited last night. *Metallum* 6.

31st.—Vomiting. *Metallum* 12.

April 1st.—Patient is less thirsty, and has not vomited. *Metallum* 3 trit. He is put on animal diet almost exclusively.

2nd.—No emesis. Rep.

3rd.—Vomited a little. *Metallum* 2 trit.

4th.—No vomiting. Rep.

5th.—Very much vomiting. *Metallum* 1 trit.

6th.—Very little vomiting. Rep.

7th.—No vomiting.

8th.—No vomiting.

9th.—Some slight vomiting last evening. He had been fifty-six hours without vomiting. His general condition is better than it was when he entered the hospital.

11th.—Patient vomited last evening. Rep.

12th.—*Argentum nit.* 3 trit.

13th.—No emesis. Rep.

14th.—No emesis.

I have to remark that our patient is of hæmorrhoidal constitution. He has had epistaxis, which is of frequent occurrence in

this kind of constitutional dyscrasia. Moreover, he did not lose his appetite, which is a *very important* negative symptom in any organic affection of the stomach. On making a direct examination we do not find the sonorous dilatation of pyloric affections, or any circumscribed dulness which would arise from a tumour of the stomach; neither is any tumour revealed by palpation; the malady lasts these three years, and has not led to any cachexia. In fine, I think our diagnosis must be *Ulcus ventriculi simplex.*

You are aware that there are two forms of this simple ulcer, one hæmorrhagic and the other with little or no loss of blood. A fatal termination may be very rapid, specially under two conditions. For we sometimes observe mortal hæmatemeses consequent on the ulceration attacking the wall of a blood-vessel; at other times we may get a perforation of the stomach with consequent peritonitis; this happens twelve times in a hundred.

I began the treatment with the vomic nut, indicated by the vomiting of food and by the sourness, and which specifically suits the hæmorrhoidal constitution and the constipation. I administered it in the 30th dilution, because I have often remarked aggravations produced by this medicine in stomachic affections. This dose not having produced any effect, I descended the posological scale; then I went on to *Arsenicum* and to *Argentum nit.*, which gave a little relief.—(*Ib. ib.*)

Glycosuria.—New treatment in a diabetic patient who had been fruitlessly treated for a long time in the different manners common in such cases—gluten bread, no floury substance, sugar or pastry. *Vichy water*, two bottles a day; a milligramme of the *Arseniate of Soda* six or eight times in twenty-four hours. Ferruginous preparations, tonics, exercise.

M. Raynaud, physician at the Hôpital de Lariboisière, has instituted the following treatment—8 grammes of *Chloride of Sodium* per diem; tonic nourishment, roast meats, as little bread as possible, no sugar. In three days the quantity of sugar falls from 60 to 30 grs. daily, and the quantity of urine falls during the same time, from 2 litres $\frac{1}{10}$ to 1 litre $\frac{1}{10}$. At the end of a fortnight of this treatment the quantity of urine was 1 litre, the quantity of sugar insignificant, and his general health very much improved.

It is a curious fact that the use of the salt in massive doses did not produce that ardent thirst which is usually caused by

food that is too salty. This is the second time that M. Raynaud obtains such a result in diabetes.—(*Abeille Méd.*, 20 Juillet, 1874.)

This treatment is all the more easily carried out as the medicine can be given with the food; indeed, it suffices to make the usually large quantities of food that a diabetic patient consumes very salt in order that 8 grammes of *Sodium chloride* be absorbed. Let us add that we have seen results, though not so rapid, at least quite as satisfactory, seeing that the cure was lasting, from the administration of *Uranium nitricum* from the 1st trit. to the 6th dilution.—(Tessier, *Art Médical.*)

SMALLPOX.—I have just received a pamphlet published last year in Berlin by Ludwig Deventer, and entitled *Die Pocken und ein Heil- und Schutzmittel dagegen, i.e.* "Smallpox and its Curative and Preventive Remedy."

The remedy is *Mercurius corrosivus* in the second centesimal dilution, given three or four times a day in doses of from 1 to 3 drops.

M. Deventer quotes Haller, Boerhaave, Grossius, Schreiber and others, as having recommended *Mercury* in one form or another against variola.

He also tabulates the symptoms of *Mercurius* and those of variola and places them in juxtaposition. I have not verified them, but as they stand in Herr Deventer's pamphlet they are almost identical. The author is an anti-vaccination man. The vaccination question seems immortal; it is proof against death and burial; perhaps this may be its cremation?—(Translator.)

EPITHELIOMA.—*Cundurango.*—Already in the year 1872, when the first news of the efficacy of the *Cundurango bark* reached Europe, Dr. Alfred Obolinski, Surgeon to the St. Lazarus Hospital, Cracovia, experimented with it. The result of one of the two cases in which *Cundurango* was tried experimentally was negative, and that of the other was undecided.

CASE 1.—Patient is suffering from an epithelial cancroid of the right foot. He gets 15 grains pro die in the form of decoction for three weeks. The remedy was likewise applied locally.

Result.—No amelioration; the pains are getting intolerable; Dr. Obilinski performs amputatio cruris.

Case 2.—Patient is suffering from an epithelial cancer of the left temporal region of the size of the palm of the hand. Medication as in Case 1, but during six weeks.

Result.—The *whole ulcerative surface covers itself in the fourth week with healthy granulations*, and this led Dr. Obolinski to perform a heteroplastic operation after the manner of Reverdin, and that, too, with success. However, hardly had the transplanted bits begun to show signs of activity when the cancer began afresh and destroyed both granulations and the transplanted portions of skin. Here the whole of the epithelioma was extirpated right down to the bone and the place was brought to heal (for good?—Goullon, jr.).

But when not long ago Professor Friedreich published a case of cancer of the stomach cured by the bark of *Cundurango*, and thereby called attention to the fact that many of the experimenters had got negative results because they had had spurious or bad preparations, Obolinski began to experiment again, and this time he made use of true American *Cundurango* bark, procured from the source named by Professor Friedreich. He had two cases in his private practice—an octogenarian woman with a flat epithelial cancer (ulcus rodens) of about the size of a farthing on her lower eyelid; and a woman, æt. 50, with a flat epithelial cancer about the size of a bean on the left side of the nose, and which had been repeatedly cauterized with *Kali causticum*, but kept on coming again. To these two he exhibited the remedy. He gave to both patients daily two, and later on three, table-spoonfuls of the medicine, and charpie impregnated therewith was laid on the sores. Both went their way to their homes, with the order to persevere in this manner for a couple of weeks or even months, and as Dr. Obolinski saw them again six weeks thereafter, he was very greatly astonished to find both sores perfectly healed.—(*Centralblatt für Chirurgie*, No. 12, 1874.)

These cures have no small clinical interest for us homœopaths. First of all, they seem to confirm the opinion expressed already in 1872 by Cl. Mueller in his clever essay on this subject* viz. that the newly imported drug is no infallible remedy against all sorts of

* See vol. xxx, p. 639.

growths called cancer, but rather curative of a definite form of such growths. "It will be seen," said he, "that *Cundurango* does *not* act curatively in cases of tumours and scirrhous indurations, but rather in cases of *open* carcinomata and cancerous sores." In other words, it happens with the discovery of the anticarcinomatous remedial power of this plant just as it happens with other discoveries. The discoverer himself thinks his little babe a kind of Messiah, who shall work such wonders and signs as neither Creator nor creation intended. Then, when the public finds itself disappointed by the numerous failings, there follows such an odious and blind reaction that the really good part of the discovery is no longer seen, and all desire to get better acquainted with the thing is repelled by the giant prejudice. Is not homœopathy itself a sad example of all this? Of further interest in these cases of Obolinski is the question of the dose. Cl. Mueller himself soon perceived that but little was to be expected here from light infinitesimal doses. He gave night and morning five drops of the first dilution. The external treatment, carried on at the same time, of the sores with the same remedy is probably of very decided advantage. Müller's case was cured with *Cundur.* 1, internally alone.

We think that we are also justified in concluding from the observations of the Cracovian surgeon that where *Cundurango* 1 should prove of no avail, a stronger and not a weaker dose would be called for. It is not with *Cundurango* as with *Silicea*, or *Lycopodium*.—(Dr. H. Goullon, jr. *Hirschel's Zeitschrift*, No. 16, Bd. xix, 15th August, 1874).

In this same journal, No. 17, Dr. W. Sorge, of Berlin, relates some cases of—

Ague cured without *Quinine*.—He says—In my former sphere of labour, Wettin-on-the-Saale, I had many often very stubborn cases of ague to treat; in most cases a cure without *Quinine* was not possible. Nevertheless, it sometimes happened that I could differentiate and make a happy application of other remedies. I find the following cases noted down in this early period of my homœopathic practice:

Case 1.—Körner, sailor, æt. 28 or so, had been suffering since August, 1855, from febris intermittens quartana. It had often been suppressed by *China* in allopathic doses, but the fever generally returned again after three weeks. A tired feeling in

the limbs and headache generally preceded the breaking out of the fever. The hot stage is violent, with severe headache, cramps (*Ziehen*) in the feet as far as the knees, so bad that he was often obliged to cross them; moderate thirst, but a great deal of palpitation, anxiety at the heart, and great lassitude. There was also great lassitude, even when there was no fever, especially in the feet; much perspiration every night; but little appetite. Tongue rather furred; stool as usual. Sensitive to pressure in the pit of the stomach; spleen pretty much swelled. Appearance very pale.

April 29th, 1856.—I gave him *Arsenicum* 24 in globules, a few three times a day.

May 5th.—The quartan has given way to a tertian, without any other difference. *Ars.* 6 (1 : 9), gtt. ij, two hours.

9th.—More appetite; *Ars.* 4, two hours, gtt. ij.

15th.—Rigor with thirst at the beginning, then hot stage of five hours, with much drinking, but with fever pains in the head; tossing about and cramps in the feet are wanting; stool daily; swelling of spleen no longer demonstrable. *Ars.* 3, two hours, gtt. ij.

May 20th.—The fever has become quotidian, always beginning in the evening; diarrhœa and moderate rigors; violent perspiration; on the right side hæmic bruit de diable. *Pulsatilla* 6, two hours, gtt. ij.

24th.—Feels himself better; less shivering. *Pulsatilla* 4, two hours.

28th.—The febrile paroxysms are reduced to a little twitching like incipient rigors, and without the following heat every second day, but there is still much night sweat. *Puls.* 4 daily, one dose.

After a few days patient came again, and announced that the twitching had now also ceased, and the night sweat much abated; he feels well, and is now going to sea again. The perspiration soon ceased entirely, and patient found himself quite well ever since the beginning of June.

September 9th.—Remains well.

Case 2.—Hemming, æt. 20, suffers these six weeks from cold fever, which has already been cured several times with *Quinine* in large doses, but it soon came again. Patient is very languid, looks pale and puffy, is short of breath, sweats a good deal at night, anorexia, easy stool.

After *Puls.* 3, exhibited June 15th, 1855, the fever soon ceased

after having very quickly gone weaker, but it returned again ten days afterwards; hence *Puls.* 2 (1 : 9), gtt. v ter in die; thereafter three attacks and then no more.

July 7th.—Is well, but has not much appetite. Rep.

13th.—Appetite good, but patient does not look well yet. *Puls.* 1, gtt. ij bis in die for a fortnight.

September 7th.—Is well, and has been so ever since last date.

Case 3.—William Doering, about 30, sailor, has had the ague for a twelvemonth, with several interruptions of from one to two to four weeks, at times only from one to four days. The interruptions were always caused by massive doses of *Quinine*, which he has continued to take until a few days since; notwithstanding this he has just had two febrile attacks, with three days of interval, just as he had it at the commencement of the fever.

Before the beginning of the attack violent shooting from the sacrum up to between the shoulders; soon afterwards severe but short rigors, with much thirst and at time with vomiting. The drawing in the sacrum ceases only with the rigor, on which a half hour's great heat follows, with much drinking, severe headache and giddiness, darkness and fire before the eyes. After the heat considerable sweat of moderate duration. During the whole attack there is some cough, palpitation of the heart, anxiety, constriction of the chest, great lassitude; after the attack long-lasting restless sleep; also in the apyrexial period the sleep is quiet; every night considerable perspiration; appetite and taste bad; stool daily; spleen swelled.

March 27th.—*Arsenicum* 20 (1 : 9), in globules, a few three times a day.

April 1st.—Rep.

5th.—Last evening fever very light; patient feels pretty well; nocturnal perspiration but slight.

13th.—The pyrexial attack has missed twice already; appetite tolerable, except on the fever day. Stool good; very little night sweat, but still great lassitude. *Arsenicum* 24 (1 : 9), in globules, daily only once, and besides just before the pyrexial period.

Patient did not come again, but went to sea; on questioning his sister on September 9th, I learned that he had felt himself quite well soon after his last visit to me, that he had remained well, and had a high opinion of the little globules.—(*Hirschel's Zeits.*)

NOTE.

A press of matter compels us to defer some interesting articles, our usual Notices of Journals of the Quarter, and Obituary Notices of Drs. Blake and Kelsall, until our April number.

BOOKS RECEIVED.

A Microscopical Examination of certain Waters submitted to JABEZ HOGG, &c. &c. London, 1874.

President's Address, delivered at Annual Meeting of South-western Branch of British Medical Association, Torquay, June 23rd, 1874. By SPENCER THOMSON, M.D. Torquay, 1874.

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HOMŒOPATHY.

ON THE CHOICE OF THE MEDICINE AND OF THE DOSE.

By Dr. P. Jousset.*

We cannot finish the lessons of this quarter without dwelling a little on the rules which ought to guide you in your choice of medicines.

As we have often remarked, the formula *similia similibus* is the law of positive indications in the treatment of disease, but this formula must be taken in its widest sense, and it must be backed by clinical experience.

The formula employed by Hahnemann and by the earlier homœopaths runs thus:—*Give the medicine indicated by the totality of the symptoms.*

This formula is incomplete. You will easily see that ulcerations of Peyer's plaques, pulmonary hepatization, pleuritic exudations, are morbid phenomena at least as important as pyrexial heat, thirst, a cough, or diarrhœa. Yet to the earlier homœopaths these morbid phenomena were not comprised in their picture of *simile*, inasmuch as they constitute *lesions*, and the formula says expressly *the totality of the symptoms*. These lesions, however, are not

* Translated by Dr. Burnett from the *Art Médical*.

apparent; they cannot be known without diagnostics, and diagnostics were a secondary matter with the earlier homœopaths.

We should, therefore, complete the above-quoted formula by saying that the medicine is indicated by the *totality of the symptoms and of the lesions.*

[We think that the correct interpretation of the phrase "totality of the symptoms" hardly excludes the course of the disease and the lesions which are, in fact, *objective symptoms.* We prefer to render the rule for the choice of the medicine thus:—"*Seek the medicine which produces the pathological simile of the morbid state by all the resources of semeiology.*" The older disciples of the homœopathic school did not reject the physical signs of chest disease from among the symptoms; they simply did not know them because auscultation was not then discovered, and they were certainly very particular to note the course of the disease, especially in intermittent fevers.—*Eds.*]

But this is not yet all; there are certain diseases in which the indication for the medicine is drawn, not from the totality of the symptoms and of the lesions, but from the *course* of the diseases; for instance, intermittent fevers and those maladies that accidentally assume the intermittent type call for medicines corresponding to this type, *i. e. Cinchona, Arsenicum, Nux vom., Aranea,* and many more.

Then let us say that the law of similars should be formulated thus:—Administer the medicine which corresponds to the totality of the symptoms and of the lesions, and to the course of the disease—that is to say, to the whole disease in its entirety. And that is why, without being a specificist, without teaching that to each morbid species there is a corresponding medicine or medication particular to it, which is false, we say that there is no therapeutics possible without diagnosing the morbid species. It is the diagnosis of the morbid species, in fact, that teaches, not only the symptoms, but also the lesions and the course of the malady; it is the diagnosis which gives the physician a just view of the totality of the pathological phenomena.

Without diagnosing, the physician is like a nurse; he sees but the more gross symptoms of the disease, he has no idea of their connection and government. In this very place you have had two instances of the grave inconveniences that arise to the detriment of therapeutics when the diagnosis is wanting. First of all, you will remember that old woman who came here on the ninth day of an unrecognised pneumonia, and who died in our wards a few days thereafter. In the case of this patient no diagnosis had been made; *Aconite*, indicated by the violence of the fever and by the patient's restlessness, had been persevered in for a week without modifying the disease.

In this case the importance of the diagnosis was considerable; it would have added to the *totality of the external symptoms*, the very important evolution of the pulmonary lesions, and called for *Bryonia* and *Phosphorus*.

Still more recently you saw me hesitating in that case of undiagnosed croup and giving *Phosphorus* and *Aconite*, which were indicated by the most important symptoms, and which remained without effect, while *Bromine*, *Bryonia*, and especially the *Cyanide of Mercury*, indicated by the diphtheritic lesion, might, perhaps, have sufficed to cure the patient.

The pure homœopaths reproach us with not individualising. Let us see what is understood by *individualising* in therapeutics, and let us examine into the matter and determine how far this criticism is just.

The extra-pure homœopaths understand by individualising not to take any notice of diagnosis (certainly it is easy to despise what one ignores), and to seek the medicine that suits by allowing themselves to be guided solely by certain symptoms proper to the individual case to be treated; thus, prescribing *Carbo veg.* for a patient suffering from a tumour in the brain simply because he has a desire to efflate; giving *Nitri acidum* to another suffering from angina pectoris because he gets better from a ride in a carriage; prescribing *Chamomilla* in croup because the child is relieved by being carried about in the nurse's arms. That's the *ne plus ultra* of therapeutics for some.

We proclaim that we do not individualise after this fashion, and we cannot allow therapeutics, which Hahnemann carried to such a height, to be thus dragged down. I am aware that with this method they make a few lucky hits, but we shall never know how many unlucky misses they have.

For us individualising means to seek out the peculiarities which the patient whom we have to treat presents. We say the *patient*, and not the *disease*, and this is what distinguishes us from the specificists, who have a cut-and-dried treatment ready for every disease, and who cure away at the nosological name. We do not treat pleurisy, pneumonia, or the cholera, but we treat pleuritic, pneumonic, and cholera patients.

Individualisation thus understood not only reckons with the diagnosis and with the pathological species, but likewise with its form and its variety, with epidemic influences, with the stage of the disease and with its complications, with the patient's idiosyncrasies, idiosyncrasies which cause these very special symptoms that at times are so bizarre, and to which these pure homœopaths attach such great importance.

The peculiar symptoms belong more to the individual than to the disease, and have nothing to do with nosographic descriptions; they have none the less their importance; they help to fix the physician's choice when several medicines seem otherwise equally indicated by the totality of the morbid symptoms. For instance, there is a patient suffering from pleurodynia characterised by a pain under the nipple; this pain is intense, it is augmented by breathing and coughing. Several medicines are indicated, and amongst these *Nux vom.* and *Bryonia*. If the patient be relieved by lying on the unaffected side, *Nux vomica* is called for. On the other hand, it is *Bry.* which suits if the patient be better when lying on the affected side.

Thus, the alleviation or aggravation produced according to the side on which the patient lies is here the symptom which *individualises* the case and fixes the physician's choice of the medicine.

We still also further separate ourselves from the earlier

homœopaths by the considerable importance which we attach to *clinical experience.* Hahnemann and his early disciples expressly recommended that no indication whatever should be drawn from the use of the medicines in disease—*ab usu in morbis.* A precept so opposed to medical common sense could not last long. For we believe there are but few physicians nowadays who hold this extreme doctrine of setting no therapeutical value on clinical experience. No doubt the law of *similia* has been the guide of the homœopaths to lead them in finding the medicines which they have prescribed for their patients, but it is clinical experience which has definitely settled their praxis. When the early homœopaths found themselves in the midst of cholera and dysentery, the law of similars offered them a certain number of medicines, but it is clinical experience that has fixed the value of *Veratrum, Arsen., Cuprum, Carbo veg.,* and *Camphora,* in the former malady, and of *Ipec.,** *Mercur., Arsenic.,* and *Phos.,* in the latter.

The proof of the insufficiency of the law of similars for fixing the treatment of a disease lies in the changes made by clinical experience in the practice of the generality of physicians. Who nowadays treats croup with *Aconite* and *Spongia,* or typhoid fever with *Rhus tox.?* To what do we owe the precision of the indications of *Cantharis* in pleurisy—of *Apis mel.* in ulcerative keratitis? To clinical experience.

Bedside experience strengthens or weakens the legitimacy of the choice made according to the law of similars; it is the *proof* that the therapeutical operation has been done well or badly. Clinical experience *precisionises* the value of the indications, and it *eliminates* untrustworthy

* That this was *not* the course of events with regard to *Ipecacuanha* may be seen from the following:—Michaelis Bernhardi Valentini, 'Polychresta Exotica,' Francofurti ad Moenum, 1700, Disputatio ii, "De Ipecacuanha," cap. i, § i, p. 17:—. . . "Aliis à Regione Radix Brasiliensis et *ab affectu* Radix *Dysenterica* audit. Hinc breviter describi potest, quod *Ipecacuanha* sit Radix Exotica, nodosa et quasi geniculata, *curandæ Dysenteriæ specificè* dicata."

§ ii. "Occasionem, quâ Europæis primùm innotuit, superiori jamdum anno, ex Illustris *Leibnitzii Relatione ad Nat. Curios., de Novo Antidysenterica Americano,* dedimus," &c.

medicines. Clinical experience *hierarchises* the value of a medicine in a given case. Thus, *Veratrum, Tart. emet., Aconit., Colchic.*, are indicated for the symptoms of confirmed cholera. But the clinique has long since decided in favour of the superiority of *Veratrum.* The fitful cough of phthisis, with vomiting of food, calls for *Drosera, Hepar sul., Silicea*, &c. &c. But clinical experience places *Drosera* in the first rank of the medicines indicated in these cases.

Finally, clinical experience *eliminates* medicines of uncertain action, and of these there is a large number. How many of these have presented themselves with more or less well-worked pathogenesies, and which promised, according to the law of similars, brilliant success, and how many of these have returned to the *néant,* where they should never have been disturbed? Who of us has forgotten *Glonoine* and its wonders in megrim; *Gelseminum semp.*, that was going to cure meningitis; *Thalium* as a specific for affections of the spinal marrow, and so many others that encumber the columns of our periodical journals and the shelves of our pharmacies?

The laborious researches of our colleagues produce no end of new pathogenesies; the clinique seizes upon these new agents, it eliminates the faithless, but gratefully preserves *Sanguinaria, Apis mel., Actæa*, &c., and many more that are rendering us capital service every day.

To sum up, it is the law of similars which indicates to the medical man the medicines that are called for in the treatment of diseases, but it is clinical experience which makes him sure of the hierarchical value of the medicines.

[The following on the choice of the dose by the same author is extracted from a clinical lecture delivered in the Hôpital St. Jacques, and forms a fitting sequel to the foregoing.]

Now, gentlemen, allow me to say a few words about the choice of the *dose* in homœopathy. We will not discuss

palliative medication, or those cases in which the physician wishes to obtain the physiological effect of the medicine, as, for instance, when it becomes necessary to procure vomiting or to clear the bowels for the purpose of eliminating a poison, or to procure contraction of the uterus in a case of labour. In such simple cases every one knows the dose must be in proportion to the desired effect—a dose that has long since been fixed by general experience.

The question which occupies us just now is much more difficult; we want to fix the dose in homœopathic medication.

We may still affirm, as did Hartmann, that this point is arbitrarily decided on, and that every physician invokes his own experience to justify the most opposite precepts.

Some have taught that high dilutions must be given in chronic diseases, while the lower ones are reserved for the treatment of acute diseases;* this precept is far too absolute, and to show its falseness we need only refer to *Arsenicum* in chronic diarrhœa, to *Iron* in chlorosis, to *Mercury* and the *Iodide of Potash* in syphilis, as medicines that must be given in strong doses in chronic diseases.

Some physicians have the habit of prescribing mineral medicines in weaker doses (30 dil.) than the vegetable ones (6 and 12). You observe that we infringe this pretended rule every day, and that with success.

Others have said, and with a greater show of reason, that substances which are of themselves *inert*, viz. *Carbo*, *Silicea*, *Lycopodium*, must needs be triturated and diluted to the extreme in order that they act, and that consequently the high dilutions (above 12) of these substances are preferable.

An entire school, accepting the theory of *dynamisation* for ready money, and firmly believing that each new dilution adds strength to the medicine, goes on and on in this way without stopping. Leaving far behind them the 30th dilution usually employed by Hahnemann, they have adopted—the higher the merrier—the 60th, the 100th, the 1000th, and the 1500th. Having no rule to guide them, and once

* Mure, *Bibliothèque de Genève.*

on the slippery incline of the spirit of system, these physicians have arrived at the 40,000th and at the *dynamisation by contact;* that is to say, for them it suffices that a globule that has imbibed a medicinal substance be placed in contact with inert globules for these latter to acquire in a very high degree this medicinal power! Verily, the greatest enemies of homœopathy are not the allopaths, and we may say with Hartmann that since the death of Hahnemann things have gone even beyond extravagance.

Well, now, say they to us, you affirm that the only rule for fixing the doses is given by clinical experience. Good clinical experience has proved the action of medicines carried up to the most extreme dilutions, and has fully justified what you call extravagances.

If clinical experience had enunciated this I would allow my reason to bow to its sovereign decree, because there is no such thing as therapeutic certainty, and hence no science without the clinique.

But what the partisans of these eccentric dilutions call clinical experience is limited to shame-faced affirmations void of proof, or else to the publication of cases without diagnosis, without sufficient details by which they might be controlled, and for the most part so ridiculous that the Homœopathic Society of Paris did not permit them to be published.

Does this mean that we fix the 30th dilution as the extreme limit of medicinal action? Certainly not; and what are we that we should fix such a limit? But we demand that no one shall venture too far on this difficult ground without being a true clinician, and, I will add, without being gifted with sufficient common sense to avoid all illusions.

Is it at all astonishing, with such excesses, that a great number of homœopaths should have adopted in their practice ponderable doses, or very nearly such—mother tinctures, 1st, 2nd, and 3rd dilutions. Shall we say, as do some, the important thing in homœopathic medication is the choice of the medicine; the dose is of no great importance; it is the *what*, not the *how much?* This would be an

easy way to get out of the difficulty, but it would not be solving the question. I will call to your minds the case of that hæmorrhoidal woman to whom we gave *Nux vom.* 12 without any success, and who was thereafter much relieved by *Nux vom.* 30. And, again, that consumptive person with whom *Drosera* failed in the 3rd and 12th dilutions, but completely succeeded in the mother tincture.

The medicine was well selected, and yet it did not produce its effect until the dose had been appropriated to the particular case. The dose is, therefore, of extreme importance.

But if no one has thus far laid down uncontested rules for the choice of the dose, it is seemingly because it has not yet been possible, and we do not possess the necessary data for solving this difficult question. It seems to us that there are no better means of advancing this solution than by resuming such facts as are nowadays undisputed. These are—

1. Doses of one and the same medicine that are efficacious vary with the diseases in the treatment of which it is indicated.

For instance, *China* suits, when otherwise indicated by the *ensemble* of the symptoms, for the treatment of intermittent fevers and chronic diarrhœa.

The dose which *succeeds best,* and hence the one which is indicated, in intermittent fever, is a massive dose (several grammes of the powder). On the other hand, the best dose for the treatment of chronic diarrhœa is a medium dilution (from the 6th to the 12th).

2. In the treatment of the same disease the doses vary with the medicines.

For instance, in the treatment of intermittent fevers, if *China* be indicated, we require massive doses. But if *Nux vom.* or *Arsenicum* is indicated, high dilutions suit best (12—30).

From these two incontestable facts we may at once conclude that neither the nature of the medicine nor the kind of disease can serve as a basis for the choice of the dose, since *the most appropriate dose* varies with the diseases and with the medicines.

The power of resisting the influence of external causes, and consequently of the medicine which is none other than an external cause, an agent foreign to the organism, varies with each individual; and this individual susceptibility, this idiosyncrasy, is the cause of the necessary variation of the doses. This element of uncertainty constitutes a part of the very nature of man; we must, therefore, not expect to eliminate it, and we must admit that there will always be an *unknown something* in the question of the dose, and that on this ground individualisation plays a very important part.

But what must the practitioner do in the presence of such a difficulty? For medicines known, and about which we have positive clinical instruction, the dose which experience has decided is to be employed. If this dose fail, although the medicine suit the particular case, we must change the dilution rather than the medicine.

When a medicine is badly known, from not having been tried at the bedside, it is better to begin with strong doses, because, the positive indication of these new medicines being yet but little known, there is a greater chance of an appreciable action the nearer we keep to material doses. For, generally speaking, and that is where we eventually land, the more homœopathic a medicine is the less do we require a strong dose.

ELEPHANTIASIS (ARABUM) SCROTI CURED WITHOUT OPERATION.

Read before the Liverpool Homœopathic Medico-Chirurgical Society, February, 1875.

By John W. Hayward, M.D., M.R.C.S., L.S.A.

The following case of disease of the scrotum is considered worthy of being put on record for several reasons, some of the principal of which are the following:—(1) Because,

though a disease usually considered to be amenable to the knife only, it was in this instance proved to be amenable to medicinal treatment. (2) Because it is an illustration of one of the chronic forms or results of syphilis. (3) Because it is an illustration of the constitutional origin of skin diseases. (4) Because it shows the importance of taking into consideration the cause as well as the symptoms of diseases in our endeavours to cure them. And (5) Because it affords encouragement to attempt, and to persevere with, specific medicinal treatment, even in cases apparently almost hopeless.

History.—Mr. C—, 42 years of age, a rather short and broad-set man, with a deformity as from hip-joint disease in childhood; married, but childless; a tailor by occupation; had had gonorrhœa and small chancre when young, but had had very little treatment for them. Reported that when about thirty-four years of age, that is, about eight years previous to my first seeing him, in May, 1868, his scrotum began to enlarge and become heavy, but that he paid only little attention to it, merely wearing a suspensory bandage. It, however, gradually grew larger, and became so bulky that he could scarcely walk, and so heavy that he had to have a canvas bag made for it, with leathern straps round the body and thigh to support it. His health also gradually failed, so that he became unable to attend to his business. He then, that is, eight years after its beginning to enlarge, consulted one of the principal surgeons of this town. This practitioner told him that the mass would have to be removed by the knife, as no medicine could affect it, and that unless removed it would continue to grow. As, however, he was not then in a fit state of health for an operation, he must have tonics, cod-liver oil, wine, &c., until his health was improved.

As the patient naturally objected to the use of the knife, he was prevailed on by some of his relatives, whom I had treated, to send for me, to inquire if homœopathy could hold out any hope of removal without the knife, or even could restore him to something like health, so that he might resume attendance to his business.

On examination I found an enormous, elongated, irregular-shaped, hard, and heavy mass, reaching almost to his knees, and measuring twelve inches long and thirteen in circumference; it consisted of thickened and hardened—hypertrophied—skin and connective tissue, in which the penis was buried, and from which it could not be made to protrude; the urine had to trickle away from an opening in front of the mass. The skin was rugous and of an elephantine appearance. Evidently this was a case of *elephantiasis scroti*, of the Arabian species. In form it much resembled the case illustrated in the *Lancet*, vol. ii, 1871, p. 187.

On further examination of the patient I found some warts about the anus, and a considerable number of dirty looking, sloughy, irregular-shaped ulcers about the nates, and many scars left by previous ones; also several enlarged glands in the groins and thighs, and several cutaneous or subcutaneous nodules or lumps about the thighs and legs. He said these sores had troubled him for many years, coming and going, and that he had occasionally had a little treatment for them, principally in the form of lotion or ointment. He had also a number of similar, though larger and deeper, ulcers on both legs; some of these appeared to be broken down nodes and cutaneous nodules, of which there were several still remaining. He said he had had bad legs for many years, and had used the treatment for them as for the other sores, though of late he applied only water dressing.

Diagnosis.—Diagnosing the case as one of *chronic syphilis*, and therefore one to which medicine ought to be of service, I advised him to submit to a prolonged course of homœopathic treatment, because, if he would, I could at least promise a considerable improvement in his general health, and perhaps some diminution of the swelling. He consented to this. I therefore put him on a systematic course of anti-syphilitic treatment.

Treatment.—It would be tedious and not proportionately profitable to you to be taken over the whole course of the treatment day by day, or even week by week, for it ex-

tended over a period of four years before the cure was complete. It will be sufficient for me to give a general sketch of the course pursued, and I will do so in as few words as possible.

The treatment was commenced in May, 1868, by ordering cleanliness, generous diet and some wine, and, as soon as able, to be much out in the open air. A free use of baths, especially Turkish baths, would also have been ordered, but from domestic circumstances and the presence of the ulcers and the deformity these were impracticable, and therefore dispensed with.

I prescribed, first, *Sulphur*, trit. 1, gr. ij, four times a day. Although after taking this for two weeks the patient expressed himself as feeling something better, I nevertheless then prescribed *Mercurius solubilis*, trit 1, gr. ij, four times a day, and this was continued for a month. Under this medicine some of the ulcers assumed a less unhealthy appearance; new ones, however, continued to form. I then prescribed *Mercurius corrosivus*, trit. 1, gr. ij, four times a day for a month. Whilst under this medicine some of the original ulcers began to show a tendency to heal and some of the cutaneous nodules to diminish in size; the warts began to shrink, and the scrotum to feel a little less hard. I then ordered *Mercurius dulcis*, trit. 1, gr. ij, four times a day for a month; the improvement made further progress. After this I prescribed *Kali hydriodicum* ϕ, gr. ij, four times a day. This medicine was continued for two months, and under its influence the changes made perceptible and very gratifying strides; the scrotum became perceptibly less hard and heavy, and assumed a somewhat flabby appearance and sensation to the touch; new ulcers ceased to form, and the cutaneous lumps diminished considerably. I then prescribed *Kali bichromicum*, trit. B, gr. ij, four times a day for a month; the improvement made further progress. I then ordered *Acidum nitricum*, 1^x, gut. ij, four times a day. This was continued for two months, and under its influence the ulcers about the nates and the last vestiges of the warts, many of the cutaneous lumps and most of the nodes,

disappeared; and although the ulcers on the leg had diminished considerably, and some of them entirely healed, still several remained. I then prescribed a second course of *Kali hydriodicum* ϕ, gr. iij, four times a day, and continued this for two months. During this time considerable progress was made in all the improvements. After this I began the course over again, by prescribing *Mercurius vivus*, trit. 1, gr. ij, four times a day for a month; then *Mercurius dulcis* 1 again, in the same way, for a month; then *Mercurius cor.* 1, then *Cinnabaris* 1, then *Mercurius protiodatus* 1, then *Merc. biniodatus* 1, each for a month; and then *Acidum nitricum* 1^x, gut iij, four times a day, and afterwards *Kali hydriod.* ϕ, gr. iij, four times a day, and continuing each for two months; and after these *Sulphur* again, trit. 1, gr. iij, four times a day for two months. The evidences of improvement continued to progress rapidly during the repetition of the course, especially under the *Kali hydriodicum* and the *Acidum nitricum.* Nearly all the ulcers on the legs healed up, the nodules and nodes almost entirely disappeared, and the decrease in the size and weight of the scrotum became very marked. By the end of the second year of the treatment he was able to dispense with the supports, and the skin of the scrotum appeared to be but little thicker than natural; though the scrotum was large, it was soft and flabby, and could be folded on itself both longitudinally and transversely. It then measured eight inches long and nine in circumference. After this I went over some of the same medicines again as they appeared to be indicated. Altogether the treatment was continued more or less regularly for a period of four years, the last prescription bearing date June, 1872. The scrotum continued to diminish and shrink up, so that at the end of three years and a half there was very little of an unnatural appearance about it. There were neither ulcers nor nodes left, and he was apparently in good health. He, however, continued the treatment irregularly for another six months. At the end of four years I ceased to prescribe for him, as he said he was in better health than he had been for over twenty

years previously. I saw him about the end of 1874, and he was then quite well. Towards the latter part of the treatment, when he considered himself nearly well, he was very irregular in calling, and was sometimes four or five weeks without any medicine at all, and then he would take it again, though less frequently, for a month or so.

Commentary on the treatment.—In reference to the number of medicines and preparations, and the changes of the medicines during the treatment, the protean nature of the disease must be taken into account, the number of manifestations it exhibited at the beginning, and the changes that, of course, took place during the treatment, as well as the length of time the patient was under observation. I endeavoured to continue the use of one medicine or preparation as long as it appeared to produce beneficial effects, and to change it only when the progress seemed to flag. I have long been satisfied that from two to four or six weeks are quite long enough to exhaust the beneficial action of a medicine or dose, at least for a time; and that it is better then to change, even though it should be necessary to return to the same medicine at some future period of the course. It may be asked, "Why use so many different preparations of *Mercury?* Because if *Mercury* is, *par excellence,* the medicine for syphilis, it is *Mercury*—the drug itself, and not its combinations—that should be used." This might be good reasoning if all constitutions were identical and the poison itself did not become modified by the source from which it was received. But so long as syphilis differs so much in different cases at its onset, manifests itself in so many organs and tissues, and puts on so many different phases during its progress, and changes its localities and manifestations every week or month of its existence, so long will its treatment demand frequent change in the means and manner of attack and battery, and a frequent change of the medicine. Not only does theory demand this, but practical experience also teaches it; and not only in the old and routine, but also in the new and scientific school of treatment.

By practical experience in the old school *Blue pill*, or *Mercury and Chalk*, has become the classical remedy for the primary sore or chancre; *Calomel*, or *Corrosive Sublimate*, for the eruptive or secondary manifestations; *Corrosive Sublimate*, or *Iodide of Mercury*, or *Iodide of Potassium*, for the tertiary; and all these in turn, or some favourite one of them, according to the predilection of the practitioner in the quaternary; the *Acid Nitrate of Mercury* for the throat, and the *Bromide of Potassium* for the brain and nervous symptoms. So in the new school we rely mainly on *Mercurius solubilis* for the primary sore and the early secondary; *Mercurius corrosivus* for the later secondary and early tertiary; *Mercurius sulphuratus, iodatus, precipitatus*, or *nitratus*, or *Kali hydriodicum, bichromicum*, or *bromidum*, for the late tertiary and the quaternary. These different stages, however, are not all so distinct or so clearly defined as books or the above remarks would seem to indicate. In most cases of chronic syphilis there is a mixture, in different proportions in different cases, of two or more or all these stages in the same patient at the same time, and we therefore require to vary our preparations of *Mercury*, as we have to individualise all our other drugs; and not only so, but we frequently find it necessary to leave off the use of *Mercury* altogether for a time (not that it is doing harm, but that it is not doing good) and prescribe *Bichromate of Potash*, or *Iodide* or *Bromide of Potassium*, or some other drug, and then to return to *Mercury*, and again to leave it off and resort to *Potassium* or *Iodine*, or some other drug, and perhaps yet again return to *Mercury* if we would eradicate the last traces of this inveterate disorder. It cannot be eradicated by merely increasing the dose of the same drug, though the system itself may suffer from so doing. I had ample evidence of the truth of the above remarks during the course of the case narrated.

Designation.—I have called the disease in the foregoing case "elephantiasis" because this is the term by which such growths are usually known. Elephantiasis is a "generic" term which has been long in use to designate

a disease of the skin by which the skin is so altered that it resembles the skin of the elephant. It was first applied, according to Dr. Hooper in his *Medical Dictionary*, by the early Greek physicians to a disease "principally characterised by the appearance of shining tubercles, of different sizes, of a dusky red or livid colour, on the face, ears, and extremities, together with a thickened and rugous state of the skin, a diminution or total loss of sensibility, and a falling off of the hair." And afterwards the same term was used by the Latin translators of the writings of the early Arabian physicians for a disease of the leg first described by the Arabian physician Rhazes under the name of *dal fil*, which signifies *elephant disease*, because of its resemblance to the leg of the elephant. "In this disease," says Dr. Hooper, "when in an advanced stage, the limb is tumid, hard, livid, and enormously misshapen; the skin at first is glabrous, afterwards thick, scaly, and warted, bulging in some parts and indented in others."

There are, therefore, two "species" of elephantiasis—Græcorum and Arabum. The former is a tubercular disease of the skin, and the latter simply a hypertrophy. The "case" given above was of the latter kind.

Literature.—The usual locality of the disease termed Elephantiasis Arabum is the leg: it is only rarely found to attack the scrotum. It is of frequent occurrence in India, and so frequent in Barbadoes as to have received the name of "Barbadoes leg." In this country it is of rare occurrence, even in the leg, and still more rare in the scrotum; so rare, indeed, that Mr. Liston, in his *Practical Surgery*, written in 1846, says:—"The disease is almost unknown in this country, and, so far as I know, the sketch (given on p. 344) is taken from the only one which has occurred in a resident native of these islands." Marcy and Hunt, in their *Theory and Practice of Medicine*, say:—"This disease is almost peculiar to hot climates, though we have some cases of it in New York. . . . The usual remedy proposed is the knife. . . . The only medicines which have power to remove elephantia are those which have been successfully used for lepra in its different forms. These

are: *Ars.*, *Alm.*, *Cb-a.*, *Cb-v.*, *Cau.*, *Grp.*, *Na-m.*, *Pet.*, *Pho.*, *Sep.*, *Sil.*, *Sul.* *Ars.* has hitherto been most successful."—Pp. 331-2, vol. ii.

It will be observed that they do not even mention the medicines which proved most curative in the case I have narrated.

Morbid Anatomy and Pathology.—Under the section "hypertrophy" in his *Pathological Histology*, Dr. Rindfleisch says (p. 376, vol. i, New Syd. Soc.):—"One of the most peculiar and interesting of all the diseases to which the skin is liable, Elephantiasis Arabum, must be regarded as a hypertrophy of the corium and subcutaneous connective tissue. It owes its name to the striking resemblance between the lower extremity of a man affected with this disease and that of an elephant. The skin, prodigiously thickened, hangs in wide baggy folds about the leg and ankle, so that the toes can barely be detected peeping out from under them. On section, we recognise the familiar structure of the cutis, only on a larger scale. As regards its etiology, I will only remark at present, that we have many reasons for believing it to be a chronic inflammation. Our description of eczema rubrum on a former page was broken off abruptly at the point where it passed into chronic inflammatory thickening of the cutis. We reserved this for our chapter on elephantiasis, because no anatomical difference of any moment can be shown to exist between these two forms of cutaneous hypertrophy. Moreover, in those countries where elephantiasis is endemic it is a well-known fact that the disorder usually begins with phenomena having all the characters of erysipelas. During the inflammatory stage the lymphatic glands, which receive their lymph immediately from the inflamed part, become swollen. The swollen glands do not subside. The lymph-paths through them remain perfectly blocked. There ensues a stasis of the lymph; the outflow of the superfluous nutrient fluid is checked, and this must be regarded as the immediate cause of the hypertrophy."

Causes.—The cause of Elephantiasis Arabum may differ in different cases, but in all cases there must first be pro-

duced a morbid condition of the blood. In India the morbid condition of the blood may be produced by heat and malaria; in the case I have narrated it was evidently caused by syphilitic infection. The case was, therefore, one of *syphilitic hypertrophy of the scrotum.*

ON THE DEATH OF SOCRATES BY HEMLOCK: A BOTANICAL, PHILOLOGICAL, HISTORICAL, PHYSIOLOGICAL, AND THERAPEUTIC INVESTIGATION ON THIS PLANT.

By A. Imbert-Gourbeyre, M.D.*

Introduction.

The death of Socrates has always remained famous. It has been talked of by every one, by painters, poets, historians, philosophers, literary men, and even by doctors. If those last had not had their say I should have held my tongue, for the theme is an old one. However, I will try to infuse new life into it upon the simple question, Do we know that the illustrious philosopher really died from hemlock? All antiquity affirms it; nevertheless, the majority of modern physicians have either doubted or denied it, and have made several erroneous assertions. But we ought to know the truth of the matter. This is the object of my essay. Peradventure the history of hemlock, which is still imperfectly known, may gain something by my remarks.

In the first place it is necessary to give the story of the death of Socrates, so I will transmit the famous passage from the *Phædo.*

"Crito made a sign to the slave who stood near. The slave went out, and after remaining away some time (συχνόν χρόνον) he came back with him who was to

* From the *Art Médical*, Jan. and Feb., 1875.

administer the poison (τὸ φαρμακον), which he brought all bruised in a cup (τετριμμένον). As soon as Socrates saw him, he said, 'Very well, my friend, but what am I do? for it is your business to teach me.' 'Nothing more,' replied the man, 'but walk about when you have drunk it till you feel your limbs grow heavy (βάρος ἐν τοῖς σκέλεσι), and then lie down on your bed; the poison will act by itself.' At the same time he offered him the cup. Socrates took it with the greatest confidence, without any emotion, without changing colour or countenance, but looking at the man with a firm and assured eye, as was his custom, 'Tell me,' said he, 'may I spill a little of this potion in order to make of it a libation?' 'Socrates,' replied the man, 'we only prepare the quantity necessary for drinking (τρίβομεν ὅσον οἰόμεθα μέτριον εἶναι πιεῖν).' 'I understand,' said Socrates, 'but, at least, I may be allowed to make my prayers to the gods, that they may bless my journey and make it happy; that is what I beg of them. May they be favorable to my wishes!' After having said this he raised the cup to his lips and drank it with wonderful serenity and sweetness. . . . But Socrates, who was walking about, said that he felt his limbs growing heavy (βαρύνεσθαι τά σκέλη), and he lay down on his back (κατεκλίνη ὕπτιος), as the man had directed. At the same time the same man who had given him the poison drew near to him, and having examined for some time his feet and legs, squeezed his foot strongly (σφόδρα πιέσας αὐτοῦ τὸν πόδα) and asked him if he felt it (εἰ αἰσθάνοιτο); he replied in the negative. He then squeezed his limbs, and bringing his hands higher up, he showed that the body was growing cold and stiff (ὅτι ψύχοιτό τε καί πηγνύοιτο), and touching it himself, he told us that when the cold reached the heart (πρὸς τῇ καρδίᾳ γένηται αὐτῷ) then Socrates would leave us. Already the whole of the abdomen was icy cold (ἦν τὰ περὶ τὸ ἧτρον ψυχόμενα). Then removing the clothes, for he was covered, 'Crito,' he said, and they were his last words, 'we owe a cock to Æsculapius; do not forget to discharge this debt.' 'It shall be done,' replied Crito, 'but see if you have not something more to say to us.' He made no

reply, and a short time afterwards he made a convulsive movement (ἐκινήθη). Then the man removed all the clothes; his look was fixed (τὰ ὄμματα ἔστησεν). Crito, seeing this, closed his eyes and departed."

This narrative of Plato has always had the privilege of touching the sensibilities of the lovers of antique beauty. Witness Julius Scaliger, who wrote in his pagan enthusiasm of the Renaissance: "The last words of Socrates were for the cock of Æsculapius. He died without pain, but not without tears; for I weep every time I read this passage. How often have I been induced to read this celebrated dialogue, but on coming to the part relating his death I could not go on; I was forced to close the book."

I, too, am not insensible to this fine passage of the Phædo; but that cock of Æsculapius displeases me highly. I confess that the death of any of our Christian martyrs is greatly superior to that of Socrates.

Knowing greater sages, I shall not weep like Scaliger over the death of the wise Athenian, and I pass at once to the order of the day, in order to examine the two following questions:

Was the death of Socrates really due. to the great hemlock, the common hemlock, that which Linnæus called *Conium maculatum?* Did the poison administered to him contain nothing but hemlock? To these two questions I reply affirmatively, and I proceed to demonstrate this in the following essay.

Various contradictory opinions have been mooted on this subject. Wepfer* doubts if the Greek poison was hemlock. Melchior Friccius† does not wish to push curiosity so far as to inquire if the common hemlock is the hemlock of the ancients; he thinks it probable they are different plants. Sauvages‡ thinks that Socrates' poison was the Cicuta virosa or aquatica. To this plant Haller§ refers the *coneion* of Dioscorides. Murray‖ thinks it im-

* *Cicutæ Aquaticæ Historia*, 1679.

† *De Virtute Venenorum Medica*, 1701.

‡ *Nosologia Methodica*, 1768.

§ *Historia Sterpium Helvetiæ*, 1768.

‖ *Apparatus Medicaminum*, 1793.

probable that the Greeks used our great hemlock, and that Socrates was poisoned by it. J. Frank* and Bulliard† are for the Cicuta virosa. Guersant, in the *Dictionnaire des Sciences Médicales,* has the following in reference to hemlock:—"Theophrastus and Dioscorides not having given us *any exact description* of the plant they call by this name, and the few details given by the latter being applicable to several species of hemlock now known and which *grow in Greece,* it appears to me impossible to determine accurately what was the plant of which the ancients speak."

According to Bonastre‡ the *Datura ægyptiaca* or the *Hyoscyamus datura* was the hemlock of the ancients. Casaubon§ gives his opinion in favour of the latter plant.

"The accidents produced by the ingestion of hemlock," says Orfila, "*are so unlike* those of which the ancients speak, especially the Greeks, that it is generally supposed, nowadays, that there is only a simple analogy of name between the existing hemlock of the north of Europe and that which the Athenians formerly used for the execution of condemned criminals. Still, the following observation is an exception to those made in recent times; for it presents all the symptoms described by Plato in the picture he has given us of the last movements of the illustrious philosopher Socrates." Here Orfila cites an important observation of Professor Bennett, to which we shall hereafter recur.

On the other hand, Schulze,‖ Fodéré,¶ Mérat and Delens,** Christison,†† and Bennett,‡‡ hold an opposite opinion, and believe that our *Conium maculatum* is the hemlock of the ancients. "It is generally believed," says

* *Manuel de Toxicologie,* 1803.

† *Histoire des Plantes Vénéneuses.*

‡ *Bulletin de l'Académie de Médecine,* 1836.

§ *Histoire Physiologique de la Coniceine.* Thèse de Paris, 1868.

‖ *Toxicologia Veterum,* Helæ, 1788.

¶ *Médecine Légale.*

** *Dict. Univ. de Matière Médicale.*

†† *On Poisons,* 1845.

‡‡ *Edin. Med. Journal,* 1845.

Christison, "that the hemlock furnished the poison of the ancients, especially among the Greeks, but we have no precise information on the subject." Schulze is much more explicit when he says, "The κώνειον of the Greeks, which the Romans called *cicuta*, must be referred to the *Conium maculatum* of Linnæus;" and he adds correctly, "Omnes sane notæ, habitum, odorem et vires noxias hujus plantæ describentes *Conio maculato* inter omnes aptissime respondent."

It has been also contended that the poison administered to Socrates was composed not only of hemlock, if, indeed, that entered into its composition, but also of opium and other poisonous substances. Guainerius,* Wepfer, Bœcler,† Steger,‡ Sauvages, Mead,§ Murray, Desbois,‖ Guersant, Bonastre, Casaubon, and others, have held this opinion, which seems to be that of the majority.

"It is supposed," says Guibourt,¶ "that the potions used to kill criminals at Athens contained, in addition to the juice of hemlock, opium, the properties of which best agree with the symptoms of the death of Socrates, as it is recorded by historians."

Twenty years ago my excellent friend, the late Dr. Milcent, reviewing what his predecessors had said on the subject of the hemlock of Socrates, wrote in the *Art Médical*, "According to Haller (*Hist. Stirp. Helv.*), what Hippocrates, Dioscorides, and Galen have said respecting κώνειον refers to *Cicuta virosa*. According to Pliny all poisonous plants were called hemlock. The poisonous potion used by the Athenians had this name (Steger), which does not imply that it consisted exclusively of the great hemlock, nor even that this plant entered into its composition. Plato, in his account of the death of Socrates, only makes use of the word φάρμακον. Plutarch,

* *Opus Præclarum*, 1534.

† *Hermanni Cynosura Materiæ Medicæ*, 1726.

‡ *Diss. de Cicuta Atheniensium*, 1734.

§ *Opina*, Paris, 1757.

‖ *Matière Médicale*, 1789.

¶ *Histoire Naturelle des Drogues Simples.*

it is true, in his life of Phocion, once or twice uses the word κώνειον (*Dict. des Sciences Med.*, art. *Ciguë*), but it is none the less true that we have only very vague accounts of the hemlock employed by the ancients.*

An important point to notice in this controversy is that all the objections made against the Athenian hemlock come exclusively from the moderns, whereas in ancient times no doubts were expressed respecting the plant that furnished the poison, nor respecting the purity of the poison itself.

In 1845 Professor Bennett published the history of a case of poisoning by hemlock, which I shall by-and-by revert to. He showed its perfect similarity to the accidents described in the death of Socrates, and insisted that it was favourable to the identity of the hemlock of the moderns with that of the ancients. A short time previously Professor Christison, when experimenting with conicine on animals, was struck by the symptoms they presented, and with their resemblance with those of the dying Socrates; he cited in corroboration the verses of Nicander on hemlock, and showed that he believed in the identity of our common hemlock with the Athenian hemlock.†

Since then the question has remained in this state, and no one else has ventured on it. The same errors have continued to prevail with respect to hemlock and the Socratic poison.

* In the *Nouveau Dictionnaire de Méd. et de Chir. Pratiques*, art. *Ciguë*, we read the following:—"The great hemlock is found in the South and in Greece, which leads us to believe that it is the true hemlock of the Athenians. Without judging this question, we think we may assert that it is the plant which Pliny, Dodoens, &c., have described as being the hemlock of Socrates and Phocion. For the old authors—Fuchs, Tournefort, Rèvin—its name was *cicuta*, and this name it shared with many plants of different kinds; this led Linnæus, who was the first to maintain the opinion which we defend here, to change the name to *conium*, which he took from κωνειον, the name by which the Greeks called it. Haller, and others after him, maintained that the hemlock of Socrates and Phocion was the *Cicuta virosa;* tradition is against this opinion, and, moreover, this plant does not grow in Greece. Some authors have deemed it more convenient, in order to reconcile conflicting views, to assert that the hemlock of the ancients was a compound which contained neither *conium* nor *cicuta*, but some poisonous Solaneæ; this assertion has yet to be proved." (Aug. Ollivier and G. Bergeron.)

† *Edin. Philos. Transactions*, vol. xiii.

I confess that I was led to examine this scientific question by the writings of the two Edinburgh professors. It seems to me that it has not been profoundly studied by any one. In this essay I wish to elucidate it thoroughly from the botanical, philological, historical, physiological, and therapeutical points of view, I trust to be able to demonstrate that the great sage of antiquity was poisoned by the common hemlock and by nothing else.

CHAP. I.—Botanical Proofs.

The hemlock of the ancients was positively the *great hemlock* of the moderns, *Conium maculatum*, Linn. The proofs are numerous and of diverse kinds.

The first and most important must be found in the botanical characters which the ancients have supplied respecting hemlock. We shall begin with Dioscorides*—his account is the most complete. I shall quote the description he gives of the plant:—"Caulem edit *geniculatum*, more *fœniculi*, *magnum*, foliis *ferulæ* similibus, sed *angustioribus* et *graveolentibus*. In cacuminibus sunt ramorum propagines et *umbellæ*, flos albidus: semen ceu *anisi*, sed *candidius*. Radix *cava*, non profunda." Let us take these in detail.

Caulem edit *geniculatum*, more fœniculi.—We have only to compare a stem of hemlock with one of fennel in order

* I give the complete passage from Dioscorides, omitting the synonyms, which will be considered hereafter:—"Conium . . . caulem edit geniculatum more fœniculi, magnum, foliis ferulæ similibus, sed angustioribus et graveolentibus. In cacuminibus sunt ramorum propagines et umbellæ, flos albidus; semen, ceu anisi, sed candidius. Radix cava, non profunda. Est autem in lithalium venenorum genere quippe quod refrigerante sua vi necat: remedio vero est merum. Contusa summa coma antequam semina arescunt, succus exprimitur qui dein sole densatur ac cogitur. Hujus autem siccati multiplex est ad tuendam sanitatem usus, et vino mixtum collyriis anodynis idoneum est. Herpetas et erysipelata illitu restringit. Herba vero cum coma trita testibusque circumlita pollutionibus nocturnis opitulatur. Sed et genitalia illita efficata reddit. Lac ibidem restringit et mammas virginum crescere non patitur; puerorum quoque testes tabidos facit. Efficassimum est creticum et megaricum et atticum tum id, quod in Chio et Cilicia provenit." (L. 4, C. 79.)

to see the resemblance and the *geniculated* state, a word which has been retained in modern botanical language, and which evidently comes to us from Dioscorides through the Latin. The Greek word is γονατωδης.

Magnum.—The stem of the hemlock is very large for a herbaceous plant, rising more than a mètre in height, whence it was called the great hemlock, *Cicuta major;* when the botanists of the Renaissance commenced to differentiate it from the little hemlock, *Cicuta minor*, or *Æthusa cynapium.* "Supra tres non raro cubitos assurgit," says Störck.*

Foliis ferulæ similibus, sed angustioribus.—Theophrastus had already noted this resemblance to *Ferula communis*, Linn. This botanical detail is quite exact; I have been able to verify it in the dry plant and on the fresh plant itself on my return from Nice last October. The leaves of the ferula are much broader than those of the hemlock; as regards the petioles the contrary is the case. The passage of Dioscorides applies to the whole leaf and not to its sub-divisions.

Et graveolentibus.—The characteristic odour of the hemlock is here indicated by Dioscorides; Pliny says the same thing: *Gravi odorata.* This fetid odour, *sui generis*, is noted by most modern botanists and toxicologists. Schulze says, *Tetrum odorem;* Störck and Bergius,† *Odor murinus.* The great hemlock when fresh, says Gillibert,‡ exhales a peculiar nauseous odour. Christison speaks of this smell of mice or rats; he adds that the juice of hemlock treated with caustic potash develops the fetid odour of conicine. According to Taylor all the parts of the plant when triturated exhale the odour of cat's urine; on adding caustic potash, the odour of mice. It should be stated that hemlock when drying emits its odour still more powerfully. Common people, who are the chief nomenclators, have long called hemlock by a name having reference to this odour—*Mause-schierling*, mouse-hemlock. This

* *Libellus quo demonstratur Cicutam, &c.*, 1764.

† *Materia Medica*, 1778.

‡ *Démonstrations de Botanique.*

even explains why Tabernœmontanus called the great hemlock, a good figure of which he gives, fetid hemlock, *Cicuta fœtida, stinking hemlock.* I dwell particularly on the fact of the odour,* as it is of prime importance in this discussion, seeing that it is traditional, appertaining specially to hemlock, and not at all to the other two hemlocks, and the other poisonous umbelliferous plants which have been confounded with the hemlock of the ancients. This proof appears to me to be one of the most important in establishing the identity of our common hemlock with the κώνειον of Dioscorides. The botanist Morison rightly insists that the fetor of the hemlock essentially distinguishes it from the other kinds.

In cacuminibus sunt ramorum propagines et *umbellæ.*—The divisions of the hemlock belong preferentially to the upper part. This is in allusion to the umbella, the fundamental character of the family containing the hemlock. The Latin word *umbella* corresponds exactly to the Greek word σκιάδια. "Umbellæ fustigia occupant," says Störck.

Flos albidus.—"Candidi in his sunt flosculi," says Störck; and all botanists say the same.

* "This plant is narcotic. It is not prudent to inhale its odour for any length of time. There have been instances of persons having fallen into a lethargic state from having fallen asleep in fields where it grew abundantly. In such cases one experiences somnolence and a very disagreeable sense of fatigue." (Desbois de Rochefort.)

Mérat and Delens say—"The whole plant, especially when it is bruised, exhales a fetid, musky, or coppery odour, which has been compared to cat's urine, and is capable of causing a sort of narcotism when breathed for a long time" (*Journal de Pharmacie*, in 4, 99). "It is remarkable that this odour is more perceived in the entire plant than when bruised, and when dry than when fresh" (*Fée*).

Pereira says that the odour has been said to resemble that of fresh cantharides.

And previous to these modern authorities, Cæsalpinus said long ago—"Cicuta in solo pingui frequens est prope urbes . . . gravi olente ut prope accidentibus quasi *murium fœtor* videatur et *diutius observantibus capitis gravitas* accedat" (Cæsalpinus, *De Plantes*, Florentiæ, 1583). We shall see by and bye, when we come to the physiological proofs, that Boerhaave experienced these accidents in his own person. Ruellius adds a peculiar fact relative to the period when this characteristic odour manifests itself: "Cicuta *non ignota planta*, tetro se prodit odore adulta" (*Commen. in Dioscoridem*).

Semen ceu anisi, sed candidius.—I wished to verify this fact by comparing the seeds of anise and hemlock. To the naked eye the difference of colour is not very obvious, but under the lens it is very apparent, as I have been able to convince myself. If Dioscorides and Pliny, as I shall show hereafter, compared the seed of hemlock to that of anise, that is because they resemble one another much; and it is very easy to mistake the one for the other, a mistake which has more than once occurred in the druggists' shops. About five and twenty years ago some medical journals related a case of poisoning caused by mistaking hemlock seed for anise seed. Most of the botanists of the Renaissance have alluded to this resemblance; this must be regarded as another proof of the identity of the ancient hemlock and our common hemlock.

Radix cava, non profunda.—On cutting through the roots of hemlock somewhat old, we find small cavities, similar to the medullary cavities in bones; this fact is common to many old roots. The root of the hemlock is perpendicular like that of the parsnip, and can be easily pulled up. It is not deep, though it has a considerable length." "*Radix dodrantalis, crassitudinis digiti, cava est internis, prius autem solida* (Störck).

Pliny* enumerates certain of the botanical characters of

* The entire section of Pliny on hemlock is as follows:—"Cicuta quoque venenum est, publica Atheniensium pœna invisa ad multa tamen usus non omittendi. Semen habet noxium, caulis autem et viridis estur a plerisque in patinis; levis hic et geniculatus ut calami, nigricans, altior sæpe binis cubitis, in cacuminibus ramosus; folia coriandri teneriora, gravi odoratu, semen aniso crassius, radix concava, nullius usus. Semini et foliis refrigeratoria vis; sic et necat; incipiunt algere ab extremitatibus corporis. Remedio est, priusquam perveniat ad vitalia, vini natura excalfactoria; sed in vino pota irremediabilis existit. Succus exprimitur foliis floribusque; tunc enim maxume tempestivus est; semine trito expressus et sole densatus in pastillos necat sanguinem spissando; hæc altera vis et ideo sic necatorum maculæ in corporibus adparent; ad dissolvenda medicamenta utuntur illo pro aqua. Fit ex eo et ad refrigerandum stomachum malagma; præcipuus tamen est ad cohibendas epiphoras æstivas oculorumque dolores sedandos circumlitus; miscetur collyriis et alios omnes rhumatismos cohibet; folia quoque tumorem omnem doloremque et epiphoras sedant. Anasilaus auctor est mammas a virginitate inlitas semper staturas; quod certum est, lac puerperarum mammis imposita extinguit veneremque testibus circa pubertatem inlita; remedia quibus bibenda censetur

hemlock as follows:—"*Semen habet noxium, caulis autem et viridis . . . levis hic et geniculatus ut calami, nigricans, altior sæpe binis cubitis, in cacuminibus ramosus; folia coriandri teneriora, gravi odoratu, semen aniso crassius, radix concava.*" The Roman naturalist in part merely repeats the description of Dioscorides, but he supplements the same in certain points to which he wished to draw attention.

Semen habet noxium.—The fact that hemlock seeds are poisonous is amply confirmed by modern observation. MM. Devay and Guilliermond have proved that hemlock seeds at maturity contain a large proportion of conia, in a peculiarly stable form, while, though tolerably abundant in other parts of the plant, it elsewhere exists in a vaporisable condition, and one very prone to decomposition even in the course of pharmaceutical manipulations. Schroff (of Vienna) has also demonstrated the superiority of the seeds of the hemlock to other parts of the plant. The poisonous nature of the seeds is further established by the method of preparing the extract adopted by the ancients according to Dioscorides, and also by their extensive employment of the seeds, as seen in many passages of Celsus and Galen. It is worthy of note that Pliny asserts the different action of the extract made from the seeds:—"succus *semine trito* expressus et sole densatus in pastillos necat sanguinem spissando; *hæc altera vis.*"

"Caulis *viridis* . . . . . *levis* . . . . *nigricans.*" The stem of the hemlock is really green and smooth;* Pliny adds that it is blackish. The word *nigricans* is evidently only applicable to the dark or purplish spots which are sprinkled over the stem. It cannot mean that the stem is dark green; the two terms *viridis, nigricans,* do not belong to the

non equidem præciperimus. Maxuma vis susis Parthorum, mox Laconicæ, Creticæ, Asiaticæ, in Græcia vero Megaricæ, deinde Atticæ." (L. 25, C. 95.)

* The smoothness of the stem of the hemlock is especially remarkable in an umbelliferous plant; can this be the reason why the Germans call the hemlock *Schierling?* the root of which, *schier,* means smooth, among other significations. An old German book on Materia Medica (Becher, *Parnassus Illustratus Medicinalis,* Ulmæ, 1663) states that the stem of the hemlock is smooth (*schier*) like that of fennel.

same clause, and are separated by several words;—"caulis autem et *viridis* estur a plerisque et in patinis; levis hic et geniculatus ut calami, *nigricans*." It was probably the young shoots of the hemlock which were used as food; at that stage there is no mention of the spots, the stem becomes "nigricans" with the full development of the plant. Christison thought the use of the word "blackish" laid a difficulty in the way of identifying the ancient hemlock with the plant which goes by that name in modern times, inasmuch as the spots are in fact reddish and not black, an objection founded on a delicate shade of colour. The spots of the hemlock, when containing much colouring matter, really appear black; Pereira says he found specimens having this tint. Many botanists have employed the term "blackish." De Candolle says "blackish or purplish." Orfila, in the latest edition but one of his *Toxicology*, speaks of "blackish brown or purplish spots." The Germans, among their numerous synonyms, have called the hemlock "blood-spotted parsley," *Blut-peterlein*. These spots are so characteristic that Linnæus made use of them to indicate the species, *Conium maculatum*. Ray compares the stem to the skin of a serpent; a likeness which, according to him, has led to the plant being sometimes called serpentary.* Those remarkable spots naturally arrested the attention of the ancients. They are extremely valuable for purposes of classification, for among the European *umbelliferæ* there are only two species which have spots resembling those of hemlock. Christison suggests the *Chærophyllum temulentum*, a very common plant, and one which may have been known to the ancients, but its stem is furrowed and shaggy with rough hairs, besides being much smaller than that of the hemlock. By reason of this, and of other characters, the plants could not be confused. In the case of the *Chærophyllum bulbosum*, indeed, the resemblance is striking, for the stem is smooth and strong, and Gillibert is quite right in affirming that it is spotted like that of the hemlock. But there can have been no confusion here among the

* Ray, *Historia Plantarum*, Londini, 1686.

ancients, for the *C. b.* is confined to the north-east of Europe, and is not found in Greece or Italy.

Pliny's expression "*nigricans*" is valuable; his addition of a "fetid smell" is another proof of the identity of the hemlock of the ancients with the plant nowadays so called. Thus the objection drawn from the silence of the ancients as to the spots of the hemlock falls to the ground, since Pliny really mentioned them. Schulze was right in saying, "*Conium maculatum caule variegato maxime distinguitur.*"

"*Folia coriandri,*" a very apt comparison, the adjective "teneriora" being here understood.

"*Semen aniso crassius,*" the seed of the hemlock, is not only whiter, but also somewhat larger, than that of the anise. The mutual resemblance of the two seeds did not escape the observance of Pliny, hence he was compelled to indicate this difference, "Caulis autem et *viridis estur* a plerisque et in patinis."

Pliny, then, tells us that it was usual in his time to eat the stem of the hemlock. This passage has given rise to an objection to the identity of our hemlock with that of the ancients (Guersant). J. Lanzoni (Boneti, *Sepulchretum*, 1700) was surprised that so grave a writer as Pliny could make such a statement about so poisonous a plant. The objection has no great weight, it even helps to prove our point.

We read in Mérat and Delens:—"Temperature seems to affect the properties of hemlock; the hotter the climate the more active are these properties. In temperate countries, or in places which, owing to their elevated situation, are virtually such, this plant seems to possess but little energy. J. Colebrook complains that the English extract of hemlock is almost inactive, and that it is necessary to use the plant in a fresh state. M. Steven assures us that in the Crimea the plant is so little dangerous as to be eaten by the peasantry. According to M. Larrouture, that of the southern provinces of France is more active than that growing in the other provinces. It is in Spain, Italy, and Greece that it seems to attain its maximum of

activity. Mr. Morris finds that of Portugal far more efficacious than that of Vienna. We even see that *conium* attains a higher degree of activity in hot summers and with a northern exposure than under opposite conditions. To obtain the plant in its most efficacious form we must gather it at the period of flowering, which is, in our climate, about the end of June, in order to make the extract, which is the most usual preparation, or, if we wish to preserve it, to dry it in the shade and keep it in opaque closed vessels sheltered from light and air, which alter it without, however, depriving it of all its properties; it becomes less acrid, but the active resinous principle remains" (*Dict. de Mat. Médicale*, art. 'Conium').

Scaliger, quoted by Wepfer, says that in his own time in Piedmont hemlock root was eaten in salad as a delicacy. Now, the activity of this root varies much according to the season (Christison, Orfila). The proportion of conia in the whole plant probably varies according to the season, a fact which explains why in some countries the root can be eaten with impunity (Taylor). On the other hand, the root is the part of the plant which contains least of the active principle.*

Clusius tells us in his chapter on hemlock, of which plant he gives a good drawing, that at Vienna in Austria in his time, at the beginning of spring, the roots, together with the young shoots of this plant, were sold and served up at gentlemen's tables, after being cooked and seasoned with oil, vinegar, and salt.†

Numerous instances have occurred in which hemlock has been swallowed with impunity. M. Gautier-Lacrose, a distinguished pharmaceutist of Clermont-Ferrand, assured me that he has taken six grammes of extract of hemlock,

* Notwithstanding these reassuring statements regarding the root, it is no less true that many cases of poisoning have occurred with this part of the plant, as we shall see when we come to the physiological investigations.

† Novo vere, in hortis et herbidis Viennenis agri locis prodit: nascitur et quibusdam similibus Ungariæ locis. Ex tempore radices firmiores et magis succulentæ cum novellis suis foliis in Viennensi foro venales reperiuntur: coquuntur enim et cum oleo, aceto, et sale primis mensis istic vulgo inferuntur, quam salubri cibo, nescio. (Clusius, *Historia Plantarum*, 1601.)

prepared by himself, without any evil consequences. Christison considers the extract a very uncertain preparation, as conia is very readily decomposible by heat. M. Deschamps, of Avallon, caused a dog to swallow fifteen grammes of the extract, without the animal suffering any inconvenience. Reveil has seen this same extract administered in four-gramme doses at the *Hôpital des Enfants,* the physiological effects on the little sufferer being *nil.**

* In the middle ages the internal administration of hemlock had almost fallen into disuse. At the beginning of the thirteenth century Platearius said that it was never given internally on account of its poisonous properties. The ancients, indeed, employed it in medicine, but their bodies were stronger (*quia corpora tunc erant fortiora*). The root is the most active part, then the leaves, thirdly the seeds (*unde semen ejus quandoque in medicinis ponitur*). (*De Simplici Medicina*, c. 22.)

Nicolas Præpositus, like Platearius belonging to the school of Salernum, enumerates the seeds of hemlock among those which an apothecary ought to keep in stock; he speaks of no other part of the plant. According to Saladin they ought to be gathered in July. (*Dispensarium Nicolai Præpositi ad Aromatorios*, Parisiis, 1564.)

It is not surprising that Renealmus, a French botanist and physician, should after the revival of learning have been referred to as the first (even before Störck) who ventured on the internal administration of hemlock; he employed a decoction of the root, or else the plant itself dried in the shade, whereas Ray used the powdered root.

Frederick Hoffmann prescribed hemlock root, cooked or uncooked, in scorbutus, calling attention to the fact that several fatal accidents had occurred under this treatment. Theodore of Mayerne made up "arthritic" pills of hemlock seeds.

Next comes Störck, who took the lead among those who prescribed this poisonous drug. He employed an extract prepared from the juice evaporated at a slow fire, adding the powdered leaves. He does not specify the time of gathering the plant.

Bergius conformed to the method of Dioscorides, saying, "Succus inspissatus parari debet ex succo herbæ, *sub fine inflorescentiæ, dum semina ponere incipit planta, collectæ.*" The extract is to be prepared on a gentle fire. He adds that the house in which the extract is prepared is pervaded with a horrible stench on account of the disgusting smell of the hemlock.

In 1783 the *Edinburgh Pharmacopœia* directed that the extract should be made from seeds which are scarcely ripe. Murray mentions this method, as well as that of Störck. Mellin would have hemlock gathered in June. (*Materia Medica*, 1790.)

The complaints against hemlock arise from the mode of its preparation. Too often the true plant is not gathered, or it is kept in the dry state for several years, and the extract then prepared too rapidly over too strong a

The real cause of the activity or inactivity of these preparations depends on the presence or absence of conia, the active principle of hemlock. It is extremely volatile and prone to decomposition, being readily transformed into ammonia, especially by the mere proximity of acid vapours,

fire, the volatile particles being thus suffered to evaporate. The leaves of hemlock gathered before the flowering season ought to be dried every year in the open air, without artificial heat; they must next be pulverized, and the powder kept in well-corked bottles, the extract being prepared in earthen vessels on a water bath, and not on the fire; and we shall hear no more complaints of the inactivity of the drug. (Gesenius, *Arzneimittellehre*, Stendal, 1796.)

The root and seeds of this plant are more active than the leaves, but less certain (Desbois de Rochefort).

The fresh juice is the most active part. In the infusion the ethereal oil remains combined with the resin; in the decoction the former escapes, unless we recover it by means of water and mix it with the extract. Much of the active principle is lost by the thickening of the juice in making the extract, which must be prepared in a water bath, otherwise the extract will possess little activity. It ought to have a smell resembling that of mice. (Kretschmar, *Versuch einer Darstellung der Wirkungen der Arzneien*, Halle, 1800.)

The leaves must be gathered in June, before the seeds are formed, and dried without heat while fresh, or, according to Hagen, rapidly by the heat of a stove or of the stable, and kept in well-corked bottles. (Bertell, *Arzneimittel-lehre*, Landshut, 1805.)

An Edinburgh physician was of opinion that an extract prepared from the seeds of the hemlock must needs be more efficacious. *Experience has not justified* this opinion . . . The powdered root is more active than the powdered leaves; a well-prepared extract is superior to the powdered leaves, but inferior to the powdered root (Guersent). The same writer adds that the ancients administered internally the infusion both of fresh and of dried hemlock. I do not know from what ancient author Guersent took this; I never read it anywhere.

The plant must be gathered when the seeds are about to form, and dried quickly in the shade (Pfaff, *Syst. der Materia Medica*, Leipzig, 1814). The extract must be made at a slow and gentle heat, from not too young a plant; especially, the seeds must be almost ripe, and should be used neither too new nor too old (Jahn, *Materia Medica*, Leipzig, 1814). Gather the hemlock leaves at the beginning of June, before flowering has occurred, dry them quickly at the stove, and keep them corked up. To make the extract, thicken the juice by means of the water bath; it should be of a dark green colour, having the smell of cats' urine, and must be made every year. This extract is always active. We must begin with only one grain, and never exceed six (Voigtel, *Arzneimittel-lehre*, 1817). Hemlock loses its properties by drying. The dried plant cannot be used, neither can the extract if pre-

a fact which explains why acids have been at all times indicated as antidotes to hemlock, and how in Scaliger's time it was possible to eat the root with impunity when mixed with vinegar, the root, besides, containing very little of the active principle.

We must quote MM. Devay and Guillermond, whose labours throw much light on all these questions :—"It is almost impossible to preserve in the ordinary preparations of hemlock a principle which is so easily decomposed or volatilized, since, in order to prepare it, it is necessary to subject the plant to all the agents which destroy it so quickly, such as desiccation, heat, and evaporation. . . . . (The active principle is especially contained in the seeds;

pared in the ordinary manner and employed when old; it must be prepared by means of the water bath (Vogt, *Lehrbuch der Pharmakodynamik*, Wien, 1831).

The seeds of hemlock, formerly employed, are in use no longer (Bischoff, *Grundriss einer medic. botanik*, Heidelberg, 1831).

Guibert says nothing about the time of gathering the hemlock; the French codex only directs that the leaves be gathered before the flowers appear.

It is only necessary to read Dioscorides and Pliny in order to learn a good mode of gathering and of preparation; no one has thought of imitating and verifying it; Bergius and Hahn are almost the only persons who have come near it. At this day the French codex prepares an extract from leaves gathered at the flowering season, an alcoholic extract from dried leaves, and, furthermore, an extract of the seeds; and all these extracts are to be prepared by means of the water bath, that is to say, at a temperature which must necessarily alter the drug, owing to the volatilization of the conia.

Dr. Harley, who has carefully experimented upon the different preparations of hemlock, rejects the tincture of the seeds as inefficacious, although Garrod in the *British Pharmacopœia*, 1864, ascribes to it the property of producing a feeling of compression in the head, troubled vision, and swelling of the lower extremities. Harley rejects with greater justice the tincture of the dried leaves and Störck's extract. It is a pity he has not proved the extract of the ancients given by Dioscorides. He prefers what he calls the *succus conii* which is simply an alcoholic solution of the fresh juice of the plant when in flower, in the proportion of one third. It is merely the process of Hahnemann. "Take the entire hemlock," says Hahnemann, "when it is just about to flower, press out the juice, and mix this with equal parts of alcohol." The inaccurate and improper name of *succus conii* is, in fact, an arbitrary term, devised in order to conceal the source whence the preparation was taken. English homœopaths have already accused Dr. Harley of plagiarism; on the other side of the Channel he might shake hands with the numerous "*pickpockets*" of homœopathy who swarm in France.

these contain 1 per cent. of conia, while the fresh leaves only contain one tenth of this quantity.) Geiger and Christison have observed that the dried leaves of the hemlock and certain other extracts of this plant contain no conia, in which opinion Liebig coincides. We have ourselves examined large quantities of dried hemlock, obtaining therefrom only ammoniacal salts. Extracts and other preparations of hemlock lose their conia when subjected to the action of heat.* Not yet despairing to find efficient preparations of hemlock, we thought of the fruit of the plant. The active principle is in greatest abundance and in its most perfect state at the period of the plant's full development, just when the flowering season begins. Later on it disappears, concentrating itself in the seeds, where it exists in large quantities; it seems intended to take an important share in the phenomenon of fructification. It is developed with the flower, and its final receptacle is the seed. . . . . Not only is the conia abundant in the seed of the hemlock, but it exists there in a fixed and stable condition. In other parts of the plant it frequently varies both as to quantity and activity, according to a variety of circumstances. Geiger found conia in seeds which were more than sixteen years old. One of the plants which we ourselves examined had been gathered several years before." (Devay and Guillermond.)

By means of these modern researches we can easily understand how Pliny should have said that the hemlock was edible. Probably only the young shoots were eaten, as at Vienna, according to Clusius, *in tempore verno.* The text of Pliny itself leads to this supposition, *caulis autem et viridis estur,* and further on in a separate clause he speaks of the blackish skin, *nigricans.* Does not this opposition lead to the supposition that he is speaking of distinct times? Besides, whether the stem was gathered

* There is nothing new under the sun. Galen pointed out this action of heat on hemlock:—"Mandragora et *Cicuta* et Psyllium brevi spatio igni admota proprium adhuc temperamentum servant; *largius autem excalefacta illico corrumpuntur,* nec quicquam eorum amplius efficere quæ prius poterant, valent." (*De Temperamentis,* L. 3.)

when green or blackish, it was only to be eaten either in a salad or cooked, the action of the conia being thus neutralized by vinegar or by heat.

We need, then, no longer be surprised, like Manzoni, at the expression of Pliny. Hemlock may be eaten *under certain conditions;* it is still eaten in some countries, and this custom seems to have a scientific basis in the restrictions placed by the condition of the stem, the season, and the mode of culinary preparation; and in some countries they also eat black nightshade, *Solanum nigrum*, like spinach.

We can no longer, therefore, as Guersant and Da Camara* maintained, assert that the ancients comprised many species of Umbelliferæ under the name of hemlock, on account of what Pliny says as to its edible character.

Dioscorides and Pliny have further compared the hemlock with other plants; these comparisons will furnish fresh proofs in favour of our assertion.

According to the former (l. 3), the branches and flowering tops of the *oreoselinon* or *Apium montanum* resemble those of the hemlock, but are finer. It has been thought that the *oreoselinon* of Dioscorides was the cultivated chervil or *Athamanta libanotis;* it might be supposed to be the *Peucedanum oreoselinon.* Although it is difficult to settle the question, Dioscorides unquestionably here spoke of a kind of parsley, *apium,* which, though not identical with the cultivated parsley, resembled the latter, as the name proves. Now, we know that in all works on materia medica and toxicology attention is called to the confusion which may arise between hemlock and parsley, owing to their similarity. The historian Strabo, as we shall see in the sequel, also speaks of a poison used in Spain and extracted from a plant *resembling* parsley, which must have been hemlock. Dioscorides (l. 3), speaking of *Seseli peloponense,* compares its leaves with those of hemlock, which is quite correct, only they are larger and thicker. According to Candolle (*Prodromus*), this seseli was *Angelica*

† Da Camara, *Etudes sur les Ombellifères vénéneuses,* Thèse de Montpellier, 1857.

arvensis, a plant related to the *Molopospernum cicutarium*, so called on account of its resemblance to hemlock.

According to Pliny, the *myrrhis* closely resembles common hemlock, only the former is smaller, more slender, and furnishes an agreeable condiment.* The plant thus named by the ancients is the *Myrrhis odorata* of the moderns, often cultivated in gardens under the name of musk chervil. The resemblance of hemlock to the *myrrhis* is so striking as frequently to have been remarked by botanists. Mathiole tells us that in his own time several botanists gave the name "cicutaire" to the *myrrhis*. Cæsalpin called it "*Cicutaria tertia*;" Gérard, "*Cicutaria tenuifolia*." Störck, with no knowledge of Pliny's remark, compares the leaves of the *myrrhis* with those of hemlock. No one has more strongly insisted on this similarity than Ray in his description of common hemlock:—"Myrrhidi atque etiam magis *Cicutariæ odoratæ* tam similis est (*Cicuta vulgaris major*) ut legentibus plerumque damnosa sit parilitas, non satis accurate eas distinguentibus: non alia enim radix est, non alius caulis tricubitalis et inanis, lævis tamen, exuvii serpentini indeque nomen indeptæ serpentariæ caulis in modum maculosus: simili quoque est folio multifariam partito glabro, odore ingrato . . . . semen aniso par, striatum, obscure viret, tota denique planta viroso odore quo ab illis maxime differt, perniciem testatur."

By *Cicuta odorata* Ray means the musk chervil or *myrrhis* of the ancients; the other *myrrhis* of which he speaks is the wild chervil, *Anthriscus sylvestris*. We spoke above of this chervil, which has often been taken for hemlock by pharmaceutists. According to Gillibert the resemblance of the leaves, at any rate, has rendered it suspected with justice of being poisonous, but there are no decisive experimental proofs of its bad effects.

This comparison of the hemlock with certain other Umbelliferæ is all the more important because a number of

* Murris quam alii myrizam, alii murram vocant, simillima est cicutæ caulis, foliisque et flore, minor tantum et exilior, cibo non insuavis (l. 23, p. 92, ed. Sillig).

plants belonging to this well-marked natural family have a strong general likeness at first sight; the care taken by the ancients to compare hemlock more especially with some of the rest—the comparisons instituted being very exact —is a weighty proof of the identity of the Greek and Roman hemlock with the greater hemlock of the moderns.

Again, according to Pliny, the geranium resembles hemlock:—"Geranion aliquè myrrin, alii myrtida appellant: *similis est cicutæ*, minutioribus foliis et caule breviori, rotundo, saporis et odoris jucundi" (l. 26). The synonym *myrrin*, which recalls *myrrhis*, supports the fact of this resemblance. Many geraniums have, in fact, leaves closely resembling those of hemlock, especially the genus *Erodium*, as *Erodium chærophyllum* and *Erodium cicutarium*, which latter owes its specific name to this resemblance. Perhaps Pliny's description refers to the *Erodium moschatum*.

With the aid of the characters furnished by Pliny and Dioscorides a botanist can have no hesitation in identifying the *Conium maculatum* with the hemlock of the ancients. Nothing is wanting; we have the umbel, the family characteristic; the large, geniculated, smooth, green, spotted stem; the white flowers; the poisonous seeds resembling those of anise; the fetid odour and the likeness of the plant to the ferula, coriander, parsley, and geranium. Any difficulties which may arise as to minor details must vanish before such a *tout ensemble* of common characters.

The researches of Col. Sibthorp, who in 1806 published the *Flora Græca*, render the demonstration complete. The English botanist has informed us that the *Conium maculatum* is very plentiful between Athens and Megara; while in the Peloponesus neither the *Cicuta virosa* nor the *Philandria aquatica* nor the lesser hemlock, is found. The voice of antiquity had affirmed the abundance of the κώνειον throughout Greece in the localities named by Col. Sibthorp. "Efficacissimum est," said Dioscorides, "Cretinum et *Megaricum et Atticum*, tum id quod in Chio et Cilicia provenit." Furthermore, we read in the *Materia Medica* of Professor Folchi, of Rome:—"Planta biennis

prope fossas aggeresque agrorum, pratorumque sepimenta crescens. Penes nos cicuta Viterbiensis majore gaudet celebritate."* Both at Rome and Athens hemlock was and is very common. After an interval of 2000 years Folchi again mentions the places where it is most celebrated. Let us further note, as a proof from tradition, that the word κώνειον has been preserved in modern Greek, and is applied to the greater hemlock.

If, as is unquestionable, Socrates was really put to death by means of hemlock, the fatal draught can have been none other than that of the *Conium maculatum*. The researches of Sibthorp have dispersed a mass of errors which have arisen on this point. It cannot have been the *Cicuta virosa* which was employed in the case of Socrates. There is no lack of details rendering it impossible to determine precisely the plant which the ancients meant; it is not true that the term κώνειον is a generic appellation bestowed upon many plants resembling hemlock, and that several species of hemlock now known grew in Greece (Guersant). On the other hand, the opinion of Bonastre, identifying the Greek poison with the *Datura Ægyptica* or *Hyoscyamus datura*, is inconsistent with the account of Dioscorides, who distinctly describes an Umbellifer, and not a Solanum. Why should the Greeks have sought for rare and foreign plants when so active a poison as hemlock was indigenous to their own country? It was evidently the fact of hemlock growing in their land in great abundance which enabled them in the process of time to discover a formidable poison in this native plant.

CHAP. II.—Philological Evidences.

In Dioscorides we find in the case of a great number of plants a host of synonyms which engaged the attention of some ancient commentators; unfortunately they have not been studied by modern philologists. These synonyms seem, for the most part, to have been given by Dioscorides

* Folchi, *Materiæ Medicæ Compendium*, Mediolani, 1841.

himself, one proof of which is that Pliny, who was almost his contemporary, reproduced several of them, as also did Oribasius and Aëtius. They are of Roman, Dacian, Gallic, Carthaginian, Iberian or Spanish, Egyptian, Babylonian, Etruscan,* and Dardanian origin; they are also borrowed from the Athenians, Armenians, Eubœans, Mysians, Lucanians, Sicilians, Thracians, from Zoroaster, and from the school of the prophets.†

Few plants present so many synonyms as hemlock; in the Greek text of Dioscorides they are as follows:—*κώνειον οἱ δὲ αἴγυνος, οἱ δὲ ἤθουσα, οἱ δὲ ἀπολήγουσα, οἱ δὲ δολία, οἱ δὲ ἀμαύρωσις, οἱ δὲ παράλυσις, οἱ δὲ ἄφρων, οἱ δὲ κρηΐδιον, οἱ δὲ κοίτην, οἱ δὲ κατεχομένιον, οἱ δὲ ἀβίωτον, οἱ δὲ ἀψευδής, οἱ δὲ ἀγεόμωρον, οἱ δὲ τιμωρόν, οἱ δὲ πολυανώδυνος, οἱ δὲ δαφδανίς, οἱ δὲ κατάψυξις, ὀσθάνης βαβάθυ, αἰγύπτιοι ἀπεμφίν, ῥωμαῖοι κικοῦταμ*: altogether nineteen synonyms, besides the Greek and Latin words *κώνειον* and *cicuta*.

Being at a loss how to interpret all these synonyms, I had recourse to a competent authority, and consulted M. Egger, member of the Institute. I subjoin the note sent me by the illustrious philologist, which has been most valuable to me. I give it *in extenso*.

Various Names for Hemlock in Dioscorides.—I am not sufficiently familiar with the ordinary style of Dioscorides to give a decided opinion respecting the difficulties which

* About ten Etruscan or Tuscan words occur in Dioscorides as synonymous names of plants. They do not seem to have attracted the attention of the philologists who have investigated the primitive languages of Italy. On this subject I have consulted the *Glossarium Italicum* of Fabretti, as well as the striking work of the Earl of Crawford (*Etruscan Inscriptions*, London, 1872). As regards the Etruscan, it is remarkable that we find Theophrastus (l. 9, c. 15) naming Etruria, the *ager Latinus*, and Egypt as the countries outside of Greece most abounding in drugs. It reminds us of a verse in Æschylus, where the Etruscans are called skilful in the art of preparing poisons (*φαρμακοπίον ἔθνος*).

† We know that in ancient times the Magi were a sort of priests who devoted themselves to the study of medicine. They were chiefly called Magi among the Persians, while among the Assyrians, Babylonians, and Egyptians, they were called priests or prophets. They enjoyed great prerogatives, formed schools, and instructed kings, who were often chosen from among them.

arise from this strange nomenclature. I merely subjoin some conjectures as to such of the synonymous terms or epithets of κώνειον as I believe I have in some degree succeeded in ascertaining.

ἡθοῦσα (s. e. φαρμακεία?), that which passes through a filter. ἡθουμένη would be better in this acceptation.

δολία, that which acts and poisons by stealth, without pain, which surprises and betrays.

ἀπολήγουσα, that which causes life to cease, that is to say, a mortal poison.

ἄφρων seems to comprehend an idea which can best be expressed by means of a periphrasis, ἀφροσύνην ἐμποιοῦσα, that which extinguishes the intelligence.

κατεχομένιον, perhaps, strictly speaking, a derivative of κατεχόμενος, one possessed. It would in that case mean the drug which puts one in a state of possession or ecstasy, which the Greek sometimes called κατοχή.

ἀψευδής, that which does not deceive, which never fails of its effect.

ἀβίωτος, *non vitalis*, that which renders life impossible.

ἀγεώμορος, that which excludes from any share in the earth, which strikes a man out of the number of the living? Poetical metaphor.

τιμωρός, that which serves for penal purposes. Hemlock was one of the customary poisons used for capital punishment.

δαρδανις, perhaps a geographical name, from the locality of its habitat.

βαβαθύ, perhaps an eastern name (Babylonian or Assyrian) which some writer on magical chemistry, called Ὀσθάνης, bestowed on hemlock. Its juxtaposition with a name vouched for as Egyptian lends some probability to this interpretation.

πολυανώδυνος, quite without pain, a strange compound, but one strictly admissible both as regards sense and form. In signification it is related to δολία, explained above.

ἀμαύρωσις, παράλυσις, κατάψυξις, refer to the effects of hemlock on the organism. They can hardly be either synonyms or epithets of the plant itself.

κοίτη, the bed or couch, reminds me that in Plato's account (the *Crito*) of the last moments of Socrates we read that the slave who gave the philosopher the deadly cup advised him to *lie down* as soon as he felt the cold (καταψύχειν).

E. Egger.

17th October, 1873.

P.S.—All these feminine appellatives seem intended to agree with the word *cicuta* which occurs at the end, and which is feminine in Latin, although κώνειον is neuter in Greek. Hence we may suppose that we owe the interpretation of the nomenclature in question to some Roman scribe who took it from some bilingual lexicon (such as the *Interpretamentio* of Pollux, published by Boucherie in our 23rd volume of the *Notices et extrait des Manuscrits*), and hence made these various epithets agree with the feminine form (Haec Egger).

I may be permitted to supplement the note of the learned philologist in reference to a few points.

The words αἴγυνος and κρηΐδιον remain unexplained; they do not occur in the *Thesaurus Linguæ Græcæ* edited by Didot. The former again occurs in Dioscorides in the book *De Remediis Parabilibus*, c. 132, where he prescribes a herb *creticam dictam, quam nonnulli αἴγυνος vocant ad mammarum affectus.* Sprengel says that the Greek word is a synonym for hemlock, probably of Cretan origin.* The therapeutic application of the herb above referred to is an argument in favour of this plant being meant, as we shall see in the sequel.

M. Egger's explanation of the term κοίτη seems to me very plausible. Philopœmen, when he learned in his dungeon that Licertas and his young companions were out of danger, sat down, took the fatal cup from the hands of the executioner, and, having drunk it, lay down, like

* Sprengel. See his notes in the edition of *Dioscorides*, Leipzig, 1829.

Socrates, and expired without uttering the smallest complaint. They knew by experience that, as the poison paralysed the lower limbs more especially, those who had taken it were obliged to lie down; hence, probably, hemlock acquired its synonym κοίτη, fatal couch, as in our own time we speak of ascending the cart and the scaffold.

Osthanes, who is mentioned by Dioscorides, belonged to the school of the Magi of antiquity. Pliny, in his thirtieth book, tells us a great deal about ancient Magi; at bottom it was simply a confused mass of superstitious practices and real therapeutical appliances. Among the leaders of this school he mentions Osthanes, who, he says, disseminated his wonderful art throughout Greece when Xerxes made war against that country. The Magian prince is mentioned eight times by Dioscorides in reference to the synonyms of various plants, *cyclamen, anemone, lilium, sideritis, hyoscyamus, buglossum*, and *conium*.

Rossi (*Etymol. Ægypt.*) has explained the Egyptian word ἀπεμφιν, which refers to the cerebral derangement caused by hemlock. The Greek word κώνειον is in reality simply the translation of the Egyptian term (Sprengel).

As to the word δαρδανίς, another explanation may be proposed besides the geographical. The ancients gave the name of *Dardanian arts, Dardaniæ artes,* to magical processes. Columella uses this expression in the signification of magic. Now, history has preserved the name of a celebrated magician called Dardanas, from whom was derived the phrase *artes Dardaniæ*. When we remember that the Magi, the real physicians and toxicologists of antiquity, were very familiar with the study of poisonous plants, we may reasonably conjecture that they gave the name of Dardances to common hemlock.*

Contrary to the opinion of M. Egger, I am inclined to believe that the different appellations of hemlock are true synonyms, and not epithets; the same might be said of the synonyms of other plants occurring in Dioscorides. The best proof which can be given of this is the constant repetition of *alii autem,* or *alii vocant,* which occur when

* Cf. Paulli Manutii, *Adagia*, Florentiæ, 1575.

synonyms are meant. These of hemlock are instructive in several respects. The term τιμωρός reminds us of its employment in capital punishment; ἀψευδής, of the certainty of the poison, which infallibly kills; ἡθοῦσα, of the mode of preparing it, since it was a juice which required to be filtered;* ἀβίωτος, ἀγεώμορος, ἀπολήγουσα, of death, the final result; δολία, πολυανώδυνος, the freedom from pain in this mode of death; ἄφρων, κατεχομένιον, ἀμαύρωσις, παράλυσις, κατάψυξις, of the physiological phenomena or symptoms of hemlock; κοίτη, of a necessary circumstance of this mode of death. The traditional penal employment of hemlock naturally impressed the imagination of the Greeks, and called forth a number of synonyms of this poisonous plant with reference to the phenomena attendant on its use. Have we not in our modern language many ways of expressing capital punishment by the guillotine, as the scaffold, the knife, the axe, &c.

One important consequence results from all these synonyms of hemlock, namely, that they refer to one plant, to a single substance, whatever that may be; a plant the juice of which is filtered, which kills painlessly, which causes paralysis,† amaurosis, and other accidents; which was used for penal purposes. This poison, therefore, was a simple substance, not a compound of poisonous bodies. Would the ancients have taken the trouble to invent the

* Theophrastus (l. 9, c. 17) tells us they filtered the juice.

† Two other plants are called *paralysis* in Dioscorides, viz. *staphysagria* (*Delphinium Staphysagria*), and *apocynum*, which modern botanists suppose to be the *Cynanchum erectum*. The labours of Falck and Rörig (1852), of Leonidas of Prague (1854), and of Albers (1858), have amply proved the paralysing influence of *delphinia* on animals. Dioscorides bestows on *apocynum* the synonyms of *cynanche, pardalianches, cynomoron*, thus clearly indicating a poisonous plant. The *Cynanchum erectum* grows plentifully throughout Greece. Clusius says he killed many dogs by making them drink a decoction of this plant. Plenck relates that thirty-six grains of this substance given to a dog occasioned violent vomiting, trembling, convulsions, and death (Merat and Delens). The *Cynanchum arghuel*, used to adulterate senna, is, like the latter, a purgative; it is an allied species of the *Cynanchum erectum*. As the result of the observations of antiquity, Dioscorides asserts the paralysing action of hemlock, *staphysagria*, and *apocynum*; modern observation has confirmed what had been known for centuries.

synonyms *amaurosis*, *paralysis*, if they had been speaking of a composite poison? On this supposition Dioscorides would not have called the plant from which it was obtained κώνειον; he would not have said that the κώνειον of the Greeks was the *cicuta* of the Romans. To suppose that the hemlock of Socrates was a composite poison—that is to say, that the Greek and Latin names were not applied to a definite object—is to set philology at defiance. The synonyms of Dioscorides, therefore, demonstrate in their own way both the uncompounded nature of hemlock as a poison and the identity of the hemlock of the ancients with that of the moderns, seeing that it will be hereafter amply proved that the production of amaurosis, paralysis, and other accidents, is characteristic of the herb now called hemlock.

The Greek word κώνειον and the Latin word *cicuta* must be examined as to their primitive significations. Etymologists have derived the former from the Greek verb κωνᾶν, which signifies *vertere*, on account of the vertigo and dimness of vision, or blindness, which supervene upon the administration of hemlock; διὰ τὸν γινόμενον ἑιλιγμὸν καὶ σκότον τοῖς πίνουσι says Etymologus, an author of uncertain date.

I had asked M. Egger what was the derivation of the word *cicuta*, but his letter gives no information on this head. Freund says its etymology is unknown.* Though I am well aware of my own deficiencies as a philologist, I am disposed to maintain that *cicuta* has the same origin as *cæcus*, or *cæcutire*, to be blind. In that case the Latin word is simply a translation of the Greek, for the latter signifies blindness as well as vertigo; besides, vertigo is essentially connected with an affection of the vision; κώνειον and *cicuta* would be a precise description of the character of the plant. It is remarkable to see how well they accord with the physiology of hemlock. Dioscorides said, long ago, Conium epotum *vertigines excitat*, *oculorumque caliginem*, ut ne tantillum quidem videant. Besides, let us bear in mind the synonym *amaurosis*. Dioscorides places vertigo first, as the leading symptom. This patho-

* Freund, *Grand Dictionnaire de la Langue Latine*, Paris, 1855.

genetic phenomenon will be demonstrated at length in the physiological proofs.

If I may be allowed to go a little deeper into philology, I would remark that according to Bopp's grammar* *cæcus* has the same root as *cocles*, derived from the Sanscrit *eca*, which means one, and *iks*, to see; from this root comes *loc* or *oc*, meaning an eye. Thence in Greek comes ὄκκος, which Hesychius interprets as ὀφθαλμὸς, and ἄοκκος, destitute of eyes, which is found in Vossius; thence, also, comes ὀπ, by a change of consonant, as well as the Latin *oculus*. Thence came *ec-ocles*,† or *cocles*, *unus oculus*, and *caicus* or *cæcus*, which originally meant one-eyed, and came afterwards to acquire the signification of blind. From *cæcus* the various Latin names of the owl are derived, which is a *blind* bird, shunning the light; *cecua*, *cecunia*, *cecuma*, in Greek κικυμίς, as may be seen in the dictionary of Ducange.‡ He quotes Jean de Gênes, who derives *cecunia* from *cecus*. But the most convincing proof of the correctness of this etymology—one which was overlooked by Ducange and others—is afforded by the Greek verb κικυμώττω, meaning *cæcutio*, and the word κίκυμος, which signifies blind.

These various names of the owl, which unquestionably come from *cæcus*, explain satisfactorily the vowel changes in *cicuta*. The Latin term *cicina* has also been applied to a nocturnal bird; it may be deduced from the same origin as *cecua*, *cecunia*. We further read in Ducange—*Ceculum*, vinum Campaniæ, vel vetus dictum quod *cæcet* et confundat ingenium. All these philological points of agreement seem to confirm the etymology of *cicuta*, which I have long sought for, and think I have last found. At length I found ancient etymologists who were of the same opinion as

* Bopp, *Grammaire comparée des Langues Indo-Européennes*, Paris, 1866-74.

† The derivation of the word *cocles* had been, so to speak, half perceived by Vossius. We read in Vossius (*Etymologicon Linguæ Latinæ*, Lugduni, 1664), in reference to the word *cocles*—"Originem ponit Varro, lib. 6, ab oculo, inquit, *cocles quasi ocles dictus*, qui unum haberet oculum."

‡ Ducange, *Glossarium ad Scriptores Mediæ et Infimæ Latinitatis*; see also Fabretti, *Glossarium Italicum*, *Aug. Taurinorum*, 1858-64.

myself. We read in the *Origines* of Isidore of Spain—Cicuta propter quod in thyrso geniculatos nodos habeat occultos ut canna: sic dicitur *fossa cæca* quæ occulta est. Vossius, who quotes this passage of Isidore, adds—Censet dici a *cæcus*, id est occultus, quasi *cæcuta*, et inter nodia occulta. Both refer the derivation to the structural character of the plant, while I think it rather had reference to the property it possesses of rendering those persons *blind* who have been poisoned by it. This true signification reappears in other languages; thus, in Portuguese, *cegar* means to blind; *cego*, blind; and *ceguda*, hemlock; just as in Latin we find *cæcare*, *cæcus*, and *cicuta*. In English hemlock is sometimes called *kicksy* or *kex*; the latter term is especially applied by the natives of Staffordshire to common hemlock, according to Samuel Johnson.* In *kex* we easily recognise the *κίκουτα* or *cicuta* of the Romans.

The Greek words *κώνειον* and *κωνᾶν* are probably derived from the Sanscrit *Kan*, which means blind. If this supposition is true, the words *κώνειον* and *cicuta* both have the signification of blindness. The Greek and Latin terms are merely different expressions of the same physiological fact, based on the unquestionable power of hemlock to produce vertigo and blindness.

From the Greek *κώνειον* is derived *κονίλη*, and *conila* in Latin. Dioscorides gives the latter as a synonym for myrrhis, a plant he compares with hemlock. We read in the old dictionary of Calepiæ—Conila olus est *cicutæ simillimum* quod a Dioscoride myrrhis appellatur.

Let us complete these philological researches by running over the various names and synonyms which have been given to hemlock in modern languages; we shall learn a good deal by looking at the matter from different points of view. Beginning with German, there is no language in which plants have so many synonyms, and this is especially true of *Conium maculatum*.

In German the proper name of hemlock is *Schierling*, the etymology of which has been given above. It is also

* Samuel Johnson, *A Dictionary of the English Language*, London, 1773.

called spotted hemlock, *gefleckter Schierling;* garden hemlock, wall hemlock, *Gurten- Mauer-Schierling* on account of the localities in which it is usually found; stinking hemlock, *stinkender Schierling;* mouse hemlock, *Mause Schierling,* on account of its peculiar smell; the plant which maddens, *Wuthschierling, Wutherich,* on account of the furious delirium which it sometimes occasions; the plant which makes foolish, *Tollkraut, Tollkerbel,* chervil which makes foolish; the plant which strangles or chokes, *Würgerich,* when we come to the physiological effect that persons poisoned by hemlock are unable to swallow: the plant which destroys, *verderbt;* hostile plant, *Wiederig;* wild parsley, dog's parsley, devil's parsley, cat's parsley, blood-spotted parsley, *Wilde Petersilie, Hunds-, Teufels-, Blut-, Rutzen-petersilie;* chervil, *Kerbel,* on account of its resemblance to that plant; burning herb, *Sangenkraut;* bird's death, *Vogeltod;* goat's herb, *Ziegenkraut;* because goats can eat it with impunity.* In northern Germany hemlock is also called *Scharnpipe* dunghill flute, which refers to its hollow stem and its preference for soils containing animal matter. There are three other synonyms which I am unable to explain: *Berskraut,* perhaps meaning the plant which bursts, or which causes to burst; *Wogendunk* and *Vehdendunk.* The two latter must refer to the amaurosis produced by hemlock, since the word *dunk* signifies darkening. Perhaps *Wogendunk* may mean dimness of the eyes.†

* Goats eat hemlock without seeming at all the worse for it (Bulliard). Lucretius mentioned this long ago:

"Quippe videre licet pinguescere sæpe cicuta
Barbigeras pecudes, homini quæ est acre venenum." (V. 897.)

Wood (*Treatise on Therapeutics,* Philadelphia, 1856) asserts that horses, goats, and sheep eat hemlock with impunity. I do not know whether that is true as regards sheep; it is not true as regards horses, as they are easily poisoned with hemlock juice and conia, as may be seen from the experiments of Harley and Roussel. Of course we speak only of fresh hemlock. "Hemlock," says Chomel, "is dangerous to horses; when a horse has eaten hemlock his head becomes so heavy that he totters and lets his head fall down against walls" (*Doct. Œconomique,* Paris, 1732).

† All these synonyms are taken from the German dictionary of Heinsius *Volksthümliches Wörterbuch der deutschen Sprache* (Hannover, 1818-22), and

In English the plant is called *hemlock;* that is its common name. We have spoken above of the synonym Kex. Johnson derives it from the Saxon *Hemloc;* Nemnich writes it in Anglo-Saxon *hemleac, hemlyc,* and *hemlice.* Hemlock is evidently a compound word; the English names of many plants end in *lock,* which is the German *lauch,* meaning leek or onion. In the Low German of the Middle Ages, as may be seen in an old *Arzneibuch* recently published at Gotha,* we find *ansloch* in the sense of shalot; this is a contraction of *Johannislauch; husloch, sempervivum tectorum,* house-leek; *knofloch, allium sativum,* the German *Knoblauch; loch, allium; porloch, porrum sativum;* since *hym* in old English meant dog we may, by referring to the Anglo-Saxon *hymlice,* suppose that hemlock may have originally meant dog's leek or onion. Another more rational etymology may be given by deriving *loch* or *lice* from the Gothic lîk or leik, corresponding to the German *Leiche,* which means a corpse. *Hymlice* or hemlock would thus mean the corpse or death of a dog, or kill-dog, or dogs-bane, the analogue of wolfs-bane, a name which has been given to different plants, especially to *arnica, wolverlei,* which comes from wolves-lik, in Gothic "death of the wolf." Arnica is also in German called *Wolfstod,* which has the same meaning. All these names correspond to the toxic properties of hemlock and arnica.

To pass to languages derived from Latin. In Spanish we have *ceguda, ceguta, cicuta;* in Portuguese, *ceguda, cigude, segude;* Nemnich adds *Dardania.* It is curious that δαρδανίς, the Greek synonym for hemlock, should have been preserved till our own time on the banks of the Tagus. The Italians call it *cicuta.* In Sardinia hemlock has several names; *erba de coyas,* the herb of sorceries or enchantments; *feurreda,* lesser ferula, on account of its resemblance to the common ferula, *feurra.* The *ferula,*

from the works of Nemnich (*Allg. polyglotten-Lexicon der Naturgeschichte,* 1793-95). The latter has supplied me with the greater number of the synonyms borrowed from other languages.

* Karl Regel, *Der mittelniederdeutsche Gothaer Arzneibuch und seine Pflanzennamen,* Gotha, 1872.

which is very common in Italy and in the Mediterranean Islands, there attains a great height; it exceeds the stature of a man, and serves as wood for fuel. In Sardinia they make chairs and stools of it. The botanist Moris* gives two other Sardinian synonyms: *feurra pudescia,* stinking ferula, and *biduri.* In Piedmontese† *biduri* has reference to the act of drinking, signifying a drink which is swallowed at a single draught. Does the wood *biduri* retain a remembrance of the famous draught of hemlock given to criminals in antiquity? According to Zalli‡ the Piedmontese peasantry call hemlock *sua;* I cannot trace the etymology of this word.

In his Provençal dictionary Dr. Honnorat gives as a synonym for *cicuda, Ballandina,* from *balar,* to dance, because, according to him, the internal and excessive use of this plant causes convulsive movements resembling those of the steps of a dance. Hemlock is also called in Provençal *juvert-fer, jubertina, juvertassa,* from the word *juvert,* which means parsley, the origin of which is the *jus vert* yielded by the plant. In the neighbourhood of Mont-Ventoux hemlock is called *juvert,* bastard.§

All these researches on the different names of hemlock throw a striking light on its history. It would be interesting to pursue these studies in other languages; thus, in Russian this plant is called *Boligolow,* which means headache, and in the Tcheck language it is called *boliclaf* which has the same signification; *à priori,* and also by reason of what has been said above, all these names must refer to its poisonous properties. We may even generalise further and say that the names of common plants in primitive languages must be derived from their external characters and from their properties.

* Moris, *Flora Sardoa,* Taurini, 1840-43.

† Viss. Porru, *Nou Dizionariu Universale Sardu-Italianu,* Casteddu, 1832.

‡ Zalli, *Dizionario Piemontese,* Carmagnola, 1830.

§ Honnorat, *Dictionnaire Provençal-Français, ou Dictionnaire de la Langue d'Oc.* Digne, 1846.

(*To be continued.*)

LECTURE ON THE HISTORY OF HOMŒOPATHY.

Delivered at the commencement of the session of Homœopathic Instruction, at the London Homœopathic Hospital, February 4th, 1875.

By R. E. Dudgeon, M.D.

Gentlemen,—

For more than a generation the therapeutic system, called by its discoverer homœopathy, has been practised by an increasing number of regularly educated medical men in the United Kingdom, and during that time various attempts have been made to establish schools for teaching its principles and practice in connection with hospitals where the sick were treated in accordance with the method of Hahnemann.

The first regular attempt to teach homœopathy by courses of lectures was made by Dr. Curie, in the hospital established in Hanover Square chiefly by the munificence of the late Mr. Leaf, and many of those who may now be regarded as the veterans of the homœopathic school received their first instruction from that zealous and industrious French physician.

When the Hahnemann Hospital was established in Bloomsbury Square, a more ambitious effort was made to found a school of homœopathy, and lectures were there delivered in 1852 and 1853 by Dr. Curie on Clinical Medicines, by Dr. Epps on Materia Medica, and by myself on the Theory and Practice of Homœopathy.

Since then occasional lectures were delivered in the London Homœopathic Hospital chiefly by Dr. Russell. Some of his lectures were published in a small volume, which to this day constitutes one of the chief glories of our homœopathic literature.

The course of instruction carried on by Dr. Curie naturally came to an end with the hospital he served so

long and so successfully. The school of homœopathy established in the Hahnemann Hospital ceased when that hospital was so abruptly and unexpectedly closed by its Committee of Management—perhaps, I should say, of mismanagement—and the lectures of Dr. Russell were put a stop to by the untimely decease of that learned and talented physician.

The present time appeared to the British Homœopathic Society propitious for instituting courses of lectures on homœopathy. The impulse was given by the offer of Dr. Richard Hughes to deliver a course of lectures on materia medica, a subject with which he is specially conversant, and on which he has written with great success.

The Society thought that the offer of Dr. Hughes should be accepted and that the opportunity should be taken to establish a more complete course of instruction in homœopathy than would be afforded by a single series of lectures on only one subject. The field presented by the interesting cases treated in the hospital at once suggested the practicability of clinical lectures, and the medical officers in charge of the in-patients expressed their willingness to deliver occasional lectures during the proposed session on selected diseases, with special reference to cases that might come under their care in the hospital.

They also did me the honour to invite me to give a short course on the history and principles of homœopathy, and with much diffidence I accepted the invitation and propose to fulfil my task to the best of my ability, by delivering two lectures on the subject named by way of general introduction to the course of instruction in homœopathy.

Among the reasons that influenced the Society to inaugurate these lectures at the present time may be mentioned the following:—The position of homœopathy in the medical world has undergone a great and striking change within these few years. The old heroic methods of treatment by bleeding, blistering, mercurialisation, and purgation, have fallen into discredit with the thinking men of the old school, and are chiefly now practised by old routine practitioners in out-of-the-way places, and by partial believers

in homœopathy, imperfectly acquainted with its resources, who eke out their imperfect homœopathic practice by the crudest practices of old physic. On all hands a search is being industriously made for remedial agents of a specific character, that is to say, for medicines that have a distinct pathological relation to the diseases against which they are used. Some of those who have distinguished themselves in this line have investigated for themselves the physiological properties of the drugs they employ, but most have taken their remedies from the homœopathic materia medica and have employed them for the very diseases for which our school has long used them. This they have done, not only without acknowledgment of the source of their knowledge, but often even while indulging in sneers at and misrepresentations of homœopathy. In some instances, with perverted ingenuity, they have even attempted to explain the efficacy of remedies which homœopathy has taught them, on pathological grounds of a purely hypothetical character. And more than that even, we see some who are foremost in denouncing homœopathy naïvely putting forward the same explanation of the therapeutic nature of drugs as has been current in the homœopathic school from its very commencement.

Again, we see works on therapeutics and materia medica homœopathic in everything but the name lauded by reviewers in the medical journals without a hint that the remedies are derived from homœopathic sources; and all this time these same journals studiously misrepresent and caricature the doctrines of the homœopathic school. The medical societies, while honouring and applauding those who borrow wholesale from our materia medica without acknowledgment, still exclude all those who honestly confess their indebtedness to homœopathy, and retain and pass laws visiting with social and professional ostracism those medical men who make an open profession of their belief in the excellence of Hahnemann's therapeutic rule. All posts of professional honour are shut to professed homœopathic practitioners, while they are freely open to those who employ our remedies without mentioning the source of their know-

ledge. Professional consultations are refused to those who have declared their conviction of the truth of the homœopathic law. Lecturers on materia medica and therapeutics never omit an opportunity of denouncing the dishonesty of homœopathic practitioners even while filching from our therapeutic treasury. Thus students of medicine are imbued with a horror of homœopathy, which is invariably presented to them by their teachers in such a false and distorted light.

It was with the object of counteracting these studied misrepresentations of our system, and of showing what homœopathy really is, that the British Homœopathic Society deemed it expedient and opportune to establish courses of lectures where the honest inquirer and seeker after truth may learn from those conversant with the subject what are the real principles of the homœopathic therapeutic system, and what is its true place in general medicine.

Until quite recently the position of the self-styled orthodox practitioners was altogether distinct and different from the homœopathic school, and had little or nothing in common with it. It might be erroneous and even pernicious, but it was at all events utterly different from homœopathy. It dealt exclusively in depletions, counter-stimulants, alteratives, tonics, and suchlike measures which had no direct pathological relation to the disease, but as a rule sought to influence the morbid process indirectly, chiefly by exciting a medicinal action on organs or tissues remote from the seat of the morbid process. But this rude indirect method of treating disease has latterly been to a great extent discredited, and though by no means altogether abandoned has been partially superseded by a remedial treatment in more direct pathological relation to the disease. The effects of medicines on the healthy organism have been much more studied, and their employment recommended in diseases with which their effects have shown them to have a pathological affinity. In this a great stride has been made towards the homœopathic system, and the pursuit of this path will inevit-

ably lead to a full adoption of the homœopathic therapeutic law. Whether this will take place in our day is doubtful, but it is impossible to mistake the tendency of the present direction of medical research towards the ultimate supersession of the old indirect methods of allopathy by the direct method of the homœopathic therapeia.

Such being the case it becomes a duty incumbent on us who have inherited the legacy bequeathed to medical science by Hahnemann to declare to the medical profession, and especially to the rising generation of medical practitioners who have been misled by the instructions of their orthodox teachers, the true state of the case, to lay before them the real principles of the homœopathic school, and to claim for our great master the credit that is his due for the present bias of general therapeutics. We cannot consent to remain silent when we see the doctrines of our school gradually appropriated without a word of acknowledgment by those who treat the members of our school as persons unworthy to be considered as honourable members of our common profession, and who brand us as dishonest and disreputable because we openly acknowledge our indebtedness to Hahnemann.

The charge of dishonesty which is so constantly brought against us by our opponents is based on a fiction with regard to the nature of homœopathy and its position in medical science—a fiction which has been repeatedly exposed by us, but which is reiterated with insolent persistence by all the organs of allopathic medicine.

It is assumed that those who give in their adhesion to the homœopathic therapeutic rule thereby bind themselves to employ none but homœopathic remedies in the treatment of disease, and that whenever they employ remedial agents that are not homœopathic—indeed, that whenever they administer doses of homœopathic remedies that are not infinitesimal in quantity—they are guilty of fraud and deception. The absurdity of this accusation is self-evident; for we have never bound ourselves to use only homœopathic remedies in the treatment of disease. There are many cases we are called on to treat to which homœo-

pathic remedies are unsuited, and there are many diseases which demand large doses of homœopathic medicines. There are moreover certain effects desirable to be produced which cannot be produced by either large or small doses of medicines given according to the homœopathic law. There is no law of science, ethics, or etiquette that prevents us administering any remedy we may think requisite. It is not we who have bound ourselves down to refrain from giving any medicine in the pharmacopœia our judgment may commend to us. If our opponents have so bound themselves not to give homœopathic medicines that is their affair. To us the whole field of therapeutics is open, and the sole condition we impose on ourselves is to give those remedies which we think will do our patients most good. Our opponents seem to argue that because they have vowed never to use homœopathic remedies, and have passed laws in their medical and ethical societies denouncing the administration of homœopathic remedies as dishonourable and imposing penalties on those of their members who shall use these remedies, or who shall even associate professionally with those who use them; therefore we must have in like manner bound ourselves by laws of equal stringency not to use any but homœopathic remedies; and that if, for instance, we give a dose of castor oil or apply a mustard plaster we are acting dishonestly and practising a fraud upon the public.

But it is hardly necessary to say that we have committed ourselves to no such reciprocity of folly. The accusation of fraud and dishonesty so freely brought against us depends on a misconception—whether wilful or not we need not attempt to decide—on the part of our accusers of the true position of homœopathy in relation to general medicine. They will have it that we hold homœopathy to be a complete system of medicine applicable to every possible case of disease; whereas the most we claim for it is that most curable diseases are better cured by medicines administered in the direct homœopathic way than in the indirect allopathic or in the enantiopathic way.

Our opponents are beginning to find this out, but having

committed themselves to denunciations of all homœopathic treatment, they act like the traditional barrister who had no case and so took to abusing the opposite counsel.

We take much higher ground, and refuse to follow the lead of our opponents in bandying epithets of recrimination and abuse. We rather note with pleasure the tendency of modern medicine to discard the traditional depletive and injurious practices, and to seek for the pathological relations of drugs and diseases which is the essence of homœopathy; and we forbear to characterise the conduct of those who adopt our remedies, while they charge with fraud and dishonesty those from whom they borrow their methods.

Homœopathy is not, as our opponents commonly assume, a complete system of medicine, opposed to all the medical science of the old school, rendering nugatory or contradictory all the ascertained facts and acquisitions of physiology, pathology, and other branches of knowledge that together make up medical science. Far from this, homœopathy is merely an advance in therapeutics, and is in perfect harmony with all the modern developments of the collateral branches of medical science. If it does to a great extent supersede the therapeutics hitherto in vogue, this is no more than what all successive advances in medicine and surgery have done to the practices that preceded them. Thus the therapeutics of our fathers superseded the ruder methods of their fathers, and modern surgery has consigned to oblivion the cruel and dangerous manipulations of a former age. Hence there is no more reason in denouncing the improved methods of homœopathy because they have to a great extent rendered obsolete the bleeding, purging, and blistering of old physic than there would be in execrating the milder and more rational therapeutics of ancient times because they rendered obsolete the absurd and complicated farrago of theriacs, mithridates, of pigeons' dung and viper broth and similar disgusting and fanciful remedies, or than there would be in anathematising the modern practice of tying arteries because it did away with the former plan of searing them with a red-hot iron.

It would be more worthy of the cultivators of a liberal science were our opponents to leave off reviling and persecuting us on account chiefly of one of the technicalities of our art —I mean the minute doses we mostly use, of which they have no experience at all, and which is a matter that can be determined only by experience, and were they to inquire impartially and with a desire to ascertain the truth into the tenets and practices of our school. They can scarcely be so satisfied with the actual condition of the medical art as to imagine it incapable of improvement—indeed, their most illustrious coryphæi are never tired of wailing over the imperfections of their own therapeutics. Surely, then, it were worth while to examine a method of treatment that boasts of being much more successful than their own, and which has been practised for more than a generation in this country, and whose partisans, almost without exception, converts from the ranks of the old school, betray no lack of faith in its excellence.

If our present opponents will abandon their customary supercilious treatment of homœopathy and will join with the practitioners of that method in investigating the properties of drugs with a view to ascertaining their pathological relation to disease, we can promise them our cordial co-operation, and they will find us by no means so prejudiced in favour of the doctrines of Hahnemann as to refuse to subject them to the most searching, critical, and experimental inquiry. On the contrary, they will find that this is what we have been doing for these many years past, and that our researches have already led us to reject much of what Hahnemann taught and to modify many of the conclusions at which he arrived. Our aim has been to hold by what is true and to reject what is false in therapeutics. This is also their professed aim, but they will never be able to attain it while they continue to reject without inquiry all the evidence that we are able to adduce in favour of our views and practice, and while they persist in accepting the absurd misrepresentations palmed upon them by prejudiced opponents, in place of learning from us what are the actual doctrines of the homœopathic school.

These lectures have been undertaken in order to show the inquirer what homœopathy is, its history, principles, and practical application. It is desirable that we should show the rational foundation of this system of therapeutics, and attempt to define the sphere of its applicability; on the one hand to counteract the grotesque caricatures of the system presented to their credulous readers by the organs of allopathic opinion, and on the other, to save the system from the eccentric aberrations of some of its professors, who are doing it great harm by their extravagant divergences. On the one hand we have professed adherents of homœopathy exhibiting so little confidence in its curative powers that they are ready in almost every case of serious disease to resort to the most heroic measures of the old school, such as leeches, blisters, purgatives, diuretics, narcotics, and full doses of the most energetic drugs of the old school pharmacopœia. While we would accord perfect liberty to each medical practitioner to treat his patients by any means his judgment may recommend, we cannot consider as good representatives of our system those who are ready at any moment to discard the approved remedial agents of homœopathy for the discredited methods of mediæval allopathy, in those cases which the threescore years' experience of our school has shown to be perfectly amenable to its rational medication.

On the other hand we see some nominal partisans of homœopathy developing the doctrines of Hahnemann into the most absurd extravagancies, carrying their dilutions to the most preposterous height, and gravely publishing so-called provings of absolutely inert substances, such as loaf-sugar and skim-milk, or pretending to treat their patients with dynamised thunderbolts and diluted moonshine.

Against all these irrational aberrations we feel bound to protest, and to show you that homœopathy is a scientific and rational system of medicine attested by the grand touchstone of every true method—experience.

Yet another reason that has moved the British Homœopathic Society to establish lectures on homœopathy is the circumstance that courses of lectures are now regularly de-

livered in several countries of Europe, particularly in France, Hungary, and Belgium.

As this country has for many years occupied a prominent place in the scientific development of the system of Hahnemann, it would be unbecoming in us to lag behind our neighbours in affording the rising generation of medical practitioners the means of becoming acquainted with the principles of homœopathy by oral instruction.

This afternoon I propose to devote to the history of homœopathy.

The maxim that diseases are curable by medicines capable of exciting in the healthy morbid conditions similar to the disease is at least as ancient as the opposite maxim that diseases are curable by medicines capable of exciting in the healthy morbid conditions the contrary of the disease. Some of the works with which Hippocrates is credited distinctly enunciate the doctrine of *similia similibus curantur,* and various authors since his time have given utterances to the same doctrine. The most notable teacher of it was undoubtedly Paracelsus, who taught a rude sort of homœopathy comparable to the "organopathy" of our own day, and in the *Organon* of Hahnemann you will find a long array of authorities for the administration of medicines having a distinct homœopathic relation to the diseases for which they were given. But to Hahnemann alone can be ascribed the merit of having elevated the maxim of *similia similibus* to the rank of a general rule of therapeutics, and accordingly the history of homœopathy as a complete system of therapeutics commences with the researches and writings of this great and original genius.

If the condition of orthodox therapeutics only thirty years ago was so bad that Sir John Forbes declared "it must either mend or end," what was it in the days when Hahnemann commenced his medical career? The medical world was then torn by the futile and never-ending disputations of the Cullenists and Brunonians, and poor patients derived little or no benefit from the logomachic victories of either party. Disease seemed to be treated, as in the

fanciful kingdom of *Erewohn,* as though it were a crime, and patients were punished by the licensed myrmidons of a cruel art by every variety of torture ingenuity could suggest. Whatever organ or tissue of their bodies had been spared by the disease was successively worried and fretted into an artificial morbid state by the internal and external irritants with which it was repeatedly assailed. The physician thought more of writing a conventional prescription which should have its due proportion of base, adjuvant, corrective, and excipient than of the possible effects the various ingredients might have on one another, or their combined forces on the disease to be cured. Besides a farrago of drugs of unknown properties the armamentarium of the practitioner was liberally furnished with all sorts of instruments and agents for producing every phase of pain, from transient discomfort up to prolonged agony, on the unoffending skin—vesicatories, sinapisms, caustics, and cauteries actual and potential, hanks of silk for setons and peas for issues, scarificators, and cupping instruments. And all these violent agencies were liberally used. No patient was considered to have been treated *secundum artem* if he died, or even if he recovered, without having undergone the ordeal of having every sound organ of his body played on in succession by all these vile instruments of torture. The object of each new invention in therapeutics seemed to be to find something that would irritate some organ or tissue that had hitherto escaped punishment, but no one seemed to think it worth his while to seek for anything in the way of a medicine that had the slightest pathological relation to the disease. And yet all the drugs in the pharmacopœia were with an affectation of scientific precision arranged into separate classes which were supposed to denote their therapeutic virtues, as tonics, narcotics, emetics, stimulants, diaphoretics, sialagogues, cathartics, diuretics, anti-this and anti-that; but it happened just as often as not that the drugs refused to perform the part assigned to them by this classification, in which case it was, of course, not the doctor but the patient who was to blame.

After an eight years' experience of practice, assisted by

all the light he could obtain from a careful study of the works of Sydenham, Frederick Hoffmann, Boerhaave, Gaubius, Stoll, Quarin, Cullen and De Haen, Hahnemann gave up practice in disgust. His conscience would not allow him to treat unknown morbid states with unknown medicines; he dared not prescribe, according to some fanciful idea of the nature of diseases, powerful drugs that only owed their place in the materia medica to mere opinion. He devoted himself to the study of chemistry, his masterly work on arsenical poisoning being one of the fruits of this direction of his labours, and to literary work, chiefly translations of standard French and English medical works.

But his active mind ever reverted to the subject of medical treatment, and the very works he was employed by the publishers in translating kept him thinking of the treatment of disease by medicines, and of the explanations offered by the authors he was engaged in of the mode of action of the medicines they treated of.

In 1790, while translating Cullen's work on materia medica, he was struck by the inconclusiveness of that author's explanation of the mode of action of *Cinchona bark* in intermittent fever. This famous explanation was to the following effect:—Bitters and astringents are tonics, bark is both bitter and astringent, therefore it is doubly a tonic, and it cures intermittent fever by its tonic action on the stomach, which tonic action is communicated from the stomach to the rest of the system, and in some unknown way relaxes the spasm of the extreme vessels on which the cold stage depends.

This explanation, which might have been satisfactory to the medical world who then, probably even more than now, readily accepted phrases for facts, struck Hahnemann as being no explanation at all. It must have appeared to him too like the reply of Molière's Bachelierus to the question of his examiner:

Domandabo causam et rationem quare
Opium facit dormire?

Reply:

Quia est in eo
Virtus dormitiva.

So Hahnemann set to work to see if an investigation of the positive action of bark on the healthy human body would throw any light on its curative action in ague. He being in perfect health at the time took repeated doses of bark, and by the time he had swallowed four drachms of the drug he had an attack of fever, which almost exactly resembled the array of symptoms presented by the fits of certain tertian and quotidian agues which he had cured by means of bark. Mark that Hahnemann nowhere says that bark will produce repeated attacks of fever of the tertian or quotidian type, as alleged by his detractors, the renegade homœopathic practitioners and their abettors in the allopathic medical journals. He says distinctly that it produced an attack of fever similar to an attack of the fever of ague, and nowhere in his writings do we find him saying that it produced repeated periodical attacks of fever.

The *Lancet,* in a recent number, sneers at this experiment of Hahnemann's being compared to Newton's traditional falling apple, which is said to have suggested to him the law of gravitation. But the comparison is not at all far-fetched. For all that is alleged of the apple is, that it set Newton thinking of the laws of gravitation; and all that is alleged of Hahnemann's experiment with bark is, that it set him thinking of the therapeutic law with which his name is indelibly associated.

He did not at once rush to the conclusion that from this one experiment he had discovered the law that ruled in all cases of the cure of diseases by drugs. He proceeded in the cautious and scientific manner we should expect from a man of science.

"I now commenced," he says, "to make a collection of the morbid phenomena which different observers had from time to time noticed as produced by medicines introduced into the stomachs of healthy persons, and which they had casually recorded in their works. But as the number of these was not great, I set myself diligently to work to test several medicinal substances on the healthy body, and behold! the carefully observed symptoms they produced corresponded wonderfully with the symptoms of the morbid states they could easily and permanently cure."

The result of these experiments he published fifteen years later, viz. in 1805, in the two volumes of *Fragmenta de Viribus Medicamentorum Positivis*, the germ of his *Materia Medica Pura*, and the same year he published his *Medicine of Experience*, which may in like manner be considered the germ of his *Organon*, the first edition of which was published five years later.

The student of Hahnemann's writings knows how gradual was the growth of the system of homœopathy in his mind; how cautiously and tentatively he went to work, how he never enunciated a maxim until he had carefully and laboriously accumulated a large array of facts in its support; how he subjected all the current medical doctrines and methods of treatment to a searching criticism, and how the conclusions at which he arrived were the result of careful experiment and logical ratiocination. To those who desire to trace the gradual development of his system, I would recommend a careful perusal of the essays contained in his collected *Lesser Writings*, from which they will see that homœopathy is not the rash and hasty product of a theoretical mind, but the slow and cautious growth of a scientific truth in the mind of a man in his best years singularly free from any propensity to indulge in theoretical speculations.

In fact, the maxim *similia similibus curantur* is not a theory at all; it appears in Hahnemann's writings as the inevitable logical deduction from an overwhelmlng mass of facts. It gives no explanation of the mode of action of remedies; and though at a later period Hahneman attempted several explanations of the action of homœopathic remedies, he did so with considerable diffidence, and almost apologetically, as though he would say that he did not attach much value to them; and that, though his facts and his deductions therefrom were indubitable, his theoretical explanation might be taken for what it was worth, and he would not insist on its correctness. The therapeutic rule was true, but the theoretical explanation of it might be altogether false.

Those curious in such theoretical exercises will find a wonderful family likeness betwixt some of Hahnemann's

pathological views and the hypotheses of Cullen. There is this great difference between them, however, that whereas Cullen supposed the existence in the organism of two forces, which he invested with independent and intelligent qualities, the vital force and the *vis medicatrix naturæ*, by means of the interactions of which he easily explained the most difficult pathological problems, Hahnemann carefully eliminates the vis medicatrix, though he retains the vital force or principle as a separate and quasi-intelligent entity. Hahnemann's physiology and pathology, it should be remembered, were the physiology and pathology of the last century, when the doctrine of an independent and semi-conscious vital principle was almost universally held. Those who, having abandoned the idea of such an archæus in the human organism, are inclined to look down on Hahnemann for his belief, should remember the spirit of the age in which he wrote, and also bear in mind that one of the most distinguished of modern physiologists, Dr. Beale, openly avows his belief in a vital principle as an entity different from the quality of vitality inherent in living tissues.

Although Hahnemann's new therapeutic ideas were unfolded so gradually to the profession, and though each new step was taken only after great deliberation and the most careful testing, unfortunately for medical science, unfortunately for the credit of the medical profession, and still more unfortunately for the patient-world, Hahnemann's discovery came upon a profession utterly unprepared to receive it. The great medical authorities of Hahnemann's day and of all previous times had acquired their fame as representatives of the art of medicine by speculating on the nature of disease and drawing the indications for its treatment from purely hypothetical considerations. In like manner as regards medicines, they credited them with all sorts of hypothetical qualities, nor did it seem ever to occur to them to test their powers and gain a knowledge of their qualities by observing their action on the healthy human body. Medical practice was, in fact, the treatment of the unknown by the unknown, of the hypothetical by the hypothetical. The accumulated speculations of ages respecting

the nature of disease and the properties of drugs constituted the science of medicine. Hahnemann's simple therapeutic rule, if admitted, would upset all this traditional and hoary lore, and would render the learning of the most deeply read of no account. Hence the violent opposition that the enunciation of the homœopathic therapeutic rule at once encountered from the heads of the profession. Even Hahnemann's dearest friend, Hufeland, the Nestor of German medicine, while admitting that he had seen decided curative results from medicines prescribed homœopathically, deprecated the admission of similia similibus as a general therapeutic rule, as to do so would be to dig the grave of science. He alluded of course to what was considered science in his day, the false pretensions of which to the name have long since been exposed.

We can appreciate the motives that led to this opposition to Hahnemann's teaching, but we are unable to understand why this opposition should have at once taken the form of the fiercest persecution.

Hahnemann was no unknown and obscure practitioner. He was already distinguished by his chemical and medical writings, and his numerous translations of foreign medical books. His treatise on arsenical poisoning published in 1786 was a standard work on the subject and is still referred to respectfully by those best qualified to judge of its merits. His work on *Venereal Diseases* published in 1788 is distinguished by pathological views and a mode of treatment far in advance of the pathology and treatment of his day. The essays in which he disclosed his new therapeutic ideas are characterised by laborious research and show a thorough acquaintance with all the medical lore of former times and of his own age. It might have been expected that the results of the experiments, investigations, and profound reasoning of such a man would have at least met with respectful consideration from colleagues who were certainly not his superiors in any of the qualities that go to make the scientific medical investigator. But outside the small band of devoted, but young and obscure disciples whom his qualities of head and heart attracted to his side, he was

assailed with every form of invective and insult. The apothecaries, hounded on by the physicians, formed a league against him, and obsolete laws were raked up to hinder him from exercising his profession. He was driven from place to place by the machinations of his adversaries. He was deprived of the power of earning his bread by practice and of propagating his views by lectures, and would have been reduced to poverty and destitution had it not been for the generous hospitality afforded him by the reigning Duke of Anhalt Coethen, who offered him an asylum in his capital, where he was free to exercise his profession, but where he still had to endure all the abuse and contumelious treatment of the illiberal and prejudiced partisans of traditional medicine.

It is pleasant to think that the persecuted medical reformer obtained a comfortable home and was able to earn a competency in this dull little German capital. But we are bound to confess that Hahnemann's enforced isolation from all contact with his colleagues in the pleasant retirement of this medical Capua was far from advantageous to the further development of homœopathy. It is not good for man to be alone, we are told, and even the greatest of doctors retain sufficient of the human in their nature to render them subject to some of the evils incident to isolated man. When a man of an original turn of mind is exempted from the constant friction of other minds, he is apt to become extremely angular, and some of his angles are apt to be abnormally developed. Like those solitary crystal groups which throw out long straggling crystals when there is nothing to oppose them, or like the unpruned tree, some of whose branches will sprawl out in a useless and unsymmetrical fashion, so the artist, the literary man, or the man of ideas will, if left to himself, be very likely to take on a one-sided intellectual growth and to lose that symmetry of mental development he would have retained if exposed to the attrition of other intellects.

Living alone, that is to say, in a position where no intellectual rivals or competitors are met with, is apt to develop a condition of morbid self-consciousness. We are disposed

to contemplate and dwell on our own pre-eminent qualities and to disparage those who differ from us and with whom we do not come in contact. I am inclined to think that the saintly anchorites of yore who passed their lives in desert places and lonesome caves were less taken up with the contemplation of their own sinfulness than with dwelling on their superior merits when contrasted with the defects and vices of the outside world. It should be remembered that Hahnemann when he at length attained his *otium cum dignitate* was already past his prime; he had indeed passed the grand climacteric. He was sixty-six years of age, an age in which the faculties may be acute enough for practice, but in which the reasoning faculty is not at its best. But being relegated to this dreary solitude as far as the society of colleagues, even of like-thinking colleagues, was concerned, and seeing none but adoring patients and flattering toadies, he commenced spinning theoretical cobwebs from his hitherto practical brain, and, as might have been expected under the circumstances, he made rather a mess of it. When of the ripe age of seventy-three, he gave to the world his celebrated doctrine of *Chronic Diseases* which has been so severely criticised by some of his most illustrious disciples. He carried his ideas of the increase of power of medicines by the act of shaking to such a degree that whereas, fifteen years previously, he had counselled strong succussion of each dilution for three minutes, he now enjoined that no more than two shakes should be given to each bottle, and asserted that a medicine prepared with twenty shakes to each dilution would endanger the life of a patient. Never visiting a patient out of the house, the habit some of his followers had of carrying their medicines in the liquid form about with them when they went to visit their patients, filled him with terror lest by the shaking they got in their bearers' pockets their potency might be so much increased that their administration might be followed by disastrous consequences. Such of his disciples as ventured to criticise any of his doctrines he regarded as his enemies, and he even quarrelled with his faithful follower Hartmann on his venturing to disagree

with him on some trivial point. On the other hand, he gave his assent to the most extravagant proposals of enthusiastic dilettanti like Graf von Korsakoff, and he was almost persuaded by some enthusiasts to sanction the administration of two or more medicines in combination. And yet the idea of his own infallibility ruled so strongly in him that he declared that any one who should depart by one hair's breadth from his precepts was not worthy to be considered a member of the true homœopathic church, but was *ipso facto* excommunicated. When, at the ripe age of eighty-one, he removed to Paris, where he had the opportunity of mingling with highly cultivated medical practitioners of homœopathy, he received their advances with coldness, disgusting many of them by his intolerance, and he chose for his intimates non-medical zealots who offered him the agreeable incense of adulation.

He spoke and wrote about the practice and the practitioners of the old school with an acrimony quite foreign to his earlier writings, and by his bitterness and intolerance he contributed in no small degree to render the breach between the old and the new schools of medicine impassable.

To the isolation to which he was condemned by the hostility of his colleagues and countrymen we can ascribe all the extravagances of Hahnemann's later doctrines, which it has been the painful task of his modern followers to eliminate from the great and wholesome truths of his system. We may draw from this history the sound moral that it is by association and by the frequent interchange of ideas that the cultivators of a great medical truth like homœopathy will be saved from the aberrations and eccentricities that are so apt to develop themselves when we are deprived of the intellectual friction of other minds. Hence the advantage of the mutual intercourse afforded by societies like the British Homœopathic; and we are glad to know that similar societies exist in different portions of this country, where frequent opportunities are presented to all practitioners of our school to discuss the various parts of our system that require elucidation.

The pertinacious hostility of his colleagues and countrymen pursued him to Coethen. False accusations and calumnies were poured out upon him in the medical journals of the period. These interfered materially with the tranquillity of his existence and prompted him to retorts of equal acrimony.

Perhaps the extreme bitterness of his later writings may be partially accounted for by the almost total absence of humour in his mental constitution. He was too terribly in earnest to be jocular. His life was spent in everlasting controversy, and his nature took up everything so seriously that he could not perceive the ludicrous side of any argument. He resembled Rab's dog in Dr. Brown's inimitable story. Some one remarking on the extreme gravity of the deportment of this remarkable quadruped, Rab accounted for it in this way: "You see, sir, life is full of seriousness for him, he just canna get his fill o' fechtin." The solitary joke recorded of Hahnemann is so solemn, it might have been uttered by the Archbishop of Canterbury or Mr. Gladstone. During the first years of his sojourn in Coethen he dared not venture outside his house without being exposed to the hootings and jeers of the townsfolk, so his daily walks were limited to his own little garden. A visitor once said to him, "Is this little strip the garden to which your walks are confined, Herr Hofrath? It is very narrow." "It is narrow," replied the sage, "but" (pointing upwards) "it is infinitely high."

The same spirit of irrational animosity that persecuted Hahnemann was extended to all who sided with him, and who saw in his discovery the prospect of a regeneration of the medical art. The hostility and persecuting spirit initiated in his fatherland prevailed in every part of the world where his doctrines found converts.

I have no need to recal to your minds the details of this miserable persecution in this country. I would, indeed, be glad to pass over in silence an episode so discreditable to the members of a so-called liberal profession were it not for this circumstance, viz., that the persecution still survives in its full intensity. We are still excluded by medical

societies, we are still refused the courtesies of professional intercourse; hospitals and schools are still closed against us; medical publishers still refuse to publish our works; medical reviewers to review them. We are still reviled in medical periodicals as quacks and rogues.

And all this in spite of the almost complete abandonment by our opponents of the most cherished methods of traditional physic; in spite of the wholesale appropriation of the medicines and the very doctrines of Hahnemann by his detractors; in spite of the declaration of the editor of a leading journal of old physic that the profession regard with "the most perfect toleration the theory and practice of homœopathy."

There are many branches of medical science and even of medical practice in which we are at one with our opponents, and it is unreasonable to allow the one question of the rule to be followed in the administration of drugs to create an impassable gulf between us, more especially as, even in the very matter of drug-giving, we differ less from some of our allopathic friends than they do from some others of their own school, to whom they never would dream of denying the professional courtesy they refuse to us.

It should, methinks, be rather the aim of cultivators of a science, particularly a science like medicine, where there is still so much to be cultivated, to find points on which all may act harmoniously than to dwell with acrimony on disputed questions which can only eventually be settled by calm and judicial inquiry and careful experiment. One point there is in especial on which all the thinking men of the old school have come over to the views of Hahnemann. All now admit that it is necessary to study the physiological action of drugs on the healthy human organism in order to know their curative power in disease. Many distinguished men of the old school are acting on this conviction, and diligently testing for themselves the pure effects of medicines; but they steadily ignore all that we have done in this way. They go painfully over the ground that has for these many years been laboriously cultivated, and with rich results, by the followers of Hahnemann. What a gain

it would be for practical medicine were they cordially to join with us in the discovery of the physiological effects of drugs!

Here is a common ground on which we may work in unison. We have already a rich treasury of Materia Medica, consisting of the ascertained qualities of drugs, but rich though it be we are not content with it, but are constantly engaged in adding to our store, and in re-proving those medicines we already have. Much still remains to be done to make our Materia Medica perfect. The labours of all earnest workers for many years to come will hardly suffice to bring our knowledge of the actions of drugs to a satisfactory state of completeness. Why should the powers of earnest men be wasted in desultory efforts, when such great results might be obtained by combined and harmonious action?

It may be thought that I have diverged somewhat from my theme, which was to be the history of homœopathy. I admit that I have done so, but to treat the subject satisfactorily to all would have been an impossible task. For to some the history of homœopathy is the history of its triumphs, the converts it has made among all classes and especially among the great and the noble:

Principibus placuisse viris non ultima laus est.

But these triumphs have already been paraded with sickening reiteration, and I have no wish to sound again the brazen trump of boasting. To others the history of homœopathy is the history of its persecutions, great and petty, but these I would not willingly rake up from the almost forgotten past, especially now that we may hope, in spite of the revilings of the mercenary organs of medical trades-unionism, a new æra of tolerance, if not of respect, is about to commence. To others, again, the history of homœopathy is the history of its internal development, of its scientific growth, of its conquests in the field of materia medica, and its victories over serious disease. But this could scarcely have been treated satisfactorily in an introductory lecture, and will more appropriately appear in my next lecture and in the lectures of my colleague Dr. Hughes.

In another point of view the history of homœopathy may be read in the vast changes it has wrought in general medical practice—changes so great that no similar period of the history of medicine can offer anything comparable to them.

Hahnemann has no statues erected to his memory in this country, nor does he need any to commemorate his great achievements. We have only to look around us and compare the present state of medicine with what it was before he illuminated it by the light of his genius, and we may say of him in the words of the epitaph on the great architect of our metropolitan cathedral—

Si monumentum requiris, circumspice.

ON TETANUS.

By A. R. Croucher, M.D.

(Read before the British Homœopathic Society.)

Mr. President and Gentlemen,—

The subject which I propose to bring before the notice of the Society this evening is one sufficiently serious in its effects, and, I venture to think, generally speaking, so little amenable to treatment as to warrant us in congratulating ourselves that it is not of more frequent occurrence. Sir Thomas Watson, in his *Principles and Practice of Medicine,* remarks that "the treatment of tetanus is a mortifying subject. The disease is and always has been a lamentably fatal one."

Hippocrates says, *ἐπι τρανματι σπασμος ἐπιγενομενος, θανασιμον*: tetanus supervening on a wound is mortal. Another of Hippocrates' aphorisms is, *οκοσοι ὑπο τετανου αλισκονται εν τεσσαρσιν απολλυνται*: they who are seized with tetanus die within four days; but he adds, *ἡν δε*

ταντας διαφυγωσίν ὑγιεις γινονται: if they get over that period they recover.

It is curious how very trivial an injury has been known to be the cause of tetanus. It has been known to arise from the sticking of a fish-bone in the fauces; from a slight wound of the ear by a musket shot; from a mere stroke of a whip-lash under the eye, although the skin was not broken; from cutting a corn; from a bite on the finger by a tame sparrow; from the blow of a stick on the neck and on the hand; from the insertion of a seton; from the extraction of a tooth; from the injection of a hydrocele; and from the operation of cupping.

Tetanus is much more common in hot than in temperate latitudes, and generally selects for its victims individuals of a nervous and irritable temperament, or those whose constitutions have been impaired by the abuse of stimulants, or by exposure to a vitiated atmosphere.

There are evidently some sorts of injury, and some parts of the body, much more frequently than others concerned in the pathogeny of tetanus; thus the disorder more often supervenes, as is well known, upon injuries of the extremities than of the trunk, head, or neck, and upon wounds made by puncture than upon most other injuries. Penetrating wounds in the sole of the foot, such as are frequently inflicted by treading upon a nail or a splinter; and laceration, or other violence done to the muscles that constitute the ball of the thumb, are very apt to be followed by tetanic spasm.

The tetanic symptoms occur at no fixed period after the reception of the injury. Professor Robinson, of Edinburgh, was once at table, when a negro servant lacerated his thumb by the fracture of a china dish. He was seized with convulsions almost instantly and died with tetanic symptoms in a quarter of an hour. Such a rapid progress as this, however, is quite out of the usual course of the disease; probably fright had something to do with it. Hennen, in his work on Military Surgery, states that terror is frequently the immediate antecedent of the attack. In general the tetanus supervenes between the fourth and

fourteenth day after the infliction of the injury; some time in the second week is the most common period of all. In the Peninsular War it did not commence later than the twenty-second day. In some rare cases its accession has been still longer deferred.

When the disorder arises from exposure to cold and damp, as is sometimes the case, it comes on much earlier, often in a few hours; if, for example, the exposure take place during the night, the complaint may declare itself the next morning. After the disease has set in its rate of progress is various. It is said that when the spasms come on suddenly, recur often from the beginning, and increase in frequency and violence, the chance of recovery is but small. The patient in these cases sometimes dies on the second and generally before the fifth day. If he live to the ninth day of the disease his prospect is somewhat better, and the spasmodic symptoms may generally abate and disappear. Some, however, have died as late as the sixteenth, the twentieth, and even the thirty-fifth day; but this last is very rare.

The pathology of tetanus is undoubtedly obscure. Some French authorities are of opinion that it is always an inflammatory disease, but this is completely disproved by numberless instances of inflammation of the spinal cord occurring without any tetanus; and numerous cases of tetanus have occurred in which no unnatural appearance has existed within the vertebral canal. It is clearly attributable to irritation, direct or indirect, of the spinal cord or of its nervous appendages. It has been called "functional disease of the spinal cord" for want of a better name. It was conjectured by Dr. Todd and Mr. Bowman that the changes which took place in the nerves, and in the nervous centres, whereby sensations and muscular contractions are produced, are molecular changes, rapidly propagated from the point where the stimulus is applied, and analogous with "that remarkable change in the particles of a piece of soft iron, in virtue of which it acquires the properties of a magnet, so long as it is maintained in a certain relation to a galvanic current; these properties being instantaneously

communicated when the circuit is completed, and as instantaneously removed when it is broken. A state of polarity is induced in the particles of the nerve by the action of the stimulus, which is capable of exciting an analogous change in other particles whether muscular or nervous; whence results the peculiar effect of the nerve's influence." In accordance with this theory these authors hold, with great show of reason, that in tetanic spasm the natural polar force of the spinal cord is greatly exalted, and kept so, by the constant irritation applied directly to the cord itself, or propagated to it by the nerves of the injured part.

If you irritate, mechanically, by means of a pair of forceps, the exposed spinal cord of a recently decapitated animal, a turtle for example, you produce spasmodic contraction of the limbs. There can be no difficulty in supposing that some mechanical irritation existing within the spinal cord of a living man may have a similar effect. It may be, and probably is, sometimes the mechanical irritation caused by the altered state of the blood-vessels under inflammation; for sometimes traces of such inflammation are found in the spinal marrow after death by tetanus.

Again, if you irritate by pinching one of the spinal nerves of a turtle whose head has been just cut off—if you thus irritate one of those nerves in any part of its course, the muscles of the limbs contract spasmodically, those on the side to which that nerve belongs become rigid, and those on the other side also.

Dr. Marshall Hall in his experiments in connection with this subject found that when he plucked at or compressed one of the denuded spinal nerves, spasmodic motions were excited in the muscles of *both sides*, and *above*, as well as *below*, the junction of that nerve with the cord. He has shown us that the change (whatever it be) that is wrought in the cord by impressions made upon one of its afferent nerves is not necessarily confined to the corresponding *segment* of the cord; but may be instantly communicated, in both directions, throughout its entire course; the whole of this centre of the excito-motory system responding to the

influence conveyed by a single nerve, as completely as a tight string vibrates from end to end when struck at any one point. There is no part of the trunk or limbs which is not supplied with nerves from the spinal cord; and we find that injuries of various parts or of almost any part, in an individual predisposed to take on the disordered action, may produce it. The exciting cause may be a wound irritating a particular nerve; it may be exposure to cold, acting upon the extremities of various nerves that proceed from the surface; it may be a bundle of worms, irritating the nerves spread upon the mucous tissue of the alimentary canal, for some writers have maintained that tetanus is almost always, even when it supervenes after wounds, the result of the presence of worms in the digestive organs. They have founded this opinion upon the fact, that worms have been very frequently indeed discovered in the stomach or intestines of persons dead of this disorder. It is objected to this, and naturally enough, that worms infest the human body without causing tetanus; but the same thing may be said of the operation of cold and of external injuries. Any of these may probably excite the disorder, when the body is preternaturally susceptible of it. The real mystery lies in the predisposition.

In *traumatic* tetanus, the minute nervous twigs have been discovered diseased at the seat of the wound. Mr. Erichsen (on "Tetanus," *Lancet*, vol. i, 1859, p. 355) says: "There is in traumatic tetanus always a certain condition of the nervous system to be met with, if carefully looked for, namely, an unhealthy state of the nervous branch or twig, running from the wound. This twig will be found implicated in some way, congested, inflamed, infiltrated; its neurilemma thickened, softened, and discoloured, often for a considerable distance from the wound. I have never failed to find this when it has been carefully looked for. In one instance (which is quite common) a cutaneous branch was found lying bare, and inflamed in the bottom of the issue wound."

The mischief commences in a minute nervous twig, and by reflex action those powerful changes are effected which

characterise the disease. Though the disease is called lockjaw or trismus, this symptom is not always the first striking symptom, though it is an early one. It is often manifested by twitching of the muscles of the trunk or extremities before lockjaw is developed. It then becomes a prominent symptom. The explanation of the early appearance of this local symptom is thus given by Mr. Hilton: "Experiment indicates that the grey matter of the interior of the spinal marrow is probably the local seat of tetanus. The fifth nerve or nerve of mastication—the one involved, and which must be the direct cause of trismus—has a larger connection or continuity with the grey matter of the spinal marrow than any other nerve in the human subject, and in this fact, perhaps, lies the explanation of the early symptoms of lockjaw, and no doubt the firm closure of the lower upon the upper jaw depends on the relative greater strength of the muscles closing the mouth as compared with those depressing the jaw. It is curious to observe the gradual ascent of the cause of tetanus—to see how the disease encroaches upon the higher or anterior nerves of the base of the brain, ultimately reaching the third cerebral nerve. Then the muscles which are supplied by this nerve become tetanic and cause retraction of the eyeballs, deep into the bony orbits, so far that in some cases, especially animals, we almost lose sight of the eye as the tetanus goes on."

When the disease has once established itself, the removal of the original cause of irritation (as by the amputation of the injured limb) is seldom of any avail, since the slightest impressions upon almost any part of the body are sufficient to excite the tetanic spasm, and, in this respect, it resembles epilepsy, which consists in convulsive actions with temporary suspension of the functions of the encephalon, and may result from the irritation of local causes, like the convulsions of teething; and may, like them, cease when the sources of irritation are removed. But when it becomes confirmed it seems to involve a disorder of the nervous centres which no local treatment can influence.

I now proceed to report a case of tetanus successfully treated which occurred to me recently.

E. B—, æt. 17, of a highly nervous temperament, whose brother has suffered from mania and epilepsy, cut his thumb on February 27th last, with an ordinary table-knife, on the inner side of the first phalanx. There was a good deal of hæmorrhage at the time, and the wound was dressed at home.

On March 7th, eight days after the accident, I saw him for the first time, and found his hand and forearm much swollen and extremely sensitive, of a livid colour, and the temperature of the hand was considerably lowered; he could not perceive that the temperature had fallen, although it was distinctly perceptible to others. I prescribed *Acon.* 3x and *Bell.* 3x, gtt. j, 3tis horis alterne. I saw him again on March 9th, the inflammation was extending up the arm to the shoulder, the fingers and hand much swollen and very painful. I ordered the same medicine and a lotion of *Hamamelis virginica.*

March 10th, *morning*, much worse in every way, ordered *Bell.* 3x and *Rhus* 3x, and at night I ordered linseed meal poultice from the hand to the shoulder. On this night the tetanic spasm in the throat commenced, and he had an attack much resembling hysteria.

On the next day, March 11th, twelve days after the accident, at 6.45 p.m., decided tetanus set in, the fit lasting about fifteen minutes, and recurring at 6.30 a.m. and 6.30 p.m. on the 12th, 13th, 14th, 15th, and 16th. During this time I gave *Strychnia* 3x, 3 and 6, *Ignatia* 1x and ϕ, *Bell.* 3x and 3, *Lachesis* 6, and *Hyoscyamus* 1 and 3, and on March 12th I applied an ice-bag to the spine, which caused great pain there, with cramp of the muscles of the back; but all treatment seemed to have no effect whatever. The spasm in his throat came on about 2 p.m. and 2 a.m., and continued till the fit came on, increasing in frequency and severity till that time, and occurring in his sleep without waking him; there was distinct opisthotonos in most of the fits, and the muscles of the face were horribly contorted. The fits were very violent, every joint

of his hands and feet seemed to crack; he was perfectly sensible during the attacks, which always left him in a very exhausted condition.

On Monday, March 16th, I ordered *Emp. Bell.* to the spine, and from that time the tetanus ceased, but he had occasional attacks of spasms in the throat. For the next four days he improved very perceptibly, but on March 20th he was carried from his bedroom to the drawing-room, and in the evening he was greatly exhausted, and the next evening he had an epileptic fit, which recurred every evening at the same hour. I used the ordinary remedies without success.

On April 8th I ordered *Gelseminum* ϕ and the fits gradually became less violent, but he would have a severe fit when at all excited or contradicted.

His mental faculties were decidedly affected; he had several delusions, one that he had swallowed his boots, and another that attempts were being made to poison him. His mother was the only member of his family whom he recognised; he had lucid intervals, but occasionally his conversation was very incoherent; he would call everything by its wrong name. His vision was peculiarly affected, his sight was inverted, every object appeared to him to be upside down; he read also in this manner, and this condition of things existed until April 26th, when, on putting on a pair of neutral tint spectacles, he declared he could read and see everything in a normal manner.

I found that the spasm in the throat was invariably ameliorated by smoking a cigarette or a pipe of mild tobacco; it was perceptible in a marked degree that the nervous system was soothed by its influence.

From the commencement of the epileptic attacks there was a gradual loss of power in the lower extremities which yielded to the application of the galvanic battery to the spine, aided by rubbing the spinal muscles and lower limbs by a medical rubber. The mental condition while the epilepsy was passing off might be designated hyperæsthesia or a morbidly excitable condition of mind, approaching hysteria in many points. His memory was remarkably acute; he could rehearse the whole of the Church of

England Service by heart, and afterwards preach a sermon of three quarters of an hour's duration in a most able manner.

The peculiarity in the vision just mentioned may perhaps be accounted for by supposing that the crystalline lens and vitreous humour had lost their power of refraction, and that this function of vision was temporarily suspended, and, as it is said that in infancy we see every object upside down, we may conclude that the condition of his brain at this time resembled the condition of his brain in infancy; but whatever view we may take of it, it is undoubtedly very curious and interesting.

On December 1st I was again called to see this patient, and found him suffering from cramps in his hands and feet, pains in his spine and head, accompanied by the peculiar affection of the vision before mentioned, spasm of the throat, and giddiness. I immediately ordered *Strychnia* 3 gtt. v ter die, and a *Belladonna plaster* the whole length of the spine as before. The application of the plaster was unavoidably delayed for a few days, but after its application the improvement was most marked. I am therefore inclined to give the credit of curing rather to the *Empl. Bell.* than to the *Strychnia.*

My patient gradually improved until he regained his normal state of health and vision, which happy state of things occurred in about a fortnight after the application of the *Empl. Bell.*

Discussion on Dr. Croucher's paper.

Dr. Cooper.—There are many points of interest in the case Dr. Croucher has brought forward, but should prefer to have had less mention made of the pathology of tetanus generally and more comment made upon the case itself. The case is in many ways interesting, the family history shows a marked tendency to nervous derangement, and this doubtless predisposed the patient to contract tetanic convulsions, for we do not often find simple incised wounds of the thumb to be followed by tetanus; it is lacerated wounds that excite to it. The case is also very interesting as showing the marked change that took place after *Bella-*

donna was rubbed down the spine; the convulsion then changes from a tetanoid to an epileptoid form.

Dr. Wyld considered the case just narrated as one of an hysterical nature with tetanic spasms. True tetanus might nearly be described as acute persistent incurable spasm, terminating in death. Had Dr. Wyld such a case he would go beyond the best homœopathic treatment by the effect of chloroform, or if the patient could be put into the mesmeric sleep he would hope more from this than any other treatment. Some years ago a friend of Dr. Wyld's kept a confirmed epileptic young woman in the mesmeric sleep continuously for a week, thus effecting a complete and permanent cure.

Dr. Leadam said he had no experience of tetanus, but he was surprised that, after deriving so much good from *Belladonna* and *Gelseminum*, Dr. Croucher had not pushed these remedies or gone upon a more chronic experiment and tried the effect of *Causticum*, which he thought might have been of use.

Dr. Dudgeon had never seen a case of tetanus, but it had struck him while the author was reading, that his case bore a considerable resemblance to some cases of spinal and cerebro-spinal irritation he had himself seen with tetanoid symptoms, but which were undoubtedly not true tetanus. He remembered being called in to see a servant girl who presented the appearance of a case of complete opisthotonos. Her body was stiffly arched and she rested in bed on the head and heels; the jaws were firmly clenched and the muscles perfectly rigid. He inquired if there was a wound, but finding that there was none, he treated the case as one of hysteria, and a few handfuls of cold water dashed in her face soon restored her. With regard to mesmerism recommended by Dr. Wyld he had seen a case of spinal irritation with convulsive attacks treated for a long period with mesmerism first commenced by the celebrated Baron Dupotet and continued by an ardent disciple of his. The mesmerism had certainly an effect; it produced pain and often convulsions, and afterwards seemed to have a soothing effect, but did not on the whole seem to have any particularly beneficial effect. A trip to Scotland undertaken by my advice, though dreaded much by the parents, on account of the extreme sensitiveness of the spine, had a marvellously beneficial effect, and the young lady on her return to town was able to walk about, which she could not do for more than a year previously, having always been confined to the dorsal recumbent posture, with cushions to keep off pressure from the spine.

Dr. Hewan felt that however interesting the pathology of tetanus, here as *therapeutists* we had more particularly to do with the cure. It this respect he was disappointed somewhat with the paper that something more definite was not arrived at. Notwithstanding that so many medicines were carefully and consecutively given, he had failed to find out which one, if any, was specially of use.

ON SOME UTERINE DISEASES.

By G. M. Carfrae, M.D.

(Read before the British Homœopathic Society.)

Mr. President and Gentlemen,—

I propose this evening to direct your attention to the pathology and treatment of some uterine diseases. Those I have selected are,—metritis and its sequelæ, subinvolution, ramollissement and gangrene, and abscess. I have made this selection because of the great facilities we possess of examining the changes which take placè in health and disease in the uterus; consequently, of watching also the effects of remedies. By the sense of *touch* we can ascertain its size, density, position, tolerance of pressure, &c. The *sound* is an important auxiliary to this sense. By means of the *speculum* we can *see* whether the os and cervix are in a normal state or otherwise; and if it be desirable to carry the examination further we can open up to view the entire inner surface of the organ by the use of *sponge tents*. So that altogether we can acquire a greater amount of precision in the diagnosis, prognosis, and treatment of uterine diseases than in that of any other internal organ.

Before proceeding further I must offer a word of apology to you for describing, as I am about to do, that with which you are all perfectly familiar already, viz., the etiology, semeiology, and pathology of metritis and its sequelæ. My excuse is that by recalling these to your mind you will more readily comprehend what I have to say about treatment.

Metritis is a very rare disease before puberty, or after the climacteric period; but it not unfrequently happens, from cold for example, after delivery, or during the catamenial flow. Injuries inflicted, accidentally or otherwise will, as in other parts of the body, cause inflammation of the uterus.

I need not remind you that this organ is composed of

three layers—an outer or peritoneal, an inner or mucous, and a middle or parenchymatous; and that either of these may become the seat of the inflammatory process, constituting the conditions known as peri-metritis, endo-metritis, and parenchymatous metritis. Then again the whole organ may be affected or only a portion thereof. The *cervix* may be inflamed, causing that very common disease *cervicitis*, or the *fundus* alone may be involved, producing what Dr. Routh calls *fundal endo-metritis*. And here I must digress for a moment to observe with reference to this disease, that it is one which gives rise to great suffering and is often difficult of detection or is apt to be overlooked altogether. "We can," says Marion Sims,* "diagnose this with great accuracy. Place the patient in the left lateral semi-prone position, introduce the lever speculum, hook a tenaculum slightly in the anterior lip of the os tineæ; draw this gently forwards pulling the os open so as to be able to look right into it; then pass the *sound*, previously warmed, gently along the cervix, using no force whatever, but almost letting it go by its own gravity, as it were, to the fundus. This is attended with no pain whatever till the sensitive point is reached, when it produces the most intense agony—a pain that does not cease sometimes for hours after the experiment." He recommends the local application of *Glycerine* or *Iodine* after dilating the uterus with sponge tents for cure.

To resume. Of the various kinds of inflammation to which the uterus is subject I cannot now speak. The limited time at my disposal compels me to confine myself to one, the *parenchymatous*. The disease is generally ushered in by synochal fever; there are rigors followed by increase of temperature, quick pulse, thirst, anorexia, parched, furred tongue, restlessness, headache, and it may be delirium. These symptoms are accompanied or speedily followed by tenderness and intolerance of pressure in the hypogastrium and a feeling of weight and bearing down in the pelvis; very often there is pain in the back and loins which may extend to the thighs. The neighbouring organs sympa-

* *Clinical Notes on Uterine Surgery*, p. 412.

thise in the derangement: dysuria and pain and difficulty during defæcation, and generally constipation, are present. Frequently the mammæ become swollen and are the seat of shooting darting pains. Nausea and vomiting and tendency to faint or actual fainting, especially on attempting to sit up in bed, are also common symptoms.

On examining *per vaginam* the cervix is found to be exceedingly sensitive to the touch, and preternaturally red and injected.

If the attack has come on after delivery, the lochia and, if during menstruation, the catamenia cease.

Diagnosis in this disease is not difficult. The pyrexia indicates inflammatory action. The pain might from its seat originate in any of the pelvic viscera, but a vaginal examination soon clears up all doubt.

The disease may terminate in one of *four* ways: 1. In resolution; 2. In a chronic, hypertrophic condition described by Sir J. Simpson under the name of subinvolution; 3. Ramollissement and sphacelus; 4. Abscess.

One of the symptoms of inflammation of the uterus is, as in most other organs, *swelling*. It sometimes happens that after all other acute symptoms have subsided this remains, giving rise to hypertrophy, what Sir J. Simpson has called subinvolution. Or, again, after delivery the uterus, which, as you know, undergoes rapid diminution in size, suddenly ceases so to do. Six weeks is about the time taken by the uterus to regain its normal size after delivery. But sometimes long after that period it is found to be double its normal dimensions, and so it remains unless the patient is put under treatment. Lastly, it is not uncommon to find subinvolution as the result of constant miscarriage. The *symptoms* which this condition gives rise to are somewhat similar to those of metritis, but in a mitigated form. The fever is absent, and the pain is generally less severe or is replaced by a feeling of weight and bearing down and backache. There is still the difficulty in passing fæces as well as dysuria; these depending to some extent on the amount of ante- or retro-version which are present, and which, I may here remark, are common

results of the disease. The catamenia are generally profuse and attended with pain, and in the intervals between the "periods" there is leucorrhœa. The general health, of course, becomes impaired, and hysteria and anorexia are common sequels to the complaint.

The symptoms which I have just described are, however, common to the great majority of uterine derangements, and the only way of arriving at an accurate *diagnosis* of the disease is to make a careful physical examination. The best position for so doing is to put the patient on her back. Both hands must be used in the examination. One must be placed over the abdomen and the finger of the other introduced into the vagina. By making steady pressure on the hypogastric region with the one hand, and keeping the finger of the other on the cervix, we can form a tolerably accurate idea of the exact size of the uterus; and in subinvolution it will generally be found to be about twice its normal size. If any doubt exists as to the nature of the swelling it can be cleared up by the use of the *sound.* The only disease likely to be mistaken for subinvolution is fibroid tumour. In the latter, however, especially if it exists external to the uterine walls, there is irregularity of the surface, whereas in subinvolution there is uniform enlargement of the whole organ. If a fibroid exists in the uterine walls, or projects into the interior of the uterus, the *sound* meets with more or less obstruction in its passage; whereas in simple enlargement it passes, and may be freely moved about in the uterine cavity. Ante- or retro-version are, as above mentioned, common complications of subinvolution. If either of these conditions exists it may cause some difficulty in introducing the sound; but by ascertaining the direction in which the version has taken place and introducing the *sound* accordingly this diagnostic difficulty can be overcome.

Sir J. Simpson compares the action of the uterus during the expulsion of the fœtus to cramp in other muscles: the natural function of the muscular fibres—contraction—is then exerted to an excessive or abnormal degree. The result of this excessive action is preternatural exhaustion and

subsequent degeneration of the tissues; and we find, in point of fact, that this does actually occur. Professor Retzius has demonstrated that the rapid diminution which the uterus undergoes after delivery is due to a genuine fatty degeneration. The process commences in the inner and gradually extends to the outer layers. The muscular fibres are first converted into fat-cells and are then absorbed. Nature here employs a pathological process, so to speak, to bring about a physiological result. And it is the sudden arrest of this pathological process which gives rise to the condition now under consideration—subinvolution. It is important to recollect this fact because I shall have to recur to it when I speak of the treatment of the disease.

Ramollissement, or softening of the uterine walls, is, in most of the systematic works on diseases of women, usually described as one of the terminations of metritis. But it seems to me very doubtful whether it is not really only an early stage of gangrene. When metritis threatens to terminate in this way typhoid symptoms manifest themselves. The pulse becomes very rapid and thready, the temperature falls, there are shiverings *subsultus tendinum*, muttering delirium. The tongue becomes parched, glazed, and brown, and all pain ceases. These symptoms almost invariably end in death.

Abscess, although a very rare termination of metritis, does sometimes happen, as is shown by the writings of Mauriceau, Van Swieten, La Motte, &c.

As a matter of course, in the *treatment* of *metritis*, rest in the horizontal position (the head alone being raised) must be insisted on; and great comfort, and relief to the pain, is often experienced by warm fomentations over the abdomen. There is generally little or no appetite for food, and what is given ought to be of a bland and unstimulating kind. *Aconite* in this, as in other diseases attended with synochal fever, is very useful; but only if the patient is seen in the beginning of the attack, when there are fever with general abdominal tenderness. It frequently happens that the use of these means alone will cut short the attack. If, however, they fail to do so, and the fever becomes more

decidedly localised, and is accompanied by a feeling of bearing down as if all the pelvic viscera would issue through the genital organs; and if there is in addition pain in the back, then *Belladonna* will be found more useful than *Aconite.* Additional symptoms for the use of *Belladonna* are headache, with the fever, flushing of the face, and delirium.

Secale ought to be used when the disease comes on after tedious labour, and is attended with hæmorrhage; when there is great prostration and coldness of the extremities, low hurried pulse, retching and vomiting; and when the blood which is discharged from the uterus is fluid, mingled with dark badly smelling coagula; in other words, when there is a tendency to gangrene.

Iodine is mentioned by Hempel* as a remedy for metritis, but the evidence in its favour is derived entirely from clinical records. He says, "In *Horn's Archives* we find several cases recorded where symptoms of congestion bordering on inflammation have shown themselves on the second or third day after confinement. The pain in the region of the uterus was intense, the abdomen very sensitive, with continual urging to urinate, heat and dryness of the vagina, suppression of the lochial discharge. *Iodine* removed the pain at once, restored the lochial discharge, and freed the patient from all danger."

Cantharis produces "acute fever, swelling of the neck of the uterus, attended with burning in the bladder, pain in the abdomen, constant vomiting." When similar symptoms develop themselves in a case of metritis, especially if there is much dysuria, we shall find *Cantharis* a valuable remedy.

In the treatment of *subinvolution* absolute rest is not so essential as in that of metritis; indeed, moderate exercise, when it does not increase the sufferings of the patient, is beneficial. A well-fitting abdominal belt often helps the patient to walk when otherwise she could not; in other ways it is a good adjunct to the treatment.

The medicine on which I would place most reliance in

* *Comprehensive System of Materia Medica and Therapeutics.* 1st edition, p. 548.

this complaint *subinvolution* is *Secale*. But in order to do good it must, in my opinion, be given in comparatively large doses, two or three drops of the pure tincture, or of the *Liquor Secalis Cornuti* of the *British Pharmacopœia*, every four hours. We have seen that the rapid diminution of the uterus after delivery is due to fatty degeneration of its tissue, and that the sudden arrest of this causes subinvolution. To *cure* this condition we must re-establish the degenerative process, and this can only be done by giving the medicine in quantities sufficient to produce its physiological effects.

Iodine is also extremely useful in the treatment of this disease, and, so far as my limited experience goes, finds a more appropriate sphere of action here than in acute inflammation of the womb. Its action, however, is much more speedy, decided, and certain if, in addition to its internal administration, it is applied locally to the cervix. For this purpose the pure tincture is generally used. I would suggest, however, a somewhat milder preparation, viz. one part of the tincture to two or three of water.

Cold affusions applied to the cervix by means of such an apparatus as that recommended by Dr. Graily Hewitt are also of great service in some cases of subinvolution. Injections by means of the ordinary female syringe are of no use; what is wanted is a continuous stream of cold water to the cervix. This is done by having a reservoir sufficiently large to hold half a gallon or a gallon of water, and a long india-rubber tube attached by one end to the reservoir and by the other to the nozzle of a female syringe; and care must be taken that this is long enough to reach the cervix. The reservoir must be placed higher than the patient, and the tube must be fitted with a stopcock so as to regulate the force of the stream.

Faradisation may be mentioned among the local applications for this complaint; it is one which has been much commended and used in this country by Dr. Althaus, and in France by Drs. Duchenne and Fripier. Generally it is best to apply the positive pole of the battery to the cervix, and the other to the hypogastrium if there is anteversion, or

by the rectum if there is retroversion. If neither antenor retroversion exists, Fripier advises that the negative pole should be applied both to the rectum and hypogastrium by bifurcating the one rheophore, while the positive is applied to the cervix as before.

The use of sponge tents is another important auxiliary measure in the treatment of this disease. In many obstinate chronic cases, which have resisted other means of cure, diminution of size, and absorption which had come to a standstill, are recommenced, and the uterus regains its normal size by their use. After dilatation I think it is always advisable to give *Secale*, as that medicine continues the action which the sponge tents have begun.

Lastly, great help is often derived from the use of mineral waters. The short time at my disposal compels me to limit myself to a very brief *resumé* of the different waters that are useful in these cases. Those who feel disposed to go into the subject more thoroughly will do well to consult Dr. Althaus' *Spas of Europe*.

When the disease is complicated with dyspepsia and sluggish circulation and action of the abdominal viscera, Vichy, Carlsbad or Marienbad, Pullna, Seidlitz, Purton, are to be thought of. Wildbad, Schlanengenbad, Gastein, Clifton, and Buxton, are more useful where hysterical symptoms predominate. Where there is much debility chalybeate springs, such as Schwalbach, Pyrmont, Spa, Duburg, are most useful. In obstinate chronic cases Kreutznach, Hull, Durkheim, Krankenheit; and, lastly, in neuralgia and rheumatic complications, Wiesbaden, Baden-Baden, Ems, and Bath, are most likely to be beneficial.

When ramollissement and gangrene threaten, as a termination of metritis, our sheet-anchor, I believe, must again be *Secale;* but here I would be disposed to give it in smaller doses than when given for chronic enlargement.

Hempel recommends another medicine for this condition, *Arsenicum*. Although the general typhoid symptoms correspond to those of the medicine it has no specific action on the organ which is mainly implicated. Neverthe-

less, with such good authority for its use I would give it a place among the remedies for these grave maladies.

When metritis threatens to terminate in abscess the most reliable medicine is *Hepar sulphuris,* on account of its well-known action on the suppurative process.

Such, then, is the treatment I think most appropriate for the diseases I have attempted briefly to describe; and it must be evident to you that it differs widely from that laid down in our text-books for the same affections. In Dr. Gutteridge's and Dr. Guernsey's treatises on women's diseases there are about forty medicines recommended for metritis alone; and in going over the pathogeneses of these carefully I can only find the five I have mentioned which have any specific relation to the disease; and no mention whatever is made of the important auxiliary measures other than the purely medical, which I think of great importance; indeed, often essential to effect a perfect cure. These two objections apply equally to the treatment of other diseases. For almost all a long string of medicines are recommended, very few of which produce symptoms at all analogous to the disease for which they are suggested; and, as a rule, auxiliaries are altogether ignored. Dr. Guernsey defends his plan of treatment by insisting that the medicines for any given disease are mentioned because each has some "strong characteristic symptom which will often be found the governing symptom, and on referring to the *Symptomen-Codex* all the others will surely be there if this one is." "There must," he continues, "be a head to everything; so in symptomatology; and if the most interior or peculiar or keynote is discernible, it will be found under that remedy that gives existence to this peculiar one if that remedy is well proven."* Now, in attempting to apply this principle to the treatment recommended for metritis we find that it utterly breaks down; at least, so far as I can comprehend it. Granting that different cases of metritis give rise to an infinite variety of symptoms; in all there

* *The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and Young Children.* By Henry R. Guernsey, M.D.

are, it must be conceded, some well-marked symptoms referable to the organ principally implicated. There are pain and feeling of bearing down in the pelvic region, derangement of the uterine functions, more or less dysuria, pain during defæcation, and fever, of the synochal type. Now, to be of use curatively the medicines recommended for this disease must have the special characteristic keynote symptom, *plus* those symptoms I have mentioned; but in many of the medicines—I may say the great majority—I can discover nothing at all analogous to the prominent symptoms of metritis. *Coffea*, for example, is recommended "in cases where the inflammation is induced by excessive joy; she is in a state of ecstasy, and is very sensitive to contact."* These we will suppose are the characteristic or keynote symptoms. But there is not a single uterine symptom mentioned in *Jahr* which can by the wildest stretch of imagination be supposed to resemble metritis; in fact, there are no uterine symptoms at all, those mentioned under the head of "Genital Organs" being such as are common to male and female provers, but might fairly be referred to the former. Again, *Kreasote* is recommended by Dr. Guernsey when "there are stitches in the vagina proceeding from the abdomen, causing her to start at every pain; putrid acrid corrosive leucorrhœa; a low form of fever; putrid fever." The symptoms mentioned by Jahr as appertaining to *genital organs* are these—"the menses appear too early or late; painful menstruation; suppression of the menses; pain in the loins, back, and anterior part of the thighs during menstruation; yellowish leucorrhœa in the morning eight days after the appearance of the menses." Here, again, we quite fail to see the relationship between the symptoms produced by the medicine and those produced by the disease in question. I might go on enumerating such examples of the total want of similarity between the symptoms produced by the disease and those found in the proving, but desist because it would only occupy time, and each of you can satisfy himself of the truth of what I say by comparing the remedies recommended for any given

* Op. cit.

disease and the proving of those remedies. Hitherto pneumonia has been the disease selected as the battle-field on which the champions for the different methods of treatment have agreed to do battle. For the reasons already given I think the diseases I have described are better fitted for obtaining accurate data as to the actions of remedies; and if the remarks I have made should lead to a more thorough investigation of this important subject, and should result in simplifying and precisioning (if there is such a word) the treatment of disease I shall think that my task this evening has not been labour in vain.

Discussion on Dr. G. M. Carfrae's paper.

Dr. Edward Blake considered *post-partum* subinvolution to be the analogue of the dilated fatty heart; it would be a highly interesting problem to work out the connection between these two pathological conditions. Is there any community in the remedies employed by the homœopathic school in the two disorders? *Calcarea* and *Ferrum* would immediately rise before the minds of those present. A trial of *Baryta carbonica* and of *Phosphorus* might be suggested upon analogical grounds. Dr. Blake considered persistent watery leucorrhœa to be a valuable indication of defective involution; he was accustomed in the recent condition to employ *Caulophyllum*, in the more chronic form *Calc. carb.*, or *Calc. iodid.*, combined with the use of chalybeates and systematic friction over the fundus, to stimulate molecular activity. He thought the elastic abdominal belt to be of the greatest value, and he would be very unwilling to dispense with the good aid of medicated compresses. There were two distinct kinds of subinvolution or rather degeneration of the uterus—one, the *fatty* form, was the post-partum variety, the other succeeded metritis and was a fibroid degeneration. Arsenic certainly possessed a specific relation to the internal uterine lining membrane, but it was probably secondary and by extension from the external genitalia. In vol. xxiii of the *British Journal of Homœopathy* the scholarly Imbert-Gourbeyre cites a mass of evidence to show the elective affinity of *Arsenic* for the pudendum.

Dr. R. Hughes said he was glad that Dr. Carfrae had chosen the subject of uterine disease for his paper, as it was a class of disorders in which homœopathy had yet many laurels to gain, and much injurious practice to displace. He thought that *Sabina* should have been added to the remedies for metritis; in the common subacute form of this malady it had always

served him well, and it was a true *simile* to it. For subinvolution he preferred minute doses of *Calcarea* to the larger ones of *Secale* recommended by Dr. Carfrae. Nor could he agree with him as to *Arsenicum* having no homœopathic relation to inflamed states of the uterus; Christison writes, "in a case of arsenical poisoning related in Pyl's collection, the inside of the uterus and Fallopian tubes were inflamed." The absence of uterine symptoms in the pathogenesis of *Coffea* is not surprising, as all the provers were men.

Dr. Roth called the attention of the meeting to the valuable properties of *Platina* as an uterine remedy; he mentioned also the mineral waters of Kissingen, and that the various applications of local steam baths are very well arranged in that watering place; he gave the history of an uterine dislocation, in which Dr. Leadam found anteversion of the uterus; circumstances induced him to send this patient to Dr. Tripier, at Paris, that he may apply his special mode of electricity. When Dr. Tripier examined the case he found a retroversion and believed that Dr. Leadam made a mistake; but when he examined the patient a secónd time about a week later there was again anteversion, in fact it was one of the rare cases of movable uterus; this case was successfully treated by Dr. Tripier within ten weeks, three of which have been spent at the seaside, during which no electricity was applied. Dr. Roth spoke of cases of eight to ten years' standing, where the patients had been cured by Dr. Tripier within the course of several months. Dr. Tripier applies electricity to the relaxed part of the uterus, which is usually the convex side; he calls this a kind of electric gymnastics. As Dr. Blake spoke of friction as very useful in uterine complaints, Dr. Roth was sorry that he was like those who recommend "to take exercise," not specifying how, where, when, how long, how often repeated, in what direction these frictions are to be made, whether with the whole hand or with a part, or with a finger, and whether only superficially or on the deep-seated organ, &c. He pointed out the desirability of entering fully into all such details when passive or active exercise is to be medically used with some advantage. Finally Dr. Roth remarked, that many so-called spinal cases, or cases with spinal irritation, are addressed to him in which the cause of the spinal neuralgia, spinal soreness and irritation is some *uterine* complaint; in the majority of these cases the removal of the primary uterine displacement or complaint cures the secondary spinal symptoms.

Dr. Leadam said that he was sure the Society would feel obliged by Dr. Carfrae's paper, as bringing before it the management of a series of diseases of a most important character by homœopathic remedies. But he thought the necessity of compressing had rather interfered with the composition of his paper, and had led to the mixing up the acute and chronic forms of the

disease, and the early and late symptoms, so as to confuse the treatment, and make it less applicable to the several parts. Metritis is no doubt rare before puberty, but not so much so in the nascent period as has been supposed, especially in the chronic form, which is induced by mental emotion, dysmenorrhœa, accident, or cold. It is, however, in pregnancy or the post-partal period that it is most active and dangerous. Acute metritis is said to be characterised by certain definite symptoms which ultimately pass on to destruction of tissue. In describing the use of sponge tents their introduction is less easy than described by the author of the paper. Metritis in the acute stage is best met with *Aconite*, *Belladonna*, first, then *Arsenic*, *Secale*, *Phosphorus*, *Iodium*. *Sabina* is a good remedy, but it requires the condition of hæmorrhage. Then softening of the walls of the uterus is an extreme condition, in which *Iodine* and *Arsenicum* are beneficial. Subinvolution is a termination of the parturient state, and is known by the continuance of enlargement of the abdomen, a pale countenance, a strumous diathesis and want of mobility. *Sulphur* and *Calcarea* are of great value. Dr. Leadam could not agree with the use of cold applications thrown into the uterus; they are always bad and induce an injurious reaction which leads to inflammation or to depression and congestion. *Coffea* is useful, although we do not see the exact keynote; *Kreasote* likewise in torpid hæmorrhages. Dr. Roth's case was very satisfactory, and faradization is an excellent remedy in malpositions of the uterus. *Platina* is a good medicine where constipation exists at the same time; *Phosphorus* also in extreme metritis, as well as *Secale* and *Calcarea* in the chronic form. In the after treatment of the different forms of metritis by the use of foreign waters Kissingen will be found among the first to benefit. Then Marienbad to bilious subjects; then, where the gall-bladder is the seat of disease, and there remains a yellowish hue on the skin, Carlsbad; and when symptoms of nervous exhaustion alone remain, Gastein.

Dr. Drury gave the author credit for not heaping together a mass of remedies from which it would be difficult to select the right one. At the same time, as the list was intended to give those of practical value, and to elicit from others what medicines they had found of use, it at once became evident that more valuable ones were omitted, and that others that might indirectly become very valuable could hardly be included without particularising the circumstances under which they were given. Thus such a medicine as *Kreasote* might be selected with advantage where there was long-continued bloody discharge, while another might be selected from the peculiar character of the pain, though it might be a medicine we could look in vain for in a systematic treatise, there were experiences gained from clinical observation and study of repertory symptoms. The class of medicines that were noted for their action on the womb—*Bella-*

donna, Sepia, Pulsatilla, Podophyllum, Platina, Calcarea, &c. &c.—would naturally be the ones first to attract our attention, and in many cases might be sufficient alone, but at times an outside medicine, so to speak, would hit where the others had been tried in vain. It was not, however, so much for the purpose of discussing the very useful paper that had been read that he had risen, as to express his very strong disapproval of the practice so much in fashion at the present day. He was sometimes utterly at a loss to know what medical men could be doing. They spoke of gouging out the uterus, and dealing with it almost as if it were an inert substance. What with the cauterisations, dilatations, twistings, and twirlings that it appeared necessary to do again and again, it seemed to be no wonder that they were a long time in hand, and when such cases got well under simple homœopathic treatment the wonder was what was the object of the previous treatment. As regarded misplacements of the uterus he believed many of them were imaginary, and when they did exist, he believed that by treating the congestion and other morbid conditions by rest and suitable remedies many of these cases would do infinitely better than by the treatment he was condemning. As regarded prolapse, he had a very strong objection to the use of pessaries; he did not mean to say they were always objectionable, for no doubt in some cases they gave unquestionable relief, but they were objectionable in every case where they could be dispensed with. His own practice was to let the patient rest and subdue the local congestion by proper remedies, that, after pressing up outwardly the abdominal viscera, they should be kept in that position by means of a properly applied bandage, the lower fastening across the upper portion of thighs as tight as possible; the upper ones more loosely fastened, especially the top one, which should be fastened loosely and merely for the purpose of keeping all in the proper place. The pins if they are used should go up and down, not across, so as to prevent them slipping, a gusset for the thigh being an improvement. Those patients that had used a bandage of this kind or an elastic one rarely failed to acknowledge the benefit of it.

REVIEWS.

Diary of the late John Epps, M.D. Edin. Edited by Mrs. Epps. Kent & Co.

This life of John Epps, most lovingly edited by his widow,* will be read by all kindly-disposed homœopathists with both pleasure and amusement.

It is the life of a man who raised himself to eminence by considerable natural ability, indomitable perseverance, and kind-hearted and persuasive ways.

He was born in Kent in the year 1805, and seems to have been always a good boy, though he lays no claim to having been one of those wonderful children so frequently met with by mothers. He received a sound education in English, Latin, and Greek, and at the age of fifteen was apprenticed to an apothecary in the city.

In this position he was much scandalised by the one-sidedness of his master's prescriptions, which seem to have been almost entirely confined to purging pills and draughts.

At the age of eighteen he went to Edinburgh to study medicine. He made his entry into Scotland by way of the Firth of Forth, and on first beholding the beautiful panorama which surrounded him he was filled with wonder and emotion at finding himself in the romantic land of Scott and Burns, while Edinburgh itself by night and by day filled him ever with delight.

In Edinburgh he made some interesting friends, including George and Andrew Combe, he having become an ardent phrenologist.

Before admission to the phrenological society he was obliged to have his cranium examined by a committee of

* We have discovered only one error in this volume. At page 157 James Simpson, the phrenologist, is mistaken for Dr. Simpson, the chloroformist.

members. This committee reported very favorably of his head, but warned him that his reflective organs were developed in excess of his perceptive organs, and that he would do well to study *minutely* the physical sciences. This judgment he at once submitted to, and set himself to study the most minute of sciences—botany, and with such success that in botany he took the College gold medal.

His father having become reduced in circumstances, John Epps determined that he would not be a burden to the old gentleman, and therefore with a self-denial and simplicity common in the north, but rare among Englishmen as compared with Scotchmen, he resolved to live on ten shillings a week and earn it.

Accordingly he hired a sitting-room with a bed-closet for six shillings a week, while his food cost only four shillings a week. His diet was coffee without milk or sugar, and a bit of dry bread for breakfast, and for dinner the third part of a haddock. The first day's dinner was hot haddock, the second day cold haddock, and the third day haddock warmed up with onions. He took tea in the evening without sugar or milk, while the *pièce de résistance*, the grand national dish of the natives, was reserved for supper, namely, oatmeal porridge and milk. In order to meet the expense of this luxurious mode of living he gave lessons in Latin, Greek, and botany.

Whether this diet was sufficient he does not say, but he seems to have been at this time somewhat weakly in health, and, to the surprise of all true Caledonians, he found the climbing of Arthur's Seat so severe a trial that he fell while attempting to descend, and injured himself severely.

He took his degree when twenty-one years of age, and gained the prizes in Latin and Greek as well as in botany.

Returning to London, he established himself first in the Edgeware Road, removing shortly afterwards to South Audley Street, thence to Seymour Street, then to Berners Street, and finally to Great Russell Street, where he remained during his busy and arduous career.

John Epps from an early age declared himself an enemy to church establishments and a paid ministry. Accordingly, while in Edinburgh, he joined the Scotch Baptists, a very small sect, but one quite in harmony with his opinions. In this assembly there was no fixed minister, but those who were moved spoke. This arrangement was one entirely after John Epps's heart, and at the early age of nineteen he began to distinguish himself as a preacher.

On settling in London he essayed to join the same body, but after a time, finding there was a ruling spirit in that assembly who operated disadvantageously towards him by too much monopolising the gift of speech, he left the body, and we afterwards find him regularly and for many years preaching to mechanics at Dock Head Church.

Practice at first being very limited, John Epps became a lecturer at the Aldersgate School of Medicine, and afterwards at Westminster.

At first he tells us he had only one pupil, but he addressed him as if he were an important audience, and this pluck and endurance gradually gained him considerable classes.

Matrimony was all his life a favourite theme with him, and he appears to have proposed to a young lady before going to Edinburgh on the theory that an engagement would steady and stimulate him in his work. Again, in Edinburgh he proposed to a good woman twenty years older than himself, but she seems to have been wiser than John, and showed him the folly of the idea in the eyes of "his father, the church, and the world."

Ultimately he married wisely and happily in 1831.

In 1840, very much from the flattering light which the celebrated bust threw upon Hahnemann in the phrenological point of view, Dr. Epps embraced homœopathy. So good a head must, he thought, produce good ideas.

Thus was presented a new and profitable subject for oratory, and there is no doubt that Dr. Epps quickly lectured himself into a very large homœopathic practice, especially among the lower middle and lower classes of society. He seemed to aspire to become the Hahnemann

of Great Britain, and we suspect that the doctor's private opinion was that he alone in Great Britain worthily represented the great master; and certainly no disciple of that original thinker and indefatigable worker, either in Europe or America, did so much to popularise homœopathy.

His ability for lecturing and his love of public speaking seemed to grow with what it fed on, and we find him in London, Edinburgh, Manchester, and Dublin, for ever lecturing on homœopathy, phrenology, and other subjects.

Indeed, few have felt so much difficulty as Dr. Epps in restraining either the tongue or the pen; and not only did he edit *The Christian Physician, The Anthropological Journal,* and other periodicals, but an incessant series of letters seems to have been addressed by him to the *Times,* and other newspapers, on every possible opportunity; and although few of these letters seem to have been accepted, yet he wearied not, but the rather was for ever stimulated to further ambitious schemes for the public good, having on we do not know how many occasions singly or as one among others petitioned the British Parliament against all possible encroachment on the liberty of the subject.

From an early age his ambition as a littérateur took the highest flights. At the age of fifteen he attempted the most difficult of all compositions, and took as his theme the greatest subject, viz. "John the Baptist; a Tragedy."

Later in life he even contemplated what all the scholarship of Europe has scarcely achieved—a true translation from the Greek of the New Testament.

We remember on one occasion, when a student at University College, going from curiosity to hear him lecture. A batch of jovial medical students were present, who with ironical clamour cheered all his denunciations of old physic; but the doctor only hit out all the harder, and after a time these young spirits departed with much noise into a more congenial sphere. We considered it our duty to hear him out, but confess that our reasoning faculties remained unconvinced by his eloquence.

So fond was the doctor of lecturing that he confessed to his wife that he would willingly lecture to the devil

if he would only listen to him. Perhaps, like Burns, he felt—

> "But fare you weel, auld Nickie Ben;
> O wad ye tak a thought an' men',
> Ye aiblins might—I dinna ken—
> Still hae a stake;
> I'm wae to think upon yon den
> Even for your sake."

His sable majesty having declined the invitation of the intrepid doctor he shortly afterwards somewhat inconsistently delivered a series of orations at the Dock Head Church, to demonstrate that no such *person* existed. This bold assertion drew upon him a world of abuse, and some patients declined to be treated by one holding such heterodox views. These frequent public appearances, and the active part Dr. Epps took against church rates, war, despots, corn laws, and other old institutions, brought him into contact with many noted individuals, such as Hume, Lady Byron, George and Andrew Combe, Anti-corn-law Wilson, Mazzini, Duncombe, Stansfeld, Kossuth, and Robert Owen.

His incessant talking against established things was amusingly illustrated on his wedding day, a day of all days on which one might feel disposed to despise public politics. However, not so thought John Epps; but finding himself compelled to be married at church, he began a long argument with the clergyman against the tyranny of ecclesiastical establishments. He tells us very naïvely that the clergyman expressed much sympathy with him, but observed that such being the law he must comply with it.

A kindly love of the lower animals was a very interesting trait in Dr. Epps's character. When his old parrot died, he wept as if he had lost a friend; and when old Tom the cat departed this life he felt very unhappy, and could not look on the dead body, but had it decently interred below the pear tree in his back garden. He tells us that the older he grew the more deeply he felt for the suffering of the lower animals; and with grace and tenderness he describes how his old faithful dog took his last little stroll

about the common at Warlingham. He sat with his back leaning against a tree, looking wistfully around him, and was then carried back into the house to lie down and die.

We are told that Dr. Epps could very rarely see any fun in conundrums, and we suspect that the worthy doctor, although very fond of joking and punning in his own way, was not largely gifted with that wonderful union of wisdom and wit called humour—a quality which analyses with subtlety those incongruities of conduct and speech which often cause even our best friends to smile.

His discussion with the clergyman on the eve of his marriage is an illustration of this. We also remember, when a young man, belonging to a phrenological society. Among the busts illustrating the science, there were two of Dr. Epps, one representing him before, and the other after his marriage, in order to illustrate how the use of the domestic affections affected the base of the brain. No doubt the doctor regarded the illustration as a simple matter of science, but the other members of the society were inclined to regard the fact in a more comical aspect.

Again, he saw no good in bringing in the new year with a cheerful glass of hot, but thought it wiser to rise betimes and usher in the day with, we suppose, a cup of cocoa.

On one occasion a woman, a dispensary patient, got up and gave him a sound kiss: he severely rebuked her; and at breakfast discussed the incident with his wife, when they came to the conclusion that the woman was either insane or extremely grateful for medical benefits received.

The doctor narrates many very amusing anecdotes, introduces some very comical characters, and utters some wise and useful axioms; on the other hand, the following seem too commonplace to merit immortal relationship with their author. They might have passed at the tea-table, but their flavour seems to disappear in print. For instance, "Consistency is one of the characteristics of truth," is surely self-evident; and, "Those who wear white robes in church should beware of becoming whited

sepulchres," seems more for the platform than for sober reflection.

The idea is hazarded that Dr. Epps had so penetrating a knowledge of disease that he was never deceived; yet, no doubt, many of us remember that his deafness rendered his diagnosis in heart and lung disease far from reliable.

The later years of Dr. Epps's life were in part spent at Warlingham and Ashurst Wood, at which places he had successively a small country house. He revelled in the freedom and beauty of the country, digging in his garden, feeding the cocks and hens and pigs, playing with his dogs, and having admiring friends ever and again staying with him.

But even in the country, just as on his marriage day, the church is a difficulty with him; and accordingly we find that on a certain occasion when his coachman required a new great coat, the doctor requested the *dissenting* minister to name to him an honest tailor who disapproved of church rates.

Dr. Epps fell into feeble health a few years before his death. He suffered from heart disease, and as the days of his pilgrimage drew to a close he seemed more and more to enjoy the sweet beauties of the country, "the hum of bees, the songs of birds, the lisp of children and their earliest words."

The year 1869 was begun with much difficulty. He had great weakness and shortness of breath, but he saw a few patients up to the very last. He died on the 12th February.

To his medical creed he was faithful even unto death, placing himself with simple trust under the care of the most uncompromising of all rigid Hahnemannians.

On ascending to his bed-chamber for the last time, with his usual love of animals, he took a kindly farewell of Poll the parrot, and then laid him down to die.

With his last breath he expressed his humble yet confident faith in the power, wisdom, and goodness of the Great Father of all spirits.

Dr. Epps was of short stature, but sturdy frame. Before we became a homœopathist we used to admire the little man as we occasionally met him in Great Russell Street, with his broad-brimmed hat, his elastic step, and his beaming yet self-confident face.

He was and is regarded by a large class of working people as a prophet in medicine; and although in the estimation of the more fastidious he was too popular to be scientific, and, perhaps, too voluble to be profound, he must yet ever be remembered by those who knew him as one who ever desired to benefit his race, and as a simple, kind-hearted, true, and pious man.

De l'Action de l'Arsenic sur la Peau. Par le Dr. IMBERT-GOURBEYRE, Professeur de Matière Médicale à l'Ecole de Médecine de Clermont-Ferrand (Extrait de l'*Art Médical*) 1872, pp. 135.

De l'Action de l'Arsenic sur le Cœur. By the same author, 1874. Paris: J. B. Baillière et Fils. (pp. 74.)

WE anticipated much pleasure and profit from the perusal of the first of the above treatises upon a subject which the author may be said, by reason of the labours of twenty years, to have made his own, and we have not been disappointed. Not only are several new characteristics of the pathogenesis of *Arsenic* pointed out, and duly established by reference to actual experiment (*e. g.* the production of the variety of *urticaria* known as *tuberosa* or *tuberculata*, *Action de l'Arsenic sur la Peau*, p. 29), but striking and well-chosen cases have been selected in illustration of actions already more or less fully known, while, without in any degree diverging from the subject immediately before him, Dr. Imbert-Gourbeyre has furnished his readers with no inconsiderable amount of interesting collateral information of a kind not always very easily obtained. As an illustration of this we may adduce the history of the so-called "professional eruptions" (op. citat., 54—57), or such as occur among workers in various metallic prepara-

tions, a subject to which attention was first directed by Boerhaave. And with much acuteness Dr. Imbert-Gourbeyre points out the great probability that in the vast majority of poisoning cases *in general,* recorded by ancient and mediæval writers, we have to do with cases of arsenical poisoning, thus opening a vein of study which we fear has been too much overlooked. In support of this assertion the author (p. 13) quotes a passage from Aëtius giving the signs of death from poison (the very general term "*venenum*" being employed), in which the toxic symptoms of arsenic evidently form the basis of the description. A passage from Galen is also cited, but here, perhaps, the reference is less certain; and, what many will consider not the least valuable of his services, Dr. Imbert-Gourbeyre has adduced such striking instances of the pathological (not merely the curative) effects of *Arsenic* having been produced by the administration of the drug in infinitesimal doses as, we think, must cause the "opprobrium homœopathiæ" to disappear from the mental vision of every intelligent reader.

Long as *Arsenic* has been studied, yet so little was its action understood quite recently even by some of the foremost allopathists that Trousseau and Pidoux did not hesitate to stigmatise its alleged action on the skin as "one of the wild reveries of the hypochondriacal homœopaths," and although its dermal action has long been recognised by the leading toxicologists, as Orfila, Christison, Taylor, and others, this subject is still in a very unsatisfactory condition in the standard works of the "orthodox" school; and even among ourselves, notwithstanding Hahnemann's masterly article in the *Materia Medica Pura,* and Dr. Black's valuable contribution to the *Hahnemann Materia Medica,* much still remains to be done, not merely in the way of sifting and rearranging symptoms already recorded, but also in the discovery and noting of fresh symptoms which have either entirely escaped the observation of previous observers, or been obscured by concurrent symptoms of greater apparent moment. This latter service Dr. Imbert-Gourbeyre has rendered to the profession by

the publication of the two interesting pamphlets now before us, the value of which is much increased by the fact that in a large number of instances the evidence is adduced from allopathic authorities, the author (p. 112) confessing to "a wicked pleasure in fighting his enemies with their own weapons." He has certainly waged a successful warfare.

The cutaneous affections of which *Arsenic* is pathogenetic are (according to Dr. Imbert-Gourbeyre) *pruritus*, *erythema*, *erysipelas*, *urticaria*, *papulæ*, *miliaria*, *eczema*, *herpes*, including the variety *zoster*, pustules, ulcers, gangrene, *petechiæ*, *maculæ*, cancer, desquamation of the cuticle, *œdema*, falling off of the hair, and certain affections of the nails. Of all these, only *pruritus* and *œdema* are treated of by Hahnemann at any length, while he merely reproduces four very old observations on *papulæ*,* gangrene, *herpes*, and *alopœcia*, and says nothing about erythema and erysipelas, respecting the latter of which Jahr and Black† are equally silent. As it is impossible for us to examine the remarks of Dr. Imbert-Gourbeyre upon all these heads, we shall select for special consideration those which have less engaged the attention of previous observers, and, more especially, such as were left unrecorded by Hahnemann.

Although Hahnemann is silent as to *erythema arsenicale*, not even citing the remarks of previous physicians regarding this affection, it was referred to by Wepfer as early as 1679 in the case of a child who was poisoned by a servant; and even more explicitly by Hoffmann in 1748, who records it as having occurred accompanied with heat

* We are not quite sure about this. Dr. Imbert-Gourbeyre seems to think the only notice taken by Hahnemann of the production of papules is No. 805 (from Thomson). To us it appears doubtful whether this symptom really referred to papules at all, while Nos. 815, 816 (the latter of which our author refers to vesicles) have, in our opinion, more applicability to the matter in question; but, as Dr. Imbert-Gourbeyre observes, p. 43, "*le genre d'éruption est mal décrit.*" Hahnemann expressly mentions, however, that there is but little pruritus along with the "boutons,"—a fact quoted by our author from Marchand, p. 32.

† Dr. Black, however, gives (symptom 69) "Face red and puffy, swelling of the lips," so perhaps he scarcely deserves Dr. Imbert-Gourbeyre's censure.

and *pruritus*. Its locality varies, in some cases it seems to have extended over nearly the whole body, but the thighs and the neck appear to be the seats of election. It has been produced by all doses, from the toxic to the infinitesimal, both in the chronic and acute forms of poisoning, and preferably by the *internal* administration of the drug. It has appeared as early as seventeen hours after a poisonous dose (p. 18).

Though, as we have seen, Hahnemann says little about *Urticaria arsenicalis*, and the subject is entirely omitted by Christison, the observations of Gendrin, Kersten, Zeroni, Orfila, and Taylor amply demonstrate its not unfrequent occurrence. It was first observed by Fowler, and it is a striking instance of homœopathic medication on the part of the allopaths to find *Liquor arsenicalis* expressly recommended by Dr. Tanner (*Practice of Medicine*, II, 392) in the treatment of idiopathic urticaria. Dr. Imbert-Gourbeyre observed a well-marked case of *Urticaria tuberosa* (or *tuberculata*) *arsenicalis*, and as we believe he is correct in saying that this was a wholly unique instance, we present our readers with the following abridgment (pp. 29, 30):

"Jacques Herard, employed for six years in a silver foundry, where he was exposed to arsenical fumes. . . . When he has worked during the day much in the laboratory, he suffers in the evening from pains in the heart, loss of appetite, and great thirst. He feels, as it were, prostrated, and experiences excessive drowsiness, a sure precursor of the eruptions in his case, with transient shiverings. Agitation, lasting all night, with perspiration, broken sleep, dreams. The eruptions more especially appear at night. At first he feels itchings in different parts, then the integument swells with a sensation of burning heat, as though he were subjected to the steam of boiling water. These swellings are of various dimensions, from that of a penny-piece to that of the hand. . . . I twice saw these curious swellings. On the first occasion one occurred on the forehead at night, and when I saw him at 9 a.m. the whole forehead was swollen, hard, and of a shining red

colour. There was a large projection like that from a blow, having at the apex a true papule the size of a penny-piece, redder than the reddish surrounding tissue. On this papule there was a slight flattened elevation. Next day all had disappeared, but during the night a swelling had appeared on the left side, the size of the palm of the hand, of a brilliant erythematous hue, and with very distinct edges. It was hard, hot, and painful when touched. On wrinkling the skin it felt congested and thickened, as in erysipelas. The physician of the works pronounced it *urticaria*. The eruptions usually began at night and disappeared insensibly towards noon. The swellings are hard, and take some hours to form; sometimes they extend over the whole body. They often seize on the eyelids, which then become swollen and shining, sometimes closing the eyes as in 'black eye,' and then descending to the cheeks and lips. There has never been conjunctivitis, nor do the swellings ever appear on the hairy scalp or on the ears. . . . . One of the most painful symptoms is the occasional enormous swelling of the scrotum, succeeded by itching and burning, not, however, lasting more than twelve or twenty-four hours."

All forms of *urticaria*, even *tuberculata*, may occur from the administration of *Arsenic* in any doses, but only one case is recorded as having resulted from its *external* action.

Erysipelas arsenicale, like the preceding, may occur from any doses, and from the external or internal administration of *Arsenic*. A striking and instructive instance is recorded by Basedow, 1846 (p. 24), as having been observed in the case of an elderly lady, from occupying a room the walls of which were painted with some arsenical pigments. In fact, it is perfectly amazing how the occurrence of this drug-disease should have escaped the notice of Hahnemann, since Dr. Imbert-Gourbeyre has collected instances from Preussius (1705), Belloc, Girdlestone (1806), Kellie (1808), Remer (1812), Broussais (1810), and Boniller (1813), to say nothing of more recent authorities, as Kleinert, Basedow, and Taylor. The erysipelas was sometimes general, and in Basedow's case attacked the legs, but the face seemed to be the seat of election.

Our author reports a case where a critical *miliary* eruption immediately preceded recovery from the effects of acute arsenical poisoning (p. 37). He also quotes cases of *herpes zoster arsenicalis;* but our chief object in referring to his remarks on this head (*vesiculæ*) is, that we may reproduce a case which we think may well stagger those who deny the action of infinitesimal doses. As the author remarks of this and the two accompanying cases: "If I had not before had a strong faith in the reality of the action of infinitesimal doses, these three experiments would have sufficed to convince me." We select the second, a "proving" by one of Dr. Imbert-Gourbeyre's pupils.

"Began to take the *Arsenic* 4th July thrice daily in "dose minimale" (which, p. 43, is explained to mean $\frac{1}{100,000,000}$, or the 4th trituration). "On the 6th severe colic, with diarrhœa, which I can only attribute to the *Arsenic*. 9th. Itching of the inside of the thighs. 10th. Itchings more severe, fixing on the left side of the scrotum. I find unusual redness in that locality, and on the back of the penis: much heat, much suffering at night. Itching so violent as to compel me to apply cold water compresses. In the morning I observed a crop of very small vesicles occupying the whole reddened surface of the scrotum." M. Tardil, the "prover," consulted Dr. Imbert-Gourbeyre in the course of the day, who, finding that he walked with difficulty, and was evidently in much pain, bade him discontinue the drug and have recourse to baths. Our author's professional zeal leads him to describe this eczema of the left side of the scrotum as "*magnifique,*" but we can hardly wonder that the unlucky student was somewhat less enthusiastic. It lasted about a week.

Our author is far from denying the occurrence of ulceration, and even gangrene, as results of the administration of *Arsenic*, although he has not himself observed them. This modesty and the freedom from the slightest tendency to dogmatism form two features of the works before us, none the less agreeable because they are only too rare. He is disposed to admit (p. 99), though chiefly on clinical grounds, that, in certain exceptional conditions, chronic arsenical poisoning may give rise to cancer.

In his very interesting remarks on the therapeutical action of *Arsenic* Dr. Imbert-Gourbeyre traces its administration in skin diseases from the present time, by Lefebvre, Blancard, Frick, Rechfeld, Musitanus, David de Planiscampi, Van Helmont, Fallopius, Villeneuve, Avicenna, and Galen up to Dioscorides himself, thus refuting the unfounded assertion of Rayer and others, that this mode of treatment dates only from the close of last century, though he admits that since that period, and especially during the last forty years, it has found greatly increased favour. In France, Biett was its principal advocate, while in England this honour may be assigned to Thomas Hunt. While confessing that pruriginous affections, psoriasis, and especially eczema, are the "triumph of *Arsenic*," our author yet adduces cases to show that the drug really exerts a curative influence on all or most of the affections of which it is pathogenetic,* and concludes his able pamphlet with the following just remarks:—"It is not a panacea, but at the present day it is certainly *princeps* in the whole range of medicines for cutaneous diseases. It acts *similiter* and *omni dosi*. It is especially in the department of cutaneous diseases that we can convince ourselves of the reality of the action of infinitesimal doses *vis maxima in minima mole*."

We must content ourselves with a very brief notice of Dr. Imbert-Gourbeyre's second pamphlet, since the dermal action of *Arsenic* being better understood, if not even more characteristic than the cardiac, we have been led to assign much the larger portion of our limited space to the consideration of the first treatise.

Dr. Imbert-Gourbeyre is of opinion that *Arsenic* is distinctly a cardiac poison, death, in fatal cases, resulting directly or indirectly from lesions of the heart. To such he, in many cases, ascribes the dyspnœa, which is an almost invariable accompaniment of arsenical poisoning, though he does not deny that this may sometimes arise from lesions

* Dr. Imbert-Gourbeyre considers *Arsenic* the prime remedy for acne. No doubt he has high authority, both homœopathic and allopathic, for this opinion; but in our own practice the drug has somewhat disappointed us in this respect.

of the lungs themselves, as pneumonic engorgements or serous exudations, and frequently from the direct action of the drug upon the pneumogastric. Undoubtedly, the cardiac and circulatory symptoms and lesions play a most important rôle. The post-mortem condition of the heart varies, it is true, as to its state of contraction or relaxation; and the blood remaining in its cavities, though generally fluid, at times contains coagula. But ecchymoses are almost always present, especially in the left ventricle—a fact which, though slighted by Taylor, and not actually decisive of arsenical poisoning (since they have been also found in cases of poisoning by *Nux vomica* and *Corrosive sublimate* and in typhus cases), is yet of much importance. These ecchymoses are doubtless due to the hæmorrhagic diathesis induced by the drug, and manifested during life by the epistaxis and other forms of hæmorrhage so constantly observed; but what the special condition of the blood is, which, in such cases, gives rise to this phenomenon, is as yet unascertained. The remarks on the cardiac hypertrophy and steatosis sometimes observed are interesting, but we think the most instructive chapters in what may be called the first part of the work (Cap. I—VII inclusive) are the fifth, on cardiac ecchymoses, and the seventh, on arsenic and some other cardiac poisons; in the latter of which the author strikingly points out how scanty and inconsequent are the practical inferences drawn from the results of experiments, unless when deduced in accordance with the law of similars.

In the portion of the treatise devoted to the therapeutic action of *Arsenic* a passage occurs to which many will be disposed to take exception (p. 53): "I believe there is no important difference between the ordinary arsenical preparations and arseniuretted antimony. The arseniates of potash, soda, and ammonia seem only to act in virtue of the contained arsenic. . . . . *In medicinal salts the acid destroys the oxide, or vice versâ, one cannot reckon on the combination of the therapeutic action of the two ingredients.*" "I believe this to be generally true, though there may be exceptions." Surely without obtaining a "com-

bination of the therapeutic action of the ingredients" we may get a *third* action quite distinct from either, and is not *this* the rule rather than the exception? It is true that where the therapeutic action of one ingredient is out of all proportion stronger than that of the other, as in the case of *Arsenic* and *Potash*, the former may retain its medicinal properties little disguised in the compound; but, where the ingredients are *pharmacodynamically* of anything like equal strength, do we not generally get an action which is neither that of any of the constituents, nor even the representative of their mean resultant? The *Sulphates of Soda* and *Potash*, and the *Chlorides of Sodium* and *Ammonium*, may serve as examples. The rule seems to us too broadly stated.

Beginning with the recommendation of *Arsenic* in cardiac cases by Martin-Solon in 1849, the author refers to the flattering results obtained by M. Papillaud, and to the deductions which M. Sée showed must be made from them before they could be regarded as statistics of the results of arsenical treatment in organic cardiac lesions. This treatment failed in cases of aortic insufficiency. A case of aortic contraction, however, completely recovered. Out of twenty cases of various heart affections, characterised by hypertrophy and palpitation, sixteen recovered or were much improved, and two out of the four who did *not* improve presented signs of valvular insufficiency. This proportion of eight in ten continued to represent the favorable results of M. Papillaud's treatment. The preparation he employed was arseniuretted antimony.

Dr. Imbert-Gourbeyre draws attention to the claims which have been made on behalf of *Arsenic* in the treatment of angina pectoris, hypertrophy, dilatation, valvular insufficiency (on the authority of Wurmb, which, perhaps, requires confirmation as to this particular), atrophy, anæmic palpitation, especially with nocturnal aggravations, pericarditis, and endocarditis. In alternation with *Phosphorus* it is recommended for fatty degeneration (Kafka). He adds that it acts *omni dosi*, in accordance with the formula

he lays down (p. 57) descriptive of the action of medicines in general.

The treatise concludes with an interesting and entertaining account of a discussion on *Arseniate of Antimony* at the Academy of Medicine, to which the author has appended some excellent observations of his own, among which those upon the impossibility of arranging drugs in classes, as purgatives, &c., deserve special attention.

The Encyclopædia of Pure Materia Medica; a Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by TIMOTHY F. ALLEN, M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College; with contributions from Dr. RICHARD HUGHES, of England; Dr. C. HERING, of Philadelphia; Dr. CARROLL DUNHAM, of New York; Dr. AD. LIPPE, of Philadelphia; and others. Vol. I. *Abies—Atropin.* Boericke and Tafel.

We have on several occasions called attention to the forthcoming work of Dr. Allen, of which this is the first volume; and in our issue of April, 1874, we discussed at length the prospectus and specimen medicine (*Aconite*) which he had furnished. We will recur to our remarks then made when we come to criticism. But we should ill repay the debt under which Dr. Allen has laid the homœopathic school if we did not begin by expressing our gratitude for and high appreciation of his labours. He will have given us, when this undertaking is completed, a Materia Medica from which nothing is omitted wherewith the law of similars can be worked. That for which we now have to search in a hundred directions we shall then possess ready to our hand in a few volumes. The public spirit which has prompted such an enterprise on the part of both editor and publishers, and the energy and enthusiasm with which Dr. Allen has sustained the enormous toil involved in collecting, translating, and arranging this mass of material are beyond all praise. The work will be to

him a *monumentum ære perennius,* and will entitle him to the warmest estimation on the part of every practitioner of homœopathy.

We can best give an idea of what we have gained in Dr. Allen's book by describing his treatment of a particular medicine. We will take *Tartar emetic,* as a drug whose pathogenesis in Jahr and in Noack and Trinks is very meagre. We have first, as authorities, seventeen provers and thirty-seven records of poisoning, with their references. Then follow 972 symptoms, each with its number indicating the source from which it is taken. These are classified and arranged according to a plan described in the preface, which has been carefully thought out. The symptoms are distinguished by special type when they have been repeatedly observed by provers or verified upon the sick. At the end of the list comes a table showing the conditions under which amelioration or aggravation has been noted.

The volume before us contains upwards of 100 medicines thus treated. Many of them, of course, are of very minor importance. Dr. Allen is so anxious to consider each substance as a distinct drug, that he not only separates *Atropin* from *Belladonna,* but even isolates the several preparations of *Antimony, Arsenic,* &c., and the varieties of plants. Hence the otherwise startling phenomenon of more than a hundred A's alone, and the list not yet complete.

In his preface Dr. Allen tells us what he means by having received "contributions" from others. Dr. Hering, he says, has corrected a good many "typographical and other errors in the original text of some of the provings." Dr. Carroll Dunham and Dr. Lippe have supplied a large number of the verifications of symptoms in practice. A Dr. George L. Freeman has "translated all, or nearly all, the French provings; has visited libraries for the purpose of copying provings and poison cases; has arranged the symptoms in accordance with the scheme; and has made up the Conditions." Dr. Allen's partner, Dr. St. Clair Smith, "has furnished numerous verifications for the

work, and has very efficiently assisted its progress through the press." We mention all this, partly that all concerned may receive the honour due, and partly that it may be seen how large a share of the burden has been borne by the editor himself.

The contribution furnished from this country we can only speak of here by letting the author describe it in his own words.

"NOTE BY DR. HUGHES.

"Dr. Allen has wished me to state the nature of my contribution to his *Opus Magnum.*

"It has regard solely to the pathogenesies of Hahnemann. These are derived from two sources—the first, observations made by himself and his disciples; the second, cases of poisoning and overdosing recorded in medical literature. The two elements are present in the several pathogenesies in varying proportions, as may be seen from the lists given in the *Monthly Homœopathic Review* for November, 1873, and the *British Journal of Homœopathy* for October, 1874.

"There are thus, in Hahnemann's contributions to the Materia Medica, a large number of quotations. Now, in editing any work so characterised, you will add greatly to its value if the quotations are *verified* by reference to the originals. Errors will creep in, and they are much more likely to occur to the citer, full of his other thoughts, than to a corrector, whose one purpose is to see that no mistake is allowed to stand. Hahnemann's quotations, like those of any other author, need verification, and experience has amply proved the usefulness of the task.

"But there is something more. It has often been lamented that Hahnemann has given us so little information as to the circumstances under which his symptoms were observed. In the case of himself and his fellow provers we must wait for this till (if ever they are) their day-books are published; but as regards the observations he has cited from authors, the information we desire is, in the main, accessible to us. It only needs a search in the great libraries which aim at including all literature, to find the journals, transactions, and treatises extant in Hahnemann's day, and from which he quoted. The result is *illumination.* A flood of light is cast upon the separate symptoms he has furnished; we learn their subjects,

the dose and preparation of the drug, the order pursued by the phenomena, and their termination. Many misconceptions which we are liable to form of them, standing alone, are removed, and the whole series becomes intelligible and available for practice.

"Yet once again. The investigations of this kind which have been hitherto carried out have disclosed a strange laxity on Hahnemann's part as regards the materials he has used. Symptoms of the most questionable kind, condemned by his own canons, and such as no one would now admit into a pathogenesis or use in practice, find frequent place in the Materia Medica Pura and the Chronic Diseases. This is the unanimous judgment of all—of Roth, Langheinz, Frank, Shipman, Reil, Sorge, Wurmb, Watzke—who have examined any part of the subject. It has been suggested in explanation that Hahnemann left this part of his work to others, and must not be blamed for their errors; and, further, that he gave these symptoms as corroborative only. But, however this may be, there they stand; undistinguished in most collections (as in Jahr and Hempel) from those which surround them, undistinguished always among themselves. They need imperatively the fullest investigation, that their real character may be exposed, and they be either dropped or stigmatized as dubious.

"The facts thus stated had been for some time before my mind when I undertook to arrange *Belladonna* for the *Hahnemann Materia Medica*. It was my duty to consult the originals of the 1440 symptoms cited by Hahnemann in his pathogenesis of this drug; and the results I arrived at (as detailed in the *British Journal of Homœopathy* for 1873) both quickened my sense of the need of such examinations, and showed me their feasibility for the English student. In the *Monthly Homœopathic Review* for November, 1873, I stated the matter at length, illustrating it by the instance of *Aconite*, and urged the carrying out of the investigation for all Hahnemann's medicines. No response came, and no public body took up the undertaking, My attention was then drawn to Dr. Allen's projected Encyclopædia, and it seemed to me a grievous thing that Hahnemann's pathogenesies should once more go forth to the world with their citations unverified, unillumined, unrevised. I wrote to Dr. Allen offering to do this work for him. He closed with me at once, and liberally provided the necessary means, and I have been engaged in the investigation ever since.

"The results may hereafter appear in some separate and more

detailed form. At present they are incorporated into the *Materia Medica* as presented in these pages. In the heading, instead of a bare list of names of authors from whom Hahnemann has quoted, there is affixed to each a brief statement of the nature of his observations, sufficient to show generally the value of the symptoms derived from this source. Next, to each symptom that requires it a note is appended throwing light upon its causation and connections. Last, all doubtful symptoms are bracketed squarely, to distinguish them from those which Hahnemann himself has bracketed with like intent. The reason for such stigma is either stated in a note, or is obvious from the account given in the heading of the nature of the author's observations. I could myself have wished, in many instances, to expunge rather than to bracket; but in reverence for the master Dr. Allen desires to omit nothing which he has given us, and it is left to the judgment of the reader to estimate all according to the information supplied. My notes occupy a separate division of the page, to keep them distinct from those which Hahnemann has appended to his symptoms.

"In this *Encyclopædia of Materia Medica*, accordingly, the student may feel confidence that no cited symptom of Hahnemann's (save those of authors whose works I have been unable to consult) stands unverified, and that none is without the fullest light which can be cast upon its nature and probable value."*

Having now expressed our warm appreciation of Dr. Allen's labours, and given an account of what his book contains, it becomes necessary to criticize. After what we have said we are sure that he will ascribe any fault-finding we have to offer to no motive but a genuine desire for the improvement towards perfection of his great undertaking.

In our notice of the prospectus and specimen medicine issued last spring, we observed certain blots on the plan and carrying-out of the work, which we summed up in the following suggestions:

* I regret that I cannot stand to this statement. Dr. Allen has (of course in his undoubted discretion) omitted some of the brackets and most of the notes I had supplied as, in my judgment, necessary for the correction and illumination of Hahnemann's cited symptoms. I am therefore compelled to disclaim responsibility for the manner in which they appear in at least this first volume of his 'Encyclopædia.' I hope, ere long, to present the results at which I have arrived in a separate and complete form.—R. H.

1. That the materials of the collection shall consist only of such provings, &c. as are on record.

2. That the bracketing and correcting (where necessary) of the symptoms taken by Hahnemann from authors be done with the utmost thoroughness.

3. That no mere "clinical symptoms" be admitted.

4. That full information be given at the outset as to the authorities for and subjects of the provings.

5. That each subject of over-dosing or poisoning shall be numbered and referred to separately, as are the provers; and the circumstances of the case briefly stated.

6. That all natural groups of symptoms be preserved (where we have the original records) by references between the component elements of such groups in the several places where they occur.

We regret that Dr. Allen has not seen his way to the full adoption of any save the first of these recommendations. He must not, therefore, be surprised that we have the same faults to find with his first volume as with his *Aconite*. We still have to lament the sparing and timid use of brackets; the insertion of clinical symptoms; the scantiness of information as to the circumstances under which the symptoms were observed; the neglect to individualise each subject where possible; and the absence of references between the symptoms.

We are especially sorry about the retention of the "clinical symptoms." The work is called "a record of the positive effects of drugs upon the healthy human organism;" it is utterly incongruous and misleading to include in it symptoms which, instead of appearing on the healthy, have disappeared in the sick under the influence of the drugs. Dr. Allen excuses these as being "very few." But this reminds us of the plea offered by the girl in extenuation of her illegitimate child, that it was "such a little one." The thing itself is the sin; not its magnitude. He alleges, moreover, that they are "designated by a small cipher after the symptom." But small ciphers are very apt to be overlooked. One of the most crying evils of the ultra-Hahnemannian section of the American

homœopathists is, strange to say, the abuse of the *usus in morbis*—hitherto regarded as rather a badge of the other party. A vicious practice is coming into vogue of saying that a drug "has" such and such a symptom, without specifying whether it has caused it, or (presumably) cured it only. To such confusion Dr. Allen's unfortunate concession of a few clinical symptoms will, both in principle and in practice, contribute. We we are glad to see that his reviewers, even in the *North American Journal of Homœopathy* and the *Hahnemannian Monthly,* deprecate his action in the matter.

We have also still to deplore a lack of fulness and precision as regards "authorities." This section in *Aconite* is much improved since it appeared as the specimen medicine. But it is far from being what it might and should be. Thus:—A list is given of Stoerck's and Greding's patients from whom symptoms have been taken by Hahnemann. But no distinction is made among these in the references, so that no light is cast by the information given upon the symptoms recorded. Again, while the rest of the observers have now affixed a note of their "local habitation," the 36th stands simply as "Jousset." Dr. Carroll Dunham, in his review in the *North American Journal,* tells us that his provings may be found in the *Bulletin de la Soc. Med. de France,* xiv. Why should Dr. Allen withhold information on this point, and as to the nature of the observation? This last is of the utmost importance in determining the value of the symptoms; but Dr. Allen is very chary in telling us anything about it. Let us take *Agaricus,* for instance. Forty-eight observers are mentioned, but not a word is said as to how they obtained the symptoms. We had occasion to refer to the source of one of them—Schelling, in the *A. H. Z.,* lxxxii, 180—to ascertain the worth of S. 1947, which implies that chilblains of four months' standing were produced by the drug in summer time. Well, the symptom was not there; but the reference might have been a printer's error. We mention the fact for the sake of stating that the observation is one of the supposed effects of the 200th dilution.

Now we have no desire to prejudge the question of the pathogenetic power of high potencies. But we do maintain that symptoms so obtained should appear in their own light and for what they are, and should not be included amongst the results of such provings as the Austrian without a note of distinction.

We hope that Dr. Allen will consider these and the other points we have urged upon him in preparing his subsequent volumes. In the meantime we heartily wish him God speed on his progress; and urge all our readers to become purchasers of the present volume and subscribers (the list having been re-opened) for the entire work.

Journals of the Quarter.

Allgemeine Homöopathische Zeitung, vol. 89.—No. 1. Dr. Davidson, of Florence, commences an article on chronic myelitis or sclerosis of the spinal cord. This is continued through many subsequent numbers, and is a very complete essay on the pathology of the subject. The author does not enter on the subject of the treatment of the disease.

The indefatigable Dr. Goullon, jun., describes a case of periodical herpes with some burning pain and subsequent desquamation of the epidermis, which he treated successfully with *Causticum* 3.

No. 2 contains a translation of Dr. Mouremans' article on *Sarracenia* in smallpox in the *Rev. Hom. Belg.*, also a report of the British Homœopathic Congress.

No. 3. A remarkable case of aphonia nervosa is related by an anonymous author. The patient was a married lady, æt. 32, who had been affected with complete loss of voice for six years. She had a blooming appearance, but was affected with a feeling of constriction in the chest and troublesome dryness in the throat. She had also a tender spot on the last cervical vertebra. She slept ill, and was

nervously affected by noises of the slightest description. The anonymous doctor prescribed a compress to the tender vertebra, and first *Bell.* 2, which did not affect the voice; then *Pulsatilla* 2, a drop night and morning; and in a fortnight the lady had recovered her voice, nor did she lose it again except from cold and strong depressing emotions, and then the same remedies speedily restored it.

No. 4 contains a common case of rheumatism of the head, related by Dr. Rössel, but it is not very clear to what the cure, if cure there was, for that seems rather doubtful, was due,—whether to the patient taking a few doses of *Colch.* and *Pulsat.* or to his wearing a cap of English *Lederleinwand* (leather-linen), whatever that may be.

Dr. Stens, of Bonn, is very indignant with Herr v. Gruzewski, the author of the work on the *Incompetence of the Proofs, &c.* (reviewed by us in our last October number), for trying to make him out to be an exclusive high dilutionist. Dr. Stens says the practitioner must have the whole range of dilutions from the mother-tincture upwards, and that he as often gives the lower as the higher. The editor of the *Allg. Hom. Zeit.* also protests against Gruzewski's attempt to make the infinitesimal dose a cardinal point of the homœopathic system.

Dr. Huber, of Vienna, gives translations from Hughes's *Pharmacodynamics.*

No. 5 contains the report of Dr. Mayländer's surgical institution in Berlin, similar to that read at the meeting of the German Congress.

Dr. Kafka writes to propose that the German Homœopathic Congress should undertake the publication, by means of a committee, of a yearly report of therapeutics and pharmacodynamics similar to *Raue's Record,* as far as we can make out.

Dr. Lorbacher has an article continued in the following number upon the present state of the therapeutics of diphtheria. He does not consider it very satisfactory on the whole, for though cases of diphtheria recover under all sorts of treatment, some will die under the most accredited.

He thinks that much has yet to be done to establish the most rational and best treatment of this disease.

No. 7. In this and the next number Dr. Goullon treats of colic of the gall-bladder, and he recommends for medicines the mother-tincture of *Chamomilla*, or *Pulsatilla* 2 if the attack has been brought on by fat food; *Ipecac.* 1 if purging and vomiting are present. He does not seem to have experienced the efficacy of *Calc. carb.* 30 in this painful affection.

Dr. Massa in this and the three following numbers gives cases illustrative of Dr. Grauvogl's carbo-nitrogenous constitutions.

No. 8. Dr. Hencke gives an account of an attack of diarrhœa occurring on his own person that was cured with a dose of *Jatropha* 18. The symptoms were colic followed by discharge of a large watery stool without odour. The medicine was followed by sickness and vomiting of a quantity of brownish fluid, with remains of undigested food.

No. 9 and six following numbers contain a report of the meeting of the German Homœopathic Congress, of which an account has already been given in our Journal.

No. 10 contains some cases of no great interest by Dr. Hencke, and a continuation of the translation of Hughes's *Pharmacodynamics*, which is carried on through many subsequent numbers.

No. 11. Dr. Schweikert in response to a request of the American Institute of Homœopathy to all physicians to give their experience of the treatment of cholera infantum gives his. He prescribes *Verat.* in cases where the diarrhœa comes on accompanied by vomiting, sometimes alternately with *Ipec.*, but when collapse is present at the commencement alternately with *Arsen.* With these remedies he is often able to stop the disease; but when this happy result does not take place, and when the vomiting is arrested, but the evacuations become more watery and mingled with greenish mucus, sour smelling or almost without smell, when the children cry at every evacuation, draw up their legs, he gives *Acid. oxal.* and *Kreos.*, both in the 6th dilution, alternately every quarter or half hour. He uses besides

warm fomentations to the abdomen, and gives instead of milk, gruel, salep, or arrowroot. The cases in which *Ac. oxal.* and *Kreos.* are useful generally occur in summer, and are not a consequence of dentition, but rather of the great heat, when the infants, bathed in perspiration, are chilled by throwing off their clothes, or when the disease is a consequence of sour milk. When the severity of the disease is overcome by these remedies, but great weakness remains, he gives *Chin.*, *Arsen.*, and Tokay wine. If the stools become pappy and greenish and fœtid he employs *Merc.* 3, *Calc.* 3 or 30, and *Baryt. mur.* 2. The chronic diarrhœa that remains yields to *Iris* 1. Sometimes this treatment fails, and the infant falls into a state of anæmia and exhaustion of the brain—the so-called hydrocephaloid — resembling the second stage of hydrocephalus acutus or meningitis basilaris. The symptoms are—comatose state of the brain, with occasional convulsions; eyes sunken, half shut, squinting; conjunctiva dirty red, somewhat swollen, and covered with mucus; pupils somewhat dilated, not very sensitive to light; pulse very small and quick, 160 in the minute; face collapsed, pale, cool; respiratio cerebralis; diarrhœa with or without vomiting. In this state he gives *Phos.* 2 alternately with *Zinc. met.* or *Ant.* 2. The *Phos.* he gives in drop doses every half hour; the *Zinc* one grain every two hours. For the looseness of bowels that often remains the best remedy is *Calc. carb.*

Dr. Schneider criticises the discussion in the British Homœopathic Congress on Dr. Hale's paper, and thinks that his British colleagues are employed in threshing straw.

No. 12 contains Dr. Cl. Müller's address as President at the German Homœopathic Congress.

Dr. Schweikert relates an interesting case of diabetes mellitus cured by *Helonias dioica.*

No. 13 commences with Dr. Bakody's report of the homœopathic treatment in the St. Rochus Hospital of Pesth. This is followed by Dr. Mayländer's account of his treatment in his surgical institution at Berlin.

Dr. Schweikert continues his practical observations. He relates a case of puerperal mania cured by *Thuja* 30.

An obituary of Dr. Mouremans, of Brussels, follows.

Dr. Hencke in a short article protests against the administration of remedies in alternation.

No. 14. Dr. Schweikert relates a case of scirrhus ventriculi which was much benefited by the administration of *Arsen.* 2.

A report is given of the meeting of the Homœopathic Society of Rhineland and Westphalia. Dr. Stens, the President, related a remarkable case of the effects of a bite by a man on a woman's finger which was followed by periostitis and caries of the bones, and was cured by *Lachesis* 6. The blue discoloration of the skin and some dysphagic symptoms led him to select this remedy after others had failed to do good. Another case was that of an unmarried lady, aged thirty-four, in whom the catamenia became very irregular and scanty, but she had much leucorrhœa, constipation, and grew very fat; she weighed 170 pounds. *Graphites* 3 continued for a fortnight at a time, every night and morning, and with fortnightly intervals, in fourteen months restored the regularity of the catamenia, cured the leucorrhœa and constipation, and diminished her weight to 158 pounds.

This is followed by an account of the meeting of the American Institute of Homœopathy.

No. 15. The report of the Rhineland and Westphalia meeting continued. Dr. Heyne relates a case of enlargement of the uterus with constant bleeding cured by *Calc.* 30 and *Conium* 6.

Dr. Stens related another case of suppression of the menses in a young girl which was accompanied by periodical mania lasting for about a fortnight and with intermissions of two or three weeks. *Cocculus* 30 night and morning restored the menses and cured the tendency to maniacal attacks.

Dr. Nöthlichs gave the details of a case of scanty menstruation attended by epistaxis that occurred every week. *Pulsatilla* 2 restored the normal menstrual flow and stopped the epistaxis. He also mentioned the case of a whole family affected with epistaxis caused apparently by their drinking water containing iron. On ceasing to drink this water the epistaxis ceased. In another case of a boy

between two and three years old the epistaxis was apparently caused by drinking coffee and beer. When these were discontinued the epistaxis ceased.

Dr. Heyne mentioned the case of a man affected with very severe epistaxis, for which he prescribed *Ferr. sesquichl.* without benefit. He was so reduced that the last sacrament had already been administered, but *Bell.* 12 cured him.

Dr. Stens related the case of a girl of 16 who for three years had been affected with a barking cough day and night. *Bell.* 30 administered for eight days did no good. In the late period of the disease epistaxis from the left nostril occurred. This he regarded as an effort of nature to establish a vicarious hæmorrhage, the girl not having yet menstruated. *Bry.* 1 every night for a fortnight cured the cough without establishing the catamenia.

Dr. Heyne related the case of a girl of 9 years who had been affected for two years with spinal weakness and paralysis of the legs, so that she was confined to bed. She was emaciated to a skeleton. She had taken quantities of *Morphia* for sleeplessness. There was constipation. Once a week she had painful menstruation. This symptom led him to prescribe *Canth.* 6, under the use of which the paralysis as well as the other symptoms was perfectly cured.

Dr. Stens, junr., detailed the case of a girl of 15 who had suffered for seven years from repeated attacks of headache. Sometimes on the right side, sometimes on the left, then in the forehead, the vertex or the occiput, often spreading to the face and the shoulder; throbbing, shooting, drawing, pressing. No other symptoms except weak digestion, and catarrh of the stomach after eating fat things. She was treated for eight months without benefit; then the symptoms changed. After the period she had an attack of pains in the upper and lower jaw, tearing, lightning-like twitchings, with palpitation and fluttering of heart. Cold water, cold air, and chewing aggravated the pain. Warmth and rest relieved them. *Spigelia* 30 soon cured her.

Dr. Stens, senr., cured a case of toothache that was relieved by eating with *Spigelia.*

In No 16. Dr. Davidson, of Florence, commences an

article on Diphtheria and its Treatment. This first portion is entirely occupied with the historical part of the subject.

The report of the meeting of the Rhineland and Westphalia Society is continued. Dr. Weber related a case of severe sciatica in a man employed in a chemical manufactory, which was cured by *Rhus* 6 administered by olfaction and *Rhus* 3 in drop doses.

Dr. Goullon follows with a translation of the greater portion of Dudgeon's presidential address, which is continued through several subsequent numbers.

No. 17. In the continuation of the report of the above-named Society Dr. Weber gives illustrative cases to show the inutility of small doses of *Quinine* in ague and the efficacy of material quantities of the drug. He gives from 1 to 3 grains of the mixture three times in the twelve hours preceding the attack, and afterwards 1 grain or less for three weeks in order to prevent relapses.

We have next the introductory address of the Rector Magnificus of the Baden-Pesth University, Dr. Joseph Kovacs, which is chiefly taken up with a bitter denunciation of the establishment of two chairs of homœopathy in connection with the medical faculty of the University, which he alleges to be an insult and humiliation to the scientific character of the University.

No. 18 contains an answer by Dr. Bakody, one of the professors of the homœopathic chairs, to the fierce philippic of the Rector Magnificus, and we need hardly say that the answer is as complete and satisfactory as could be desired.

Dr. Weber continues his remarks upon ague, and adduces several cases showing the inefficacy of *Quinine* in some cases, which yielded rapidly to the appropriate homœopathic remedy.

No. 19. Dr. Weber gives cases to show the efficacy of *Sulphur* in chronic diarrhœa. He also mentioned the remedial powers of *Ipec.* in diarrhœa with membranous evacuations that seem to undergo a sort of fermentation.

Dr. Brisken related a case of poisoned wound arising

in a nurse from contact with the fluid from a dropsical subject. The arm was swollen and painful and there was much pain. Amputation had been advised, but *Arsen.* 6 cured it.

Dr. Stens found *Arsen.* useful in mammary cancer, with infiltrated axillary glands and swelling of the arm and hand.

Dr. Heyne called attention to the use of *Carbolic acid* in carcinoma in doses of two drops three times a day in water on a full stomach.

Dr. Schütze mentioned the excellent effect of *Hamamelis* ϕ and 1 in epistaxis and hæmoptysis, and in hæmorrhage after delivery. He also lauded the effects of *Arsen.* in angina catarrhalis, with swelling of fauces and tonsils without suppuration.

Dr. Nöthlichs and Dr. Weber had found *Arsen.* most efficacious in asthma, when the fits come on in the first hours after midnight.

No. 20. Dr. Stens had seen good effects from *Arsen.* in syphilitic sore throat with small ulcerations, and also in syphilitic ulceration proceeding from the bones. He also mentioned that he had seen excellent results from the administration of *Cicuta* 200 in inflammatio meningis basilaris, or hydrops meningis acutus of children. He had found *Petroleum* 2 effect rapid cure of intermittent fever with occipital pain during the rigor. He had also found *Silicea* 30 of use in cystic tumour of the lower lid which had lasted two years. The medicine caused it to suppurate and disappear. *Hepar* 3, given every morning for some months, cured a case of lachrymation of both eyes caused by occlusion of the lachrymal canals. A teacher, forty-five years old, had been blind for several years; the cornea had several patches of opacity caused by exudation betweeen its layers. The pupil was elliptic in shape. Iridectomy had been performed without benefit. The patient had formerly suffered from erysipelas of the jaw, sometimes smooth, sometimes vesicular. *Rhus* 1 morning and evening soon restored the sight. Obstinate herpes of hands and fingers was cured by *Graph.* 3 and 30. He had found *Kali bich.* useful in hay-fever.

No. 22. Dr. Welsch relates a case of very severe erysipelas of the arm cured by *Sulph.* 7 and 4.

Dr. Pröll relates a case of goitre cured by a domestic remedy, viz., powdered eggshell, a small pinch every morning whilst the moon was waning. In eight months the goitre, which was of considerable size, was cured. It had formerly been treated with Gasteina water and *Iodine* without benefit.

No. 23 contains a tabular view of the cases treated at the Leipzic Dispensary in 1873, which need not detain us.

Dr. Welsch relates a case of swelling of the thyroid gland and ganglion in the back of the left wrist both cured by repeated doses of *Silicea* in various dilutions. A violent aggravation of the goitre occurred after the first doses of the medicine, which the author ascribes to the fact that he gave it during the crescent period of the moon. However that may be, the gland enlarged greatly, and the skin over it was tense and red. On the subsidence of these symptoms under the use of *Hepar*, he gave another dose of *Silicea* 16, whereupon the whole abnormal swelling disappeared. The ganglion required a much longer time and repeated doses of the medicine before it finally disappeared. At the end of four months nothing remained but a small hard swelling the size of a pea (its original size was that of a walnut). The small remaining tumour yielded completely to a few doses of *Calcarea* 16 and 7.

In No. 24 Dr. Welsch continues his clinical observation. A servant consulted him for sore throat. Both tonsils were enlarged chronically. The day before she was seen she was attacked with chills and heat, general illness, headache, thirst, &c. Her pulse was 120. Pain on swallowing in the right side of the throat, extending into the ear. That tonsil was red. She got a drop of *Baryta mur.* 5. Half an hour afterwards increase of pain, followed by diminution of pain. The following day pulse 90. Pain in the right side gone, but there is some in the left side. The dose was repeated. The following day no pain, pulse 80. She got a dose of *Aconite*, and in the afternoon was quite well.

Another case was that of a porter. The day previous he had such violent pain in throat and ear he almost cried

out. At the same time the saliva ran out of his mouth; this continues. The pharynx, especially on the right side, is deep red; the tonsils not swollen. He got *Baryta mur.* 3, two drops every two hours. The following day he reported that, half an hour after the first dose, he was quite well.

The next case is diagnosed as meningitis basilaris tuberculosa. A girl, 3½ years old, was given up by an allopathic practitioner, and transferred to homœopathic treatment on the 14th October, 1873. The previous night the child had cried and complained of pain in the bowels. In the morning there occurred vomiting, heat, redness of face, and convulsions, with cries. She then rapidly fell into a state of coma. Pulse 160, and rapid breathing. An emetic of *Ipecacuanha* and *Tartar emetic* was given, which brought away mucus and bile. Mustard plasters to the soles, and soaking with warm water. When the patient came under Dr. Welsch's care her state was as follows: she lies on her back, the mouth wide open, the eyes squinting, face swollen and livid, the body bathed in perspiration. The head was drawn back, and went back further on trying to raise the child, but it can be easily bent forwards and apparently without pain. Pulse small, very quick, and cannot be counted distinctly. Pupils contracted, immovable; constipation; rapid respiration. For some days the child had not been well. *Opium* 3 was given. Five minutes afterwards a severe convulsion came on, the head was suddenly drawn to the right, the eyes opened and staring, the tongue projected, the whole countenance was distorted with ever-varying grimaces. The legs, arms, and fingers were twisted in all directions. The respiration was sobbing, the face blue, there was foam at the mouth. In five minutes the convulsions were allayed and quiet was restored, broken only by slight jerkings. Another dose of the *Opium* was given in half an hour. A few hours later the child was seen lying on its side with closed eyes and mouth. She had her thumb in her mouth and sucked it, which, according to the mother, she usually did when going to sleep. But the eyes were fixed and lifeless, pupils still contracted. Pulse 160; respiration not so quick. Several loose stools with much wind were passed uncon-

sciously, and she had one attack of vomiting of mucus. The *Opium* was repeated at intervals of five hours.

October 15th.—The night was spent pretty quietly. She had a stool and vomited some green stuff. Face red. Pulse 140. Head again bent backwards. Eyes fixed; pupils somewhat larger; skin dry; much thirst. Some signs of returning consciousness. In the evening the mouth was half open; pupils dilated, pulse small and intermitting; temperature elevated. Eyes lifeless and staring; head falls backwards. She threw off the bedclothes, moved the arms and legs about, and the tongue was pushed from side to side. She now got *Acon.* and *Kal. hydriod.* alternately every half hour.

16th.—In the morning the child lay as if asleep; when the lids were opened the eyes seemed fixed, but the pupils moved. Pulse 120. At 5 a.m. the patient had sat up, spat on the floor, and embraced her mother affectionately. A few hours later the doctor found her awake playing with her doll, and she looked astonished to see him. A few hours later, however, she began to grow restless, the temperature increased, the pulse rose. She tossed about, kicked off the bedclothes, and with distorted features repeated words in a singing tone; now and then complained of pain in the belly. Some days previously she had had a cough. This was now increased, but sounded loose. *Aconite* was continued.

18th.—In the morning the cough had changed to constant short coughing, and at the back could be heard bronchial respiration and mucous râles. In the evening the percussion sound over the whole lung posteriorly was dull, with loud bronchial respiration and consonant râles. Pulse 130. Pneumonia was present of the catarrhal kind. She now got *Iod.* 3, every hour. The next day she was quieter, she had had a pretty good night without delirium. Pulse 124. Chest as before, only the râles were less. *Phos.* 3 every two hours was given, and after a few hours there occurred perspiration; the cough was much allayed, and quiet sleep came on. On the morning of the 20th the pulse was 104, the skin moist, the little patient played with her toys, the dulness on percussion had given place to a tympanitic sound, the cough was but slight, the child was convalescent.

Dr. Katsch, of Coethen, has an article on high potencies. He says that those who have hitherto advocated the employment of these preparations have seldom, if ever, made them themselves. They have invariably used those potencies prepared by others, and have taken them for what they professed to be on trust. Now, the patience and skill required to dilute a medicine to the 200th (and still more the 2000th or 20,000th dilution) are so great that it is impossible to suppose that an ordinary druggist or his assistants could bestow the requisite care on their preparation. So that he doubts very much if the dilutions they experimented with were actually what they were represented to be. The experimenters only *believed* them to be these dilutions, but *belief* is not scientific, only *knowledge* is. He has himself prepared eighteen of the polychrests, whose names he gives, up to the 200th decimal dilution, and any colleagues who may be willing to try these dilutions may have them by applying to him for the mere cost of the materials. But here again the element of trust or belief comes into play, so that we would advise all who wish to operate with such high potencies to prepare them for themselves. In this way only can they be sure that the remedies are actually what they profess to be.

Dr. Muhr relates the history of a case of severe inflammation of arm and breast following vaccination cured by *Rhus* 3; another where the similar inflammation was attended by watery, painless diarrhœa. This yielded to *Apis* after *Rhus* had been used for three days without effect. Another case of great swelling of the right testicle in a young man of twenty-two without ascertainable cause. There was scarcely room in the scrotum for the enlarged testicle. The scrotum was red, painful, and itching. *Apis* 3, a drop every four hours, cured in two days.

In No. 26 Dr. Muhr continues his observations on the use of *Rhus* and *Apis*. The first case is one of typhus in a man aged forty. The diarrhœa, watery and yellow, was very frequent and long continued; *Bry.*, and *Rhus*, and, on the occurrence of coma, *Acid. mur.*, were used without effect. Then came on cough with retching, which did not permit

him to lie on the left side. He had been ill four weeks; *Apis* was given, and in a week he was convalescent. The next case was one of facial erysipelas. The whole face was swollen and dark red. Fever moderate; sleep with slight delirium; headache and faceache moderate; *Apis* 3, every hour, caused desquamation and recovery in three days. A cook, aged fifty-six, was affected with arthritic ophthalmia and hypopion of right eye. Great photophobia; violent shooting pain in eye and around it, especially at night. *Spigelia* for three days had no effect; *Apis* 3, one grain every four hours, cured the eye in eight days. Dr. Muhr wounded the palm of his left hand during a dissection. In the night the hand and arm up to the elbow swelled; were bluish red, and the pain was burning. *Apis* 3 internally and *Oleum apium* externally cured him in two days.

Dr. Goullon, junr., relates a curious case of catarrh of the bladder in a boy attended with burning pain, difficulty of passing water, eruption of a vesicular character on various parts of the skin, and hoarseness of voice, brought on by the least wetting of the feet or exposure to damp air, that was rapidly cured by *Causticum* 3. Another case was a herpetic eruption the size of a sixpence near the inner canthus of the eye that had lasted over a year, and was cured by a few doses of *Arsenicum* 6. A case of hoarseness amounting almost to extinction of voice with pain and tenderness of larynx and trachea, cough and expectoration. The hoarseness yielded in a week to *Hepar sulph.* 3. *Kali carb.* 12 removed the cough and expectoration, which was streaked with blood. *Causticum* 6 took away some remaining tenderness of right thyroid cartilage. A case of moist herpetic symptoms on the hairy scalp, especially at the back of the head, was cured in six or eight weeks by *Merc. vir.* 3.

Hirschel's Zeitschrift für Homöopathische Klinik.—The editor, Dr. Lewi, continues his essay on the tendencies of modern medicine through all the numbers of this quarter.

In the numbers for August 15th and September 1st Dr. Magdeburg terminates his account of the curative action of the Wiesbaden waters.

Dr. Goullon calls attention to the cure of two cases of epithelial cancer by means of *Condurango* recorded in a late number of the *Centralblatt für Chirurgie,* and given in our Clinical Record for January.

In the number for 1st September Dr. Sorge communicates five cases of intermittent fever treated homœopathically at Witten on the Saale, where ague is very prevalent. They will be found in the Clinical Record of our last number.

The number for October 15th is still occupied with the Transactions of the German Society, contains the conclusion of the editor's long article on the present state and future prospects of medicine, and another instalment of Dr. Magdeburg's paper on the thermal waters of Wiesbaden. The remainder is occupied by Dr. Osborne's proving of *Solanum nigrum* from the *American Observer.*

The number for 1st November commences with three cases of aphasia from British sources, or rather, we should say, two cases of embolism of the right arteria centralis cerebri unaccompanied by aphasia, and a third case where the speech was affected, and another of embolism of the branch of the A. med. cerebri dextra going to the posterior portion of the anterior cerebral lobe unaccompanied by aphasia, but attended, on the contrary, by excessive talkativeness. The cases are adduced as negative evidence for the localisation of the organ of speech in the posterior portion of the left anterior cerebral lobe.

This number also contains a report of the meeting of the South German and Swiss homœopathic practitioners at Schaffhausen on the 12th and 13th of September. The meeting was attended by Medical Counsellor Dr. Sich, of Stuttgart, President; Professor Rapp, of Rottiveil; Dr. Siegrist, of Basel; Dr. Mende, of Winterthur; Dr. Fischer, of Weingarten; Dr. Werner, of Schaffhausen; Dr. Grubenmann, of St. Gall; Dr. Sulzer, of Aarwangen; Dr. Anken, of Bern; Dr. Schädler, of Bern; Dr. Künzli, of Speicher; Dr. Boul, of Thusis; Dr. Zopfy, of Glarus; Dr. Severin, of Cannes; Dr. Bruckner, of Basel; and Dr. Schwabe, of Leipzig.

Professor Rapp spoke favourably of the action of the 1st trituration of *Coccus cacti* in nephritis with pericarditis.

Dr. Schädler read a paper on the chief heart remedies, the essence of which is given in our Clinical Record for January.

A discussion on the question—"How often, and in what dilutions, should a remedy be repeated in chronic diseases?" was originated by Dr. Sich, who contended that Hahnemann's directions are the best possible. Dr. Bruckner thought that, in diseases of a dynamic character, one dose should be allowed to act for a long time before being repeated; whereas in acute inflammatory diseases the medicine should be frequently repeated. Professor Rapp was of the same opinion. He also related two cures with high dilutions, one effected by *Phos.* 200 and 6000, the other with *Silic.* 200 and 2000. He said that most practitioners treated syphilis with low potencies, but he had found it amenable to the 30th dilution. In cases where syphilis was complicated with psora he gave the remedy in the 6th 12th and 30th dilutions. When this complication was removed the syphilis might then be treated with high dilutions. Dr. Schädler employed *Apis* 30 in scrofulous ophthalmia; low dilutions of *Apis*, he asserted, were of no use. Professor Rapp had seen good effects from *Apis* in ovarian cysts.

In the number for November 15th Dr. Massa gives an account of the new views on inflammation, especially as set forth by Prof. C. F. Kunza, of Halle. The old idea that the local affection in pneumonia is the cause of the fever and other general symptoms is now given up. The fever is observed several days (one or two) before the local affection, and if the fever is removed the local affection is quite unimportant. The effect of these views is to make the treatment of the fever the main subject of the doctor's concern, and as the elevated temperature is the main feature in the fever, the physician's skill is directed to bring down the patient's temperature. The temperature being the index of the fever, its elevation or depression enables us to judge of the increase or diminution of the fever, and consequently of the disease we call pneumonia, pleurisy, &c. Recent investigations have

brought us a step farther. It is known that certain substances circulating in the blood cause an elevation of the body's temperature, consequently a feverish state. It is not determined whether these substances are of the nature of fungi or chemical agents, but they are real things, and it remains for some to ascertain their essential nature. In epidemic maladies the existence of these agents must be accepted, the air being its usual means of transport, from which it penetrates and mingles with the blood. Thus, investigations have shown that in epidemic erysipelas a specific poisonous matter circulates in the blood which may give erysipelas to the healthy. It is impossible to suppose that the poison is spontaneously developed in the system. The inference is that the poison must be introduced from without. If, as hitherto supposed, the essential cause of pneumonia was the east or north-east wind, then it is evident that the atmospheric influence must first be manifested in the local alterations. But that is not so. What is the nature of the inflammation exciter we know not, and as little do we know why one and the same inflammation exciter will cause in one articular rheumatism, in another pneumonia, and in a third erysipelas. We can only speak of an inflammatory infection in general. Sometimes the particular form of the epidemic inflammatory affection may be determined by some concomitant circumstances. So, too, a weak development of the lungs, a previous attack of pneumonia, an irritation of the respiratory organs by breathing cold air, may determine the localisation of the inflammation in the lungs. The inflammatory infection of the blood by the reception of the inflammatory agent is always primary; the localisation is secondary and dependent on concomitant circumstances.

These considerations led Prof. Kunza to the idea of treating pneumonia and pleurisy with small hypodermic injections of *Carbolic acid* very much diluted, that acid, as is well known, being able to destroy infectious agents. He relates two cases of pleuro-pneumonia so treated with apparently very happy results, but two cases of such a disease as pneumonia can scarcely prove anything, and there

is an element of great uncertainty about the only one of these cases given in detail, viz. that the patient had previously been treated with cupping, compresses, and infusion of *Digitalis*, and so it is impossible to tell how much of the improvement was owing to leaving off these remedies.

Dr. Hirsch (in the number for 1st Dec.) relates an interesting case of corona veneris, consisting of hard, tubercle-like pimples on the forehead and temples in a young man, of twenty-five years of age, who had been treated in the ordinary allopathic manner for chancre two years previously. This case was cured rapidly by means of *Acid. nitr.* 3, and washing the parts with a lotion containing ten drops of *Acid. nitr.* 1 in half a tumbler of water.

Another case is related by Dr. Hirsch where *Nitric acid* 3 rapidly cured a case of very severe dysentery in a boy of eight, after *Merc. corr.*, *Rhus*, and *Arsen.* had been tried in vain.

In the last number for 1874 Dr. Sorge relates a very interesting case of tetanus and trismus traumaticus in an intemperate man of forty, which presented symptoms of the greatest gravity, and was evidently brought on by an injury to the head; in which there was great tenderness of the spine. The case was perfectly cured by means of *Belladonna* 1 and *Arsenic* 4. But the recovery was not complete before the lapse of two months.

Internationale Homöopathische Presse, vol. iv. No. 10.—The first article is a report by Dr. Theodore von Bakody of the results of the homœopathic treatment in the St. Rochus Hospital of Pesth, from the 15th October, 1871, to the 31st December, 1873. The general result was as follows:

Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
2357	1491	312	150	362	42

The proportion of deaths seems excessive, but Dr. Bakody accounts for this by showing that there was some unfairness in the mode of assigning patients to the homœopathic wards, many having been sent in in a dying state. Also that as

no cases of syphilis, no surgical cases, no cutaneous diseases, no eye and ear diseases were treated in the homœopathic wards, and as these diseases not being of a dangerous character serve to diminish the relative mortality in ordinary hospitals, it is not possible to institute a comparison of the general mortality in this hospital with that of allopathic hospitals. But as regards special diseases the results compare favourably with those of the most successful allopathic hospitals.

Professor Hoppe continues in this number his philosophical essay on the inductive process of reasoning.

Dr. Hirsch relates two cases of sudden blindness cured rapidly by *Aconite* 3, which will be found detailed in our Clinical Record of January. He next gives a case of severe eczema behind the ears cured by *Graph.* 30 after an unsuccessful employment of the same and other remedies in a lower dilution. This is followed by a curious case of dryness and chapped condition of the lips cured in a few weeks by *Graph.* 24 in repeated doses at long intervals.

We next have a report of the meeting of the homœopathic practitioners of South Germany and Switzerland, the chief points of practical interest discussed we gave in the Clinical Record of January.

No. 11 contains the continuation of Professor Hoppe's essay, and another philosophical article by Dr. Julius Rahnsen on the relatión of homœopathy to metaphysics.

Dr. Payr gives the commencement of a pathological paper on diseases of the choroid and ciliary body, which displays his thorough acquaintance with the modern literature of the subject, and is well worth careful perusal.

Dr. Hirsch relates some cases cured by *Graphites.* The first case was one of great hypertrophy of the great toe nail. This was first filed down to a level with the bed of the nail, and on this an ointment made with pure *Graphites* and lard was rubbed every day, and after some weeks the nail was restored to its normal condition. The second case was one of eczema of face, axillary spaces and fingers, which, after many years of allopathic treatment by means chiefly of all sorts of ointments, was rapidly cured by the internal and

external employment of *Graphites*. The third case was one of swollen cervical glands in a girl of fifteen cured by the same means. Some interesting observations follow showing the incorrectness of the statement made by Hebra and others that eczema is always a mere local skin affection not dependent on any general dyscrasia.

No. 2 contains a continuation of Professor Hoppe's learned paper on the inductive reasoning, and the conclusion of Dr. Payr's essay on diseases of the choroid, which deserves a careful perusal.

The inexhaustible Dr. H. Goullon, jun., follows with an article entitled "Clinical Contributions to the Action of Sepia." He regards it as a remedy more particularly adapted to the diseases of women, and especially to the affections of women in advanced life; but its curative action is far from being limited to such diseases. He gives the histories of four cases illustrating its therapeutic action.

The first is that of an unmarried lady, aged sixty-seven, who after a chill was suddenly attacked by a curious derangement of the sight. She saw black figures the size of the palm of the hand like cobwebs. At the same time she had acute pain in the orbit, of a pressive character, aggravated by the open air. The right eye only was so affected. Her sight had been gradually failing for a long time. Since the age of fifty-two she had worn spectacles on account of presbyopia. She got *Bell.*, *Sulph.*, and *Kal. iod.*, without benefit. Examination with the ophthalmoscope showed nothing abnormal. *Sepia* 3 was now given, a small dose of the trituration every morning. Under the use of this remedy for four weeks the black objects became so much diminished that they only appeared as small points, to the great contentment of the patient. The pain round the eye had quite subsided.

The second case is that of a boy, aged fourteen, who for at least six years had suffered from headaches. The medical men who had been consulted were unable to do anything for these headaches. For the last three months they had increased in intensity and frequency, so that he now had

them almost every day, or, at all events, every other day. He was obliged to go to bed, vomiting came on which was followed by more or less relief to the pain. Sometimes vomiting preceded headache; or he is unable to eat his dinner, and then he is sure to have headache in the afternoon. He is at the same time generally chilly. The feet and hands especially are cold. No eructations, but a bitter taste. From his childhood he has been somewhat chlorotic. Now he has a more robust, healthy appearance. He also noticed that, though the pain had increased, the vomiting was not so frequent as before. This case was cured by *Sepia* with an occasional interposed dose of *Calcarea*.

The third case was one of hooping cough in a child who was brought up under the most unfavourable conditions. He had the characteristic ulcer on the frænulum linguæ, which the older writers often observed in bad cases of pertussis. The disease was complicated with bronchitis and lobular pneumonia, so that he seemed to be rapidly sinking; the dyspnœa, even in the intervals between the fits of coughing, was very great. From the period when *Sepia* 9 was given he rapidly improved and was perfectly cured.

The fourth case was that of a country woman who was affected with valvular disease of the heart accompanied by dropsical symptoms. Œdema of the feet and ascites compelled her to keep her bed. After trying several remedies without effect, *Sepia* 9 was prescribed. Nothing more was heard of her for five weeks, when the report was received that the last prescription had been of great service. After a copious diuretic crisis she had improved amazingly, and in spite of her age (sixty) she was again able to perform her domestic duties.

FRANCE.

Bulletin de la Société Médicale Homœopathique de France.—We have received the September and October numbers of this journal. The greater part of the former is occupied with an account of cases treated at the Hôpital Saint Jacques by Dr. Fredault during the "trimestre" of his

service. This, and the clinical lectures delivered by Dr. Jousset in his term—the third of which appears in the October number—show the good use our French colleagues make of their hospital opportunities, and may well excite us to emulation. The October number, moreover, contains some important communications from Dr. Ozanam relative to the action of *Osmium*, which go to complete the pathogenesis of this drug, given by Dr. Hering in his lately published volume of *Materia Medica*.—This journal, in its November number, continues the report of Dr. Jousset's clinical lectures at the Hôpital Saint Jacques. They may be commended to the consideration of the medical officers of our own hospital, in regard to the lectures of this kind they are proposing to deliver. Dr. Jousset has some peculiar pieces of practice of his own, as the use of *Cantharis* as the chief remedy for pleurisy. Here appears another:—"*Chininum sulphuricum*," he says, "is my habitual remedy in the treatment of acute articular rheumatism." *A propos* of the cardiac complication of this malady he mentions an interesting fact, viz., that he has introduced into the circulation of rabbits increasing doses of the extract of *Aconite* with the invariable result of producing lesions of the mitral valve.

The December number contains some interesting cases, translated from the *Rivista omiopatica* of the cure of opaque cornea by *Cannabis sativa* and of scrofulous ophthalmia by a new medicine called *Olivitis*. It is, the author says, the substance improperly called "gomme d'olivier."

Bibliothèque Homœopathique.—Our supply of this Journal reaches to the same date; but we have to notice the August number also, which had not reached us when last writing. The appendix of "Pathogénésies Nouvelles" is occupied throughout with the continuation of *Carbolic acid*, of whose effects, pathogenetic and therapeutic, a very copious account is given. It is a medicine which must find place in all future collections of Materia Medica. This is really the most important part of the Journal; for there is little original matter in it. We are sorry to say one of the

latest and worst of the bizarre importations of our Transatlantic colleagues into the Materia Medica—potentised skim-milk—introduced as a remedial agent in the October number. Surely we can get on without such questionable agencies.

The body of the numbers for November and December contains nothing of importance.

BELGIUM.

Revue Homœopathique Belge.—This our contemporary keeps good pace with us in fraternal exchange: we have the numbers up to December before us. That of October contains an interesting memoir of the late Dr. Mouremans, by the editor, Dr. Martiny. We are pleased to see that there is a good prospect of a Belgian Homœopathic Hospital coming into existence, a late well-wisher to the cause, the Comte de Glymes, having left a thousand francs as a contribution thereto. From the November number we learn that homœopathy in that country has sustained another great loss in the death of the venerable Dr. Varlez, at the age of eighty-two. A full account of his life and labours is given.

There is little else in these three numbers to notice.

INDIA.

Calcutta Journal of Medicine.—We have received copies of the June—July number of this periodical, and also that for August and September. The editor is still working single-handed; but he gives us, as continuation of his Materia Medica, an excellent summary of Watzke's *Colocynth;* some further remarks on the Burdwan fever; experiments of his own with the cobra poison; and several notices and reviews. The experiments referred to were suggested by Dr. Sharp, on the strength of his theory of the opposite action of large and small doses. He thought that very small doses of snake poisons might be antidotes to their virulent effects. Dr. Sircar's experiments—so far as they go—negative this

expectation. They are also a useful contribution to our knowledge of the action of *Naja*.

The August and September number contains a translation of Hahnemann's pathogenesis of *Conium*, incorporating Harley's experiments. Dr. Sircar has not yet adopted our suggestion as to adding the names of Hahnemann's fellow-observers and sources of citation. Without these, his work is little in advance of Hempel's in point of usefulness. An interesting review of Dr. Sharp's collected essays is the only new matter in this number.

AMERICA.

The following paper from the *Am. Journ. of Hom. Mat. Med.*, which is referred to in vol. xxxii, p. 737, may be given here:

"*The Study of the Materia Medica.*

"By A. C. Cowperthwait, M.D.*

"The vast and ever enlarging field of the Homœopathic Materia Medica, its labyrinths of Symptomatology, and the wide range of its therapeutical application, lead the thoughtful mind to ponder as to the best means of mastering it, and of perfecting a system, by which its elaborate and almost countless array of symptoms may be held subservient to the physician's will.

"The obvious difficulties at the outset of this stupendous undertaking too often dishearten the student, and unless possessed with more than ordinary energy, he soon finds himself looking upon the Materia Medica as an incongruous mass of unmeaning words, which he scarcely endeavours to comprehend, but gladly falling into the therapeutical grooves already hewn out for him, he discovers that fifteen or twenty remedies, including some half dozen allopathic subterfuges, are all that is required—his studies in Materia Medica cease, and so also ceases almost every possibility of his becoming a scientific man, or an honour to his profession.

"A thorough acquaintance with Symptomatology, and a comprehension of the entire range of the Materia Medica, is of absolute necessity to the successful prescriber. To the homœo-

* Read before the Nebraska State Homœopathic Med. Association.

pathic physician the Materia Medica is the groundwork of every action, and not only must he be acquainted with the symptoms, but he must comprehend their essential qualities, and understand those conditions and circumstances under which they are developed, aggravated, or ameliorated. He has before him a single aim—to be able to successfully treat the almost innumerable forms of disease to which flesh is heir. Aside from personal ambition, should not such a laudable object incite one to tireless activity in what, to the faithful physician, is a life work? The mere general ideas of Materia Medica received during student life are but seeds planted in spring time, budding and blossoming in June, but only ripening at harvest, for use in the autumn and winter of our lives. Let us, then, cultivate well the soil while we may, that the harvest may be abundant, that the storehouse of the mind may be well supplied, and that we may prove profitable servants in alleviating the miseries of the human race.

"The popular plan of studying the Materia Medica by means of characteristic cards is probably the best thing for the beginner, provided it be not carried too far. After the characteristics of a few remedies have been pretty well mastered, it is time for the student to begin a more thorough study. Selecting a certain drug, he should carefully read its symptoms over several times, studying their general relations to each other, and particularly to the characteristics he has already learned. Then comes a study of the conditions of the remedy—its aggravations, ameliorations, and idiosyncrasies, if I may so speak; this is of the utmost importance, and a mere superficial reading will not answer the purpose. The reading of symptom after symptom may seem dull business at first, and the mind be nearly lost in a labyrinth of similarities. One may find himself similarly situated with the man reared on a western prairie, and who finds himself suddenly in the midst of a dense forest. He too is lost in a labyrinth of similarities, and can neither appreciate nor understand the diversities of nature around him. But as time passes he becomes familiar with his surroundings; every tree, shrub, flower, or leaf has a peculiar significance of its own, unlike its neighbour, and instead of being bewildered at the sameness of everything, he is soon engaged in admiring these diversities, and in studying the wonderful works of the Creator.

"So does the labyrinth of the Materia Medica vanish to the

student as he faithfully notes symptom after symptom, discovering new peculiarities and remarkable diversities, until the irksome study finally becomes a delicious pastime.

"Having thus obtained a pretty thorough general knowledge of one remedy, select another remedy of the same family, or one analogous to the first, and proceed in the same manner. Then institute a comparison between the two, and ascertain their true similarities and differences. This being accomplished, take another remedy, and proceed in the same manner, comparing the three drugs with each other, thus gradually enlarging the sphere of comparisons, as well as your own capabilities for so doing.

"It can be readily seen that this is not the work of a few months, or even years, for this system of comparisons may be, and, in fact, should be continued as long as health and life permit, and the longer this is continued the less of a task will it become, and the more fruitful will be the result.

"This comparison of drugs keeps up an unfailing interest in the study, and relieves it of that monotony of which there is so much complaint; it also seems to arouse and keep in activity the powers of association in the mind, and the physician is the better able to compare the disease spread before him with the drug pathogenesis, and to select the remedy appropriate to the case.

"Gross' *Comparative Materia Medica* may be used to excellent advantage by every student of the Materia Medica. By the physicians who always generalise without regard to the modalities of symptoms, because they find it too inconvienent to individualise, Gross' work would be looked upon as so much waste paper, for the simple reason that their minds, dwarfed by loose rules of study and practice, are not able to comprehend its contents; but to the physician who delights in a model cure, and who, to this end, prescribes with accuracy the single remedy and the minimum dose, this work of Gross' is of inestimable value. Says Hering, 'The student of Materia Medica has now a better chance than he ever had before to become familiar with the very essence of our knowledge of drugs. The bewildering awe overcoming every one entering into our dominion disappears with every step forward if he takes Gross' as his leader.'

"The admirable work on *Comparative Materia Medica* by Dr. E. A. Farrington, now being issued as a supplement to the *American Journal of Homœopathic Materia Medica*, gives promise

of being the most complete practical work on Comparative Materia Medica published. It is worth double the subscription price of the Journal, and should be in the hands of every student of the Materia Medica. The publication of these standard works on the subject goes to show the practical necessity of comparisons, in pursuing this important study.

"The practitioner may find a greater satisfaction in comparing remedies from a pathological standpoint. He may imagine himself seeking for a remedy, in a certain pathological condition, *i. e.* typhoid fever. He now pictures the type of that disease, presented by a certain remedy, notes all the characteristic points of that remedy, its aggravations, ameliorations, &c. Then proceeds in the same manner with another remedy, after which the two remedies may be compared, another added, &c. By this plan the scope for comparison is not so large, nor the results so decidedly satisfactory, yet practical men will, in spite of themselves, constantly associate in their minds remedies with those pathological conditions in which they are mostly used. We are told by some that the homœopathician has nothing to do with diseases or pathological conditions, but treats symptoms alone. I fail to give even these eminent persons credit for being so unscientific as to treat symptoms without revolving in their minds the pathology of the symptoms. It is true we do not wish to treat the name of a disease, but we do wish to treat the disease which has a name, and why should we dispense with the name simply because allopathy made it? We cannot do better than use an illustration on the subject, once offered by Prof. H. Noah Martin. Said he, 'Suppose my friend should tell me that he had bought an animal having four legs, and so on, giving a minute description of the length of his ears, the length and appearance of his hair, the kind of hoof, whether split or whole, the tail, whether bushy or not, whether or not a mane, &c. Think of my state of mind during his lengthened description, and at the last the uncertainty as to whether a horse or a mule has been described. On the other hand, my friend says he has bought a horse, thus recognising a natural classification; how readily the idea is received, and the picture of a horse imprinted upon the mind; but as to the characteristics of this horse I am still in the dark until my friend relates them.'

"It would be very well for every physician to drive in the

closet of his memory a peg, if you please, for every disease, and on these pegs respectively hang the names of remedy after remedy, which he may from time to time learn to associate with that disease. Thus by systematising, he may be able to carry a repertory in his brain that will prove of great advantage at the bedside.

"The practitioner who is too busy to give the Materia Medica any systematic course of study—though we doubt the reality of such a contingency—can, if he sees fit, adopt a systematic course of eliciting and comprehending symptoms, so that they may the more readily correspond to the characteristic points of Symptomatology. (1) The character of the symptoms; (2) their location; (3) the time of occurrence; (4) the conditions of aggravation and amelioration; (5) the idiosyncrasies.

"Every physician should fully appreciate that a few remedies, well studied, will produce better results than many remedies superficially studied. Yet he should not, for this reason, strive to reduce the number of his remedies, and thus necessarily become a generaliser; on the contrary, the true follower of individualising homœopathy commences with a few remedies, but gradually learns the application of more and more, and when learned he has a knowledge of Materia Medica more solid and substantial than can be obtained in any other way.

"I have thus thrown together these few disconnected thoughts upon this subject, not for the sake of presenting anything new, but rather to call your attention to the necessity of a more systematic study of the Materia Medica, and to impress upon your minds the importance of *comparisons* in the pursuance of this study."

The following is from a paper by Dr. Holcombe in the *United States Medical and Surgical Journal,* and should have appeared last December had there been room.

"A young physician's future success will depend very largely on the books he buys and the journals he reads. If his office table shows nothing but a few standard text-books, and one or two of the smaller and cheaper journals, you may prophesy little in behalf of the coming career. This might at first be excused on the plea of poverty, but if his first earnings are expended in pleasure or the accumulation of property, without any notable

addition to his books and journals, these stores of thought—the real implements of his business—set him down as deficient in the most inspiring elements of the professional life, and predict for him a mediocre position, if not a positive failure.

"A man's office or library is frequently the index of his professional character, as the face is the index of the indwelling soul. Just in proportion as his *habitat* is bare of books, journals, ornaments, &c., just so is his own nature bare of all that ennobles and beautifies his profession, and he is pursuing it as a trade to make money by, and he will fail to obtain even its lowest reward—pecuniary success—if another man with loftier conceptions of his duty should present himself as a rival candidate for popular favour. The man who takes pleasure and pride in his profession, gradually, according to his means, surrounds himself with all the implements of his art, the treasures of medical thought, and the monuments of medical glory. He procures every valuable book, every good journal, every improved instrument, every new medicine. He keeps pace with his profession, ambitious even to move in the front ranks. The consequence is that whilst fulfilling his duty without thinking of consequences he inspires confidence, creates faith, commands respect, and attains pre-eminent success.

"Faith combined with knowledge is one of the greatest motor powers in the world. Faith is a great magnetic agent, strengthening the soul of the believer and propagandist in his nature, carrying conviction to those around him. No physician succeeds largely and permanently who has not strong faith in the usefulness of his profession, in the improvability of medicines and in the general trustworthiness of those who are trying to improve it. The man who takes no journals because he does not believe one tenth of what he finds in them; who buys no books because he thinks they are written by theorizers and not by practical men, and whose armament is limited to a dozen or two polychrests, allopathic or homœopathic, makes a poor practitioner, a mere routinist, meagre in resources and ignorant of the really great possibilities of his art. Faith, on the contrary, stimulates to new exertions, excites to profounder study, and by giving confidence to the physician and hopefulness to the patient contributes vastly to the success of the one and the cure of the other."

North American Journal of Homœopathy.—The August number of this quarterly failed to reach us; but we are glad to see from its November issue that it is not defunct. Its "Original and Translated Papers" contain one from Dr. Berridge, recording experiments made with the 21st dilution of *Erythroxylon coca.* The author complains that his provings cannot get admission into the journals of his own country. It is not to be wondered at, when the host of trivialities with which this article on coca is filled pass before the eye. What is the use of such records as these which we take at random:

"16th (147th day).—Woke on back.

"20th (151st day).—Woke twice on back.

"21st (152nd day).—4.5 p.m., pains in right arm, just about insertion of deltoid, felt in raising arm or lowering it after having raised it. In afternoon dull headache; afterwards when walking in open air (it was a warm day) partial headache, worse at each step, not lasting long (from hot weather)."

Dr. Arcularius, who works much with the microscope, contributes a second paper on the possibility of diagnosing cancer by the presence of "a certain small ovoid double-nucleated cell," which he figures; he cites five cases in point. There is also a valuable account of elephantiasis Græca, translated from the Spanish of Dr. de la Passa of Bogota, by Dr. S. B. Higgins. The "General Record of Medical Science" contains many useful bits from German journals, translated by the editor; and his reviews, though brief, are wide-embracing.

United States Medical and Surgical Journal.—We regret to find that the July number is the last we are to have of the excellent journal thus called. Its editors, the physicians of the Hahnemann Medical College and Hospital of Chicago, find the professional demand upon their time too engrossing for periodical work. They have made overtures to Dr. Duncan, the editor of the *Medical Investigator* of the same city; and he has undertaken to conduct a new journal in which the two shall be merged under the title of

the *United States Medical Investigator:* the first number to be issued in January next.

The concluding issue of the old quarterly is as excellent as ever. "Water and Fresh Air in Scarlatina," and "Faradization as a Galactagogue" show that our colleagues are not unmindful of the extra-medicinal resources of the physician, while the next five articles show them active in the study of drugs, old and new. Dr. Burt finds fault with the forthcoming Encyclopædia of Materia Medica, because it contains symptomatology only, leaving drug-pathology alone. But herein it seems to us that he has mistaken its aim. We want a complete collection of our scattered pathogenetic material, and this Dr. Allen undertakes to give us. He will do his best with the symptoms he collects; but to erect upon them a superstructure of drug-pathology is entirely outside his plan, and would alter and probably ruin this undertaking. Let us have the materials, and then we will thank Dr. Burt and any one else who will philosophise them for us.

The article on *Œnothera biennis* would be more satisfactory if p. 400 did not suggest that the writer was seeking to make capital out of his experience with the plant. However, it must be tested further. Dr. Faber endeavours to convince us that "biliousness" is the source of half the ills that affect the human family, following (without concert, he says) the line of argument of Dr. Murchison in his late Croonian Lectures on "Functional Derangements of the Liver."

Then follow numerous contributions from the various "Clinics" of the hospital. The following, from Surgeon Adams, is worth citing:

"There are two remedies which we have found particularly serviceable in removing indurations after injuries; these are *Conium mac.* and *Kali hyd.* The first is especially indicated for the soft, and the second for the bony and fibrous tissues. You will find the high attenuations act more promptly than the low."

The patient who prompted these remarks had broken his leg a year since, and had at the injured spot a mass of

callus and indurated tissue, crowned by two ulcers. He was advised to dress the ulcers with dry earth, to wear an elastic bandage, and to take *Kali hyd.* twice a day for a fortnight. Under this the callus rapidly decreased in size, and then *Conium* was given till the soft parts became normal, which was accomplished, and the patient dismissed with a sound limb in four weeks more. In another contribution Dr. Ludlam writes—"You can hardly go wrong in prescribing the internal employment of *Rhus toxicodendron* in a case of genuine raspberry ulceration of the os uteri."

Hahnemannian Monthly.—We have received this periodical up to November. The September number contains an excellent practical paper on "Dietetics," by Dr. Buffum of Pittsburgh, which will often repay consultation. Dr. Dake replies to objections against his scheme for a College of Drug-provers. The whole question of future provings must be discussed at the World's Convention in 1876. At present, our prospects of really useful additions to the Materia Medica are very uncertain: concert and plan are essential, and are wanting. The new State Asylum at Middletown seems working well. "Chloral, morphia, and drugs of a kindred nature are not used at all, and, in fact, are not kept in the Asylum." Dr. Lilienthal continues through this and the following numbers his useful treatise on "Skin Disease," among which, however, we think he is unwise to include the acute exanthemata.

The September and October numbers contain two interesting articles by Dr. Frost on "Characteristic Symptoms," the perusal of which adds many an item to our knowledge. Of the same character is a paper in the former by Dr. Nash on the "Remedies for Typhoid Fever." In the latter, Dr. Lilienthal translates some valuable observations by Boehm on the physiological action of arsenic. "Great aversion to food on looking at it, and particularly when smelling it," is noted as a "characteristic" for *Colchicum* in dysentery and typhlitis. The reviews of this journal are becoming very full and careful.

The December number contains an article by Dr. Lippe which out-herods Herod. He maintains that the most

"characteristic symptoms" for the remedy are those which belong to the sick person, and have nothing necessarily to do with his disease; and illustrates his principle by a case of typhoid fever where "ulcerated Pyer's bodies" (*sic*) were recognised as present, but where the mental symptoms determined the choice of medicine in favour of *Stramonium*. The patient happened to recover; but suppose that hæmorrhage or perforation had carried him off, would not Dr. Lippe have thought more of "Pyer's. bodies" for the future? Another aberration of this gentleman's is manifested in his conception of what constitutes the "symptomatology" of a medicine. Hahnemann would have said that it was made up of its effects upon the healthy body. But Dr. Lippe includes equally symptoms which have disappeared under its use in the sick. His typhoid patient had a sore mouth, which, with the rest of his troubles, was well in a fortnight (he had been under treatment over a fortnight previously). Dr. Lippe writes—"Would it not be wise to add to the symptomatology of *Stramonium*, with a letter of interrogation, 'very sore, ulcerated mouth (in typhus, similar to *Arum tri.*)' ?" We should reply, Most unwise. It would give the impression that this symptom had been caused by it in the healthy subject.

One of the "Gleanings from Foreign Homœopathic Journals" in this number exhibits amusingly how cases travel in periodical literature. In our own *Monthly Homœopathic Review* for 187 appeared some observations with *Viscum album* by Dr. Wilde, of Weston. They seem first to have been translated into the Italian *Rivista Omiopatica*, and thence into the German *Allgem. Hom. Zeitung*, whence they have been rendered back into English for the *Hahnemannian Monthly*.

There is an interesting extract from Dr. Chargé's recent *Traitement Homœopathique des Maladies des Organes de la Respiration*, which shows his use of a number of "simples" little known to modern medicine of either school.

New England Medical Gazette.—Dr. Hering's *Glonoin* runs on through the three numbers of this journal (Sept.

to Nov.) before us, filling sixteen pages in each. Some "Fragmentary Provings" in the first by Dr. Berridge contain better matter than usual. The department "Diseases of Children" is entrusted to a "lady-physician," Miss Mercy B. Jackson; and wisely and tenderly she seems to treat the little ones, judging from the cases published.

In the October number Dr. Thayer continues his communications as to the value of *China* in gall-stone colic. His statements are so obviously from the life that we reproduce them here.

"Mrs. L—, of Lowell, Mass., had been a great sufferer for many years from gall-stone colic, so named by her physicians. She had never found any relief except in the use of opiates, which had somewhat mitigated the pain, but had in no degree relieved the frequency or the severity of the attacks, which usually recurred at intervals of two or three weeks.

"The attacks were always sudden, lasting sometimes several days, and were characterised by the severest pains, not only in the region of the gall-bladder, but radiating to all parts of the abdomen and extending to the back beneath the right scapula. The tormina were accompanied with severe bilious vomiting, rigors, cold perspiration, and great prostration of strength. The face and eyes were sunken and jaundiced; she had singultus and other symptoms which usually attend the severer cases of the disease.

"On one occasion, when she was suffering a very painful attack, and vomiting much yellow bile, the little daughter of Mrs. S., a neighbour, entered the room, and seeing the yellow bile vomited, said, 'Mamma used to have such sickness, but she is cured now.'

"The little girl's knowledge went no further than that it was a Boston doctor who had attended her mother; but Mrs. L. learned, after due inquiry, that 'Dr. Thayer, of Boston, gave her some little sugar pills, and she has never had the disease since.' Mrs. S. had suffered acutely for many years from gall-stone colic, but the 'little sugar pills' had cured her entirely and radically.

"Mrs. L— came to see me. Her account of her symptoms led me to regard her as suffering from gall-stone colic. I gave her the usual two-dram vial of pellets of *China* 6, with my *stereotyped* directions to take—6 pills twice a day till ten doses are taken; then 6 pills once a day, till 10 doses are taken; then 6 pills every

other day till ten doses are taken; then 6 pills every third day till 10 doses are taken, &c., till at length the dose is taken only once a month. I detail my directions thus bluntly and minutely, because if treatment so curiously successful, as this has been in every case resembling gall-stone colic, can be justly said to depend, in a measure, upon the gradual lengthening of the interval of the dose, I shall be pardoned for an explicit statement.

"My treatment of Mrs. L— was commenced August, 1871. Neither patient has had any return of the colic since taking the *China*.

"Mr. F—, of Lowell, another victim of this distressing complaint, and for several years under the treatment of various physicians without any permanent improvement, was given the same remedy with similar success.

"The same result followed in use of *China* in the cases of Mr. N—, of Lowell, and Mrs. E—, of the neighbouring village of Townsend, both sufferers from colic caused by the passage of gall-stones for years; both remain seemingly cured of their periodical attack.

"Mrs. P—, of Lowell, had been treated by several physicians for periodical colic, which they said was caused by gall-stones. After suffering years of agony, with no promise of permanent relief, I gave her the remedy which, *ut semper*, cured.

"It was in December, 1854, that I discovered the efficacy of *China* as a remedy for *periodical colic*, from biliary calculi or other causes, and from that time to this—a period of twenty years, nearly—I have not failed in a single instance to cure, permanently and radically, every patient with gall-stone colic who has taken the remedy as above directed. This is the more remarkable as these patients have resided in all parts of the country, from the Atlantic to the Pacific States, and are thus subject to various climatic influences.

"With regard, then, to colic caused by the passage of gall-stones, as well as those attacks simulating it in periodicity; from the numerous letters of thanks and congratulation which I have received from distant States of the Union confirming the specificity of *China* in this form of periodical colic, and in other gall-stone affections, together with the entire success which has attended my own practice, as well as that of many of my colleagues in New England, through this period of time, I think I am justified in pronouncing *China* the *specific remedy* for these periodical colics.

"I would not, however, be understood to say that I always rely wholly on *China* during the extreme agonies of the colic, when I sometimes give anæsthetics or opiates to relieve, or in some measure mitigate, the sufferings of the patient during the painful passage of the calculus, yet I am satisfied that the specific effect of *China*, which appears to cause contraction in the gall-bladder, and the consequent expulsion of a portion, at least, of its contents, may be experienced within a few minutes, even in one minute, after a single dose.

"Another fact must be borne in mind,—that, after beginning the radical (homœopathic) treatment, in cases where a number of calculi remain in the gall-bladder, several attacks of colic are liable to take place within a short time till all the calculi are discharged. A number of these attacks may occur. This is in consequence of the action of the *China*, which, acting thus curatively, may be said to force the calculi into the duct sooner than they would find their way there if the *China* had not been taken. But when the calculi are all discharged, no more will form while the system is under the influence of *China*;* or if they do form, they are discharged before acquiring sufficient magnitude to give pain in their egress.

"What are the indications for *China* in this disease?

"My answer is, All the symptoms which arise from obstructions in the gall-bladder; the colic; the periodicity of its recurrence, though the periods of its return are often very unequal and irregular; also the yellowness of the skin and of the conjunctiva; the constipated state of the bowels; the scybalated character of the dark, greenish stools, the scybala varying in size from that of the largest nutmeg to that of sheep-dung, and even smaller than the smallest peas.

"Can this colic be distinguished from others?

"I have gained confidence in the following means of diagnosis:—I require my patient to lie flat on the back, with the legs extended. I then request him to tell me if I hurt him, while I make equal pressure with the end of the finger on all parts of the abdomen, avoiding the exact *locus* of the gall-bladder till my last pressure, when, if it is a case of gall-stone colic, he will cry out, 'Oh! you hurt me, Doctor.'

* Speaking of the effect of remedies on *renal* calculi, Jahr says (40 *Years Practice*, p. 168), they are frequently increased at first, when the final action of an appropriate remedy causes the disappearance of the concretions.

"While this experiment will generally satisfy me whether I have a case of biliary obstruction, yet I do not pronounce it a case of gall-stone till I am confirmed in the opinion by the corroborative indications above given.

"In many of the cases of periodical colic, yclept bilious, gall-stone, &c., no calculi, properly so called, are found in the excrement, search for them as diligently as one may; the reason of which may be found in the above-mentioned small, hard, roundish, and greenish-black scybala which are passed with the dejection after the subsidence of the colic. Under the action of an aperient three or four ounces of *Olive oil* (even more if required), the discharge of large quantities of these greeinsh-black *ovales* may be facilitated greatly to the relief of the sufferings of the patient.

"Just now, while writing the above, I received a very interesting account of a case of cure of gall-stone colic in a woman, from a physician in San Francisco, California. He gives all the credit to *China*.

"Another letter, received some time ago from a physician in Haldsburg, California, who was himself a victim of this disease for several years, tells me that the *China* which I sent him has cured him, he hopes and thinks, permanently.

"As for the cases of periodical colic where no gall-stones have ever been detected in the excrement, I have treated numerous cases in which *China* has proved completely curative.

"I would add that jaundice is a symptom which does not always appear in the beginning of the attack of colic, and in some cases not at all. But these, like the rest, are cured radically by *China*.

"Many more cases confirming the universality of *China* as a remedy and prophylactic in biliary calculi might be presented."

The November number has an excellent contribution from Dr. Angell on some points in Ophthalmology. Such scientific diagnosers and prescribers are a real credit to homœopathy. The paper is too long to extract; but we can do this for two shorter pieces, one exhibiting the value of strongest doses of *Apis* in cardiac dropsy, the other on an important point in theory.

"*Organic Heart Disease; Apis Mellifica.*

"By J. O. Moore, M.D.

"January 21st, 1874, I saw P. R—, of Madison, N. H. The

history of the case here presented was obtained partly from the patient, but more in detail from his wife. The patient is seventy-six years old, of a nervous-bilious temperament, a farmer; had always worked hard, and up to sixty years of age his health had been good, except occasional slight attacks of faintness, with some sickness at the stomach and a little palpitation of the heart, all of which would pass off in a few minutes.

"Sixteen years ago, after labouring very hard, awoke in the night finding himself under the bed; was in great distress, had violent palpitation of the heart, also nausea and vomiting. After a while succeeded in arousing his wife, who slept in an adjoining room; a death-like faintness came over him, at the same time the body was in a profuse perspiration, 'so the sweat ran off like rain.' The pulse weak, skin blue and cold. Brisk friction, with hot fomentations to the surface, in a short time restored the circulation to its normal condition. In about a week was able to return to work. Eight months after this a similar attack occurred under like circumstances.

"Six years ago was violently seized while sitting by a table reading, and fell to the floor. Had at this time severe nausea and vomiting; palpitation of the heart so forcible as to shake the whole body. Was relieved in a few days, 'but continued to have attacks of palpitation.

"'Two years since had another spell, which seemed to be a duplicate of the others, but I was not as fortunate in recovering; was sick all summer, and from that time until the present have been poorly and not able to work. Worse when walking upstairs or up a hill. Have had many attacks of palpitation, which seemed as if my heart would break a hole in my chest. Appetite has always been good. Have never used tobacco nor spirituous liquors. A few days ago, after walking on the damp ground, took a severe cold. Since this have no been able to *lie down* on account of difficulty of breathing, feel as if I should smother; *when falling asleep* have violent starting and jumping; have a death-like faintness, but no acute pain; have considerable of a cough; no expectoration. Have to *sit* all the time, and the only way I can rest is to lean my head forward on a chair.' The patient appears much agitated, impatient, apprehensive; cannot bear to be left alone; thinks he shall die.

"Physical signs. Systolic sound of the heart, not well defined, tumultuous sound; diastolic sound of pulmonary artery increased.

Heart's impulse heard over a much larger space than usual. Percussion disclosed the dull sound of the heart extending abnormally to the right side. Every contraction of the heart shook the whole body. The distress occurred in paroxysms, which lasted half an hour or more, and generally took place in the morning, pulse unsteady, irregular, intermitting every third or fourth beat. The radial pulse not at all synchronous with the heart's systole; the skin was dry with a general anæmic appearance. Diagnosed: insufficiency of the mitral valves, disease of the sutural valves, with eccentric hypertrophy of the heart.

"I prescribed *Ars.* 30, *Apis mel.* 3, in water, alternately every hour. At my next visit, finding no improvement, I substituted *Cactus grand.* 3 for *Ars.*, alternating it with *Apis.* As no relief of importance was afforded by this prescription, other remedies generally employed in diseases of the heart were given in high and low dilutions, but all were equally unsuccessful in affording relief, till finally I had the dissatisfaction of seeing my patient had gone gradually from bad to worse, and I had confronting me the whole train of unfortunate circumstances or sequences which occur as a natural result of lesions of the heart. Dropsy of the limbs gradually supervened; the urine became more scanty; indications of a decided hyperæmic condition of the liver, lungs, and kidneys of course were present; there were nausea and vomiting of bile, and a constipated state of the bowels. After *Merc. dulc.* the swelling of the legs became so great that they found a natural outlet, both discharging freely. The catheter was used every day, but still could obtain only about four ounces of thick turbid urine in twenty-four hours,

"I now prepared *Apis* tincture, two drachms in six ounces of water; a dessert spoonful every hour. At my next visit found the patient had been able to lie down and passed water without assistance. Four ounces more of water were added, and dose continued. At my next visit I was gratified that the swelling was disappearing from the bowels and limbs, and that he had passed about twelve ounces of water; was informed by the nurse he had repeated inclination to have a discharge from the bowels; there was considerable soreness of the throat and fauces, and almost constant tenseness. Continued the treatment by still reducing *Apis* as before, given once in two hours. This kind of reduction or dilution was kept up for a week, and then the patient was put upon

the 200th potency once a day, and *China* 3, three times a day. He rapidly convalesced, so that on Fast Day he returned to his home in New Hampshire, a distance of about 150 miles."

"*Primary and Secondary Symptoms of Drugs.*

"The Chairman of the Bureau earnestly requests, and will be most happy to receive, communications from members of the profession conveying their views, together with observations and experiences supposed to elucidate any portion of this subject. To show its importance and magnitude, it is enough to state that some members of the profession deny that there is any good ground for dividing the symptoms of drugs into primary and secondary symptoms; while among those who admit such a division and use these terms, there is a great diversity of opinion as to *what constitutes* a *primary* and a *secondary* symptom; as to the relation which these symptoms respectively bear to the physiological condition of the organism; and as to the *mode* of *distinguishing* primary and secondary symptoms. The first division of the subject, therefore, comprehends *the defining* and *distinguishing* of primary and secondary symptoms.

"But, granted that we have a definite idea of these classes of symptoms, and can *recognise* and *distinguish* them,—what practical use may we make of this knowledge?

"The highest authority in our school, at one time, pronounced *primary* symptoms of drugs to be the *only ones* on which the selection of the remedy should be based. Others have seemed disposed to say the same of *secondary* symptoms. The majority of practitioners have, perhaps, very misty and ill-defined notions on the whole matter.

"The second division of the subject, then, is, What is the value of primary and secondary symptoms of drugs, and of the distinction between them, *as guides in the selection of remedies in practice?*

"And a third division involves the question of the importance of the distinction between primary and secondary symptoms of drugs as affecting THE SIZE AND REPETITION OF DOSES IN PRACTICE. Some physicians have maintained that the solution of the 'vexed dose-question' is closely connected with the distinction between these classes of symptoms.

"It is to be hoped that every member of the profession who

has thought definitely or made observations in connection with this subject, as above unfolded, will communicate his views *and data* to the Chairman of the Bureau, that the Report may be as complete as possible.

"The Bureau have selected SEPIA as the drug to be proved during the current year, and they hope to be able to present to the Institute a re-proving of this important remedy, which may at last equal in thoroughness and value the famous reprovings of the Austrian physicians.

"All provers and provers' societies throughout this country are earnestly invited to adopt this drug as the subject of their experiments during the present year, and to communicate the results to the Bureau of Mat. Med. of the Institute.

"The classes in several of our colleges, Male and Female (it is *hoped* in *all* the colleges), as well as the members of several societies, will prove SEPIA under the supervision of members of the Bureau. The provers will be strictly cross-examined respecting their reports; and the symptoms, and the pathological conditions which they present, will be severely scrutinised by the Professors of Physiology, Chemistry, Gynecology, &c., wherever the skill of these experts may be available to test the accuracy or more exactly define the statements of a prover. Thus it is hoped the investigations of the provers may, to a good degree at least, be subjected to the tests which the science of to-day affords and requires. A similar method should be pursued by every provers' society.

"The Chairman of the Bureau will be glad to receive reports as early as May 1, 1875, that they may be properly incorporated in the Report of the Bureau, in which due credit will be given to every society and every individual prover.—CARROLL DUNHAM, M.D., *Chairman.*

"Irvington-on-Hudson, Westchester Co., N.Y.; Sept., 1874.

Dr. Lippe comes forward again here (in the December number), and again with what we cannot but characterise as an absurdity. A lady, æt. 64, lost some troublesome symptoms—leucorrhœa, diuresis and pain in the right groin—after taking *Lycopodium* in a high potency. In the course of the treatment her menses appeared, and continued three days. Dr. Lippe would have this noted in the symptomatology of *Lycopodium*. But he accidentally mentions that five years previously, *i.e.*, when the patient was 59, the

catamenia had reappeared, this time of course without *Lycopodium*. When, therefore, he says, "It is in this manner, and in this *alone*, that our *Materia Medica* is *developed*, and in this manner alone do we add to the knowledge of drug-action, "we must charge him with being as unfaithful to his professed master as to common sense, and must substitute—"It is in this manner that our materia medica is vitiated."

A useful repertory to otorrhœa is contained in this number of the *Gazette*.

Medical Investigator.—This monthly, soon to be amalgamated (as we have mentioned) with the *United States Medical and Surgical Journal*, continues its useful course till its independent life is over. We have received the September and November numbers, that for October having somehow failed to reach us. The first two articles of the former are so brief and pregnant that we extract them.

"*On the Rapidly Curative Action of Homœopathic Remedies.*"*

By J. P. Mills, M.D., Chicago.

The subject allotted to me can but be of interest to all physicians. Why more has not been said and written upon it appears strange, when we consider how intimately it is connected not only with our lives, as prescribers, but much more with the lives of those entrusted to our skill.

"Let us first examine in the light of science how rapidly homœopathic medicine *may* act, and afterwards how rapidly they do act.

"Through physiological science it has been demonstrated that water enters the circulation at once without undergoing any previous change; that absorption begins upon the tongue and is exceedingly rapid. Now providing our homœopathic medicine is given in water, a homœopathic sufficiency is taken up by the papillæ of the tongue, and is instantly in the circulation.

"Again it has been shown that the blood goes from and returns to the heart, in twenty-five seconds, and that it penetrates the remotest tissues of the body, and is returned within the space of two minutes.

* Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

"Now, allowing the medicine to be a passenger of the blood, we must conclude that from thirty seconds to two minutes is all the time required for our dose to reach its destination. Even if we wait for absorption by the gastric veins, the delay would be but slight, for a well-known physiologist has made the statement that a glass of water drank would be in the circulation in five minutes; in how much less time would a teaspoonful be there! But we ask in all reason, why need the human body with all its perfectness of organization and provisions for self-defence,—why need it be so beggared for facilities as to depend upon this slow means of transportation, when seconds of time so frequently decide the soul between this world or the next, and the reprieve only awaits a swifter messenger? and we ask why, with still greater emphasis, when we think of that other system which in the exercise of its legitimate function may convey impressions at the rate of 200 feet per second, and which is subordinate to no other system or structure in the body. We believe, and data are not wanting to corroborate the idea, that the nerves, generally speaking, are the media through which medicinal force is transmitted from one part of the system to another. Physiologically and reasonably considered, this seems to be the most natural view to take of the matter. Let us make an illustration of this reasonableness.

"In uterine hæmorrhage from atony immediately after delivery we have a condition similar to, if not actual, nervous shock, either local or general. Manifestly the womb must contract before the flow will cease. Now, although muscular fibre has within itself an irritability, a power of contraction, separate and distinct from nervous force, yet during life the only habitual excitant of muscular contraction is the peculiar stimulus conveyed by the nerves. Therefore, in order to produce natural contraction we must restore nervous irritability (not muscular). As has been seen, the lesion may exist in the nervous centres, or it may be local. Be this as it may, the uterine nerves must excite the muscle to contract. Our remedy must be directed to this object. We wish to send it by the swiftest messenger. Turning to our Physiology we read: 'The function of the nervous system is to connect and associate the functions of different parts of the body and so cause them to act in harmony with each other.' Here we have one of the parts of the body (the womb). It is out of harmony. The nervous system centred in the brain and spinal cord is to place

it in harmony. We place the remedy upon the tongue, it penetrates the papillæ by endosmosis; it is then in immediate contact with their nerves. This branch office sends its dispatch to the general office, and the general office to the particular organ, the womb, and in doing this it has performed within itself its legitimate function.

"What nonsense then for us to call upon the blood to perform the office of its swifter neighbour.

"Now, having shown how swift homœopathic medicines may act, we will proceed to illustrate how rapidly they do act.

"Dr. Shipman tells of a severe and prolonged headache demanding *Opium*, which was administered by himself in the 6th or 30th attenuation, whereupon the patient dropped instantly as if shot, and was in a profound and healthful slumber. Again he speaks of a lady being afflicted with sleeplessness, who sent to him for medicine. *Coffea* being indicated, he sent a powder of the 200th, directing it to be given in water every four hours. The idea of taking medicine every four hours to get to sleep was too much for the lady's good nature. She took the dose, however, but launched out into a terrible tirade against the doctor. Even as the idea was too much for her good nature, so was the *Coffea* too much for her wakefulness. Her eyelids became heavy, the words died on her tongue, and ere three minutes had elapsed from the first dose she fell an easy victim into the arms of Morpheus.

"To illustrate remedial action upon the sympathetic system we have the following from the same source:

"To a lady having inflammation of the bowels in the highest degree the appropriate medicine was given. The husband, in the deepest anguish for his wife, exclaimed! 'Dr., how long must we wait for that to act?' The reply was, twenty minutes; whereupon the husband took out his watch and timed the statement. In twenty-five minutes the relief was very marked. When we remember the violence of the disease, and the changes to be undergone before relief could be expected, this was very rapid. I have felt the profound curative action of *Gelseminum* 1st in headache, with seemingly no interval between the taking of the dose and relief. So also in colic have I within seven minutes experienced that exceeding comfortableness so characteristic of those relieved by *Colocynth*.

"Many marvellous cases are told of uterine hæmorrhage. I

take pride in relating my first—my only case. It was immediately after delivery the woman expressed herself as flooding terribly, having deathly nausea almost to fainting, I could see. *Ipecac cc.* was given. It could not have been but a few seconds (for I was returning the glass to the table), when she said, I am better already. The hæmorrhage ceased at once. Returning again the dose was repeated with the same effect; no more trouble thereafter.

"I will not multiply cases further, for the skill and experience embodied in this society can furnish better illustrations, and it would be far more becoming for them to do so.

"Now if remedies act so promptly, it may be asked, Why do they not always act thus quickly, and why the need of repeating doses? Some natural reasons may be suggested. 1. It is well known that diseases involving the sympathetic system chiefly are slower in their onset, and are not affected in any way so quickly as those involving the cerebro-spinal. 2. The lack of complete homœopathicity of the remedy, necessitating the cure of diseases by sections, as it were, by repeated doses, and by a series of remedies. 3. The functional or structural changes demanding longer time for its complete curative action. Finally, chronic diseases, when the whole constitution is involved, and every system in the body is pervaded and perverted to a greater or less degree, minute changes are required from within outwards, which must of necessity take time.

"*Poisoning from Sulphate of Atropia.*

"By G. W. Chittenden, M.D., of Janesville, Wis.

"About 7.30 p.m. of the 24th of May, 1874, Mr. C— called on me to go in haste to visit his wife, saying she seemed "sadly demoralised." Mrs. C— is a very intelligent lady approaching forty years of age, medium size, nervo-sanguine temperament, and possessing ordinarily good health. She had been suffering much from odontalgia for two days, proceeding, she believed, from two decayed molars, though attended with but little if any swelling. Having made use of a variety of local applications without relief, Mr. C— went to a drug store for *Chloroform*, but the druggist—a physician—knew a much better thing than that, which he had often used very successfully. Fully convinced that my patient was suffering from some powerful narcotic agent, I requested the

husband to go to the store and ascertain particulars. The doctor, without any hesitancy, gave him the following as his formula: ℞ *Atrop. sulph.* gr. j; *Aqua* ℥j. The clerk who prepared it corrected this by saying it was one grain to one half drachm of water, which correction was accepted by the doctor as probable, as a half drachm vial was used in the prescription. No precautions were given Mr. C— when he obtained the remedy, so it was used with considerable freedom. Mrs. C— commenced to use it about 2.30 p.m. by saturating cotton and placing in the two decayed teeth. This application was made twice, about one hour intervening. Also thinks she swallowed the last piece of cotton after it had been in an hour.

I found the lady seated in a chair, frenzied with excitement, and frantic in her appeals the moment I entered the room to know 'what ailed' her. Pulse accelerated to 140 with increased tone but diminished volume; pupils of the eyes largely dilated; face hot and very red, which she thinks the results of hot fomentations locally, but more probably the effect of the *Atropine*, as she sat in a full draught of air.

"Complained of great distress in the epigastrium, which seemed indescribable, and felt faint, and greatly the need of fresh air. She was much relieved of this distress after vomiting, produced by copious draughts of warm water. Experienced great dryness of the mouth, and a sensation of choking in an hour after the first application, and the teeth ceased to ache in two hours. This feeling in the mouth and throat was such she thought she 'could not swallow,' but when impressed with the necessity of so doing she drank with avidity the warm water offered, though at first it seemed quite difficult. The 'tongue seemed partially paralysed;' articulation indistinct, rapid and chattering. Mind confused—would commence a sentence and forget what she wished to say. Has now only vague ideas of anything she said, or of what transpired that evening. She insisted repeatedly that her blood did not circulate, and that her feet must be put into warm water or she should die. Says her 'limbs felt like sticks,' and thought she could not use them to walk across the room to the sofa, but with aid did so with considerable difficulty.

"The earliest symptomatological development which I attribute to the *Atropia* occurred at 4 p.m., at which time she looked in a mirror, and observed a strange appearance of her eyes, as though

projected from their sockets, which phenomenon she at that moment regarded as the result of her vigorous application of hop fomentation. All her symptoms had become greatly intensified an hour before I saw her. Vision at this time was much impaired. The figures on the carpet, which were large, appeared to be constantly and successively rising up to her face—perpendicular diplopia, the apparent object below the real one. During the evening the eyes of the lady attendant seemed to her very large, and she could not avoid looking at them. About 9 p.m. the eyelids felt heavy and difficult to keep open, and yet no inclination to sleep. The numbness and heaviness in her limbs were so great that she feared the result of going to sleep lest she should never awaken. At times during the night when nearly lost in sleep she would suddenly start as if frightened. On several occasions through the night she had vision of great numbers of white flies on the door, which was white, and would request that they be brushed off. These flies were not moving, and were rather smaller than the common house fly. This perversion of sight continued until noon of the following day, on closing the eyes. On one occasion my patient was much annoyed by the appearance of a large black bug, with veritable legs, a few inches below a black door knob. On the following morning, imagining she saw a worm—"a thousand legged-worm"—on her carpet, she sprang out of bed and was found trying to find it; failing in this she would look in another place and see it again. This illusion kept the lady busy some time before fully satisfied of the fallacy. The colour of the worm was brown, the same as the predominating colour in the carpet. As late as the 31st she still experienced a sense of giddiness, and the figures on the carpet would at times appear to her double.

"On the night of the 24th, between ten and one o'clock, was compelled to urinate as often as ten or fifteen minutes, unattended with pain. The quantity voided was profuse and almost colourless.

"Bowels moved on the second day in the evening; stool pappy, colour natural, and painless. During stool felt badly generally—weak and terribly nervous, attended by general perspiration. These disturbances soon passed off.

"When called gave her *Aconite* 3, which was continued through the night. On the morning following pulse below 100. Gave

Gels. 3 during the day. I am not aware that either remedy modified in any appreciable degree her condition. At the end of ten days all pathogenetic symptoms of the remedy had passed off with the exception of a sense of debility."

In some "Notes from Europe" Dr. Braun gives an account of an interview he has lately had with Madame Hahnemann, who is living at Munich. She appears, as might have been expected, to favour the high potencies, and to be very particular about shaking the medicines. Later on there is a discussion on an important question now agitated, viz., the advisableness of uniting the various homœopathic Colleges of the States into one University. The rest of the number is as full as usual of practical matter.

The November number communicates some experience with *Xanthoxylum*, which shows it to be as useful in amenorrhœa (2^x and 3^x dils.) as we have hitherto known it in dysmenorrhœa. Then Dr. Lippe advances once more to the rescue of Hahnemann's homœopathy, and in so doing makes the following extraordinary statement, which contradicts Hahnemann to the face :—" Precisely the same diseased condition of the lungs will develope in different individuals widely differing symptoms, and these peculiar individual, ever-different symptoms will show us the true remedy, and under no possible circumstances should we allow ourselves to be guided by a physiological or nosological condition." Thus Lippe; and now for Hahnemann. "A few homœopathic remedies," writes he, " will cure even an epidemic typhus like that of 1813, in every patient infected with the disease, though each patient may exhibit different symptoms and may seem to be afflicted with a different malady." Two cases of diabetes mellitus are reported, in which *Lactic acid*, 5 or 6 drops of the 1st dec. twice a day, proved very effectual. A little farther on another illustration occurs of the difficulty our American friends have in mastering the Latin equivalent of *Cod-liver oil.* We first noticed this in the "Theory and Practice" of Drs. Marcy and Hunt, where the name is given first as "jecorus aselli,"

and then as "asellum jecoris." Here we have it, in the report of a Society discussion, as "oleum jæcoris asselli," and in the *Am. Journ. of Hom. Mat. Med.* for October as "oleum jœcoris asselli." Ingenuity in error could hardly go farther. Among the miscellaneous items we find *Propylamine*, which is gaining so much repute in allopathic hands for acute rheumatism, giving repeated satisfaction in the 6th dilution.

American Journal of Homœopathic Materia Medica.—We have here, from August to October, a continuation of the serial "Therapeutics of Uterine Discharges" by Dr. Minton and "Comparative Materia Medica" by Dr. Farrington. In the August number Dr. Berridge appears again; and this time goes out of his way (we have read something somewhere about a dead lion) to attack Dr. Madden, who finds a vigorous and hard-hitting defender in the August number in Mr. Pope.

In the September number Dr. Seeger translates a good case of laryngeal syphilis, and adds comments of his own which show him to have mastered the subject. We are not surprised to find him coming forward in the October issue to complain of the present state of our symptomatology as regards the laryngeal region. In truth, one of the most serious things we have to meet is the incompatibility of the drug-effects observed fifty years ago with the diseased conditions ascertained nowadays by the improved methods.

A remark from Dr. Cowperthwait, of Nebraska, in the former number, indicates a wrongheadedness on the part of the high-dilution advocates which is much to be regretted. He made a capital cure of a chronic menorrhagia with *Sabina* 1x to 3. To his report of the case he adds, "I have always regretted that, for my own satisfaction, I did not use *Sabina* 200, as I should do again under the same circumstances, though I suppose I could hardly have hoped to obtain any better results." Why should he so feel and think? Would it not be much better for every party and for the whole cause that we could get all possible

homœopathic benefit from medicines in the lowest potencies instead of having to ascend to these confounding, unimaginable, and damning infinitesimals ?

From a notice of a recent conversion we find that the latest phrase used by the old school in America, to designate their system, is "Honourable Medicine." The course they are adopting in reference to homœopathy will soon prefix a "dis-" to this title in general estimation.

The following (Oct.) is worth citing.

"*Phytolacca Decandra.*

"Dr. Louis Grasmnotz reports (*Ohio Med. and Surg. Reporter, Sept.*) two cases of poisoning by this drug. In the first three ounces of the root had been steeped in a pint of whisky, and a swallow taken three times a day "to purify the blood." Great pain was complained of in the joints and bones of the face and head, which prevented sleep at night. The body was covered with an eruption which commenced in the scalp and spread to the very toe-nails. It presented itself in erysipelatous blotches of irregular shape, slightly elevated, of a pale, red, or pink colour, very sore and painful, itching slightly only in desquamation, but too sensitive to allow of any scratching for relief. There was no fever, and no swelling except in the face, but nodes resembling those of periostitis formed on the frontal bone from which the pain in the face seemed to originate. The eruption took about thirty days to pass to the desquamative stage. In the other case a severe rheumatism of the left shoulder was developed by the use of the drug."

The November and December numbers of this journal continue the papers on the "Therapeutics of Uterine Discharges," and "Comparative Materia Medica" of which we have previously spoken. The latter is of a highly imaginative character, as when at present it is comparing the *Kalis*; as if the fact of *Iodine, Bromine,* and *Chlorine, Carbonic, Nitric* and *Bichromic acids,* all having potash for their basis, established any real affinity between them, and made them (as they are here called) members of a family.

In the December number Dr. Berridge replies to Mr. Pope, delivering a "back-hander" in return. *Berberis* is

highly commended in renal colic, a case being given in point. "I have found," writes the reporter, Dr. S. E. Newton, "*Berberis* to act like a charm in all cases of red sediment in urine, with pain in back, &c., where I have tried it; I have never used a higher potency than the 1st, having been satisfied with that."

It is proposed here to celebrate the World's Homœopathic Convention by erecting a statue to Hahnemann in some city of the United States.

American Observer.—We have the September and October numbers. Of the former, thirty pages (out of forty-eight) are occupied with a surgical paper taken from an allopathic contemporary. In the remaining portion Dr. Edmonds, of Memphis, contributes a case of ovaritis rapidly cured by *Cantharis* (in the form of a blister), and Dr. Price, of Baltimore, the following proving of *Bryonia.*

"*Experiment with Bryonia; a fragmentary proving.*

"By Elias C. Price, M.D. Baltimore.

"Having frequently noticed the sedative effects of the dilution of *Bryonia* on the pulse in the treatment of pneumonia, I concluded to try what effect the tincture would have on my pulse when taken in a state of health. Though I obtained no decided effect on the pulse, I got something else which I did not anticipate, and which was decidedly more than I had bargained for—and what made matters worse, it was during the first year of my residence in the city, when I left my horse in the country, as I had decided 'to foot it' the first year.

"Aug. 1st, 1865.—The prover is in comparative good health. Have a slight attack of chronic eczema of the scrotum, inside of the thighs, and breast. Had a severe attack of nettle-rash some years ago; ever since, on my hands becoming chilled, or wet or cold, as by getting caught in a cold rain, or keeping them in cold water a long time, or on taking a very cold bath, the eruption would come out on the part exposed.

"Dined at 2 o'clock.—3.40 p.m., pulse 94, took 30 drops tinc. *Bryonia*—4.15 pulse 87, 4.28 pulse 92, 4.40 pulse 87, 5.40, 82, 7.33, 74, considerably weaker and more compressible. Took supper

at 7 p.m.; drank one cup of black tea, two goblets of cold water, ate bread and butter, tomatoes and peaches; 9.30 p.m., pulse 75, fuller and stronger.

"Aug. 3rd.—Pulse at three different times since 4 p.m., has been 84; 8 p.m., took 40 drops θ; 8.30 p.m., pulse 85; 9 p.m., pulse 80.

"8th.—Afternoon, pulse 80. Took 50 drops θ, very little change in the pulse, sometimes it would vary two beats in the minute, the next time I would count it would be up to 80 again. Always after taking the medicine I would feel light, vigorous, and active, or I might say supple. Not finding any great change I took no more medicine.

"13th.—Pain behind and above the ear on left side of head; 14th—had a sore feeling near the middle of the tarsal bone of great toe, left foot, before getting up in the a.m.; on walking down to my office (about six squares) after breakfast, the foot became so painful in that region that I could scarcely walk; the further I walked the worse it got—I felt as if the ligaments had been sprained. I forgot that I had taken *Bryonia*, and supposed I was getting the rheumatism; I took a few globules *Cauloph.* 3d, it soon got better, the pain passed off with a comfortable sensation of burning very much like an injured part does 'when it stops hurting.'

"On walking out about 11 a.m. the pain returned again, but was not so intense as in the morning, when it was so severe as to make me walk lame. This time it also affected the right foot slightly in the same place for a short time; took *Cauloph.* again, when it again got better but it came back slightly at night.

"Aug. 15th, 2 p.m. Pain quite severe, it now feels more like a bruise, the pain during the last hour has extended higher up the tendon, which is very tender to the touch, from an inch above the joint of the big toe up to the bend of the ankle. I took *Cauloph.* again this morning; shortly afterwards I remembered having taken the *Bryonia.* I examined Jahr's *New Manual*, where I found my symptoms pretty accurately described under *Bryonia.* Jahr says: '*Pain as if sprained or strained in the feet,° particularly when treading.'

"16th—noon. My foot is a great deal better to-day, it only pains now when walking; the pain has moved down into the large joint of the great toe, it feels when I stand or step on that

foot as if the joint had been sprained, sometimes it has felt when treading with that foot as if the joints were *giving way or were spreading apart.* If this be the effect of *Bryonia,* it is singular that it should be nearly six days in manifesting any decided symptoms.

"17th.—The pain extends into the tarso-metatarsal joints of all the toes except the small one.

"18th.—Cloudy this morning; the pain is much worse, pains constantly, but is worse when walking; the joints feel sprained, or like a bruise from something heavy falling across the toes: 8.30 p.m., a great deal better, does not pain when at rest now pain twice to-day in left knee.

"19th.—There is a very slight degree of pain in the joint of big toe this morning, still aggravated by walking. For several days the skin over the tarsal bone of the big toe has been swollen and inflamed, it has nearly disappeared this morning. The soreness appears to be in the sheath of the tendon, but principally in the *periosteum* and *ligaments;* there does not appear to be that *swelling of the joints, stiffness,* and *dread of motion* that usually characterises rheumatism; but *motion always increases the pain.*

"I do not think I am very susceptible to the influence of medicines, not to some medicines at least, for I have taken *Glonoine* several times without eliciting any symptoms, when the same preparation has acted on others.*

"Aug. 21st.—Top of foot is still swollen a little, the joint of the great toe is still weak and tender, and hurts a little when walking.

"24th.—The large joint of the great toe continues to hurt me when walking, yesterday the corresponding joint of the next toe pained also; sometimes it is perfectly easy when at rest, sometimes it is not; the sensation is still that of having been sprained; yesterday the pain for a time seemed to be confined to the top part of the joint.

"25th.—Pain is rather worse, it extends up the metatarsal bone again; a few stitches in the knee-joint, for a short time there was a sore, tender sensation at the bottom of the heel when pressing upon it.

* I have since found that I am very susceptible to the influence of some medicines, particularly *Pulsatilla,* as high as the 30th centesimal.

"26th.—The joint is better, but there is a great deal of soreness all along the top of metatarsal bone of great toe, there is also swelling, redness and great engorgement of the veins, so much so that I am afraid of a permanent varicose condition of them. I took *Hamamelis* 3rd dil. 2 drops, and used tinct. externally.

"Some time about the 25th of September the symptoms entirely passed off. The improvement during the last four weeks was scarcely perceptible from day to day. The last place affected was high up on the instep, the skin was swollen and the parts beneath tender; at last when the soreness did disappear, it seemed to go suddenly. The symptoms lasted nearly seven weeks after taking the last dose.

"The symptoms are suggestive of bruises, sprains, rheumatism, and gout.

"As it was from the dilution (12th I think) that I noticed the sedative effect on the heart in the treatment of pneumonia, would it have been better to have used that dilution in the experiment?"

In the October number Dr. Seeger, of New York, who seems devoting himself to laryngeal affections, has some valuable remarks on the subject. Among other things we learn that *Gelseminum* is specific for the failure of voice which in some women accompanies menstruation. There is also an excellent article by Dr. Nichol, one of our few Canadian colleagues, on the remedies for asthma.

In the November number of this Journal a Dr. Gallupe reports rapid relief from the pain of carbuncle by *Bryonia* 30, and from that of felon by *Silicea* in the same dilution, in both cases a good recovery resulting. The December issue contains a successful treatment of goitre of three years' standing by *Spongia* in the crude state. The cure was complete in six weeks. Dr. S. A. Jones communicates some interesting experience with v. Grauvogl's "pulmo vulpis" (1st trit.) in hay-asthma, which it seems greatly to relieve. *Myosotis symphitifolia* is again praised in bronchorrhœa; and Dr. Nichol's valuable treatise on asthma in children is concluded.

New York Journal of Homœopathy.—We received the eighth number of this monthly in 1873, and have not seen it till now, when No. 6 of vol. ii comes to our hand. Its name indicates its habitat, and also the *personnel* of its contributors—Allen, Helmuth, S. A. Jones, &c. A series of very instructive articles, judging from the present one, on "Ophthalmic Therapeutics" by Dr. Allen is being carried on; and we have the questions asked at the first examination of the new State Board of New York (promoted and officered by homœopaths).

MISCELLANEOUS.

The Lancet and Homœopathy.

No doubt our readers were surprised to see the lectures on homœopathy at the London Homœopathic Hospital announced weekly in the advertising pages of the *Lancet*. Their surprise was not, of course, that the managers of the lectures should send the announcement to the *Lancet* for insertion, for these lectures are specially designed for students and practitioners of medicine. But that the *Lancet* should consent to insert the announcement was so contrary to its hitherto invariable custom of rejecting all advertisements having the remotest relation to homœopathy—unless adverse to it—that it was fondly hoped that the *Lancet* had seen the error of its former ways, and had turned over a new leaf.

If the *Lancet* had ever the intention to act towards homœopathy with even such a scanty measure of fairness as might be inferred from its insertion of an advertisement of a course of lectures on homœopathy, it soon repented of its unaccustomed deviation into the ways of fairness, for after admitting the advertisement for a few weeks it announced to the secretary of the Lecture Committee that it would insert no more advertisements of these lectures.

We are not told the reason for this sudden refusal, but can easily imagine the pressure that has been put on the editor by the medical trades'-union, whose feelings at the lapse of their chief organ into the paths of virtue may be imagined.

Since it has discontinued advertising the lectures the *Lancet* has sought to purge itself of the possible imputation of having acted with a slight appearance of justice towards the homœopathic school by publishing a series of articles against homœopathy in the old familiar style.

The determination of the Committee of the Birmingham Medical

Institute to admit as members all duly qualified practitioners, irrespective of therapeutic creed, has afforded the *Lancet* an opportunity for inveighing against this sensible resolution in an article which we subjoin:

"THE BIRMINGHAM MEDICAL INSTITUTE.

"IN accordance with the maxim that stands at the head of our correspondence columns, we published last week several letters approving and defending the conduct of the Election Committee of the Birmingham Medical Institute in admitting as members certain professed homœopaths. These communications were published without any note or comment, as we were desirous that what was urged in behalf of the extraordinary innovation should have its full weight and influence. But the silence must by no means be regarded as an acquiescence on our part in the proceedings of the Committee. Our opinion of homœopathy has not changed, and we distinctly maintain that it is morally impossible for the practitioners of rational medicine to hold any professional relations with professed homœopaths. The question in the present case is not a social one, as some have attempted to make it. It is not even a question of medical science, but purely a matter of professional ethics. The social position, the acknowledged integrity and uprightness of the gentlemen whose admission as members to the Institute has caused the present discussion, must not allow us to lose sight of the real question at issue. Our position is that homœopathy is a system which has no scientific basis, that the theory of infinitesimal doses is an insult to common sense, and that the doctrine of *similia similibus curantur* has no foundation in fact. For these reasons homœopathy has been denounced by the examinational bodies, the medical societies, and the various corporations and institutions for the upholding of the honour and dignity of the profession. Professed and declared homœopaths have never been permitted to receive qualifications to practise from the examining bodies of this country, and the medical societies have always refused to admit to membership any professed homœopaths. It has, moreover, been an acknowledged principle of professional ethics to refuse to meet homœopaths in consultation, or to have any professional dealings with them. This was a matter that was strongly insisted upon by Hahnemann himself, who denounced what he termed allopathy as a fraud, and fit to be practised only by those who are 'insensible to the stings of conscience.' He further alleged that the practice of homœopathy 'must be *exclusive*,' and that 'all backward straying to the pernicious practice of the old school (whose opposite it is, as day is to night) is totally impossible.' But if homœopaths cannot be met in consultation, as one of our correspondents last week acknowledged, it is surely a refinement of casuistry to say that they may be associated with in a medical institute, which is to all intents and purposes a professional association, intended for the advancement of medical science by books and meetings. At all events, such a distinction is too fine for us, and too fine, we imagine, for simple unsophisticated common sense generally.

"No one can regret more sincerely than we do that this unfortunate *contretemps* should have occurred, but the unpleasant and ungracious task of opposing it cannot be shirked. The public spirit of Mr. Pemberton is deserving of

approval and encouragement. We trust, therefore, that in his attempts to preserve the reputation of the profession he will receive the fullest support and sympathy. It is to be hoped that the public meeting which we understand is soon to be convened will express its strong disapproval of the action of the Committee who took upon themselves to settle this point. The profession in a large and wealthy district like Birmingham will have no difficulty in maintaining a medical institute without the aid of the £5,000 offered by the homœopaths."

We shall take the liberty to make a few comments on this vulgar diatribe.

Consider the effrontery of this appeal of the *Lancet* to its motto of *audi alteram partem!* and how it counts on the success of its system of repression that its readers should be supposed not to know (and, alas, too many do not know) that it has systematically suppressed every reply to the incessant misrepresentations of the personal and professional and scientific opinion and conduct of men of our school for thirty years.

Professed homœopaths! what are professed homœopaths? We have not seen a definition of homœopathy which applies to us. We do not *profess* to be homœopaths, and the remarks of the *Lancet* do not apply to us, nor do we imagine there are any living representatives of what the *Lancet* wishes its dupes to understand is homœopathy. What we profess is to be physicians mindful of the high status of the profession aimed at by the graduation oath, and therefore bound without fear of personal ill-consequences from the *Lancet* or any trades'-union to examine every new alleged truth which may benefit our patients if found really true and applicable; and we also adopt it only as far as applicable, and not in any exclusive, sectarian sense.

In this we do not agree with Hahnemann if the latter really used these words in the sense attributed to them by the *Lancet*. The censure of the latter does not fall on us; why, then, does he not direct his strictures to those living and standing forth to-day instead of to an imaginary being of his own creation? Why, indeed? Simply because he cannot, and dare not, without exposing the tissue of misrepresentation and falsehood the *Lancet* and such trading speculators have been carrying on for all these years. It would simply show that it is the *Lancet* and its party of trades'-union terrorists who are exclusive, not we. It is they who degrade medicine to a sect and trading guild, who bind themselves to use medicines every way but one, and who will persecute and turn out

all who merely assert that our mode deserves fair trial in its proper place. Why is it we never see arguments directed against opinions which we hold, and always against those we do not profess, and have distinctly repudiated since the beginning of the existence of homœopathic literature in this country? Simply because these business and trading journals which now represent medicine in England committed themselves to a false and hasty opinion on the homœopathic theory, and are obliged to stick to that by a system of deliberate falsehood, misrepresentation, and personal calumny, for fear of loss of custom in the rank and file of the profession, most of whom are really deluded on the subject. Again, why do they never answer our arguments, and continually repeat their easy victories over the ridiculous creations of their own fancies?

The *Lancet* is not aware, or has forgotten, that a majority of the Liverpool Medical Institution decided that the homœopathic theory was a legitimate subject for a medical institution to discuss, and so-called professors of it were proper members; and it was only after whipping-in from the highways and hedges enough of the baser sort to obtain the requisite majority that the law was altered. How, then, does it defend the refusal of some of that very majority who originally voted for retention of homœopathic members to meet homœopathic practitioners on neutral matters not bearing on treatment, as has been done since?

Perhaps the *Lancet* will explain that if it is "a refinement of casuistry" to say that a man unfit to meet in consultation can be fit to discuss the homœopathic theory in a medical meeting; surely the argument must be good the other way. We fear such refinement of casuistry is quickly reached by all guided by the light of mean and paltry self-interest, like the *Lancet*, who fears to lose customers by speaking the truth, and those contemptible practitioners who fear loss of consultation fees by the persecution of the trades'-unionists.

As for Mr. Pemberton, his vulgar ranting is beneath contempt, and when he points out in the flesh a single individual who "professes" what he is pleased to call "homœopathy" it will be time enough to take notice of him. Let him take the trouble to read what *we* call homœopathy before he opens his mouth again.

The editor of the *British Medical Journal* has this month (March) for the present broken through the conspiracy of silence

and attacked "homœopathy" again; but it is the old story again —mere *business*, the work of the anonymous hired agent doing his purchased quota of abuse of a phantom—not one word about the real opinions of those living and acting and speaking beside him, but a repetition of dead and buried nonsense. What can all this really mean? Alas, it is too plain—simply to save the pride and false consistency of the men now at the head of affairs, who to pander to the prejudice of a former generation when young, hastily condemned what is really true in the homœopathic theory; and now, when they are forced to adopt our very remedies and the single medicine and the physiological provings, they try to hide their shame by stifling the word, and pretending that what we from the beginning contended for as homœopathy was not so. The profession of homœopathy is now becoming simply the difference between doing the same practice honestly and dishonestly. Take, for example, *Aconite*. We learned long ago that Hahnemann from the study of the physiological action of this medicine on the healthy body by means of the homœopathic law deduced the conclusion that it would be an admirable remedy in inflammatory fever. We found by experience that it was so, and thought it dishonourable not to give Hahnemann the credit. A large number of the profession would not believe the fact and would not try it for themselves, so for years it was only used by those who gave Hahnemann the credit; then the profession and the practice of homœopathy honestly coincided, and were persecuted together. But in process of time our example was followed by others who feared persecution, and they gave *Aconite* in the same dose and same circumstances as we, while they denied the homœopathy, and reviled the discoverer to ward off persecution from themselves. A conspicuous example of this is given by Dr. Samuel Wilks, who offers a painful contrast to the honourable conduct of Henderson, Horner, and Reith. The effect of this is deplorable upon the moral tone of the rising generation of students, and probably it is owing to this that the medical profession has sunk so much in moral tone of late years, and the medical press with it.

Apparently there are some uneasiness and signs of rebellion among the dupes of the trades'-union leaders of late, and our continued exposure of the degrading system which now rules the medical literature of this country is beginning to tell, so the *Lancet* (March 13th) and the *Edin. Med. Journ.* of March have broken through

the rule of the conspiracy of silence with an attempt to quiet their dupes; though they dare not yet break through the system of suppression which the *Lancet* has hitherto practised in defiance of its boasted motto, "*audi alteram partem;*" for any contradiction or explanation on our part of this gross and ridiculous misrepresentation is still studiously excluded—naturally enough indeed—for trades-unionist libellers and ratteners dare not discuss or reason.

We looked with a little curiosity to see whether at last our position was really met or even alluded to, but, alas, we find as usual the article mere *business*. Not one word of argument or even fair description of which we and the bulk of the living and acting members of the homœopathic school really do say and think and act out in practice. Not one word of anything but a stale *réchauffé* of the old imaginary homœopathy of thirty years ago—the misrepresentations of the author of *Homœopathy Unmasked* and Dr. Simpson dished up again for the 50th or 500th times. Indeed, what else could we expect? As a mere business speculation the object of the *Lancet* is, no doubt, to make money and attract the most customers, so the proprietors take good care that their hired anonymous editor shall avoid offending the prejudices of the customers by any regard for truth and liberality towards an unpopular school. So, as we have said, he does not touch the plain common sense of the matter which we have from the beginning put forward, but simply repeats the familiar game of misrepresentation and abuse.

Our position is clear. It would be treason to the true nature of a high and noble calling if we abated one jot of the high tone we have always held in this matter, and we maintain that no man with a sense of honour or the true feeling of medical spirit and etiquette, and the spirit of science or philosophy, could act otherwise than we do. We were told that the law of specifics has been found in the homœopathic principle, and at once we felt it incumbent on us to test the truth of the assertion before giving any opinion about it. A natural law, if true, must be exactly true, and so to test it we must test it exactly. We therefore followed the rule, and chose out a certain number of simple diseases like toothache or simple disorder of the stomach where the diagnosis was plain. Then we searched the minute provings, and chose the medicine which fitted best according to the symptoms. We soon found examples where, beyond all doubt or cavil, a speedy cure of

toothache was obtained by *Mercury* or *Nux vomica*, and of stomach disorder by *Bryonia* or *Pulsatilla* in doses of a fraction of a drop of the tincture or grain of the solid medicine—even as small as the $\frac{1}{1000}$th gr. of *Mercury*, for example, that is to say, in a dose which did not excite the slightest perceptible physiological action of the medicine while performing a rapid and perfect cure. This is exactly the nature of the action of a specific, and it is this apparent total want of physiological action with which to connect the cure which has baffled all attempts to explain the action of specifics. Well, having attained this knowledge, what were we to do next? Simply to see how far this could be carried out in the general practice of medicine. We soon found in that attempt that many crude and unproved speculations had been engrafted on the simple principle of the law of specifics by the founder of the homœopathic school and his immediate followers, such as the neglect of pathology, the extreme minuteness of the dose, the hypothesis of dynamization, the psora theory, &c. As a matter of fact we did not adopt these, though we did not see why those who did should not defend their opinions, or that they were beyond the pale of discussion any more than the hundreds of hypothetical speculations we have seen discussed in medical literature. But when we wished to state our opinions and experience on the homœopathic principle as the law of specifics, how were we met? Surely, in a professedly liberal and scientific profession, with a cordial welcome? Not at all; we were repelled by the existing medical journals one and all in Britain, taunted with all the extravagances of certain of the homœopathic school, and condemned to silence. Then those of us who felt constrained to work out the homœopathic theory on scientific methods were obliged to put forth a special organ, and hence arose English homœopathic periodicals. The separate literature was then made a ground of offence, and called sectarian, and appealed to as a reason for professional and social exclusion.* But that was a mere

* The *Lancet* of March 20th now says—"The whole dispute turns upon the assumption by the homeopaths of a name that is calculated to mark them from the general body of practitioners." But we did not assume the name, and have always protested against it. That our journals, societies, and hospitals bear the distinctive title of "homœopathic" is owing to this, that all evidence of the efficacy of homœopathic treatment was rigidly excluded from the existing journals, societies, and hospitals; so we were forced to establish journals, societies, and hospitals to show the value of the tabooed treatment. When the journals, societies, and hospitals of the dominant sect shall renounce

pretext to justify a foregone decision of persecution; for many homœopathic journals exist without any special title, such as the *Hygea* in Germany and the *Art Médical* in France, and numerous journals in America. The writers in, and editors of, these have received exactly the same treatment, thus showing the transparent dishonesty of the pretext.

In a few years after the appearance of homœopathic publications in this country there began a system of odious persecution, which is a disgrace to a so-called learned profession, and showed only too plainly that the trades'-union element was predominant over the scientific. A number of trades'-union clubs were established for the express purpose of this persecution, and with a half-conscious irony they were called "ethical societies." Under the pressure of these the medical societies were induced to expel and exclude all members accused of "homœopathy," all hospitals and dispensaries were closed to them, the *Medical Directory* was forbidden to notice their works, the medical publishers were compelled to refuse to publish or even advertise any homœopathic book, and the medical journals one and all refused to review any homœopathic book, and to admit any paper or letter favorable to it, or even to admit a reply to the numerous gross misrepresentations contained in the journals. This state of things has now lasted for years, and thus has grown up a generation of men who are now "eminent," and have gained their places by rigid subservience to the trades'-union rules. All this time no one has dared to repeat the simple experiment of trying under proper accurate methods whether the principle is true, except those few hundreds who have honourably braved persecution and testified to the truth of it. To an outsider this would be incredible, but we who know the history of medicine recollect how, after twenty-five years of theoretical criticism and abuse and persecution, at last one honest physiologist, Plempius, of Louvain, did try the experiment, and was forced to confess that all that was said by Harvey of the circulation of the blood "was most true." We simply defy and dare any man now to repeat the experiment on a few diseases, *e.g.*, repeat Hahnemann's experiment with *Bryonia* for a

their sectarian exclusiveness, and accept homœopathy for what it undoubtedly is—an important branch of therapeutics, the *raison d'être* for our distinctive institutions will cease, and there will not be, as now, two antagonistic schools. We are simply medical reformers on one point of medical practice, and no more a special medical sect than freetraders are a special political sect.

few times, without meeting with a perfectly convincing instance of cure. But he must repeat it honestly and with the desire of the truth. The homœopathic law is, as above said, true, but it is *exactly* true, just as any chemical and physical law is true, and no experiment conducted in a slipshod or dishonest manner can be accepted as a test of truth. Well, if he is so convinced what will be his fate? He will be told by the trades'-union clique that he must be silent or otherwise he will be branded with the name of homœopathist, and credited with the whole farrago of notions which he no more accepts than the *Lancet*, but which the trades'-union is pleased to define as "homœopathy." In short, he must either perjure himself as to the homœopathic law of specifics, or be persecuted for a number of other things he does not believe. It is as if the British Medical Association or any of the trades'-union cliques called "ethical societies" say: You must conceal your belief in a better mode and practise exactly as we happen to be doing now (this changes every two or three years), or else you shall be expelled from our company. That is to say, if we become perjurers, liars, and murderers, we shall be perfectly good company for the British Medical Association and congeners. Thank you! The price is too great, charming though your company may be!

When we take a bird's-eye view of the changes in the practice of physic since homœopathy was introduced into this country we see three distinctly marked epochs; first, the negative results of the homœopathic school were recognised and the inutility or even hurtfulness of a large part of ordinary treatment acknowledged under the pretext of admitting the power of nature in disease—a power which was always invoked and put forward loudly if it were a question of proving the nihilism of homœopathic treatment, but which no one ever thought of trusting to in his own practice. While glib speculative talkers were loud enough in condemning "allopathy" as worse than useless, they always took care to make it plain that it was somebody else's allopathy, and not their own. Next came the period when the success of the remedies introduced by the homœopathic school became so plain to all men that the allopathic school could no longer be blind to it, so they took to plagiarising them and began to use them, but strictly as "empirical specifics," and rigidly ignoring their source and their real homœopathic relation to disease. The third epoch is that now coming into vogue, when the great corollary from the homœopathic law of

specifics, viz., the necessity of physiological provings on the healthy body, is being adopted, but here also with fear and trembling and ostentatious denial of the priority of the homœopathic school, and of any claim as to the law being of use when the physiological provings are made. In short, the medical world is going through the well-known stages which men of mean minds go through who have hastily ventured on a wrong road, and committed themselves to an error which they have not the courage and honesty to confess and retract. Let us be understood; we do not mean to assert that in the extreme complexity of the symptoms revealed by physiological experiment, of drugs on the healthy body, every one must at once see the homœopathic relationship between that action and the curative one. Nor do we assert that when an experimenter tries to explain the apparently homœopathic relation by pointing to some antipathic action which may be found among those effects, he is dishonest in so doing. On the contrary, we admit the enormous difficulties that surround the question when studied in detail, and give the objectors credit for good faith. But these difficulties are not greater than with any great law in the complicated field of biology—the Darwinian law, for instance. How easy, then, to raise difficulties which cannot yet be answered—if they ever shall be! or, how easy to raise a laugh. For instance, how easy to laugh at the statement that if you destroy the owls in a district, the species of red clover will soon become extinct. But the laugh is the laughter of fools.

We therefore find no fault with opponents when they merely fail to see evidence of the homœopathic law in the provings of medicines previously known as empirical therapeutic specifics. But what we do find fault with is when those men join the vulgar trades'-union and accuse of falsehood, quackery, and infamous conduct, unfitting for professional intercourse, other experimenters who do see evidence of the homœopathic law in the facts that *Mercury*, well known as a remedy for iritis, is found to produce iritis; *Arsenicum* to cure and to produce gastro-enteritis; *Plumbum* to produce and cure obstruction of the bowels; *Belladonna* to produce and cure angina faucium; and an innumerable host of similar instances. Men who so act are unworthy of the name of professional, or scientific, or honest men. And from such men how can you expect the weal of medicine? the advance of the art by the discovery of new remedies? You cannot. The spirit of

philosophy is the spirit of truth—the seeking after truth for its own sake and alone. So let no man dare to claim the title of a man of science if he proves medicines on the healthy body, and fears to put to the test the whole three ways in which the physiological effects can be used for the cure of diseases, viz. similar, opposite, or different. If he is deterred from base self-seeking motives, fear of persecution, or of loss of *honours* (not honour) and emolument from looking at and testing the rule of similars, what is his evidence worth? Worth nothing but to gain the short-lived applause of the mean and self-seeking like himself, and, verily, he has his reward!

It is refreshing to turn from the stereotyped injustice of the organs of the medical trades'-union to the following manly letter from Dr. Lawson Tait on the subject of the admission of all legally qualified medical men without distinction of therapeutic creed to the newly-established Medical Institute of Birmingham. The resolution of the Committee, by sixteen to six, that there shall be no exclusion of qualified medical men on this ground, has excited the wrath of the advocates of repression and injustice. The *Lancet* has, of course, taken upon itself to be the mouthpiece of the bigotry and intolerance of the profession, and Mr. Pemberton, of Birmingham, has come forward as the local exponent of those sublime feelings so becoming to the members of a learned and liberal profession.

Here is what Dr. Lawson Tait says, and we recommend his words of wisdom and honourable feeling to the advocates of "bigotry and virtue:"

"The difference between Mr. Pemberton and myself on this matter is due chiefly to the difference of a generation. Mr. Pemberton remembers the original quarrel; I knew it only after it was all over, and after the reaction and regret had set in. In Edinburgh the contest was fierce and furious, and it ended in the special persecution of one of the best and most honourable men, and one of the soundest physicians who ever lived—the late Professor Henderson. Of course, the chief persecutor was the man who knew least, and cared least, about the real bearings of the case; but he had constituted himself an amateur medical policeman, and he 'ran in' all sorts of people for all sorts of things. In fact, there never was a medical row in Edinburgh in which Mr. Syme had not a part. They are all dead now, but to me it was on one occasion a task of the most pleasant kind to be partly instrumental in securing a reconciliation between the persecuted and one of the persecutors; and I shall never forget the expression of bitter regret that fell from that great man that he had ever taken part in the absurd quarrel.

"The lesson was a good one, and it taught me never to lend myself to anything that might even seem to be a want of toleration for the honest convictions of other people. The bitterness of the dispute is over, and those of us who did not share in it have no wish to have it fought over again. I can quite understand, however, that there may exist some in whom the old quarrel is still rife.

"A very trenchant argument against Mr. Pemberton's position is stated in Dr. Madden's letter, which not only disposes of the constantly repeated statement that homœopaths get their qualifications by dishonest truckling, but also of one of the positions taken by the minority who wished to exclude them from the Medical Institute. The law, which is always jealous of the tyranny of the majority, wisely took care that its acts should not be made the basis of any medical orthodoxy. The framers of the articles of incorporation of the Birmingham Medical Institute took an equally wise care that heterodoxy should form no basis for exclusion from its membership, and it wants no great acumen to see that, according to those articles, we have no legal right to exclude any legally-qualified practitioner.

"But I go further, and say that if we even had a legal power of excluding them, we had no moral right to do so. This is no place to open up either the old differences between allopath and homœopath, or the progressive assimilation of the two. Let those differences be what they may, we surely must claim honesty for both, and scout the man who would deny it to either. Then I say that no tribunal has yet been constituted which is competent to give judgment between the sects, for human knowledge is still neither sufficiently comprehensive nor precise enough to weigh scientifically the matters in dispute, and mere authority can have but little weight. It is this *argumentum ex auctoritate*, this last refuge of the sciolist, that has been at the bottom of all persecution; and it has stood long enough as the chief obstacle in the way of human progress.

"Nowadays we are all ranging ourselves under the banner of eclecticism—that is, we take advantage of every fact, experience, and scrap of information placed at our disposal, no matter from what source, and do our best for our patients.

"This leads me to say that there are two words in Mr. Pemberton's first letter on which his position may at once be disputed. They are 'our science.' I do not know on what ground he can claim a right to use the term, and at the same time deny it to the sect he so strongly deprecates. In mere therapeutics there is but very little which has arrived at a scientific accuracy, and scarce half a dozen drugs concerning whose nature and action we are tolerably agreed. The most favourite and firmly established beliefs of our fathers have been rudely shaken by the finger of science, in medicine as in other things; and we smile now at the old schoolmen who seriously argued as to the number of angels who could dance on the point of a needle, but we may in turn be smiled at for something almost as absurd. All positive knowledge which we possess in medicine is limited to fields which are as common to the homœopaths as they are to us; and it is clear, therefore, that in this stupid schism we are

only following the example of the theologians, who are always most positive and most quarrelsome on those subjects regarding which they have the least positive information. In days gone by this spirit ruled humanity so completely that we used to burn those who did not share our ignorance, and the tendency to persecute would seem scarcely yet to have died out, for it crops up in all regions where exact knowledge is deficient. But neither persecution nor exclusion will advance knowledge, nor will they cloak ignorance. Therefore I protest against this attempt to excite one of the worst feelings of our nature by holding up a rag which was red thirty years ago, but which has now lost all its colour.

"We have admitted a small body of gentlemen to a public institution from which we have neither legal nor moral right to exclude them. They are men whom we individually respect, whose honesty we have no right to impugn, and whose differences from ourselves, on questions where there is no certainty, we ought to treat with the utmost toleration.

"The action of the past in this matter has been a huge blunder, and the day is not far distant when the Birmingham Midland Institute will be credited with the honour of having introduced a much needed reform, and of having been the first institution to rectify an injustice.

"I am, &c.,

"LAWSON TAIT."

OBITUARY.

JAMES DORE BLAKE, M.D., M.R.C.S.E.

IT is with much regret that we announce the departure from the scene of his labours of another of the pioneers of homœopathy. No man has laboured more earnestly at the diffusion of the new medical system, and Dr. Blake worked when to acknowledge faith in homœopathy implied not only professional but social ostracism. To his efforts is mainly due the spread of our system in the western counties. He was one of those who indeed "bore the heat and burden of the day;" others now gather with comparative ease the fruit of such labours. Dr. Blake made many medical converts to homœopathy.

James Dore Blake was born at Salisbury on 18th of November, 1805. He was educated first at Lymington in Hampshire, and

afterwards at Wellow, in the Isle of Wight. He early displayed a remarkable affection for anatomy; this science (with chemistry and applied mechanics) formed his favourite pursuit. Although in an uncongenial atmosphere and surrounded by difficulties, he worked at the acquirement of knowledge with great ardour and unflagging zeal.

On leaving school it was his desire to "walk the hospitals," but his father was averse to his devoting his attention to medical studies. The prime of his life was consequently spent in commercial pursuits, which to him were both irksome and distasteful. At a later period he carried on many original scientific researches with Sir Thomas Lethbridge and the well-known electrician Andrew Crosse, of Fyne Court.

In 1841, when at Bristol, he was brought into contact with Mr. Trotman, a retired naval surgeon, who had studied under Hahnemann in Paris, and who was an ardent advocate of the then novel doctrines of homœopathy. This was the turning point in Blake's career. Mr. Trotman soon detected in him a singular power of relegating effects to their causes, and strongly urged him to turn his attention exclusively to medicine.

So it happened that at the age of forty, and with six children dependent on his exertions, he entered upon the hazardous experiment of forcing the portals of a jealous profession.

At Trotman's instance Mr. Blake prosecuted his studies at University College, at Middlesex Hospital, and at Dermott's School of Medicine in Charlotte Street. Day and night he worked with unremitting assiduity, and finally succeeded in obtaining the diploma of the College of Surgeons. He commenced practice at Taunton in July, 1846. Now came the storm of opposition. His appearance in Taunton as a qualified surgeon, his open avowal of his faith in homœopathy, and his determination to practise homœopathically, roused the jealousy and enmity of his professional neighbours to a pitch which determined them to leave no stone unturned to oust him from the position he had taken up. Two memorials were presented to the Council of the College of Surgeons, praying for his removal from the College roll, on the ground of his educational career having been misrepresented by him. To the first no attention was paid. Then followed letters in the *Lancet* and *Provincial Medical and Surgical Journal*, private interest was brought to bear upon members

of the Council; the fact of his practising homœopathy was made the most of; and, finally, the Council, in secret conclave, without condescending to hear any evidence from Mr. Blake himself, or to listen to any witnesses of the perfect truth of every statement he had made—and he was well prepared with many—the Council, on the purely *ex parte* assertions of jealous rivals, struck Blake's name from the College books, perpetrating thereby an act of injustice that will ever remain as a lasting disgrace to that institution. Thus Law spreads her ample skirt over pill-vendors and "nervous debility" sharks, but will not suffer the leprous homœopath to so much as touch the hem of her virgin garment.

At this time Mr. Dermott, at whose School of Medicine in Charlotte Street he had chiefly studied, published a letter in the *Medical Times* testifying that during the whole of the time he was attending his school he "was unremitting in his studies, morning, noon, and night; in fact, no student could have exhibited," wrote Mr. Dermott, "a greater degree of application than he did." All, however, was of no avail against the influence of the Taunton surgeons and the prejudice against homœopathy. Still, however, Mr. Blake held his ground; he remained at Taunton, and succeeded in gaining the confidence of a large portion of his fellow-townsmen.

The next device adopted to get rid of him was to hold inquests on the bodies of patients who died while under his care. As the coroner was an allopathic surgeon, ever ready to damage a homœopathist, the character of these proceedings can be readily imagined; but all failed to shake public confidence in Mr. Blake. His practice grew in spite of all the efforts of his adversaries to diminish it.

The persecutions to which Mr. Blake was subjected in consequence of his devotion to homœopathy having become known to the Faculty of the Homœopathic Medical College of Philadelphia, the honorary degree of Doctor of Medicine was by them conferred upon him as a mark at once of their fellow-feeling for a sufferer in the cause of truth, and of their disapprobation of the narrow and sectarian spirit exhibited by the English medical body.

Spite, then, of obstacles and difficulties which few men would have had the courage to encounter and defeat, Dr. Blake held

his ground, and was rewarded by wide-spread fame and an extensive practice.

In February, 1872, whilst still in the active prosecution of a laborious profession, he was struck down by apoplexy with sequent hemiplegia. He was removed to the Downs near Bristol, but other attacks succeeded at intervals, and at the age of sixty-eight he succumbed to an attack of secondary pneumonia on the 13th of October, 1874.

Personally Dr. Blake was a man of habits and tastes simple nearly to severity.

An early riser, he rarely allowed himself rest or relaxation from duty.

A man of strong opinions tenaciously held, Dr. Blake united unswerving firmness and great decision of character with geniality of manner and generosity of disposition.

Emphatically, a large-hearted man, he was to the end of his career ready to respond to the cry of suffering, irrespective of all social distinctions.

Dr. Blake devoted especial study to the gynæcological department of medicine; it is a matter for regret that he has left us no theoretic results of his labours in that direction.

Dr. Blake was ever the personal friend as well as the professional adviser of his patients; besides a large circle of acquaintances, he leaves a widow and seven children to lament his loss.

His four sons have each entered the medical profession; the three elder—Dr. Gibbs Blake, of Birmingham; Dr. Edward Blake, of Reigate; and Mr. Joseph Blake, of Sheffield—are practising homœopathically. The youngest, Mr. Hahnemann Blake, is at present travelling prior to engaging in actual practice.

DR. HENRY KELSALL.

Dr. Kelsall was the second son of Dr. Joseph Kelsall, and was born at Hilsea, Hants, in 1802. He passed Apothecaries' Hall in 1820, and the College of Surgeons in 1822. He did not

take his degree till 1842. He served on board one of the Hudson's Bay Company's ship in 1823, and on his return from the Arctic regions, received a commission in the Royal Navy, in which he served sixteen years. During this period he was wrecked in the convict ship "Waterloo," which went down off the Cape of Good Hope with a loss of 189 men out of a total of 302. He received severe injuries during this wreck—which was not his first—that caused a lameness that stuck to him through life. On retiring from the Navy in 1847 he studied homœopathy, and first commenced practice in London. Thence he removed to Leicester. His wife's health obliging him to leave, he went to Guildford, but only remained there a year. After a long sojourn in Exeter he finally retired from practice and went to live at Redhill, where he died of inflammation of lungs supervening on softening of the spinal cord. He was a thoroughly honest, painstaking practitioner, and a genial companion to his intimate friends. He was an indefatigable worker up to the last years of his life, and besides writing some small popular works on homœopathy, he translated the whole of the Syriac New Testament. He has so long been out of the homœopathic world that he will be but little missed by his colleagues, but by his friends and family his loss will be long felt.

DR. EDWARD PHILLIPS.

The subject of this notice was born in County Cork in 1822. He studied medicine in Cork and Glasgow, and passed the London College of Surgeons in 1843. He commenced homœopathic practice in Manchester as assistant to the late Dr. Davids. On the death of this practitioner Phillips succeeded to his practice, and gradually obtained a very large practice. He was associated with the late Dr. Walker in the dispensary originally founded by Dr. Davids, to which an hospital was added. Dr. Walker, however, owing to some differences with Dr. Phillips, deemed it his duty to retire from his connection with the hospital and dispensary. This was a great misfortune for that institution, as we believe that had Dr. Walker remained at its head his

scientific character and high professional tone would have tended to raise the opinion of the medical profession respecting homœopathy in Manchester and in the kingdom at large. Dr. Phillips received the Lambeth Degree of Doctor of Medicine in 1856, and removed to London in 1862, where he continued to enjoy a large practice until his death, which occurred on the 5th of January of this year.

Dr. Phillips was an active and successful practitioner, and possessed in an eminent degree those qualities that gain the confidence of patients, but he was not a man of science or learning, and he added nothing to the development of homœopathy as a branch of the science of medicine, though no doubt by his personal influence and professional success he helped to make homœopathy more widely known among the public.

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THE

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HOMŒOPATHY.

THE WATERS OF TARASP.

By C. B. Ker, M.D.

Though little known till a few years ago, and scarcely yet known to most in this country, the mineral springs of Tarasp are now granted a recognised place among the best frequented of the spas of Europe. The great reputation of its neighbour in the same valley, St. Moritz, may, perhaps, partly account for the fact that the Tarasp springs have not sooner gained such credit as therapeutic agents as they deserved to do. But there is little doubt that they are more suitable for many who find their way to St. Moritz than the waters and climate of that crowded place.

Having heard of them through an indirect channel, I resolved on going to form a judgment upon them at the spot itself. I was fortunate enough to secure Dr. Black as my travelling companion, and we left England in the last week of July, 1873. The route taken was a good one, but not the quickest, perhaps. We crossed the Straits at Dover and touched the Continent first at Ostend. From thence we made our way to Basle viâ Brussels, Luxembourg, Metz, Strasburg, and Mühlhausen. The quicker way is viâ Paris, Troyes and Mühlhausen. From Basle to Tarasp

the direct route is viâ Zurich, Ragatz, and Landquart. At this last-mentioned place we leave the railway and take to coaches. It is a long day's drive from Landquart to Tarasp and all through the Canton of the Grisons. During the first half of the journey it is all up hill till we attain the great height of 7800 feet above the level of the sea at the top of the Fluela Pass. It is then all down hill. The top of the Pass is the watershed between the valleys of the Rhine and Danube. At Landquart the Rhine is left behind and at Süs the Inn is touched, the river of the Engadin, a long and most picturesque valley extending from the source of the Inn to the Tyrol frontier. The road skirts the river the whole way between Süs and Tarasp, and there is no finer one in all Switzerland. Soon after 8 o'clock in the evening, after a thirteen hours' drive, we reached the magnificent Kurhaus of Tarasp, an establishment built only a few years ago, and capable of containing about 300 people. With some little difficulty we secured rooms for ourselves, and very comfortable rooms we found them. During the three weeks we spent there we had ample opportunity of studying the place, the waters, and the frequenters of the waters. Tarasp Spa, though situated on the level of the Inn itself, and thus at the lowest part of the valley through which the river flows, is about 4000 feet above the level of the sea. As the river takes no sudden bend at that part of its course it cannot be said to be shut in, though the mountains on each side rise to a great height, and there is no expansion of the valley at the part where the Kurhaus is situated. The course of the Inn is from south-west to north-east. The spot is thus a sheltered one, from the winds, at all events, which prevail during the summer months. Being about 2000 feet lower than its neighbour Spa, St. Moritz, which is 60 miles higher up in the same valley, it is not exposed to the same vicissitudes of climate and inequalities of temperature. At the latter place there are snow-storms in July and August, and the thermometer not unfrequently, at the same time, goes down in the night to the freezing point. At Tarasp they have no such experience. Its

climate may be said to be bracing and yet not too cold, even in cold seasons, and Dr. Sedgwick tells us that its rainfall, as to depth and number of days, is less than in any part of Switzerland. The same authority tells us, also, that fogs are not known. As to temperature, its fluctuations are moderate compared with other places in that country at the same elevation. According to Dr. Sedgwick, the mean day temperature of June is 56° Fahr., that of July 62°, of August 57°, and of September 58°. The lowest day temperature of those months is 42°. And, as to the barometer, its mean height is 25·98. "In brief," says this authority, "it may be said of the climate of Tarasp, that, while retaining the sunshine and the bracing and inspiriting properties of higher Alpine situations, it is milder and less irritating from its greater moisture, its greater warmth, and its greater equability."

It is situated about nine miles only from the Tyrol frontier, and in the centre of a beautiful district in which there is ample scope for the pursuit of objects interesting to the botanist, entomologist, geologist, the picturesque tourist, the mountain and glacier explorer, as well as to the therapeutist and student of mineral waters. The soil, says Dr. Killias, the Spa physician, "is an excavation (inlaid in gneiss) of grey, decaying, calcareous clay-slate, frequently interrupted by serpentine stone and diorit, with numerous interspersions of gypseous earth." "The direction of the excavations is generally from south-west to north-east, and, according to researches made by Professor Theobald, all the mineral springs rise in one crevice, which follows the same direction. The abundant efflorescence of sulphuric magnesia on the slate rocks, the numerous banks of ochre, the exhalations (reminding one of volcanic phenomena) of carbonic acid and sulphuretted hydrogen called mofettes, naturally lead to the supposition that those springs must be particularly rich in mineral elements, and indeed on an extent of not quite three miles in a straight line there is an immense number of mineral springs, most of which are very powerful."

It was not till 1830 that the Tarasp waters became

known to the world. Schönlein first drew attention to that district as richer in mineral springs than any in Europe. Since then a good deal has been written upon them by various authors, and, among them, Dr. Yeo, Dr. Macpherson, Dr. Lee, and Dr. Sedgwick. By them it appears to be agreed that there are no more powerful alkaline-saline springs to be found anywhere. The Grisons Great Council, in 1860, commissioned Dr. de Planta to make an analysis of the twelve chief springs. Founded on the analysis which was accordingly made, a joint-stock company was formed. A lease of the wells was taken, a great Kurhaus was built on a flat open space on the banks of the Inn and in close proximity to the chief springs, gardens were laid out and summer-houses erected, close to which a beautiful fountain throws its waters sixty feet into the air, roads were levelled, bridges built, and paths cut through the forests and up the steep slopes of the mountains. The Kurhaus is 500 feet long, 50 feet high, and, as I have already said, is capable of accommodating 300 people. During the season, which includes June, July, August, and September, there is a resident English chaplain who conducts two services on every Sunday.

The bathing accommodation is very good. There are fifty-six bath-rooms on two floors. The upper ones are for ladies, the lower for gentlemen. The baths, at the choice of the bather, may be of plain unmineralized water, or may be chalybeate-acidulous or saline, and the temperature may be high or low according to the doctor's prescription, or the bathers' wish. The baths are heated by steam. Douche baths are also to be had.

Every facility is put in the way of visitors who go to the Spa for other than health purposes. The diet and regimen of the water-drinkers need not be theirs unless they like. There are music-rooms and billiard-rooms. Lots of newspapers are regularly taken in, and some English ones among them. English books are also to be had, not only in the Kurhaus, but at a small shop not many yards off where there is a good circulating library, at which may be purchased or borrowed books in all languages, and, also,

what always delights an English tourist, the Tauchnitz edition of some of the best works to be found in our literature. Excursions may be made to places far and near, for which carriages and horses and guides are furnished. Mountains 10,000 feet high may be scaled, glaciers visited, and some of the beautiful Tyrol scenery explored in a single day's excursion. The villages near are some of them interesting relics of feudal times, of times when the inhabitants were subjected to the iron rule of Austrian despotism. A very perfect old ruin is the Castle of Tarasp, perched upon the top of a hill commanding many miles of country both up and down the Inn valley, and which can be reached in less than half an hour's walk from the Kurhaus. It looks down on the old town of Tarasp and its small lake, and is itself looked down upon by three of the highest mountains in the neighbourhood. Like so many of the European Spas, therefore, Tarasp has the advantage of a very fine locality, attractive to more than the seekers after health. It is this fact that has given rise to the very widely-spread idea that a visit to a Spa for the purpose of change of air, of inhaling mountain breezes, of botanizing in forests and meadows, of enjoying its varied society and its holiday life, is what is required by the invalid; that the waters, in fact, are nothing, and the change and holiday-life everything. There is some truth, but not the whole truth, in this idea. Did it contain the whole truth it would matter little, if anything, to what Spa the invalid betook himself—Karlsbad or Gastein, Vichy or Schlangenbad, Baden-Baden or Tarasp, Kissingen or Kreuznach, would be equally suitable to him. The sulphur waters of Harrogate, the chalybeate of Tunbridge, the hot of Bath, the cold of Cheltenham, the bromo-ioduretted of Homburg, the acidulous-gaseous of Buxton, or the saline-alkaline of Ems might with equal chance of benefit to him be visited and drunk. But that is by no means the case. Much harm is done to those who, believing that one spring is as good as another, partake indiscriminately of those that are nearest them. An elderly gentleman, a general officer of the Indian army, betook himself to Harrogate a few

years ago with some confused notion that its waters would do him good, because he had been troubled for some time with a skin eruption. Without consulting the medical man who usually attended him or one at Harrogate well acquainted with the actions and uses of its waters, he, from the day of his arrival there, drank tumblers-full of sulphur water and bathed in sulphur baths. Before he had done this for four days he had a paralytic seizure which effectually crippled him, mentally as well as physically, for the rest of his short life. Had he gone to Wiesbaden or to Buxton, in all probability his health would have been benefited and his life prolonged. But, though it cannot be said that virtue does not reside in mineral waters, or that all mineral waters are alike, it is nevertheless perfectly true that a great deal of the good a man derives from visiting a Spa and drinking its waters is independent of those waters, and that he would gain equally if he never drank them at all. It should, therefore, continue to be the practice of medical men to recommend such patients as require rest of body or mind, especially if they are dyspeptic or subject to derangements of any part of the digestive system, to pay a visit to some Spa in this or other countries, and to select for him such a water as shall do little more than act on the stomach and intestines, and that not too powerfully. The drinking such water, if not of much service to him, will furnish him with an object in leaving home. If told to leave his work, he will refuse to do it. If told to travel in Scotland or Wales he will equally refuse. But, if told to go to Wildbad and drink the waters for a certain number of weeks he will go. There is something more tangible to his idea in a course of waters than in a certain number of journeys by rail or coach through valleys and over hills. He has faith in the direct remedy more than in the indirect. He goes, therefore, to Wildbad, returns in a month wonderfully benefited, and swears for the rest of his life by Wildbad as the most efficacious health-resort in the whole world. But his doctor listens to his tale, and courteously assents to all his patient tells him, and never dreams of contradicting him, but believes all the same that a ride on

the top of a coach through Glencoe and a fortnight's fishing in the Ness would have done him quite as much good.

Tarasp is just the place to send such a patient to—a patient who has no one specific malady, but whose digestive system is functionally wrong, and who suffers from those ills which that derangement engenders—costive bowels, high-coloured and rather scanty urine, indifferent and unrefreshing sleep, lassitude and depression of spirits, irritability of temper, want of mental clearness and concentrativeness, headache. Such symptoms, along with pain and oppression after eating, stomach and abdominal flatulence, an appetite which is either craving or lost, and which admits of no pleasure in eating, such symptoms are in a large proportion of cases caused by too close application to business or study, and are readily cured or greatly benefited by a visit to such a Spa as Tarasp.

Its chief spring, the one which gives the place its character and reputation, is the St. Lucius. There is another, the Emerita, the chemical analysis of which shows a composition almost identical with that of the St. Lucius; but it is not so great a favourite, and is resorted to, as a rule, only when the other has failed to do good or appears to disagree. The following table gives a general analysis by Dr. de Planta, of five of the most used of the numerous springs of Tarasp.

Tarasp Waters.

Constituents. Grains in sixteen ounces.	Alkaline Waters.			Iron Waters.	
	Lucius.	Emerita.	Ursus.	Bonifacius.	Wy.
Alkaline carbonates . .	44·7381	45·9142	37·8339	25·1242	10·1436
Alkaline sulphates . .	19·5448	19·7536	14·1488	2·3822	·1704
Iron and magnesium carbonates . . .	·1520	·1397	·1036	·2534	·2165
Sodium chloride . .	29·4013	29·3813	22·1752	7·9296	·0284

It will be observed that iron is an ingredient of all these five springs, but that the proportion in the Bonifacius and

the Wy is larger than that of the so-called alkaline waters, and so gains for them the name *chalybeate.* The proportion of iron in the Bonifacius is greater than in that of the old St. Moritz spring, and equal to that of the Paracelsus, the spring which may be said to have given its reputation to that watering-place. But a fuller analysis of some of the Tarasp springs must be given.

Tarasp Alkaline Waters.

Grains in sixteen ounces.	Lucius.	Emerita.	Ursus.
Calcium carbonate	12·4323	12·4016	10·8702
Sodium carbonate	27·2294	28·535	22·6222
Magnesium carbonate	5·0764	4·9766	4·3415
Ferrous carbonate	·152	·1397	·1036
Sodium chloride	29·4013	29·3813	22·1752
Sodium sulphate	16·5473	16·4167	11·9769
Potassium sulphate	2·9975	3·3369	2·1719
Sodium iodide	·0015	—	—
Phosphoric acid	·0023	—	—
Silica	·2465	·0921	·1843
Total solid matters	94·0880	95·2799	74·4458
Carbonic acid in cubic inches, free and half-free	34·8871	33·2712	29·5318
Carbonic acid really free	15·3984	13·3009	13·1627
The carbonates are most probably bicarbonates.			

The important feature in the above analysis is the combination, as De Planta shows, whose analysis it is, of alkaline carbonates with alkaline sulphates—a combination which is not met with in anything like the same degree in any other springs in Europe.

In the following table is given De Planta's analysis of three of the Tarasp chalybeate springs, the Bonifacius, the Carola and the Wy, in which is seen the proportion of carbonate of iron they contain.

Tarasp Iron Waters.

Grains in sixteen ounces.	Bonifacius.	Wy.	Carola.
Ferrous carbonate	·2534	·2035	·1259
Manganese do.	—	·0130	—
Sodium do.	7·9296	·0284	—
Calcium do.	14·6096	9·4671	4·2071
Magnesium do.	2·5850	·6481	·8094
Sodium chloride	·4377	·0161	·0168
Magnesium do.	—	—	·0146
Sodium sulphate	1·6488	·0867	·2825
Potassium do.	·7334	·0837	·4992
Phosphoric acid	—	·0015	—
Silicic acid	·142	·1474	·0737
Alumine	—	·0007	—
Total solid matters	28·3395	10·6962	7·1612
Carbonic acid, free and half free	28·5810	22·1498	22·3224
" " really free	17·4120	17·5526	17·5872

It will be seen that the alkaline waters contain iron, and that the iron waters contain alkali, and that the proportion of carbonic acid gas which they all contain is very large, forming, indeed, one of the chief characteristics of these waters. There are numerous other springs in the immediate neighbourhood of the Kurhaus, the chief of which are chalybeate, but there are two sulphurous. The specific gravity of the alkaline waters is about 1·013, and their temperature 43° Fahr.

Dr. Sedgwick's summing-up of the action and virtues of these waters is to the following effect;—that they are antacid by means of the carbonates, purgative by means of the sulphates, restorative by the iron, lime, and common salt; that increased tissue-change is caused, and more solid matter passed both by kidneys and by bowels; but, as old matter is passed off, young living matter takes its place, with the result of renewal of structure and power.

It is not only in such a case as I have mentioned that Tarasp waters are useful. Dr. Killias, the Spa physician,

and who has had the experience of many years to refer to, gives the following list of diseases which are cured or greatly benefited by having recourse to them:—Obesity and fatty degeneration, glandular hypertrophy, liver disease, stomach and intestinal catarrh, constipation of the bowels, urinary diseases, hypochondriasis, menstruation disorders, scrofula, gout and rheumatism, bronchial catarrh, worms and eczema. He at the same time says that the use of the waters is contra-indicated by the following diseases:—Tuberculosis, ulceration of the bowels, anæmia, epilepsy, hæmorrhage and neuralgia. It is not advisable, he thinks, to recommend them in any organic disease, or in pregnancy, or in insomnia, or diarrhœa.

Judging from my own experience I feel inclined to say that these waters, like all mineral waters, and, indeed, like all medicines, may do harm or may do good according as they are used or abused. To go to Tarasp in a state of nervous exhaustion, and to do, when there, as the Romans do; that is to say, to rise at six o'clock, or earlier, to drink at intervals extending over two hours, from four to six or even eight tumblers of the St. Lucius spring, to walk to and fro during the whole of that time, with the exception of those periods spent in the abtritt (for on some the purgative action is very great); to do all this requires a physique stronger than is compatible with a state of nervous exhaustion. Many in that condition nevertheless do it all under the mistaken notion that it is the right thing to do, and that notwithstanding the increase of their exhaustion. Even the strong, some of them at all events, suffer from following the routine practice. It would be a gain to all the invalids, and nine-tenths of the water-drinkers are invalids, if, immediately on rising, they, before going to the well, drank a cup of hot café-au-lait, tea, chocolate or milk, and if they got through their water-drinking in one hour instead of two. All necessary purposes would in the majority of cases be secured by adopting this innovation on the habits of the place. It is possible that now there is not the same reason for adopting this plan as there was when I visited Tarasp. Then there was no Spa building, no benches, no chairs.

The waters were drunk in a small chalet, so small that it was impossible sometimes to get your tumbler filled without pushing and elbowing to right and left, and having your toes trodden upon, to say nothing of the risk you sometimes ran of having your clothes drenched by the upsetting of your neighbour's glass over your person. Having performed with safety the feat of getting your tumbler filled by the recognised pumper, you "moved on" and on till you left the chalet by a door different to that of entrance, and, standing by the rushing and roaring Inn, you sipped and sipped till your glass was emptied. The right thing to do then was to walk up and down for ten minutes. If you did not do that you had no alternative but to stand till it was time to have your glass filled again, for, as I have said, there were no chairs or benches to sit upon at that time. Had there been, had the Tarasp frequenters had the same advantages as those at St. Moritz, where there is a long, handsome room provided with the means of sitting and resting, many would have left the place more benefited, and with a pleasanter impression of the spa and of the efficacy of its waters.

The weakly would do well to take another hint in addition to the one I have given them as to the hot drink before going out in the morning and the shorter period of stay at the well. The water itself, the temperature of which is 43° Fahr., is too cold to be drunk in the early morning with impunity by some invalids. There is furnished in the chalet provision to obviate all risk on that score. There is a hot-water bath of depth sufficient for the glasses of the drinkers. Into this bath are immersed the glasses of those who dislike or who cannot bear the coldness of the water, and it is then drunk with pleasure, and without the headache and stomach discomfort caused before. Another provision is made with much the same end in view. Warm milk is provided, a mixture of which with the water raises its temperature, and furnishes a little food to those who cannot bear exercise before breakfast. Better than some of these precautions for many of the invalids who resort to the Spa would be facilities being

furnished to them for drinking the waters after breakfast or after dinner; but there might be difficulties thrown in the way of their doing this. All is arranged at these Spas in conformity with the idea that early rising and drinking before breakfast are essential to the cure of invalids, and the change proposed would be considered too revolutionary. Nevertheless, good or harm to many will depend on some such radical change being carried into effect. One other hint it is necessary to give to some who go from this country to places like Tarasp. Going to a latitude very much south that of England, it is believed that the clothing need not be otherwise than light and cool. But, in some seasons, they are painfully undeceived, and have reason bitterly to regret having left home without additional clothing, and that of a warmer sort. Tarasp is safer than St. Moritz in this respect, the thermometer in summer, and even in the nights, not descending very low, but even there it occasionally happened in my experience that I was driven to the necessity of returning to the Kurhaus for an additional coat. To be chilly is not to be in the state predisposed to benefit by the mineral waters.

The conclusion I arrived at after a three weeks' stay at Tarasp was that, certain conditions being observed, which I have alluded to, very great good would accrue to many invalids from a visit there, to the negative as well as to the positive invalid; for a distinction may be drawn between them. The negative invalid is the man who assures you that he has no disease to complain of, but that he is not himself, his "light is low," his "blood creeps and the nerves prick and tingle; and the heart is sick, and all the wheels of being slow." He does not enjoy life, nor society, nor his own family, indeed he has lost altogether his capacity for enjoyment. His intellectual tone is gone as well as his physical, and he says that he can read nothing that requires concentrated thought. At the same time, beyond a certain sluggishness of action, every organ in his body is doing its part fairly well. Such a man could not do better than go to Tarasp, drink its waters,

breathe its pure air, climb its grand hills, and vegetate in the shade of its woods and forests. The positive invalid who will be sure to gain by this spa is one whose disorder is chronic, and characterised by local congestions, especially if there are constipation of the bowels, a sluggishly acting liver, and gastric catarrh. But I have no doubt that a large proportion of the diseases mentioned by Dr. Killias, if not advanced too far, would be, if not cured, at least ameliorated greatly by the baths as well as by the waters of Tarasp.

The arrangements of the Kurhaus are all favourable to the restoration of physical and mental tone. The manager who controls the whole establishment is a man of courtesy and intelligence, who spares no pains in the interests of his visitors. He speaks English, which is a matter of no little importance to the English who frequent his house, nine out of ten knowing no language but their own. The cooking is good, and the diet good, and four good meals are served in the day, at two of which different kinds of animal food are put upon the table. No butter is allowed to the water-drinkers, but that is a restriction not peculiar to Tarasp, but common to many other spas. Those who cannot enjoy bread without butter may breakfast in a coffee-room where butter may be had by paying separately for it as they would for beer or wine. Many different kinds of bread are furnished, and two or three kinds of preserves, as well as the honey without which no breakfast-table in Switzerland is considered complete. The waiting is exceedingly good, and is done by an equal number of young men and young women, all dressed in black and white. A band of music plays while dinner is going on, and at two other times in the day, in the morning, near the springs, when the drinkers are hard at work, and in the evening in the music or reading-room after supper. The house is roomy and light, and is the most noiseless one I ever lived in. This merit is in a great measure to be attributed to the fact of all the passages having a thick matting laid down in them. The bedrooms are of good size, even the smallest, and private sitting-rooms are fur-

nished to those who desire them. There are plenty of good water-closets on every floor, and pains are taken to keep them clean.

The expenses are moderate, and accounts are not allowed to run longer than one week, which most tourists and invalids will highly approve of. They amount to from seven and eight to nine and ten francs a day according to circumstances. But with regard to this matter of expense, it is always best to secure against all misunderstanding and disappointment, to come to terms on the very first day of residence, and every facility for doing this is furnished by the manager, and the secretary or cashier. What are called extras embitter the existence of more than people of small means, but it will be their own fault if they find such registered against them in their accounts, for it is in their own option to know, to a sou, what their expenses will be, by simply asking questions on their first arrival of those who are really anxious that there should be no misunderstanding.

Before concluding this paper it may be as well to allude to a subject which Dr. Madden has touched upon in a contribution to the *British Journal of Homœopathy*, entitled "Mineral Waters," vol. xiii, page 614. That subject is so ably and satisfactorily handled by him, however, that there is little left for me to say.

It would of course be more satisfactory to the homœopathist to prescribe for his patient such mineral waters as had been tested and proved on persons in health, and in accordance with the results of such proving,—like to like. But we have no such provings. Are we, then, to ignore mineral waters altogether, or are we to prescribe them empirically? Dr. Madden recommends that we do neither. He shows that mineral waters have both a general and a special action on the economy. The general action is a depurating one, increasing the action, that is to say, of liver, kidney, or intestines, or one facilitating the disintegration of tissue. The special action is wrought by virtue of the characteristic ingredient of the water, such an ingredient, for instance, as *Iron, Bromine, Iodine,* or *Sulphur, Phosphorus,* or

Manganese, Strontia, Lithia, or *Baryta.* He would prescribe a mineral water containing *Iron* to the patient who required that metal homœopathically, and if a depurating effect were also desirable, he would select the water which contained, in addition to *Iron,* large quantities of the *Sulphate* and *Muriate of Soda* and *Magnesia* ; if depuration is not needed, but, instead, the disintegration of tissue, he would select the water containing the alkaline carbonates as well as *Iron.* Most springs, he believes, possess a specific virtue by reason of the characteristic ingredient they contain, and it is that ingredient the homœopathist should always have in view in prescribing a mineral water.

Till mineral waters are proved upon those in health, however, we need not refrain from using or recommending them. By so doing we should be depriving ourselves and others of remedial agents of great power and efficacy. It matters little whether we prescribe them with the characteristic ingredient in view, as Dr. Madden suggests, or guided simply by the traditional reports of cures effected, if improvement or cure is the result. There are many chances in favour of benefit if we exercise caution as to the spa recommended, and as to the habits followed when there, and the quantity of the water drunk. If common-sense precautions are taken with regard to these and other matters, nineteen out of twenty of those we send to a mineral spring will derive advantage from it. The specific ingredient may do our patient good, or the depurating ingredients may do so. But in many cases, perhaps in the greatest number, what will do him most good is the change from home and work to idleness and another scene, where a holiday existence is led for a certain number of weeks, and from which he will return mentally and physically benefited.

CUNDURANGO: PROVING WITH NOTES AND CASES.*

By J. C. Burnett, M.B.

Like every one else I watched with much interest the rise and fall of the anti-cancerous reputation of this drug. Those who expected a cure-all medicine have been much disappointed with *Cundurango,* which was going to be *the* cure for cancer.

Every drug that possesses any medicinal action whatever, in such a fearful disease, deserves a nearer acquaintance.

After reading what Hale, Cl. Mueller, Goullon, jun., Obolinski, and Friedreich have said of the clinical value of *Cundurango,* it seems to me that this medicine has a certain future in therapeutics.

Having made these preliminary observations I now proceed to give my experiments with it.

Case I.—Professor Friedreich's beautifully diagnosed case of cancer of the stomach cured by *Cundurango* led to Dr. Obolinski's second and successful use of this drug, and caused me to prescribe it in a very obscure case that appeared to me to be cancer of the liver. This was in November, 1874. Patient, a woman of sixty or thereabouts. I gave her daily half an ounce of a fresh infusion made from the bark, and continued it for several weeks with this result, that patient lost the peculiar dark-brown dusky appearance which she had at the beginning of the treatment; but otherwise she derived no benefit from it. While observing this case I noticed that patient was much distressed with *obstinate cracks in the corners of her mouth.* These cracks appeared during the exhibition of *Cundurango* as above. Patient had never had such before. At this stage of the treatment patient gave me up.

* Read before the Liverpool Homœopathic Medico-Chirurgical Society, May 5, 1875.

Whether any value is to be attached to the disappearance of the dusky hue of her skin or not, I cannot determine. I regarded the rhagades in the commissures of the lips as *pathogenetic effects*, and made a note of it in *Hale's New Remedies*, Art. Cundurangu.

Case II.—Professor Friedreich remarks that the great pallor of his patient's lips soon changed to a healthy red. Taking thence "pallid lips" as an indication for *Cundurango*, I administered it in an obstinate case of dyspepsia occurring in a cook of about fifty years of age. The prescription was ℞ *Cundurango* ϕ, ʒj, Aq. ad ℥viij. *Dose.*—A dessert-spoonful four times a day. This was continued for a fortnight, with the result that patient "*vomited blood, and fissures appeared in the corners of her mouth, and the lips became red.*"

The treatment was then altered (December 4th, 1874). At this stage I determined to try it on myself.

First short proving.—Took three drops of Tr. ϕ, of *Cundurango* several times a day for five to six days; about third day there appeared a very painful crack in the right corner of my mouth; as it was getting worse and worse I left off taking it; and the crack healed in two to three days.

About a week afterwards I repeated the experiment with precisely the same result, viz., the production of a painful crack in the right angle of my mouth. I tried the experiment a third time, but with *no* effect.

Résumé.—*Cundurango* produces cracks in the corners of the mouth.

I now obtained a small stock of the bark for further experimentation.

Second proving.—Feb. 12th, 1875, 8 p.m.—Took ʒiv of the fresh infusion of *Cundurango*.

Feb. 13th, 7.35 a.m.—Took ʒiv ditto.

9.45 a.m.—Took ʒiv ditto.

7.45 p.m.—Discharge of a good deal of glairy mucus from the nostrils, alternating with a feeling of unusual dryness of the Schneiderian membrane.

8.10 p.m.—Took ʒiv of same infusion.

Feb. 14th, 10.10 a.m.—No symptoms. Took ʒiv ditto.

11.45 a.m.—Took ʒiv ditto.

1.30 p.m.—Took ʒiv ditto (tepid).

4.15 p.m.—Took ʒiv ditto.

11 p.m.—Took ʒiv ditto.

15th.—Have had restless dreamy sleep. Urine scanty.

10.15 a.m.—Took ℥j ditto.

10.20 p.m.—Took ℥j ditto.

Feb. 16th.—Have had a very bad dull headache all day along the top part of my brow and front part of hairy scalp. Last night there appeared two big pimples, like incipient boils, on the front surface of my left thigh; they are withering to-day.

On account of the headache I feel afraid of taking any *Condurango* to-day.

17th.—The headache went off last evening early; on rising betimes this morning I felt a slight sharp distinct pain in the heart, no anxious feeling with it; it lasted only a minute or so, and shortly thereafter there was a passage of flatus.

10.30 a.m.—Took two ounces of infusion.

18th.—Felt a little nausea yesterday; was uneasy in the night and slept badly. I have a slight headache at the top of my forehead these last eighteen hours.

11.10 a.m.—Took three ounces of the infusion.

19th.—Have had a poor night; my bedfellow accuses me of having snored very badly; a little nausea; urine high-coloured and loaded with phosphates; dull pain across small of back; a few erythematous blotches in the face; I feel miserable, and do not care to take any more of the drug to-day.

20th.—Feel well again.

10 a.m.—Took four ounces of same infusion.

Cundurango has a peculiar taste, which I can compare to no other; I could readily recognise it by its taste.

11.15 a.m.—Feel very slight vertigo with a faint perception of headache across the top of forehead. Also slight pressive or full feeling in the bridge of the nose.

21st.—Yesterday afternoon headache; pain in left shoulder-blade,—then a little in the right one—dull and continuous; a constrictive pain at the heart.

This morning, headache; slight nausea arising from right hypochondrium; urine thick; those around me tell me I do not look well.

11 a.m.—Took five ounces of same infusion.

The smell and taste of the drug are getting very disagreeable to me.

11.40 a.m.—Feel only the frontal fulness. Took ℥ij ʒiiss of my infusion.

This finishes the quantity I made a few days ago.

22nd.—Had a very bad night: tossed about to and fro all night, and seemed, nevertheless, rested in the morning. My lips look unusually red. Dull feeling in the forehead. Dull, heavy, continuous pain in the left shoulder-blade. Do not feel well.

11 a.m.—Took six fluid ounces of infusion; it has the same taste as the other, but is evidently stronger.

7 p.m.—I have just noticed a large pimple on my scalp.

23rd.—Have had a bad night, especially towards morning; a long-lasting impression as if my forehead were very broad and high; dull feeling in forehead.

10.30 a.m.—Took seven ounces ditto.

Afternoon.—Small, painful pustule on the right side of the tip of my tongue, on the upper surface towards the edge.

24th.—The right side of the tip of my tongue is slightly painful, but the wee pustule has broken and seemingly discharged. On rising this morning I noticed a very small pustule, size of a pin's head, between my eyebrows, and also one on the right side of my nose; washing cleared them away, and a minute portion of blood appeared; there is likewise a pimple on the tip of my nose.

The alvine function does not seem to be affected; the Schneiderian membrane is at times very dry, the nose stuffed up. and then a great discharge of mucus comes on; there is an almost constant dull sensation across my fore-

head; urine scanty; sexual appetite depressed; good many pimples on thighs; anorexia.

12 m.—Took ℥iij of infusion.

25th, 12 m.—Took ʒj of Tr. ϕ.

From the yesterday's dose of the infusion I have noticed no symptoms; feel quite well now.

12.30 p.m.—Took ʒij of Tr. ϕ.

In the afternoon painful foul-smelling flatus.

26th.—On rising I perceive a minute pustule on the border of the tip of the tongue to the right of the mesian line; also a tiny pustule on the right cheek, and two similar pustules on the skin of abdomen, just to the right of the mesian line, and here, still further to the right, a few tiny papules.

About 12, noon, several times, quite severe pain in the right hypochondrium lasting over several minutes; a like but transient pain in left scapula, and then a very slight pain in left half of tongue.

5.50 p.m.—Took ʒij Tr. ϕ in water. Very strong taste of drug in my mouth, making me draw a wry face.

7.30 p.m.—Pain in right hypochondrium; emission of flatus.

7.50 p.m.—Took ʒiij Tr. ϕ in water. Very nasty taste.

8.5 p.m.—A feeling as if the left half of my forehead were higher than the right half, *i. e.*, in the left half there is a little heaviness, while the right is clear, and hence they feel different. A feeling of warmth throughout the body, &c., &c.—obviously from the imbibed spirit (ʒiij).

27th.—It seems to me that the spirit disturbs me more than the drug; I therefore give up all idea of trying to get symptoms from taking the tincture.

28th.—There are several blotches on the skin of the upper arms; more on the left.

March 5th.—This morning I have a bad headache, principally in the upper part of the left half of my forehead: it is just dull, and as if it were bigger. Several small pustules on face and upper part of chest; the blotches on my arms still persist, and were very bright this morning.

11th.—Have just received a pint of the fresh infusion of *Cundurango* from my chemist. The blotches on my arms are fading, but still quite visible; the pustules persist too, but are fading; one of the pustules—near the acromion—became as big as a large pea and filled with pus, but it did not ripen or break, notwithstanding rubbing it daily after my bath with a rough towel.

8.35 p.m.—Feeling quite well I take eight fluid ounces of the infusion. Same taste as before. Within ten minutes the same old sensation in the nose: I cannot well describe it, but on pronouncing the French nasal sounds *on, en, in, oin,* I seem to be able to do it with great perfection. It is a sort of "nasal" feeling; I fancy those with ozæna must feel so.

12th, 10.30 a.m.—Sound dreamy sleep last night; nose slightly uncomfortable; lips unusually red; sleep transient; pain in left scapula. Took eight fluid ounces of the infusion. This, with the ℥viij I took yesterday, makes the pint.

1.40 p.m.—While driving my round this morning I once or twice felt a sharp pain in my left shoulder posteriorly, and now while I am writing I have a very peculiar tingling in the fingers of my left hand; this tingling lasts now these ten minutes; my tongue appears unusually clear and red.

14th.—Rather bad frontal headache all day.

15th.—Some small, congenital, warty excrescences on my body seem unusually large; they look red and fresh. I have had a very dreamy night; the blotches on arms are still visible, likewise the large pimple near the acromion; there is a new blotch over clavicle similar to those on arms; slight headache.

26th, 11 a.m.—Took two dessert-spoonfuls of fresh infusion.

29th, 5 p.m.—Ditto.

30th.—Have had a dreamy night; urine scanty; slight frontal headache; the blotches on my upper arms had become nearly invisible, this morning they are again red; and there are two new blotches on the left arm, one just below the elbow and the other on the wrist; after taking

yesterday's dose I took a usual walk, during and after which I felt very poorly; my underlip is unusually red. *Cundurango* has become very repugnant to me, so I cannot bring myself to take any more.

April 24th.—The blotches on my arms are gradually getting pale, but they are still visible; I have had a good many extremely indolent pimples, one or two on my chest as large as peas; there is one on the left side of my nose, which seems likely to remain; it has already been there more than a week; there is a large one on my chest just on the manubrium sterni, which is nearly a month old and is exfoliating. For weeks past I have had a sore-throat which gets no worse and no better, and medicine seems to do it no good; the tonsils are slightly enlarged, but otherwise I can see nothing in the throat. I do not remember having had a sore-throat since I was a lad. I have been attending diphtheria. I have a peculiar stiffness in my nose for many weeks—six or seven weeks..

I feel I am still under the influence of *Cundurango*, and have still a very great repugnance to it.

This ends my proving.

This short and imperfect proving of *Cundurango* may not have any great value, but I think it has some, as no proving of it (as far as I know) has yet been published.

I now offer very short notes of a few cases treated with *Cundurango*.

Case A.—Mrs. D—, is head nursery-maid in a family that I have attended for about two years; she is about forty-five years of age. Some years since she had something on her tongue, which a country surgeon said was cancer, and recommended immediate excision. Her mistress sent her to Dr. Drysdale, who said it was not cancerous, but possibly arose from a cheap set of false teeth which patient wore. Dr. Drysdale ordered the removal of the teeth, and prescribed for her; in a few weeks the tongue was well.

During many months I had occasion to see patient, and

frequently prescribed for cracks in the corners of her mouth; these cracks, however, did not get any better. She finally determined to go to Dr. Drysdale again; distance and bad weather prevented this for a time. In the meantime I had produced cracks in the corners of the mouths of two patients, and of myself.

Mrs. D— had been getting worse and worse with her mouth, and the corners of her mouth had assumed a very nasty appearance; the cracks were getting very deep, and warty growths occupied the edges, one of the size of a split-pea, and the other as large as a threepenny piece, both flat and exuding a kind of dirty juice; her tongue had a peculiar smoothness and was very tender.

I prescribed *Cundurango* ϕ, one drop in water four times a day.

This treatment was continued for about a month under steady and regular supervision; its effect was all that could be desired; the corners of the mouth healed gradually and completely, the warty growths disappeared, as also the tenderness of the tongue, and patient's general health became extremely good. The peculiar smoothness of her tongue remains.

It is now nearly two months since she ceased taking the *Cundurango*, and she continues well.

Case B.—Miss W—, æt. 42, suffers very much from rhagades at the anus. The pain is described as terrible when there is a passage. She has also *cracks in the angles of her mouth*. It occurred to me that *Cundurango* might possibly cure the anal trouble as well as the oral one. I accordingly gave it as in Case A, begging the patient to report herself in a month. She came as requested, and said she was cured both of the anal and oral rhagades. The cracks in the angles of her mouth were very slight indeed, and were not complained of till I called her attention to them; these were quite cured, as I could see, and patient said those of the anus were likewise; but as I made no inspection either for the purpose of diagnosis or for verifying the effect of the medicine, I cannot vouch for its

correctness, though I have no doubt whatever of the correctness of patient's statements.

Case C.—Mrs. W—, æt. 50, complains of great vaginal pruritus. I observe cracks in the angles of her mouth.

I gave her teaspoonful doses of the fresh infusion for a fortnight. The cracks in the angles of her mouth were cured, but the pruritus vaginæ was no better.

Case D.—A scrofulous girl of 8½ years was brought to me with an eruption in the face, which arose from the angles of the mouth; what the anatomical characters of the eruption were I could not see, as dirt, saliva, and scabs obscured the matter considerably. The child had besides an indolent abscess in the hand.

I prescribed *Cundurango* 1 in pilules, one every four hours. The eruption in the angles of the mouth and across the face was cured in about ten days; otherwise the little patient was no better. This eruption was of quite recent date, and arose (the parents said) from iodial salivation.

Case E.—Mrs. N—, æt. 65, suffers from incipient paralysis, incontinentia urinæ, and cracks in the angles of the mouth.

I prescribed *Cundurango* ϕ on *Sac. Lac.* as one-drop powders, one to be taken in water four times a day. This was continued for three weeks, when very great improvement was visible; the cracks were cured, patient was much stronger, and she was capable of retaining her urine, at first only by day and then also by night; then I gave no medicine at all for seven days; the mouth was right, but patient had become weaker and the incontinentia had reappeared. This was four days since, and I have repeated the prescription. I noticed that acne pustules which patient had on her face have almost disappeared since she took the *Cundurango.*

Synopsis.—Cundurango has a specific affinity for the

angles of the mouth, and causes and cures fissures in the same; it affects the lining membrane of the nose, causing alternate states of dryness and stuffiness and of pituitous discharge; it produces a kind of "nasal" feeling in the nose; a headache which is dull and lasting, and located principally along the top of the forehead at the commencement of the hairy scalp; redness of the lips; its action on the skin is slow, profound, and lasting, and it affects the papillary layer of the corium, as is evidenced by its producing papular blotches and pustules, which are characterised by extreme torpidity; it diminishes the renal secretion, slightly depresses the sexual appetite, and has some obscure action on the liver; it does not prevent sleep, but causes dreams and restlessness, yet the sleep is refreshing.

When I was conversing with Mr. Proctor on its effects he at once suggested a similarity between its effects and those of syphilis—"fissures in the corners of the mouth; blotches on the skin; stuffiness of the nose," &c.

SIR THOMAS WATSON IN 1857 AND IN 1871.

We have been reading again, in its new edition, one of the most fascinating works in medical literature, *Watson's Principles and Practice of Physic*. First delivered as lectures in 1836-7, and published in 1843, this book has been in constant demand since, so that the present is the fifth edition. And though the dates now mentioned are sufficient to indicate the advanced years of its author, yet the volumes in this new form show that his mind has not lost its vigour, nor his pen its cunning. His full assimilation of modern research in nervous pathology, his graphic descriptions of lately recognised forms of disease (as locomotor ataxy and wasting palsy), his cordial appreciation of the work of younger men—all these things evince a health alike of head, heart, and hand, on which we may

well congratulate him and the profession of which he is an ornament.

The work in its main features remains much the same as it has been from the beginning. The only substantial alteration is the omission of all the diseases of the eye save iritis. And yet there is one most important change in it, which as a practical guide gives it quite a new colour. It is the significance of this change, as indicative of a corresponding alteration in the mind of the whole profession, which has led us to write the present article, that its character may be exhibited and its moral pointed.

In 1857 Sir Thomas Watson wrote:—"Of all the *direct remedies* of inflammation, the abstraction of blood, or blood-*letting*, as it is called, is by much the most powerful and important." Again, he said to his class—"I cannot too often or too strongly inculcate the precept that, in order to extinguish or check acute inflammation, you must, above all, bleed *early*." While relating some cases of heroic bleeding without censure, he thinks himself within moderate bounds when he adds, "You will generally find that from sixteen to twenty or thirty ounces of blood taken properly will be sufficient to accomplish the purpose of the measure. He appends to this lecture in this edition a note defending its teachings against the opposite doctrines of Dr. Hughes Bennett, and he repeats, in the following lecture, the statement that "the great remedy in acute and dangerous inflammation is blood-letting." Accordingly venesection heads the list of remedial means for every acute inflammation mentioned in the book, and is often commended in no measured terms.

When we come to the edition of 1871, a great though silent change has come over our author's mind on this point. After expounding and defending *local* bleeding at some length, he makes the following remarks:

"But what of *general bleeding*, what of venesection in particular, as a remedy for inflammation. It is in this matter I am bound to admit that great mistakes have formerly been made, that a potent agency has been misdirected. By abating the force of the heart's contractions,

by diminishing the quantity of blood circulating throughout the body, venesection may, no doubt, lessen the quantity dispensed to the area of inflammation. But to do this to any effectual purpose, the amount of blood thus abstracted must be so large as to affect injuriously for a time, or even permanently, the whole of the frame—to impoverish the blood, to weaken the reparative powers of the body, and to compromise both the present and the future well-being of the patient. These drawbacks to the value of venesection have never been overlooked, but its local influence upon the part inflamed has been overrated. If, indeed, there should be great excitement of the circulation, a single early and moderate bleeding from the arm of a previously strong and healthy patient may calm the general fever, and so facilitate the cure of the inflammation; but there are other means of repressing this tumult, and the main object of the abstraction of blood, namely, the easement of the gorged and overladen vessels of the part, ought almost never, in my present judgment, to be attempted by venesection. That is the direct and proper object of topical bleeding, which has this further advantage over general, that the blood removed by it is especially blood altered, and made pernicious probably, by its intimate participation in the local inflammatory process. *Almost* never I have said, because there is at least one exception to such a rule. There are conditions in pneumonia—the very disease that has been the battle-field for the recent contentions about blood-letting—there are in that special disease conditions which warrant and require venesection, not, indeed, as a form of *general* bleeding, but as a derivative *topical* bleeding of the very part inflamed. It is peculiar to the lungs that all the blood of the body has to pass through them; and under their inflammation the portions of those organs that remain permeable by blood may be totally unequal to transmit the requisite quantity; and death may be the imminent consequence of that inadequacy. In this stress venesection may sometimes suffice, when all other means would fail, to avert the fatal issue. To tap a large vein, to draw off a portion of the circulating blood on its way

back towards the lungs, must tend indirectly to diminish the pulmonary engorgement, to divert blood from the imperilled organ. What the conditions in question are I shall inquire at a future time, when I shall also have to show you how often the same disease, pneumonia, may be brought to a happy termination without any need of bleeding, whether general or topical.

"Is this, then, it may naturally be asked, the explanation and the sole explanation of those cases which we read of in books, which all who have had much experience of blood-letting are practically familiar with, of 'inexpressible relief,' of rescue even from impending dissolution—obtained at once by opening a large vein—the good results being so marked and so immediate as to compel our acknowledgment of its cause? Cases, I mean, of emergence from coma, of the subsidence of urgent dyspnœa, of the departure of unspeakable pain and anguish, while the blood is still flowing? No. The condition that I have just been speaking of as incidental to some cases of pneumonia is but one of several morbid states, for which prompt and free venesection is the appropriate and the only adequate remedy. All these morbid states are now recognised as belonging to one and the same category. The striking relief is always due to liberation from the effects of a mechanical obstacle or block in the circulation. Dr. Hughes Bennett, a strenuous denouncer of blood-letting except in these emergencies, Dr. Markham and Dr. George Johnson who advocate its limited and rational use, all agree in this. As the source of the danger and difficulty, Dr. Bennett assigns 'over-distension of the right side of the heart, and perhaps venous congestion and engorgement of the lungs;' Dr. Markham, 'some mechanical obstruction to the play of the thoracic organs, and a consequently distended, oppressed, and partially paralysed heart;' Dr. Johnson, 'over-distension of the venous system, including under that term all the vessels that contain black blood.'

"You will observe that this *accident* of disease—for such it is—may or may not be associated with inflammation; and it is to the accident and not to the mere inflammation,

when that is present, that the remedy is addressed and adapted. Dr. Reid long ago showed by experiment how a distended and motionless right ventricle—motionless in consequence of its distension—may be set going again by opening the jugular vein of a dying animal, and suffering the blood to flow back, as it will do, from the gorged right cavities of the heart. One instructive example of the same thing in the human subject I quote from Dr. Johnson's lecture :—A woman was brought into the hospital labouring under chronic renal disease and considerable anasarca, with the physical signs of engorgement of the lungs, and of liquid in the left pleura. She was gasping for breath, in great agony; the face was blue; the eyeballs were prominent and watery; the jugulars much distended. She was apparently dying from over-distension of the right side of the heart. The jugular vein was opened. About ten ounces of blood escaped. As the blood flowed, the distension of the veins was seen to subside; the breathing became easier before the blood had ceased to flow; in ten minutes the dyspnœa had passed away and it did not return. She died three weeks afterwards, gradually worn out by the results of advanced renal degeneration.

"I hold it, then, to be certain that for some special morbid conditions, which inflammation may or may not accompany, general blood-letting, and especially venesection, is a potent and life-preserving remedy; that there are many exigencies for which it is not only safe to employ, but unsafe and unpardonable to withhold it. I shall have to return to this subject hereafter, but I may repeat now in brief terms that the condition which cries out for and obtains relief so signal and immediate from phlebotomy may be described as that of great, and often sudden, engorgement and distension of the vessels that (I use Dr. Johnson's phrase) carry black blood—of the systemic veins, of the pulmonary artery, and especially of the right chambers of the heart. In this embarrassed condition of the circulation, with so unequal a distribution of blood in the two different systems of vessels, it is the veins which require emptying, not the arteries. As the tension of the

stretched and almost paralysed right ventricle is lessened, the hollow muscle again becomes capable of contracting upon and propelling its contents, the clogged lung is set free, the functions of the oppressed brain are eased and retrieved, and the balanced play of the heart and lungs is restored.

"This, as it seems to me, is the true philosophy of blood-letting in disease, approved by reason, and fortified by experience. The credit of having been amongst the first to rectify the vaguer notions that formerly prevailed on the subject is fairly due to Dr. Markham."

And now, of another point—

"Next to blood-letting," wrote our author in 1857, "as a remedy, and of vastly superior value, upon the whole, to purgation, is *Mercury*. This mineral is really a very powerful agent in controlling inflammation, especially acute, phlegmonous, adhesive inflammation; such as glues parts together, and spoils the texture of organs." He went on to describe the liquefying, absorbing, anæmizing action which *Mercury* exerts upon the body; and argued that hence—"when we have to contend with acute inflammation, and desire to prevent or arrest the deposition of coagulable lymph, our object is, after such bleeding as may have been proper, to bring the system as speedily as possible under the specific influence of *Mercury*." This he held to be indicated as accomplished when the gums had become distinctly tender, and the mercurial fœtor unequivocally manifest; and "these symptoms," he directed, "should be kept up for a certain time." Accordingly, all his readers remember how constantly *Mercury* was recommended in the treatment of inflammations—of the serous membranes especially. To take one of the first he described—*iritis*. "Mercury," he said, "is our sheet-anchor in this disease." And again, "it was in *syphilitic* iritis that the curative power of *Mercury* over adhesive inflammation was first distinctly recognised. But you must not fall into the error of supposing that the success of the remedy depended upon the specific character of the disorder; upon its connection, I mean, with the venereal virus. *Mercury* is fully as serviceable, and as sure, in

common acute inflammation of the iris. Upon this point all men of experience are agreed."

We turn now to the edition of 1871. There is here also a great change; but it is an acknowledged one, though the author himself seems hardly conscious of its completeness.

He begins in a very different tone to that which he held in 1857. "There are three or four *drugs* of repute and power about which I must say something before I quit my present subject. *Mercury* is the principal of these." He goes on to refer to his previous opinion of it as given above; and then says, "This estimate of the special properties of *Mercury* can no longer be maintained in the full and unqualified sense of the words which I have just cited, and which expressed, I believe, at the time when they were used, the general opinion of the profession. They were too absolute. The error arose from too hasty generalization." But he adds, "With certain exceptions—large exceptions, I must admit—the statement is still strictly true." When we come, however, to his recommendations for the treatment of particular diseases, we find that the "exceptions" quite outweigh the rule. To take iritis again: he repeats his graphic description of the power of *Mercury* over the phenomena of this disease, which, indeed, simply as a bit of word-painting, one would have been sorry to lose. But he adds, "And does this splendid and wonderful success always wait upon the timely administration of *Mercury* when the iris suffers inflammation? Alas, you will have gathered from what has already been said, that I am compelled to answer, 'No.' *Mercury* is infallible, or all but infallible, in that particular form or species of iritis which is produced by the presence in the system of the hateful virus of syphilis. But the iris may undergo inflammation from other causes. * * In respect of all these other forms of iritis, they who are most conversant with ophthalmic disease do not find *Mercury* so eminently curative; it may even be harmful. The late Sir William Lawrence has, indeed, recorded his opinion that 'its influence is not confined to the syphilitic form of the disease,

but extends equally to the idiopathic.' The result of more recent experience is, however, opposed to that belief. * * * It is in syphilitic iritis only that we may confidently offer to our patient Benvolio's advice to the slighted Romeo—

> "Take thou some new infection to thine eye,
> And the rank poison of the old will die."

The hope so earnestly cherished that the specific influence of *Mercury*, if early induced, might prove equally beneficial in common inflammation of other serous membranes of the pleura, the pericardium, the peritoneum, the arachnoid membrane—this natural hope has been disappointed. I do not tell you that *Mercury*, short of salivation, is always misapplied in the treatment of those other inflammations; but it cannot be relied upon for their cure, for preventing the effusion of coagulable lymph, and its consequences."

We have no thought, in making these quotations, of accusing their venerable author of inconsistency. On the contrary, we believe that he is warranted in saying that then as now he uttered the general mind of the profession, and that his change of opinion and practice represents theirs. But what a change! If we have a *gravamen* to urge against Sir Thomas, it is that he hardly appreciates, or at any rate expresses, its gravity. At one time to rob patients of a large proportion of their life-blood, and to poison the rest with *Mercury;* at another, to abandon such practice altogether as needless and injurious—the chasm which yawns between the two proceedings is immeasurable. If medical men are right now, they were wrong—grievously and murderously wrong—then; and the change only dates from the last twenty years.

The part which homœopathy has played in effecting this great and beneficial revolution has often been set forth; and we do not intend to re-open the subject here. The one point we desire to make, the one moral we wish to draw, is the need of tolerance in medicine. The profession was just as confident of itself fifty years ago as it is now; and yet it is self-convicted of having been in the daily practice of

most pernicious error. Hahnemann and his followers were then denounced because (as since 1811 it has been their distinction to have done) they treated acute disease without bleeding and mercurialisation. They are now no less strongly stigmatised because they often give their remedies in very minute doses. Is it not quite on the cards that the profession may find that its large dosage is as needless and injurious as it acknowledges its free venesection to have been? And if there is a possibility that this change also may come about, is it not most unwise (to say the least of it) to maintain an attitude which assumes finality, to refuse a hearing from all who differ on this point from the prevailing practice? It would be a crowning glory to Sir Thomas Watson were he to initiate a change of proceeding in this respect, as he could do immediately by openly declaring for it. He showed his moral courage some years ago by avowing his abandonment of the theory of "change of type," by which the disuse of blood-letting was at first explained and excused. He would show it still more admirably and usefully were he to counsel his brethren to give up their unreasoning exclusion of all who avail themselves of the method of Hahnemann, to allow these a fair hearing and a liberty in all honour of practising according to their judgment.

JOHN OF GADDESDEN AND THE ROSA ANGLICA.

By W. B. A. Scott, M.D.

Tempora mutantur, nos et mutamur in illis. Most readers of this Journal are familiar with old Chaucer's description of the English "Doctor of Physic" of the fourteenth century, who accompanied the merry band of

pilgrims from the Tabard Inn at Southwark to the shrine of St. Thomas à Becket at Canterbury:—

"With us there was a Doctor of Physic;
In all this worldē was there none him like
To speak of Physic and of Surgery:
For he was grounded in Astronomy.
He kept his patient a full good deal
In hourēs by his magic natural.
Well could he fortunē the ascendent
Of his images for his patient.
He knew the cause of every malady,
Were it of cold, or hot, or moist, or dry,
And where engender'd, and of what humour.
He was a very perfect practisour.
The cause yknow, and of his harm the root,
Anon he gave to the sick man his boot.
Full ready had he his apothecaries,
To send his druggēs and his lectuaries,
For each of them made other for to win: (!)
Their friendship was not newē to begin.
Well knew he the old Esculapius,
And Dioscorides and eke Rufus;
Old Hippocras, Hali, and Gallien;
Serapion, Rasis, and Avicen;
Averrois, Damascene, and Constantin;
Bernard, and *Gatisden,** and Gilbertin.
Of his diet measurable was he,
For it was of no superfluity,
But of great nourishing and digestible.
His study was but little on the Bible.
In sanguine and in perse he clad was, all
Lined with taffata and with sendall.
And yet he was but easy of dispence;
He kept that he won in the pestilence,
For gold in physic is a cordial,
Therefore he loved gold in special."

* I need hardly say this is our hero. "Damascene" is Janus Damascenus, *alias* Serapion I, a physician of the Arabian school, chiefly remembered for his singular treatment of hydrophobia, viz., by administering to the patient capsules of honey filled with water, *and making him swallow them.* How he succeeded in effecting this desirable object is not stated. "Gilbertin" is Gilbertus Anglus, a physician of the thirteenth century, who wrote a compendium of medicine, entirely based on scholastic principles, and tedious on account of its endless divisions and subdivisions, hair-splitting distinctions, and subtle disquisitions. The other names are sufficiently well known. The orthography of the above extract is given as modernised by Mr. Laing Purves.

It will be also remembered, that, when called upon in his turn to contribute a tale for the general entertainment, he treated the company to the story of Virginia and Appius, with variations of his own.

Sarcastic persons may be disposed to maintain, that, amid great diversities, the worthy doctor above described possessed several features bearing a remarkably strong family likeness to those of his professional descendants. For example, the charge of playing into the hands of the apothecaries was brought against the profession by Hahnemann himself. The charge of irreligion (line 28) has been brought against medical men, and men of science in general, in all ages, from Anaxagoras and Hippocrates down to Professor Tyndall and Dr. Carpenter; while the *auri sacar fames* to which Chaucer good-humouredly alludes in the concluding verses, has been (in many cases most unjustly) alleged against nearly every physician of eminence that ever lived. To come near home, it will be remembered that (according to Sir James Simpson) avarice was one of the ungracious attributes which, together with falsehood, imposture, ignorance, imbecility, witchcraft, and the like, went to complete the character of Hahnemann.

Yet, could Chaucer's "Doctor of Physic" revisit the upper earth, his manners, dress, education, habits, and mode of practice, would present a *tout ensemble* of the marvellous, compared with which the two-headed nightingale, the Norfolk giant, Tom Thumb, the gorilla, Mrs. Prodgers, nitro-glycerine, and Dr. Kenealy, would sink into the rank of the tame and ordinary objects of our daily existence. In point of dress, an Oxford Doctor of Music in full academicals, would hardly present a more gorgeous and unique spectacle, while his conversation, when not of the character familiarly known as "shop," (of which the third line of our extract tells us it sometimes partook), would be generally pronounced a cross between that of a pedant and that of a prig. Though pilgrimages seem to be getting into fashion again in a certain quarter, still, among Protestants at least, such a social band of devotees as that which started from the Tabard for St. Thomas of Canterbury's shrine is only

represented (if represented at all) by Mr. Cook's companies of tourists. If our resuscitated, or, as the Yankees call it, "resurrected," friend were to find himself in the midst of one of those very heterogeneous assemblages, and seek to beguile a tedious hour of travel by edifying his hearers with the story of Appius and Virginia, every member of his audience who had not fallen asleep during the recital, would assuredly fall upon him at its close with indignant remonstrances for polluting their virtuous ears with anything so naughty as the tale of the decemvir's indiscretions—reproaches which would the more astonish him if he happened to be a subscriber to Mudie's library. He would be equally at a loss in the society of his medical confrères, amongst whom he would find his profound dissertations upon "Serapion, Rasis and Avicen," fall upon unwilling and unlearned ears, and all questions about the humours, the primary and secondary qualities, the seat of the soul, and other ancient and mediæval vagaries, considered quite *de trop*. And if, remembering that the works of the old poet to whom he owes his own immortality of fame were written for the especial delectation of the ladies at King Edward's court, he were to present a handsomely bound copy of Chaucer to any of his fair descendants, he could hardly fail to be equally surprised and gratified at the marked moral improvement which has taken place in the more amiable section of humanity during the last 500 years, and which would be amply demonstrated by the mode of reception and future treatment of the book. We are sure that, so far from shamelessly avowing a partiality for the anecdotes over which Queen Philippa's eyes gloated with delight, the nineteenth century damsel would never think of even glancing at the "Miller's," or the "Reeve's," or the "Merchant's" tales, unless in the privacy of her own boudoir, with a convenient pillow at hand to shove the book under in the event of a visitor suddenly coming in, and a copy of *In Memoriam* open in front of her to form the ostensible subject of her studies.

Very much such a man as Chaucer's "Doctor of Physic" was the old physician whose name stands at the head of this

article. The learning, pedantry, vanity, ostentation, and superstition, ascribed by Chaucer to his hero, were to the full as characteristic of John of Gaddesden, whom one might almost fancy our great poet had in his mind when he wrote. So much may be clearly perceived from his *Rosa Anglica*, the only work which he seems to have published, and one which, although reckoned a master-piece in his own day and for some centuries later, is now well-nigh forgotten. Yet, in such high esteem was it formerly held, that it was printed at Pavia as early as 1492, at Venice in 1506, and again in 1516 in folio, at Naples in 1508, and at Augsburg in 1595 in folio. It was to be expected that, during the two centuries which (at least) must have elapsed between the publication of the work in manuscript and its appearance in a printed form, many errors of transcription should have crept into the original text, and not a few *lacunæ* have occurred, which subsequent editors would fill up each according to his own fancy,* so that we can hardly be said to possess the book in a very satisfactory condition; indeed, as much is half admitted in the dedication of the edition now before me—a most amusing production, highly characteristic of the age in which it was written, and inscribed to a court physician of the name of Ambrose, who is first of all propitiated by being told that he is very much better than Apollo, Ceres, Bacchus, Hercules and Æsculapius; next, exhorted to gather honey like a bee from the "Rose" with which he is presented; and, in conclusion, entreated to bear in mind what beautiful roses Venus one fine day gathered on the banks of the Scamander, how much she liked their smell, and how, adorned with a wreath of roses alone, devoid of all other extraneous allurements, being, in fact,

* With so little art or disguise were these interpolations inserted, that in some editions of the *Rosa* we find Valescus and Savonarola quoted, both of whom flourished a century later than John of Gaddesden. The latter was Professor at Ferrara, and wrote a celebrated *Compendium*, which, though too much disfigured with scholastic subtleties, is so far original as to contain some bold contradictions of Averrhoës. He died 1462, and must not be confounded with the far more renowned Dominican monk of the same name, born only ten years previously, and so vividly pourtrayed in the pages of *Romola*.

as to raiment in general, in what Artemus Ward calls "the scandalous costume of the Greek slave," she carried the palm over Juno and Minerva in the judgment of Paris.* But even in its present state the work is interesting, as giving us a fair, indeed a highly favorable, specimen of the theory and practice of physic in vogue in England and throughout the most civilised part of Europe generally 500 years ago, and as exhibiting in a condensed form the leading doctrines of the Greek, Latin, and Arabian writers, who, as we have seen, formed the subjects of study of a physician of the fourteenth century.

Kurt Sprengel† has a brief notice of John of Gaddesden, which I here translate, chiefly for the sake of the *résumé* given of some of the salient doctrines of the *Rosa*.

"The author of the celebrated *Rosa Anglica*, John Gaddesden, Professor of Medicine at Merton College, Oxford, lived at the beginning of this (the fourteenth) century, as appears from his being censured by Guy de Chauliac, who calls the book *Fatua Rosa*, and often quoted by Bernard of Gordon. His absurd quackeries were so far from being unusual in his own time that we meet with abundance of similar outbursts of pure folly, trickery and gross charlatanism in nearly all the physicians of the period. It was always a great point with our hero to be well paid for his cures, and with respect to this he advises other physicians always to make a distinct bargain with their patients before undertaking their treatment. His love of mystery and care not to impart any of his secrets to the laity are absurd, and his promise to write a work on chiromancy was as ridiculous as his advice to scrofulous patients to seek their cure from the royal touch of the King of England.‡ . .

* The edition before me is evidently that of Venice, 1516, as appears from a statement at the end of the book. On the binding is stamped "Venice, 1560;" but the work has manifestly been re-bound more than once, and this must be an error on the part of the bookbinder.

† 'Geschichte der Arzneykunde,' t. ii, s. 633-6. (Halle, 1823.)

‡ It is hardly fair to charge this to the account of John of Gaddesden. The belief in the efficacy of the royal touch for scrofula (hence called the "king's evil") originated, in England at least, in the time of Edward the Confessor, more than 200 years before John of Gaddesden was born, and

Much of all this nonsense is not of his own invention, but copied *verbatim* from Gariopontus, Peter of Spain, and others. The work abounds in scholastic distinctions and subtleties. The spasms consequent on evacuations are divided into those in which an accidental moisture, the nutritive moisture, and the radical moisture respectively is evacuated." . . . . . " He calls the vital spirits the root, and the heart a branch of the tree of life. Lice in the eyebrows are engendered of contra-natural heat and putrefying moisture, and are to be got rid of by means of purgatives. He professes to have cured a man who had been blind for thirty-five years by means of a vinous tincture of fennel and parsley. Bloodletting is prejudicial on the festivals of St. Stephen and St. John [which is perfectly true], but on Christmas day it is highly necessary, *because most people overload their stomachs with Christmas dainties!* Swine's excrement is the sovereign remedy for hæmorrhages. . . . . He treated dislocations of the vertebræ with emollient plasters, on which he placed a leaden plate. He regarded brandy as a polychrest, and administered it on nearly every occasion."

By the kindness of Mr. Ivatts of Dublin, who has taken pains to collect from all quarters whatever can now be learned respecting John of Gaddesden, I am enabled to add a few particulars which will lend additional interest to the present brief notice of his life and works. In the first place, " he was the first Englishman who was employed as Court physician, having been appointed to that office by Edward II. Before his time the king's physicians had been exclusively foreigners."* . . . . " He came forward as a

continued in full force for many centuries after his death. Dr. Johnson was "touched" by Queen Anne in 1712. I suppose this healing power was ascribed to King Edward on account of the peculiar piety which led to his being canonized after his death, and which appears to have consisted in his neglect of his wife. If this be so, it seems a little strange that the miraculous gift should have been supposed to descend to his Norman successors, as they certainly could lay no claims to *this* form of saintship, either as regards their own wives or the wives of other people.

* That is, I suppose, in the case of the Norman kings. It seems highly improbable, considering the attention paid by Alfred the Great to the cultivation

universal genius, was a philosopher, philologist and poet, and understood everything that lay within the circle of physic and surgery, was skilled in manual operations, very expert in bone-setting, and a great oculist, and boasted of his skill in physiognomy. . . . . When he was employed in attending the king's son in the small-pox . . . . he, with a proper formality, and a countenance of much importance, ordered the patient to be wrapped up in scarlet, and everything about the bed to be of the same colour. . . . . He was praised by Leland, Boaringius and others, as a profound philosopher, a skilful physician, and the brightest man of his age . . . . Dr. Aikin remarks that the method of producing fresh from salt-water by simple distillation ("in an alembic with a gentle heat") is familiarly mentioned by this author, even at so remote a period.

"Although devoted to the practice of his profession (which was very extensive and lucrative) he was prebendary of St. Paul's in the stall of Ealdland." He was sometimes called Jean l'Anglais. "He opened an office of chiromancy," and intended to write a treatise on this subject—a purpose which, however, he did not fulfil. I cannot ascertain the dates of his birth and death, but Kurt Sprengel assigns to him the year 1314.

The *Rosa* is divided into five books of very unequal length. The first treats of fevers, which are classified as tertian, continued, quartan, *febris sanguinis*, ephemeral, and hectic. These are treated at some length, nearly seventeen folio pages being devoted to the consideration of tertians alone. First of all, a definition of fever in general is given, *febris nihil aliud est nisi calor naturalis mutatus in igneum*

of all branches of knowledge within his dominions, that his Saxon successors should have had to look abroad for a physician. So far from England being behind European countries generally in arts and literature, even so far back as the tenth century we read that the kings of Norway and Armorica sent their sons to be reared at Athelstan's court. It is reasonable to suppose that the state of medicine corresponded in some degree to that of learning in general. It is the more singular that the first English court-physician should have been appointed by Edward II, because that monarch's partiality for *foreign* favourites is notorious.

. . . . *febris est calor qui totum corpus lædit, atque omnes actiones et passiones membrorum; hoc debet intelligi sic, febres humerales sunt in humoribus, ephemeræ in spiritibus, hecticæ in membris solidis, &c., &c.** Then we have the explanation of the name tertian; next a definition of tertian fever, *calor innaturalis, de incensione choleræ generatus, lædens omnes actiones et passiones membrorum de tertio in tertium,* after which follows a vast amount of hair-splitting, about how the *cholera est multiplex, naturalis et non-naturalis.* Not content with this, *non-naturalis est multiplex* also. Then come a number of quotations from Isaac,† Averrhoës, and Damascenus (Janus), better known as Serapion I, which the reader may well be spared. Next, the causes of the disease are considered, and then, in order, the signs, prognosis, and treatment. Lastly, its "accidents" are treated of, and enumerated as follows: thirst, sleeplessness, headache, delirium, syncope, diarrhœa, constipation, jaundice, blackness of the tongue, ulceration of the tongue, vomiting, bulimia, (*caninus appetitus*), sweating, and epistaxis; the last being treated at somewhat greatgr length under the heads of cause, signs, (meaning, what et indicates,) prognosis, and cure. We are also instructeid how to set about producing epistaxis, *sicut opus est quando natura ita pigra est in crisi facienda per nares* (!) which, we are told, may be done either by means of thrusting

* I have taken the liberty of altering the fair Rosa's spelling (which, like that of a good many young ladies, is somewhat capricious) so as to bring it more nearly to the recognised standard. Thus, in the work before me *ephemeræ* is spelt *effimere*, &c. Though the book is beautifully printed, some of the contractions are so extremely arbitrary and even inconsistent that I may, perhaps, be occasionally misled by them. For these and any other inaccuracies I must crave the reader's kind indulgence.

† Hhonain ebn Izhak, a celebrated Nestorian physician of the Arabian school, who flourished at the beginning of the ninth century. He was chiefly renowned as a translator, having made very literal translations of Hippocrates, Galen, Pliny, Alexander of Aphrodisia, Ptolemy and Paul of Ægina into Arabic, but there is still extant an Introduction to Medicine composed by himself. The only knowledge Gaddesden can have possessed of any of the Greek writers must probably have been from Latin translations of Arabic versions. Michael Scott rendered into Latin Avicenna's Arabic version of Aristotle.

hog's bristles violently up the nostrils, by inserting nettles therein, by scarifying the nostrils internally with the nails while the patient contemplates red objects, and by a variety of other equally agreeable and ingenious contrivances. Lastly, stupor is treated of.* This may serve as a specimen of the method in which our author handles his subject generally—a method which, it must be acknowledged, is systematic and judicious enough. But, what is really surprising, we actually come across a sort of anticipation of homœopathy *in the midst of the singular directions for procuring epistaxis!* "Millefolium, sicut est *immisum, provocat; odoratum vel bibitum retinet.* Item urtica, *posita intra nares, ulcerat;* succus ejus, *illinitus super frontem ac tempora, stringit.*"

The second book treats of general diseases, and, as might be expected, it is by much the longest of all the five, extending over 166 folio pages,—the whole work contains only 271. The third book treats of surgery, and is divided into five chapters, on the eye, the ear, the nose, the mouth, and general cases respectively. The fourth book treats of diseases of rare and sporadic occurrence, by means of which honest John pathetically laments *raro medicus lucratur pecuniam,* for which reason among others he naïvely says, *quartus liber erit brevis!* It contains five chapters, (1) *De litargia,* which is said to arise from "an abscess at the back of the head, just as delirium comes from an abscess in the front," and derived from "*letos* [λῆθος], *quod est oblivio, et giro giras, vel gero geris, quasi obliviones generans vel causans;* (2) *De mania, desipientia et melancholia.* The directions for the cure of melancholy arising from the tender passion are particularly rich, though they cannot be said to do much credit either to the philosopher, the

* One hæmostatic process proposed to check excessive epistaxis is to write the following words with blood upon the patient's forehead:—DEUS, Qui solo tactu fimbriæ Tui vestimenti mulierem in fluxu sanguinis sanare dignatus es; Te supplicitio oramus, Divine JESU, Qui Solus languores sanas, ut fluxum sanguinis pro quo vel pro qua preces effundimus restringere et sistere facias, dexteram pietatis Tuæ potentiæ extendendo. In nomine Patris, et Filii, et Spiritus Sancti. Amen. Paternoster. Ave Maria.

physician, or the divine. It seems the physician is to commence operations by lampooning the lady-love (supposing his patient to be one of the sterner sex) in hopes of dispelling the latter's affection, and, this truly ingenious device having failed of effect (as it certainly would), it is in the next place directed that he should "Sir Pandarus of Troy become," administer camphor and lettuces, and keep up the patient's strength lest he fall into a consumption—*copulationem facere, et dare camphorum et lactucam super renes, et confortare patientem, ne in hecticam incidat!** (3) *De Scothomia et vertigine*—the former affection nearly corresponding to "*muscæ volitantes;*" (4) *De pannaritiis et regeneratione unguium et ejus ablatione. Pannaritium*, or, as our author elsewhere spells it, *Paneritium*, is described as an abscess at the root of the nail, causing the latter to fall off in whole or in part, followed by fever—in fact, just whitlow, or *paronychia*, of which term Forcellini tells us pannaritium is a corruption. Under this head occur some remarks which are worth transcribing, as showing the attention then paid to the appearance of the nails in cardiac affections. As we all know, "clubbed nails" are still held by many to be indicative of various thoracic lesions. "Quia ungues nutriuntur ex superfluo nutrimento cordis, ideo in syncope, et in morientibus, *et passionibus cordis et pectoralium*, respicimus ungues." (5) *De iter agentibus;* all who are going on a sea-voyage, or to

* This last clause is particularly laughable in the original, for Gaddesden uniformly spells hecticam *ethicam*, so that at first sight one would be inclined to imagine that all these precautions were taken "*lest the patient should contract good morals,*" against which fearful danger one might suppose the prescription had already sufficiently guarded. It is curious that the voluptuous Ovid should have given more rational, and very much less objectionable directions for the cure of love-sickness than this physician and divine of the fourteenth century.

Ergo ubi visus eris nostræ medicabilis arti,
Fac monitis fugias otia prima meis.
Hæc ut ames faciunt; hæc quod fecere tuentur;
Hæc sunt jucundi causa cibusque mali.
Otia si tollas, periere Cupidinis arcus.
. . . . . Qui finem quæris amoris,
Cedit amor rebus, res age, tutus eris.—'Remedium Amoris,' 135, et seq.

the wars, or on their travels, or to the schools, or to the fair, or to see their friends and acquaintances, or to visit the sick, must undergo bleeding, drugging, bathing, or fasting; if the weather is hot they are to take some syrup of roses, preserved chicory, tamarinds, barberries, &c., &c., to eat by the way. They are to drink pomegranate wine, or a mixture of vinegar, sugar, and water. Should the traveller drink too much, the testicles are to be washed with vinegar and salt in the case of a man, and the breasts to be similarly treated in the case of a woman, and the immoderate imbiber is to eat *cabbages and sugar.*

The fifth book, which contains little more than three pages, treats of the method of preparing and administering certain drugs, terminating, as was customary in the olden days, with the words Laus Deo, an ejaculation of thankfulness in which the reader will assuredly not fail entirely to coincide with the writer.

Having taken this very general survey of the nature and scope of the *Rosa,* it will not be uninteresting to examine its various parts a little more in detail. As in the midst of such a mass of fanciful and erroneous etiology and pathology, and such innumerable superstitious, complex, and delusive prescriptions, it is next to impossible to present the reader with anything like a connected view of John of Gaddesdon's system (if, indeed, he had one at all), my best plan will be to select one or more of the most characteristic passages in each book and translate the same, abbreviating where necessary; by this means we shall be best enabled to form some conception of the state of medicine in England in the 14th century, and to judge whether John of Gaddesden was really deserving either of all the vituperation which has been so liberally poured upon him by Kurt Sprengel and others, or of the laudations of Leland and his other admirers.

To begin with the account of tertians in the first book. With some acuteness our author points out that there is a degree of ambiguity in the name of the disease; which, etymologically, might signify either what we now generally mean by tertian, viz. a fever, the paroxysms of which recur

every third day (reckoning the first in the enumeration, according to the old practice), or a quotidian, the paroxysms of which recurred *at the third hour* daily. I have remarked above on the definition given of a tertian. The general causes of the disease are stated to be intravenous and extravenous; the former consisting in a "sangnine temperament abounding in heat and dryness;" the latter, the unnatural heat produced by superfluities in the third digestion—meaning what is now called the secondary digestion. But the particular and individual causes are various; "hot" food; excessive or deficient food; food taken too greedily after prolonged fasting; hot and dry air; too much exercise; watching; mental anxiety; anger and distress; lastly, checked perspiration.

The signs or symptoms are taken almost entirely from the urine and the pulse, but these, especially the former, are given so much in detail, and are for the most part so fanciful that it would be tedious to rehearse them here. A curious diagnostic mark whereby putrid fevers may be distinguished from ephemerals may, however, be mentioned; we are told that if the patient shivers when put into a bath he is labouring under the former; but if he does not shiver, under the latter. Unfortunately this piece of information is of very little use, as we are not told whether the bath is to be cold or hot. The prognosis is founded upon critical periods, the appearance of the urine, the duration of the paroxysms, and a few other matters of less importance. If the fever should assume a malignant type, this may be detected by the physician placing his hand on the body of his patient, when the heat of the latter will be found to warm the former; in other cases the hand will cool the portion of the body on which it rests.

With regard to treatment. This, we are told, consists of five parts—(1) attention to the digestion, (2) to the evacuations, (3) to the removal of febrile dyscrasia (it is a little difficult to see what more is wanted than this), (4) to the "accidents" of the disease, (5) to regimen. With regard to the first of these we are told that since by digestion the parts of the system which require to be

expelled are brought into a fit condition for evacuation, we must seek to attenuate the gross, inspissate that which is too refined, cool the hot, and so forth. We are next told that the "materia" of true tertian is bile, or bilious blood, with no admixture of phlegm, and that by reason of the putridity thence resulting somewhat cooling remedies must be exhibited, such as the root of some herb resembling parsley,* not the seeds, which injure the head and bring on epilepsy; maiden-hair, and *young* fennel, not the *old* plant, because this "burns." Thirst is to be quenched by means of liquorice; heat to be allayed by some preparation of the violet and of common "cold" seeds, such as those of melons, citrons, gourds, endives, lettuces, and white poppies. A "digestive drink" is to be concocted of the following ingredients: *Apium, petroselinum,* endives, *scolopendron,* chicory, liverwort, "scariola" (whatever that may be), lettuce, maiden-hair, plantain, ivory shavings, sandal wood, violets, and vinegar. Next, the bile is to be evacuated by means of a decoction of borage, cassia, violets, and tamarinds. Soot and ivory shavings are prime remedies for infants, and may be given through the mother if the little sufferer is not weaned. Boys of ten to twelve years of age are to get rhubarb in cold water or in oxymel, but they must very rarely indeed get violets, "because their stomachs are weakened by their humidity *and inordinate gulosity, because they think of nothing but eating!*" These unhappy lads are to have their bowels moved by means of *mouse's excrement,* which may be given them in an apple, or put in their milk, or (what I should fancy they must have preferred greatly) mixed with butter, and inserted in a large nut and placed over the umbilicus, or given as a suppository. Any "cooling" medicines administered to women so long as the menstrual period duly recurs are to

* Parsley, *apium.* From the head symptoms annexed we can hardly doubt that there must have been some confusion between parsley and some of the poisonous *umbelliferæ,* such as *conium,* or, perhaps, *æthusa cynapium.* That common parsley is not meant by *apium* is evident from the occurrence of the word *petroselinum* in contra-distinction to it. It is absolutely impossible in many cases to identify the plants referred to in the *Rosa.*

be tempered with coriander or plantain; but if the menses be suppressed, cinnamon, spikenard, or wormwood must be substituted. A mild preparation for the more sensitive intestines of the "weaker vessels" may be concocted out of fennel, parsley, endive, taraxacum, scolopendria, sandal wood, melons, anise, carraways, and several other herbs which I cannot identify. After all this flourish we are coolly told that chamomile seems to answer the purpose nearly as well, and that the author had frequently proved this in the case of "the aged and *the poor*."

In order to fulfil the third indication, "to remove the febrile dyscrasia," cooling alteratives must be exhibited, such as scabious, plantain, liverwort, chicory, lettuce, endive, and camphor.* Bloodletting is rarely to be practised during an access of the fever, because it "dries the body too much, and desiccation of the veins is a cause of fever."

A considerable space is devoted to the "accidents" of tertians, which I have already enumerated. Cold water may be given to relieve thirst if the patient desires it and is accustomed to drink it, provided there be no abscess in the bowels, or debility and "coldness" of the stomach. For the same purpose tamarinds may be chewed, or pomegranate juice administered. To combat excessive wakefulness lettuces or white poppy may be given, to which almonds and the seeds of melons, gourds, and citrons should be added; or, boil bran in water, strain, and add almond juice or weak beer; or the feet may be rubbed with vinegar and salt, and washed in a decoction of the leaves of willows, vines, poppies, or chamomiles. The forehead may be bathed with a decoction of lettuces, or in rose water, *the milk of the human female*, the white of an egg, or plantain juice. Another device is to tie the patient's extremities with a ligature drawn sufficiently tight to occasion pain, to place a number of lamps before him, and keep up a noisy conversation in his presence; then, after he is fairly wearied

* Of camphor our author says, "resistit putrefactioni pestilentiali." This might have suggested its disinfectant properties, but I do not know whether he was aware of these.

out, relax the ligature suddenly, and leave the patient in quiet and darkness. Headache may be relieved by friction of the feet, or by a device which, so far as I can make out, is something of this sort:—Take an earthen vessel, the bottom of which is perforated with many holes of such a size that an ear of corn might be inserted in each hole, and then fill the vessel [with water?]; suspend this in the patient's room, with a broad basin below it; a somewhat musical fall [of the drops of water?] will take place, which will cool the air and assuage the patient's pain, besides inducing sleep; this may be done in summer, but not in winter, if it be damp." * Then "frenesis," delirium, or perhaps mania, is of two kinds, true and false. The former is caused by an abscess in the anterior portion of the head [brain], the latter by "bilious fumes." For both varieties we are directed to administer attrahent clysters, to rub and ligature the extremities, to anoint with oil and rose water, to shave the head and cover it with "cool" juices, among which is named the milk of the human female; to apply the bodies of dogs which have been ripped up through the middle, or of cocks similarly treated, and, of course, to bleed, though even here there is the prudent caveat, "if the patient's strength will admit of it." For syncope we are told to drag the patient about by his hair, to rub the extremities, to push a feather dipped in vinegar up the nostrils, and to attend to diet—comparatively little stress being laid on drugs. *For diarrhœa give camphor,* cabbages, old cheese, the gastric juice of a hare, *remembering, however, that in certain specified cases all astringents are injurious.* Place a cupping-glass over the umbilicus for four hours, or a hot pillow over the abdomen. Constipation is to be met

* The passage is as follows:—Item fiat *cantafora* de olla lati fundi perforati in multis, ita quod in foraminibus ponatur spica siliginis; tunc impleatur et pendeat in domo ubi jaceat infirmus, et pelvis lata supponatur; ibi fiet descensus satis musicalis; et aërem obtemperabit, et dolorem mitigabit, et somnum provocabit: illud potest fieri in æstate, non in hieme si sit humida. I cannot find the word *cantafora* either in Forcellini, or in the list of barbarous words appended to that famous lexicon, or in Bailey's appendix. My translation is in a great measure conjectural; very likely some of my readers may be able to furnish a better.

with clysters of mallows, violets, mercurialis, oil, bran, and salt. To purge phlegm give *agaricus*. Administer hellebore internally, or rub in a decoction of sambucus or aloes; suppositories of honey or soap are also recommended.

In the treatment of jaundice John of Gaddesden was aware of a fact of which most modern allopaths appear to be ignorant, viz. that celandine is often very useful. He also recommends powdered earthworms. These two remedies are celebrated in the following barbarous hexameters:

> "Curant ictericos, solidant nervosque solutos,
> Lumbricique dati cum potu pulverizati;
> Ictericos per se sanat celidoniæ succus,
> Injectus oculis maculas disrumpit eorum."

It is fair to add, with reference to the fourth line, that celandine *has* been proposed by the allopaths for opacity of the cornea.

For blackness of the tongue a mixture of vinegar and hot water is prescribed. Ulcers of the tongue are to be anointed with the boiled yolk of an egg. Vomiting is to be checked by means of a composition of lign aloes, mastich, coriander, portulaca (purslane) and sandal wood. *All bilious* (choleraic) *vomiting and purging are checked by camphor*. A sponge steeped in a mixture of vinegar, roses, wormwood, and rain water, and placed on the stomach, has a similar effect. A particular kind of plaster is to be applied in cases of bulimia. In order to check excessive perspiration never wipe away the sweat, and so the pores will become blocked up. Our author himself, according to his own account, once succeeded in arresting excessive diaphoresis by pouring cold water on his patient's face, putting his feet in cold water, and sprinkling powdered rose leaves over his body. For epistaxis ligature the extremities.* Cup over the liver when the hæmorrhage is from the right nostril, and over the spleen when the discharge comes from the left. Various local applications are also recommended, of which, perhaps, the most whimsical is the

* Great importance was attached to this symptom.

following:—Evaporate the blood which has escaped on a hot tile, powder the dry residue, and let the patient snuff this up, and then compress his nostrils and raise his head; or let him snuff up swine's excrement or smell fresh asses' dung. *Let a drop of the blood fall upon a flint; when that drop begins to dry the epistaxis will cease.* Administer clysters of aloes, leeks, and centaury (the aloes might really do good). Go to some place where blood-root (sanguinaria) grows, kneel down, say three Paternosters and as many Aves, and repeat the following words: *Te quæsumus, famulis Tuis subveni, quos precioso sanguine redimisti;* then gather one or two plants, or, if you pluck several, repeat the prayers; then tie the plants round the patient's neck or limbs, and *it will most certainly check the hæmorrhage* (certissime *stringet*). Too profound sleep is to be cured by flairées of galbanum, assafœtida, or castoreum, or by placing a nightingale's heart or eyes under the patient's pillow; so long as they remain there he will not sleep; or place human hair rubbed up with vinegar round his nostrils and temples. As to regimen: in summer, cool the air by means of the spray of water, &c.; in winter, let there be a fire; if the air be dry as well as cold, make a fire of "moist" wood; let the food be "moist," as, *e. g.* bread; pork may be allowed in some cases and scaly fish. Weak beer, barley water, syrups containing vinegar, even sometimes wine, are permissible beverages. Encourage the patient with hopes of speedy recovery, and talk to him of the subjects in which he is most interested. Address the patient in some such words as these:—"Do not trouble yourself about your worldly affairs; think only of your health, which you are soon to recover, by the aid of God and of the physician; remember Who healeth all thy sicknesses, and cureth all thine infirmities, and redeemeth thy soul from death." Our author adds—"Thus speaking, the physician becomes a minister of God and of nature; not a mere prater, who cries up his own skill in fairs and market-places." I think the man who wrote this could not have been wholly a quack.

I have allotted as much space to tertians as could be

spared, because, as we have seen, some of our author's remarks are extremely judicious, and might well have been borne in mind by physicians of later date. He distinctly allows fever patients to drink cold water in the vast majority of cases; prescribes camphor for vomiting and diarrhœa, and celandine in jaundice; points out that in many cases of diarrhœa all astringents are dangerous; says very little about bloodletting; and last, though not least, pays much attention to the moral treatment of the patient. The superstitious element which enters so largely into many of his prescriptions was the fault of the age in which he lived, the result of the long monopoly of medicine so grossly abused by monks and priests. Besides, prescriptions of this nature are generally prefaced with an introduction such as inclines me to believe that he often merely transcribed the words of others without vouching for their truth.

Coming now to the second book, the article on Epilepsy may be selected as a specimen. Poor John must needs commence operations with a display of his skill in etymology, in which his warmest admirers must admit that he did not shine. The word "epilepsy," we are informed, is derived from "epi," meaning *above*, and "lædo, lædis," I injure; hence "epilepsy," *an injury of the upper part*, i. e. *of the head!* He is scarcely more happy in explaining its synonym, HIERONOSON (ἱερὰ νόσος), which he derives from ἱερὰ and "*noceo*," *I injure* (!), adding that it means *an injury to the most sacred part of the body, viz. the head and brain.* He defines it as a general spasm caused by lesion of the anterior cerebral ventricles. True epilepsy occurs in connection with repletion, but there is a spurious variety dependent on inanition. The extrinsic causes are thus given:—A south wind, a north wind occurring after a south, everything which heats the head suddenly and violently, gluttony, drunkenness, vomiting, 'vaporous' kinds of food, as leeks and onions, 'windy and watery fruits,' as apples and figs, ill-judged regimen in general, congenital proclivity (how this can be called an *extrinsic* cause is not very clear), exercise taken too soon after food, a mid-day

nap on a full stomach, frequent looking at objects which are whirling round, looking down from a height, turning round in a circle, frightful objects, loud noises, frights, the sun, and the moon. In boys, who are "warm and moist," the attack occurs when the moon is in her first quarter; in young men, who are "warm and dry," in the second quarter; in old men, who are "cold and dry," in the third quarter; in phlegmatic persons, women, and the aged, who are "accidentally more moist," in the fourth quarter. Any one who invests himself in the skin of a newly-flayed goat becomes epileptic on the spot, and the same fate befalls the unfortunate being who is fumigated with the animal's horns and hoofs. Also the disease may arise from partaking of galbanum, *apium*, or myrrh, or from affections of the generative organs, from the bites of reptiles, or from connection with an epileptic or one suffering from certain skin diseases. A pregnant woman attacked with epilepsy will recover on delivery. A child begotten at the menstrual periods, or whose parents are epileptic, if he is also himself epileptic, is incurable. During the fit, insert wild rue into the nostrils and the patient will at once recover; spikenard or balsam will do equally well. Immediately after the fit, let the patient swallow a teaspoonful of his own blood. The bladder of a boar is to be taken full of urine, dried in an oven, and administered to the patient daily "*if he is rich.*" If he is poor he escapes with "pæony seed in decoctions of hyssop." An excellent beverage during the paroxysm is ale containing a mouse's ear. The following process John of Gaddesden found effectual in the case of youths who were either possessed lunatics or epileptics:—"If the boy's parents are alive, let him and them fast three days, and then let them take him to church if he is old enough; then on a certain Friday let them go to hear mass; let them do the same on Saturday, and on Sunday let the good religious priest read a certain portion of the Gospel over the patient's head; then let the patient write it out devoutly and carry it about his neck, and the cure is complete." The passage contains the words "this kind goeth not out save by prayer and fasting." A child to whom, previous

to suckling it, has been given the brain of a she-goat, which has been passed through a gold ring, will never become epileptic. A perfect cure will be effected by suspending to the neck a conglomeration of pæony,* pyrethrum, the hairs of a perfectly white dog, "cathabre" (whatever that may be), and the stones found in the stomachs of swallows. Equally efficacious is dog's bile. Red coral worn round the neck is useful. The patient must sleep with his head well raised, and be thoroughly rubbed every morning from above downwards; then let his hair be combed with an ivory or golden comb, "quod aurum omni modo valet eis." Let him wear gold rings on his neck and fingers. Let active exercise be taken before breakfast. Let the patient eat goat's flesh, mutton, veal, and young hares, scaly fishes, lettuces, spinach, and coriander. Weazel's blood is a prime remedy, so are our old friends fennel, parsley, and pæony; also *the blood of a red-haired woman!* also powdered human bones; lastly, gargles, sternutatories, emetics, masticatories, ligatures, cupping, and plasters, are recommended, but bleeding seems quite unnoticed, the chief evacuants referred to being clysters and suppositories. Mechanical lesions, as displacements of the uterus, must be rectified.

The causes of sterility are dwelt on at some length; amongst them are enumerated absence of sexual desire, satyriasis, priapism, chronic gleet, too frequent connection, eating of lettuces, *apium*, glow-worms, drinking cold beverages, gluttony, drunkenness, too violent exercise, bloodletting, purging, vigils, early youth, old age, fear, sadness, dropsy, indigestion, colic, diarrhœa, epilepsy, phthisis, too long, too short, or too thin a penis (the length of which should be from six to eight finger-breadths), rupture, and having undergone the operation of lithotomy. I have given these in the order in which they occur in the *Rosa*, but I dare not mention a good many others, and still less the methods by which the Prebendary of St. Paul's advises

* Galen, although in general an opponent of charms or amulets, tells us that he himself once knew a boy who was never seized with epilepsy after he carried a piece of fresh pæony suspended from his neck.

that they should be obviated. All these refer to the man. On the part of the woman the chief causes are given in the following order: drinking cold water, eating lettuces, "*post coitum, saltatio retro, vel motus nimius statim post,*" eating a *bee,** or the bone found in a stag's heart, or wearing agates, or suspending *scolopendria* over the couch, or walking over the menstrual discharge of another woman, or *anointing herself with the same* (!), or eating a mule's heart, or applying a snail's horns to the groins, or the use of injections of mint. If a pregnant woman eats salt the child will be born destitute of nails. Other causes are—mental emotions, disgust, immorality, cerebral, cardiac, hepatic, stomachic, and splenic affections, amenorrhœa, menorrhagia, displacements of the uterus, &c., &c. Singular methods are proposed for deciding which of the spouses is at fault in the case of an unfruitful marriage. Two new earthen vessels are to be taken, and some bran placed in each; the husband then micturates into one and the wife into the other; at the end of fifteen days worms will be found in the urine of the sterile person. If a sterile woman micturates over mulberries they will be found withered at the end of three days. There is a good deal of very fanciful physiology mixed up with all this. Thus we are told that there are three requisities to conception, heat, moisture, and spirit, in proof of which assertion the following verses are quoted:

> "In coitu tria sunt; calor excoquit, humor abundat,
> Spiritus impellit; sic coitus hæc tria quærit."

And to harmonise with this we are told that there are *three* essentials in the male (the penis and the two testicles), and also *three* in the female (the uterus and the two ovaries). Camphor acts as an antaphrodisiac in the case of men, as also does rue, but the latter increases the fertility of women.—

> "Ruta viris veneres minuit, mulieribus auget."†

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* I was at first inclined to think that "apem" was a misprint for "apium, but the context shows "a bee" to have been meant.

† This alleged opposite action of the same drug upon the two sexes in this

As a cure, the head is to be "comforted" with musk, laurel leaves, ambergris, chamomile flowers, and olibanum. The liver is to be "comforted" with ivory shavings, lettuces,* sweat almonds, rhubarb, and whey. The heart is be "comforted" with gold and silver (a most excellent prescription if we were only told where it would be dispensed), borage, crocus, ambergris, citrons, and cubebs. Green lizards are to be eaten in spring. Camel's milk, assafœtida, the seeds of cabbages, nettles, mustard, and lupines, the body of a fish dried and powdered, the roe, the eggs of hens, pigeons, and ducks, are prime remedies, and it is advisable to eat sparrows and "unceasingly to drink milk instead of water."

The worthy Prebendary gives very minute directions as to the "modus generandi," but it would require the courage of a veteran sensation-novelist to venture to transcribe them, to say nothing of translating them. However, the reader may form a tolerable notion of their scope and tendency if he will take the trouble to glance over the concluding portions of the fourth book of Lucretius and of the third book of Ovid's *Art of Love*. If he is desirous of further particulars, he is respectfully referred to the latter poet's *Amores*, iii, 7.

In the third book a vast number of prescriptions are given for the cure of toothache, but our author might surely have spared his pains, for the following simple methods, it seems, are equally or even more efficacious. Suspend the root of *Apium* to the patient's neck; on his jaw write certain words (too sacred to be here repeated) with a cross between each, and then "*the pain will cease immediately, as I myself have frequently seen.*" No one will suffer from toothache on a day when he has prayed to the virgin saint Appollonia, or to St. Nichasius. Let certain characters be drawn on parchment or tablets, the patient meanwhile

respect reminds us how Melampus is said to have cured the impotence of the Argonaut Iphiclus by means of *iron*, a drug which Hippocrates expressly says *produces sterility in women.*

* This is a little bit of homœopathy; we have seen above lettuces referred to as sterilifacients.

touching his aching tooth with his finger. "Let the centipede which rolls itself into a coil on being touched be pricked with a needle; then let the aching tooth be touched with this needle, and the pain will cease." . . . . "Upon any day when a man is hearing mass, let him, during the reading of the Gospel, say a Paternoster and an Ave for the souls of the father and mother of St. Philip, and he shall not only be cured of any toothache which he is suffering at the time, but also shall be free from toothache for the rest of his life." Alum mixed with vinegar is recommended as a dentifrice when the teeth are discoloured, and frequent rubbing with olive oil is enjoined for the same purpose. Another dentifrice is made by rubbing together powdered cuttle-fish bone, powdered shells, powdered pumice-stone, and powdered hart's horns, the last having been previously calcined. Some of the remarks upon dislocation of the jaw are judicious enough, and we learn that the custom of blessing a person who has yawned took its rise from the fact of this form of dislocation sometimes resulting from excessive yawning—an untoward accident which it was hoped the benediction would avert.*

In the fourth book there is little worthy of notice except the advice to those going on a journey, of which I have already given a short account, sufficient for the present purpose. The remarks on the mode of administering rhubarb in the fifth book are perhaps sufficiently characteristic to be worth quoting. "Rhubarb is administered in different forms, sometimes the mere *colatura*†, sometimes in electuary, sometimes in pills, sometimes as a liquid. Therefore we ought to know the difference between these several preparations; the *colatura* and infusion are suitable when

* This explanation seems very questionable; it appears to have formerly been the practice to bless any member of the company who had performed *any* of the acts for which privacy is usually sought. Thus, while tolerating the practice for such minor *faux pas* as yawning, sneezing, &c., Erasmus very justly remarked that it was an undue stretch of politeness to pronounce a benediction on one's friend "*quando eructavit, vel pepedit, vel minxit.*"

† Strictly speaking, this would mean what remains behind on the filter after straining.

the detergent and deobstruent actions alone are sought; the exhibition of the powdered drug itself is preferable when we wish to produce *an astringent action after the laxative.* Good rhubarb presents a fracture like that of marble, and on being cut across shows a yellow surface; if it is also heavy, so much the better. The external portion relaxes, the internal is tonic and astringent." There is another article on the preparation of fresh from salt water. "Fresh water may be prepared from sea-water in four ways—(1) let sea-water be repeatedly filtered through sand, and it will become fresh; (2) let salt water be boiled in a pot, and a clean napkin be suspended in the steam; the water wrung out of this will be found to be fresh; (3) let salt water be gently distilled in an alembic and the distillate will be found to be fresh; (4) make a thin concave vessel of wax, and so place it in another vessel filled with salt water that the water shall not overflow into the waxen vessel through its orifice, the water will then gradually find its way into the waxen vessel through the fine pores of the wax, and what thus enters will be fresh. . . . . In this way fishes separate the salt earthy portions from the aqueous insipid portions. Similarly, salt meat twice boiled in fresh water loses its saltness, if it is at the same time well washed." After about half a page more the work terminates, but some zealous editor has affixed a Latin quatrain in praise of the *Rosa,* ending with the line "Hunc tantum semper venerabimur et sapienter." My readers must judge for themselves whether such "veneration" is consistent with much "wisdom."

And yet I think there can be no doubt that the censure passed on the *Rosa* and its author by Kurt Sprengel and others is much too severe. Kurt Sprengel is far from being the most amiable of historians, but he might have remembered that, in admitting the alleged ignorance, trickery, and charlatanism of John of Gaddesden to have been the faults of his age, he virtually exculpates his hero from all accountability on these charges. He was learned in all the learning of his day; he was well read in the writings of the Arabian and Greek schools, though in the case of the

latter, it is true, and perhaps also in that of the former, only through Latin translations. His notions respecting physiology, pharmacodynamics, and philology, were vague in the extreme, but these are all sciences of comparatively recent times. To censure a predecessor of Haller for ignorance of physiology would be as absurd as to make the adoption of false views upon pharmacodynamics a matter of reproach to a predecessor of Hahnemann; and to despise our hero for his philological blunders in the days when Bopp and Grimm were not, and Max Müller was yet unborn, would be as preposterous as to upbraid him with his ignorance of Greek at a period when Erasmus and Linacre were only foreshadowed by their great-great-grandfathers. His superstitions were those of his age, and even of ages long after his own. Astrology, for example, found a votary in Dryden, who, writing to his own sons near the end of the 17th century, says—"Towards the latter end of this month, September, Charles will begin to recover his perfect health, according to his nativity, which, casting it myself, I am sure is true." The belief in the efficacy of the royal touch in the cure of scrofulous affections survived *certainly* until Queen Anne's reign, and, I think, till a much later period. The belief in amulets and talismans he shared with the greatest of his predecessors, with many leaders of the Arabian school, with Alexander of Tralles, even in some degree with Galen himself. No one is a just object of contempt who is acquainted with all the learning of his age, and is guilty of no errors except those inherited from his teachers and shared by his contemporaries.

The character of John of Gaddesden, as it is revealed to us in nearly every page of the *Rosa,* bears testimony to the scrupulous fidelity and exquisite finish of Chaucer's portraiture of the English physician of the 14th century. Avarice, learning, pedantry, ostentation, vanity, superstition, —all these qualities are equally conspicuous in each. In one important respect our hero seems to have the advantage of Chaucer's; Gaddesden appears to have been, after a fashion, a religious man. The profligate counsel he gave for the cure of such persons as had been crossed in love

may by some be held to militate against this supposition, and, doubtless, it sufficiently proves that, for all practical purposes, his religion was not good for very much. Still, it is to be remembered, in extenuation of John of Gaddesden, though certainly not in his justification, that the age in which he lived, despite the amorous rants of mediæval chivalry and the erotic twaddle of love-sick Troubadours, was one in which the loveliest of God's creatures were practically believed to have been called into existence for no other purpose than to serve for the gratification of the worst sensual passions of men. However justly indignant every right-minded man must feel at the countless host of his sisters who so heedlessly despise their splendid and holy birthright, none but a professed libertine would now venture to deny that the ideal of womanhood is entitled to a loving reverence second only to that which is due to Heaven. But although in the 14th century much fulsome and even blasphemous adulation was lavished on individual women, many of whom richly deserved to beat hemp in Bridewell, the daily lives of men in general showed how little all this romantic balderdash was the real expression of their hearts. When, therefore, we find a Prebendary of St. Paul's of that period uttering a maxim which would now be held, and most justly held, to disgrace the keeper of an anatomical museum, we must not suffer our natural indignation to lead us to forget how much real mental originality is requisite in order to enable a man to rise above the moral or intellectual standard of the age in which his lot is cast. It is always easy, and to little minds it is generally highly agreeable, to cast stones at the memories of predecessors and to ridicule their shortcomings. A "wooden spoon" of the present day knows many facts of which Newton and Leibnitz were ignorant, and a first year's medical student is quite capable of reading lectures to Van Helmont and Roger Bacon. But this is not the standard by which our predecessors should be estimated; and, bearing this in mind in reference to the matter in hand, we should remember, that, although the superstition of the *Rosa* seems to us of the 19th century worthy only of a

Hottentot, its morality only worthy of the stews, and its so-called science only worthy of the philosophers of Laputa, its author may still have been a man greatly the superior of those who, by reason of the labours of others, have attained to heights unscaled and even unseen by him. And as there can be no doubt that 500 years hence our proudest discoveries will be regarded as the clumsiest of inventions, and our most universally received doctrines will have undergone such modifications as to be scarcely, if at all, recognisable, it is clearly our duty to extend to the errors and vagaries of 500 years ago the same candid and charitable consideration which we ourselves hope to receive at the hands of posterity.

ON THE DEATH OF SOCRATES BY HEMLOCK: A BOTANICAL, PHILOLOGICAL, HISTORICAL, PHYSIOLOGICAL, AND THERAPEUTIC INVESTIGATION OF THIS PLANT.

By A. Imbert-Gourbeyre, M.D.

(*Continued from p.* 243).

CHAP. III.—Historical Evidence.

Our common hemlock was certainly known to the ancients, by whom it was designated κώνειον, or *cicuta.* This has been sufficiently demonstrated from botanical and philological considerations.

I. Indeed, how could it have been otherwise? It is, if we may use the term, an eminently *social* plant, being found in the rubbish around dwellings and fortifications, in soils rich in organic (especially animalised) matters, inasmuch as it requires nitrogen to form the ammonia which exists in a state of such intimate combination with its alkaloid. Its area of extension is almost coincident with

that of the human race.* It even accompanies man to the grave, as it abounds in cemeteries. Considering all this, and its repulsive smell, its spots, its height, and its poisonous properties, it could not fail to have been at all times generally known. Can we feel any surprise that hemlock should have been the usual and penal poison among the Greeks, seeing that in it they had a poison always close at hand, easy of preparation, and of great activity? Fred. Hoffmann justly observes, that the use of this poison is of great antiquity, and that no other poison was so well known or in such frequent use among the ancients. It was, as has been remarked above, the poison *par excellence*, the φάρμακον.†

Hemlock is unquestionably the poisonous plant of which most frequent mention was made alike by the Greeks and Romans generally, even apart from physicians who naturally referred to it. The death of Socrates has given it an undying celebrity; Theramenes, Demosthenes, Phocion, Philopœmen, alike drank its fatal cup. When Aristides consulted the priests of Esculapius, they prescribed hemlock, but here we are ignorant of the disease in question. Androcydes, in his admonition to Alexander, compared wine to the poison of this plant. According to Hesychius, the atheist Theodorus was condemned to drink hemlock in the time of Demetrius Phalereus. The employment of poisonous drugs was very common among the Romans; probably hemlock was frequently used.‡ When Seneca was

* Hemlock was unknown in North America previously to the discovery of the New World, but since that date it has spread with a rapidity équal to that of the *erigeron Canadense*, a native of that region which has disseminated itself over all our fields. Wood (*Treatise on Therapeutic and Pharmacology*, Philadelphia, 1856) tells us that it has become naturalised in the United States, and is extremely abundant in certain districts.

† Desbois de Rochefort maintains that the Greeks called the potion then in use among them by the name of φάρμακον, *a term which they applied to all compound medicines.* The Greek word was never exclusively applied to *compound* poisons, rather the contrary. Its real meaning is poison or medicine.

‡ I have examined the *Acta Sanctorum* of the Bollandists in order to find out whether hemlock or other poisons were ever made use of in the countless punishments inflicted on the martyrs. The cases of poisoning are very rare,

dying he begged his physician to bring him the Athenian poison, which he had laid by in store long previously. Dion Cassius tells us that the philosopher Euphrates being anxious to die, the Emperor Adrian, to save him from the infamy of suicide, allowed him to drink hemlock, both on account of his great age and of the grave nature of the malady under which he laboured. Hemlock is often referred to in the poems of Persius, Juvenal, Ovid, and Horace. The latter tells us of a young reprobate who got rid of his old mother by its means. Ovid calls it "long;" Lucretius, "green," epithets referring to the external characters of the plant. By *mæstamque cicutam* Columella evidently meant common hemlock, which is so gloomy and sombre in appearance. The word *cicuta* itself came to be applied to a *flute,* doubtless because in early times shepherds were wont to construct their pipes from the hollow stems of the hemlock; hence, also, came the term *cicuticen*, a flute-player. Afterwards, *cicuta* acquired a generic signification: Latinis quælibet canna, intus concava et inanis. (*Thesaurus linguæ Latinæ,* Lugduni, 1573).

A passage of Valerius Maximus, to which we shall presently refer, informs us that the Athenian poison was publicly kept in the senate-house at Marseilles. According

as might have been expected, this mode of death being too easy. St. Theopompus (2nd January) and St. Victor (14th May), who suffered martyrdom under Diocletian, having been proof against manifold tortures, the emperor, in accordance with the common idea of the pagans, suspected magic; he accordingly summoned a magician skilled in dealing with poisons, who undertook to destroy the Christian enchantments, affirming that the martyrs would not be able to resist the powers of poisonous substances. St. Theopompus and St. Victor, however, suffered no ill effects; we are not told the names of these poisons, which in this case were rather administered to counteract the influence of supposed magic.

Hemlock is once named in the martyrdom of the celebrated philosopher St. Justin (13th April):—"Non quidem palam," say the *Acta,* "in stipitem aut crucem actus, sed post generose superata tormenta clam veneno sublatus, quemadmodum ex ecclesiasticis Græcorum libris intelligitur." It is in the Greek martyrology that we find hemlock referred to on St. Justin's day: Ἰουστῖνον κώνειον ἦρεν ἐκ βίου, *Justinum cicuta abstulit e vita.* Evidently they were unwilling to bring St. Justin back to the torments over which he had triumphed, and so poisoned him with hemlock in private.

to Strabo, a poison extracted from a plant *resembling parsley* was used in Spain.* All these facts show how universally hemlock was known. A passage from Galen, also, may be here instanced, in which, referring to the properties of the plant, without at all entering into detail as to the herb itself, he merely says: Cicuta quod extremæ refrigerantis sit facultatis *omnes noscunt;* which is repeated *verbatim* by Oribasius, Aëtius, and Paul of Aegina, as though it were needless to insist on so well known a fact. Accordingly, the botanist Lobel was right in saying more than 200 years ago:—Cicuta qua flagravit olim infamia, vique pernecabili, *fuit semper notissima.* Mathiolus speaks in similar terms. J. Bauhin calls hemlock "the ill-famed plant mentioned by all the poets, and in the commentaries of philosophers." The notoriety of hemlock, then, is sufficiently proved.

II. Here an objection suggests itself, which was brought by Wepfer, who has done more than any one else to perplex this question. Struck by the violence of the symptoms produced by *water hemlock* in a case of poisoning of eight children which he witnessed, he wrote a book, the object of nearly the whole of which is to prove that hemlock is in no sense a cold poison, as the ancients called it. Without distinguishing the various species, he would judge of the *common hemlock* by the *water hemlock,* and as the account of the death of Socrates accords very well with the old theory of cold poisons, he endeavours, with his preconceived notion, to set it aside, making it a question whether the philosopher really died by hemlock. He says, what is true enough, that hemlock is not expressly named by Plato, who merely says φάρμακον; next, he insists that the biographer relates the death rather in the character of an orator than in that of a physician, and intentionally embellished the

* Hispanici quoque moris est toxicum proponere, quod illi absque dolore necans conficiunt ex herba quadam apio simili, ἐκ βοτάνης σελίνῳ προσομοίας (l. 3, c. 4). The Greek poison, then, was known to the Romans, to the Phocæan colony of Marseilles, and to the Spaniards; we may hence conclude that it was employed universally. A poisonous plant resembling parsley, and producing death painlessly, can have been no other than hemlock.

splendid story which drew tears from Scaliger, in order to blight the characters of the unjust judges for ever in the eyes of posterity.

I have above mentioned the signification of the term φάρμακον. Here it can only mean hemlock, since that alone was the poison used for judicial purposes. It will be shown in the sequel that Plato has described the leading symptoms of hemlock poisoning with remarkable precision. There can be no doubt that hemlock composed the fatal draught of Socrates. It is indisputable that at Athens criminals sentenced to death were compelled to drink this poison. We have numerous testimonies on this head from Dioscorides, Pliny, Galen, and many poets and historians. The learned have often quoted the verse of Juvenal in which the poet reproaches Athens with having been unable to present its great citizens with anything better than cold hemlock;

"Nil præter gelidas ausa conferre cicutas."

A priori it was likely that Socrates took hemlock, and he did take it, in fact. Persius tells us so in his poems, and Lucian in his dialogues.* Has not Seneca, who wished to expedite his death by means of the same poison, left this celebrated sentence: *Cicuta magnum confecit Socratem?* Diogenes Laërtius, in his life of the great philosoper, expressly writes that he drank hemlock; ἔπιε τὸ κώνειον.† Tertullian and St. John Chrysostom repeat the statement There are plenty of such testimonies; others might be adduced. I subjoin one in conclusion which affords an argument *utrinque feriens.*

Xenophon, in the 10th book of his Hellenics, tells us that Theramenes, one of the thirty tyrants, was sentenced

* . . . . "Calido sub pectore mascula bilis
Intumuit, quam non extinxerit urna cicutæ."
—Pers., Sat. v, 144-5.

. . . . "Barbatum hæc crede magistrum
Dicere, sorbitio tollit quem dira cicutæ."
—Id., Sat. iv, 1-2.

In the 24th dialogue of Lucian, referring to the entrance of Socrates into the lower regions, Cerberus is mentioned as αὐτόν δακών τῷ κωνείῳ.

† Diodorus Siculus (L. 18) says the same: καὶ, πιὼν κώνειον, ἐτελίυτησεν.

to death, although defended by Socrates, and died by hemlock. Cicero gives an account of his death in the Tusculan discourses; without expressly naming the poison he merely tells us that Theramenes drank it just as if he had been thirsty: Cum conjectus in carcerem triginta jussu tyrannorum *venenum ut sitiens obduxisset.* Here the Roman orator merely says *venenum,* just as Pluto had said *φάρμακον,* and meaning the same thing. He then adds, a few lines further on :—Vadit in eundem carcerem atque in eundem paucis post annis *scyphum* Socrates. A few years later Socrates was thrown into the same prison to drink the same draught. Now, Theramenes had drunk hemlock, Socrates, therefore, drank the same; the fact is indisputable, and if I dilate at some length on the refutation of Wepfer on this head, the reason is because he has been followed by Mead, Guersent, and several others.

Lastly, for a proof deduced from adages.* There was an old phrase current in antiquity thus expressed in Latin: *Tria Theramenis cavenda.* It has been alluded to by Aristophanes and Menander, and it refers to the same Theramenes of whom we have been speaking. While he belonged to the number of the thirty tyrants, he had, it is said, ordained three kinds of legal penalties—the stake, hemlock, and exile. Suidas, for his part, tells us that criminals were condemned either to be decapitated with a knife, or drowned in a net, or to drink hemlock. Still we are not to infer from the proverb that Theramenes was the first to introduce the use of hemlock as a means of execution. He is the first recorded in history to have drunk this celebrated poison. At that time the medicinal use of hemlock was already traditional, *à fortiori* its judicial employment in the execution of criminals must have been so.

III. The ancients can only have known one species of hemlock, the common hemlock. Schulze is surprised that they should have made no mention of the *cicuta virosa,* but neither this nor the lesser hemlock is found in Greece. Besides, *cicuta virosa* is a comparatively rare plant; it is found on the marshy banks of lakes and in muddy places

* Paulli Manutii *Adagia.*

which are almost inaccessible. Ray long since called attention to the rare localities in which he found it. In our own time Bertoloni, in his *Flora Italica*, has mentioned the various places in which it is found in Italy.

It forms no objection to this proposition that in some passages of the Latin poets the word *cicuta* occurs in the plural; the passages themselves show that this is merely a poetic licence.

Perhaps when used in the plural the word is taken in the generic sense of poison, since we see that while the *form* is plural, the *sense* is singular.* However this may be, we

* The verse of Juvenal has been already quoted:—"*Nil præter gelidas ausæ conferre cicutas.*"

"Et dare mista viro tritis aconita cicutis."
—*Ovid. de Art. Am.*, iii, 465.

. . . . "Sed quod non desit, habentem
Quæ poterunt unquam satis expurgare cicutæ
Ni melius dormire putem quam scribere versus."
—*Horace. Epist.*, ii, 252-4.

Some commentators suppose that by *cicuta* Horace meant hellebore. This is a needless hypothesis; *cicuta* seems here to be taken in the generic sense of poison, perhaps alluding to hellebore.

The following passage occurs in Pliny (L. 23, c. 1):—"Mirum quidem remedio est contra *cicutas*, coriandrum, *aconita*, viscum, meconium, argentum vivum . . . . contraque omnia quæ refrigerando nocent." Are we, then, to say that *cicutas*, being plural, is taken in the generic sense of poison, and refers to the various species which follow? The word *aconita*, also plural, rebuts this supposition. Are we, on the other hand, to maintain that *cicutas* is a copyist's blunder? But in Sillig's edition the singular is not given among the various readings. This is the only passage where Pliny uses *cicuta* in the plural. It must be admitted that the Latin word has the same meaning in both numbers. I rely upon this passage of Pliny, where the plural is certainly identical in signification with the singular, and especially on a passage in the *De Anima* of Tertullian, where, in reference to the death of Socrates, the following words occur:—"*Jam cicutis damnationis exhaustis.*"

We have seen above that Juvenal, Ovid, and Horace use *cicuta* in the plural in the signification which it bears in the singular. The following verses, compared with the preceding, demonstrate that the term *cicuta* was used in both numbers indifferently, and always in the signification of the singular:—

. . . . "Calido sub pectore mascula bilis
Intumuit, quam non extinxerit urna cicutæ."—*Pers.*, v.

. . . . "Barbatum hæc crede magistrum
Dicere, sorbitio tollit quem dira cicutæ."—Id., iv.

cannot thence infer that the ancients were acquainted with several varieties of hemlock.

The very explicit passages in Dioscorides, Pliny, and Galen show that the words κώνειον and *cicuta* both indicate one and the same distinct plant.

The various species of hemlock were not distinguished much before the twelfth or thirteenth century. We find the first instance of such distinction in Peter d'Abano, the *conciliator*. In accordance with the theories of Galen it was sought to ascertain whether the hemlock was really cold or warm. The *conciliator* solved the problem by asserting that the terrestrial or common hemlock was warm and the water hemlock cold. The lesser hemlock was individualised for the first time by the botanists of the Renaissance period. Tragus was the first to speak of it, calling it *Petroselini vitium;* Cordus called it *cicuta minor:* Tabernæmontanus *petroselinum caninum,* which term Linnæus afterwards translated into *cynapium.*

It was impossible that the traditions relating to the hemlock of the ancients should perish even in the course of so many generations. A plant at once so common and so remarkable as hemlock was inevitably known and remembered by all. It is noteworthy that hemlock has been designated by a distinct appellation in nearly every language. The common people with their "cullers of simples" were everywhere the first botanists; they were generally the teachers of the learned, so far as relates to common plants. For them, as for the botanists. there has been but *one* hemlock, the traditional hemlock. For this reason the earliest botanists of the Renaissance period, as Ruellius, Tragus, Fuchsius, Cæsalpin, Dodonée, Lobel, Mathiolus, Camerarius, Tabernæmontanus, &c., in describing hemlock, merely called it *cicuta;* or else it was called the true hemlock, *cicuta vera* of Gesner and Thalius; the hemlock of the ancients and moderns, *cicuta veteribus et neotericis* of J. Bauhim, or the domestic hemlock, *cicuta domestica* of Morison. But when the lesser

We cannot, therefore, infer from the use of *cicuta* in the plural that the ancients were acquainted with many poisonous umbelliferous plants.

hemlock came to be described as a distinct species, this caused the common hemlock to be called by Cordus *cicuta major*. Even in the present day, except in more or less scientific circles, there is but one hemlock, which is called simply hemlock, *i.e.* the *conium maculatum*.

History confirms the popular tradition. On the subject of hemlock the Arabians merely repeat the ancients. Avicenna was the first to give anything like a complete account of hemlock-poisoning. In the tenth century Emilius Macer, who wrote a short poem *De viribus herbarum*, devotes a long section to this plant, speaking of the judicial poison of the Athenians and the death of Socrates. The worthy monk is unable to explain the poisonous properties of this plant, and naïvely adds,

> "Qualiter hoc fiat, non estimo dicere nostrum,
> Cum nil quod noceat, sed quod juvat est referendum."

At the end of the twelfth century St Hildegarde mentions hemlock by its old German name of Scherling in her book *De Physica*; she mentions its poisonous qualities and speaks at some length of its vulnerary applications; it is here that this therapeutic application of hemlock is definitely formulated for the first time. Subsequently we find hemlock mentioned by Albertus Magnus, Vincent de Beauvais, Peter d'Abano, Santes de Ardoinis, Platearius, Nicolas Præpositus, Guainerius, and in all the old *herbarii* of the latter part of the middle ages; which brings us to the botanists of the Renaissance, who, in all their pictures of the plant, give a very exact representation of it. I dwell on these traditional points at some length, because they afford one of the most conclusive proofs of the identity of the ancient hemlock with our common hemlock.

IV. This is the proper place to refute the error which has insinuated itself into the minds of some of the moderns respecting the poison administered to Socrates; the prevalent opinion, until recently, was that this was a *composite* poison. The origin of this historical heresy is, briefly, as follows. It seems to have originated from

Guainerius, an Italian physician of the beginning of the fifteenth century, who thus speaks of hemlock: Nec hoc est venenum quod Athenienses Socrati tribuerunt, ut ponit Conciliator, sed fuit *quoddam venenum compositum* quod cicutam vocarunt, ut in historiis legi Romanorum, de quo Valerius Maximus facit mentionem.

Forestus follows Guainerius; so does Wepfer, to a certain extent, who, however, does not venture to affirm positively that the poison given to Socrates was of a composite nature, but he thinks this probable. Then come a host of physicians who simply copied their predecessors on this subject, accepting their assertions without verifying the texts, and never suspecting that they were the victims of a mistake committed by Guainerius, as may be easily seen by quoting the passage of Valerius Maximus referred to.

This Latin historian, who lived in the reign of Tiberius, speaks of a certain poison containing hemlock which was kept in a public office at Marseilles, and distributed by the Senate of the City to such as being weary of their lives came to plead their cause before them: Venenum *cicuta temperatum* in ea civitate publice custoditur. . . . (Lib. II). The whole difficulty lies in the words *cicuta temperatum;* most have, like Guainerius, translated them a poison compounded of hemlock. In my opinion this is a false rendering. I must here crave permission to enter on a question of Latinity, with the aid of the dictionaries of Forcellini and Freund, of the old *Thesaurus Linguæ Latinæ*, and of the dictionary *Mediæ Latinitatis* of Ducange.

Temperare, according to Forcellini, signifies *commiscere; e. g., temperare acetum melle;* but it also means *propinare, præbere.*

According to Freund, *temperare venenum* means to prepare a poison; in illustration he quotes a passage from Suetonius, at the beginning of the life of Nero, where we are told that a certain Domitius being saved from the fatal effects of poisoning, manumitted his physician for having prepared him a less violent poison: *minus noxium temperasset.*

Valerius Maximus, relating the story of Alexander's

physician, says Philip presented the king with a draught prepared by his own hands, *suis manibus temperatum,** and with regard to this the *Thesaurus Linguæ Latinæ* defines *temperatum* as *confectam*, which is evidently the natural sense. Hence, the *venenum cicuta temperatum* quoted by Guainerius ought to be rendered "a poison prepared from hemlock."† The Latin historian himself furnishes a proof of this a few lines later. He was present at the death of an old lady of the island of Ceos, who wished to end her life with due solemnity in the presence of Pompey by poisoning herself with hemlock. He tells us that she took with a firm hand the vessel in which the poison had been prepared, *poculum in quo venenum temperatum erat.* The Latin translator of the works of Plutarch (Edit. Didot) uses the word *temperare* in the same sense when he comes to the passage in the life of Phocion, where it is related that the poison having failed of effect, the executioner refused to prepare more without being paid for it. He said he would not prepare another draught: *aliud temperaturum se negaret.* We read also in Apulejus (Metamphor. L. 10): *venenum sua manu temperatum,* poison prepared by his own hand.

Ducange assigns to *temperare* the meaning also of *diluere,* and quotes in support of this a passage from the Lombard laws: Si quis liber homo aut mulier *venenum temperaverit;* and also the following passage from a letter, *potionem veneficam temperare.*

Sufficient proofs have now been adduced of the true rendering of the passage of Valerius Maximus, which thus rebuts the notion of a composite poison. The poison used at Marseilles, a Phocæan colony, had evidently been imported thither by the Greeks. The Latin historian him-

* Itaque convocati medici, attentissimo consilio salutis remedia circumspiciebant; qui cum ad unam potionem sententiam direxissent, atque eam Philippus medicus suis manibus temperatam Alexandro porrexisset (Valerius Maximus).

† Guersent, author of the article *Hemlock* in the large *Dictionnaire des Sciences Médicales,* is, so far as I know, the only person who has given the correct rendering of this passage—*a poisonous substance composed of hemlock;* he does not infer that it was a composite poison.

self states this to have been its source.* If, therefore, it is demonstrated that the poison of Marseilles consisted simply of hemlock, the same may be concluded of that used at Athens.

The mistake of Guainerius, besides being readily committed, curiously enough seems at first sight supported by a passage in Thepohrastus apparently favouring those who suppose the *cicuta* to have been a composite poison. According to the Greek naturalist, Thrasyas of Mantinea invented a method of so mixing hemlock with opium and other poisons as to render death easier and less painful, ἄπονον.† It was at once concluded that the poison of Socrates was really compounded, no one ever thinking of giving the least historical proof that the new method of Thrasyas had been adopted into the Athenian judicial procedure. Although we do not know the precise date of Thrasyas it is certain that hemlock had been given to criminals before his time; his modification of the preparation is the best possible proof of this. Why should the Greeks have adopted this novel preparation, one which was perhaps less certain on account of its compound character,‡ when they already possessed a well-tried, traditional drug, and one of such certain efficacy as to have had the synonym ἀψευδής applied to it by Dioscorides, as though it never failed of its effect? Theophratus himself says that the juice of hemlock is very active, and causes death even when taken in small quantities.§ Could motives of humanity have brought about the change? Hardly; and it would have been needless. Death by hemlock is a very easy death, as modern observation shows. We have besides the evidence of St. John Chrysostom, who

* Quam consuetudinem Massiliensium non in Gallia ortam, sed ex Græcia translatam, inde existimo, quod illam etiam in insula conservari animadverti.

† Thrasyas Mantinensis, pharmacon immedicabile et diu durans, necem vero facillime et celerrime inferens et conii et papaveris succo, aliisque huic similibus paravit.

‡ Dr. Maclagan maintains that hemlock is antidotal to opium. I have already maintained that the antagonistic action of drugs is especially to be found in "similar" drugs, which is another argument in favour of the law of similars.

§ Succus inspissatus conii vehementissimus, parca quantitate absorptus necem infert (L. 9, c. 8).

calls this mode of death more gentle than a sleep: Cicuta mortem obiisse perinde est atque permansisse dormientem: dicitur enim *ea mors somno suavior*. Before him, Tertullian, when comparing the mode of the death of Socrates with the frightful tortures endured by the martyrs, ridicules the former when viewed beside the gibbets and glowing furnaces where "the sages of the school of God suffered the most cruel deaths which could be devised by the inventive genius of pagan brutality."* According to Ælian, old persons in the island of Ceos were legally compelled to die when they felt themselves no longer able to be of service to the Republic; they were then invited as to a feast, seated at a table adorned with flowers, and put an end to their own lives by drinking hemlock. Is not this an *à priori* proof of the painless nature of this mode of death? And would the philosopher Euphrates, who wished to die in order to terminate a serious disease, have drunk this poison if it would have increased the pain he was suffering? Hemlock, then, was justly called δολιά, the plant which acts as it were *craftily*, which takes by surprise, πολυανώδυνος, or quite painless. Besides, a complete demonstration of this will be given when we come to the physiological evidence.

To return to Theophrastus. Not only has a mistake been committed respecting Thrasyas, but much embellishment has been added without referring to the text. Thus, according to Mead, we are ignorant what the Athenian "hemlock" was—it was probably a compound of opium and hyoscyamus. In fact, the English physician loses sight of hemlock altogether, while, in the passage of Theophrastus, hemlock, opium, and several similar substances are spoken of; hyoscyamus is not mentioned.

I subjoin some more instances of the manner in which history is written. Sauvages maintains that the poison of Socrates was not *conium*, but the hemlock of Linnæus, called by Tournefort *sium erucæ folio*; next, he makes Theophrastus say that it was a compound of opium; now,

* Hæc sapientia de schola Dei . . . . ideoque non unius urbis sed universi orbis iniquam sententiam sustinens pro nomine veritatis, tanto scilicet perosioris quanto plenioris ut et mortem non de *poculo jocunditatis* absorbeat, sed de patibulo et vivicumburio per omne ingenium crudelitatis exhauriat (*De Anima*, c. 1).

Theophrastus does not say a word about Socrates.* Van Hasselt states, on the authority of Ælian, that aged persons in the island of Ceos, when weary of life, used to poison themselves with a mixture of hemlock and opium.† Now, there is nothing said about opium in the Greek text; it is merely stated that old persons drank hemlock.‡ Similarly, Valerius Maximus, in his account of the matron, only speaks of hemlock.

All probabilities are against the supposition of the adoption of the method of Thrasyas, *i.e.*, against that of the admixture of hemlock with other poisons. Let us now consider several direct and conclusive proofs.

V. Theophrastus, Dioscorides, and Galen spoke of a definite plant, *κώνειον*, which is the *cicuta* of the Romans, referred to by Pliny, Seneca, and many poets and historians. Since, then, the name actually corresponds to that of a known plant, why should we suppose the hemlock administered to Socrates to have been a compound poison? Among the ancients no distinction was made between the judicial poison of the Athenians and the extract of the plant called *κώνειον* or *cicuta*.

Dioscorides evidently believed this to be the plant which furnished the judicial poison, since among its synonyms he gives the term *τιμωρός*, and many of the synonyms relate to the principal phenomena of hemlock poisoning, both such as occurred in the case of Socrates and such as we learn from other sources.

The same is true as regards Pliny, whose chapter on hemlock begins as follows: Cicuta quoque venenum est

* Venenum quo Socrates olim extinctus est creditur esse succus non conii sed cicutæ Linnæi, quam sium erucæ folio Tournefortuis nuncupat. Venenum multo periculosius, cum homines cito perimat; illud vero cum opio permixtum fuisse monet Theophrastus. Unde mors placida; sic Socratem, sumpto toxico, oculos fixos, torporem et gravitatem expertum esse dicitur. (Sauvages, *Nosologia Methodica.*)

† *Allgemeine Giftlehre.* Braunschweig, 1862.

‡ Lex est apud Ceos, ut ii qui senio plane confecti sunt, tanquam ud hospitalem mensam se invitantes et coronati bibant (*πίνουσι κώνειον*), quando sibi ipsis conscii sunt se ad curanda patriæ commoda inutiles esse (Ælian, L. iii, c. 37).

publica Atheniensium pœna invisa. This sentence alone negatives the supposition of a compound poison. Guersent, after having referred to the old men of Ceos, and the passages from Thrasyas, Strabo, and Valerius Maximus, adds: "After comparison of all these facts, no doubt can remain that Pliny supposed hemlock juice to have been the poison employed at Athens, and all subsequent writers have regarded this hypothesis as indisputable, and have repeated it, even adding that Socrates died by this kind of poison. Nevertheless, Pliny only once speaks of κώνειον in the whole of his account of the death of Socrates, while he frequently uses the term φάρμακον." Then, Guersent chiefly insists on the difference between the symptoms presented by Socrates, and those of hemlock poisoning as observed by the moderns. I have above dwelt at sufficient length on the question respecting φάρμακον; in the sequel I shall thoroughly investigate that of the symptoms, and, consequently, of the alleged differences. Meanwhile, I merely remark that it seems strange that Guersent and those who agree with him should profess themselves better judges as to this point than Pliny and all the ancients.

However satisfactory may be the proofs afforded by Dioscorides and Pliny that the death of Socrates was due to hemlock alone, still better may be adduced from Galen. According to him the judicial poison of the Athenians was no other than the plant called κώνειον, in proof of which I subjoin the three following quotations:

"Proinde et mandragora, *cicuta,* altercum, papaver, si quis modice *herbas* utatur, condensandi vim obtinent; sin liberalius, non modo condensandi, sed et obstupefaciendi; si vero etiam plurimum, non tantum obstupefaciendi, sed et necandi" (De Simp. Med. L. 5). Here hemlock is mentioned as a poisonous plant, capable, according to the dose, of causing fatal consequences.

"Quid enim aliud dixeris, quum videas medicamenta, . . . statim ubi quis assumpserit internecionem adferre? ex quo numero sunt ferarum venena . . . . similiter et *a potu cicutæ,* ἀπὸ κωνέιου πόσεως, quum et ejus venenum refrigeret" (L. de Anima). Throughout this second

passage the reference is always to the herb as the mortal poison, and that the judicial poison is meant appears from the phrase *a potu cicutæ.*

"Nondum inveni quemadmodum illud, quare flava bile exuberante in delirium rapimur . . . . insuper qua vi *sorbitio cicutæ* (κώνειον ποθέν) *ultionem ipsam flagitiis* deditam (τιμωρίαν) moliatur, cui etiam *nomen ab affectu* quem corpus inde patitur, *inditum est.* (Liber, *quod animi mores temperamenta sequentur.*") Here hemlock is still more distinctly styled the judicial poison. Galen further tells us that its toxic symptoms had been termed κώνειον from the names of the plant, just as we speak of iodism, and might speak of cicutism. This affection became traditional; Sauvages speaks of it as a morbid variety, as may be seen in his nosology. This being granted, could Galen have used the word κώνειον with reference to those phenomena if they had been the effects of a compound poison? What physician would venture to maintain such a supposition?

To sum up: the negative testimony derived from the silence of antiquity as to the compound nature of the poison of Socrates is supported by all these direct proofs. The supposition of the poison having been compound is, in fact, inadmissible; it had its rise among the moderns from a mistranslation, and from an illogical construction and much addition having been put on the passage of Thrasyas. Those who first mistranslated and consequently drew false conclusions were followed by numerous others who copied their predecessors without taking the slightest trouble to verify their quotations; such servile copyists are many medical writers.

VI. Wepfer brought forward another argument in favour of the compound character of the poison, which must be answered here. According to Plato's account, a certain time, συχνὸν χρόνον, was required to prepare the draught for Socrates. Wepfer concludes from this that it must have been similar to the compound poison invented by Thrasyas.

We possess several notices of the manner in which the

Athenian poison was prepared.* Theophrastus tells us that the inhabitants of the island of Ceos used the hemlock *ground*, but that in his own time they would previously *remove the rind*, which he confesses to be a difficult process; they next powdered it in a mortar, strained the juice through a fine sieve, and drank it in water, thus procuring a rapid and easy death. It is not easy to discover whether in this passage Theophrastus is speaking of the entire plant or only of the seeds. The latter supposition derives some support from the fact of Galen having in several passages recommended the use of the seeds *peeled* or cleansed,† and also from the difficulty attending this mode of preparation, mentioned by Theophrastus himself.

It is nearly certain that the Athenian poison was prepared in the way described by Dioscorides and Pliny; we spoke of this in the *botanical proofs*. The judicial poison was necessarily prepared beforehand, and preserved in the state of *extract*, for the simple reason that hemlock cannot be obtained during the winter, and that it only attains its maximum of activity at the close of the flowering season, at which time it must be gathered, before the seeds dry up: *antequam arescant*. History confirms this particular. The poison was kept in the senate-house at Marseilles, Demosthenes carried it about with him, Seneca's physician had a store of it. An extract, then, was used, which had been prepared at a suitable time. Fr. Hoffmann is right in saying "Memoriæ proditum est *succum cicutæ leni insolatione spissatum*, olim publice Athenis in pœnam *fuisse asservatum*." Since, then, we have to do with a more or less dry extract, perhaps made into a kind of lozenge, as Pliny says with regard to the seeds, it is not surprising that some time was required to prepare the fatal draught for Socrates. It must have been triturated; Plato in the *Phaedo*, and Plutarch in the life of Phocion, both use the word τρίβειν, which means *to triturate*.

Since the hemlock was *drunk*, the powdered drug must

* Galen, *De Compos. Medic. Secundum locos*, L. 10. *De Antidotis*, L. 2.

† This is an excellent argument in opposition to the theory of the poison having been compound,

necessarily have been mixed with some liquid. In order to preserve its full activity, it must have been completely dissolved in the menstruum. Hence a longer or shorter time was required to prepare the deadly cup; physicians and druggists well know that an extract requires some time for its solution. Such is the perfectly natural explanation of the time required for the preparation of the poison of Socrates. Whether simple or compound, the same time was necessary for its preparation, and this question of time can be no argument in favour of its compound nature.

We must now examine the physiological evidence, in order to demonstrate still more completely that the Greek poison was prepared from hemlock alone.

(*To be continued.*)

ON HAHNEMANN'S CITED SYMPTOMS IN ALLEN'S ENCYCLOPÆDIA.

By Dr. Richard Hughes.

The readers of this Journal have been made aware that I have undertaken a certain small portion of the work of preparing Dr. Allen's *Encyclopædia of Pure Materia Medica.* It is the examination of the originals whence Hahnemann has cited symptoms for his pathogeneses, and the verification, illumination, and correction of the quotations thereby. I had assumed the responsibility of all that appeared of this kind in his undertaking; but, on examining the use he had made in his first volume of the materials with which I had furnished him, I was disturbed to find so many omissions in respect of bracketing and annotating symptoms, that, in a note to the review which appeared in the last number of the Journal, I said that I could not maintain any responsibility for this part of the work.

Dr. Allen has since proffered explanations andex pressed

regrets which are amply satisfactory, and I have found on further examination that the omissions are not so numerous in other medicines as they are in *Arnica*, which was the first to come before me. I have abandoned, therefore, my expressed intention of publishing my results in full—at any rate for the present. Instead thereof, I propose in the following paper to give a running commentary on the medicines of the Hahnemannic series which have already appeared in his collection, making such corrections and supplying such additions as may seem needful for the true presentation of the cited symptoms.

Aconite.

The article on this medicine was printed separately and sent as a specimen with the publishers' quarterly bulletin. Hence, it would seem, my information arrived too late to be incorporated into its substance, and is given in the form of "Notes and Additions" at the end. I hope that all who use Dr. Allen's book will put the brackets and write in the notes as given there. The following omissions and errors have to be noted:

1. S. 4 should have been bracketed, for the reasons explained in the note.

2. S. 250 should be bracketed, and the note appended to it which is given as for S. 1865, with which it has no connection.

3. The directions given in the *Notes and Additions* regarding S. 1223 and 1225 have got into confusion. They should read as follows: "S. 1222, note, with stupor"—"S. 1224, note, local action, see S. 1221."

4. In my arrangement of Hahnemann's citations from authors on this medicine in the *Monthly Homœopathic Review* for Nov. 1873 (to which I had referred Dr. Allen) the symptoms from Greding and Störck are referred to the patients on whom they were observed. Dr. Allen has omitted such references; so that my list of the patients which he gives in his authorities throws no light upon the individual symptoms derived from them. I can only

recommend any one who desires such light to go over the symptoms in the *Review*, and affix to them, when he has found them in Dr. Allen's list, the Roman numeral indicating their precise source.

Agaricus.

The information furnished by me is here also given in a note at the end, and stands as I sent it.

Antimonium crudum.

My material is here incorporated in the text. The following corrections are necessary:

1. S. 67 should be bracketed, and S. 68 also. The statement in brackets which follows is my note to S. 68, and should begin thus: "After violent vomiting. Left ear soon recovered," &c.

2. S. 219 should have a comma after "urine"; the "but rarely" is my addition from the original.

3. S. 260 should be bracketed, and rendered "suffocative."

Argentum nitricum.

All is correct here save the note to S. 181. It should read "after the three days of S. 180. The pus is said, &c."

Arnica.

It is in this medicine that the great number of omissions occur which disturbed my mind. The following is the list of them:

1. S. 64 should have the following note—"See S. 537 and note."

2. To S. 137 note—"In amaurotic eyes recovering sight under the influence of the medicine (comp. note to S. 644)."

3. To S. 140 note—"See note to S. 137."

4. To S. 294 note—"Preceding S. 327. See note there."

5. S. 327 should be bracketed, and annotated thus—"In a case of fall from a height, in which the chest was bruised."

6. S. 332 should be bracketed, with note—"Not mentioned by this author."

7. To S. 372 note—"In a case of opisthotonos."

8. To S. 396 note—"In case mentioned in note to S. 372."

9. To S. 422 note—"In case mentioned in note to S. 372."

10. S. 443 should be bracketed, and annotated thus—"Occurring on the fourth day, and regarded by the reporter as a sign of internal contusion and extravasation."

11. To S. 460 note—"In case mentioned in note to S. 372."

12. To S. 527 note—"This was only an aggravation of a difficulty in breathing existing before *Arnica* was taken."

13. To S. 530 note—"In a case of heavy fall. Very similar symptoms were noted before *Arnica* was administered."

14. To S. 537 note—"Immediately preceding the restoration of the catamenia."

15. To S. 594 note—"Not found."

16. To S. 598 note—"See note to S. 372. The sense of concussion was felt in the body generally."

17. To S. 615 note—"See note to S. 372."

18. To S. 632 note—"In paralysed limbs, to which *Arnica* was restoring power."

19. To S. 644, 648, 674, 697, 767, 790 note—"See note to S. 632."

20. To S. 895 note—"See note to S. 537."

Also, in the list of authorities, in No. 14, read "cases of injury," instead of "cases" only.

Arsenicum.

Under this medicine I have first some corrections to make in the list of authorities. These are of course accidental errors, but it is well to take this opportunity of correcting them.

1. The name of No. 25 is omitted. It is La Motte.

2. There are two authors (or contributions of the same author) of the name of Bucholz (No. 31) quoted by Hahnemann. One is from Hufeland's Journal, the other from the *Beitr. z. ger. Arzneik.* When I sent my notes to Dr. Allen I had not been able to find the second of these; but I distinguished it, and the symptoms referred to it, from the first. Dr. Allen has given and cited the two as one, I have since found that the second is a case of poisoning by the white oxide, so that the mingling is of little consequence.

3. Baylis (No. 38) should be "Baylies."

4. In No. 44 for "applications" read "application."

5. In No. 47 for "a youth" read "youths."

6. In No. 48 for "Tennert" read "Jenner."

7. In No. 50 for "Isenflamm-Stemming" read "I. Steining."

8. No. 56 is a repetition of No. 34.

9. No. 67 should read "Greiselius (S. 1759 from vapour in self, &c.")

10. No. 72. No such name as "Gabezius" occurs among Hahnemann's authors.

11. No. 75 should be Pet. de Appono.

12. Same remark on No. 82 as on No. 72.

13. No. 86 should read "Hall. Allg. Lit. Zeit."

14. In No. 87, for "from carrying A. in pocket" read "cases of poisoning."

The following alterations and additions have to be made in the symptom list:

S. 2. Note. "Not found."

S. 4 is referred to 1, which is Hahnemann; it should be 11, *i.e.* Ebers, and therefore bracketed.

S. 33 should not be bracketed.

S. 34. The "angor" which took away his breath was not "mental," as Dr. Allen has inferred from my saying that it was not the bodily pain.

S. 55. Dr. Allen says that all symptoms from this source (No. 21) are bracketed. This is his own doing: I

see no reason why the present observation should have any slur put upon it.

S. 62. See remark on S. 34.

S. 116. Note. For "his" read "her."

S. 138. Note. For "in" read "is."

S. 202 should be bracketed.

S. 335. Quelmalz's observation (No. 18) should have been given separately. In it the veins of the eyes only were swollen, and after violent vomiting.

S. 450. Note. For "S. 128 and note" substitute "S. 134."

S. 458. Note. Instead of "see" read "as."

S. 467. Note. Instead of "457" read "460."

S. 1166. "Indescribable" would better, I think, render the "inexplicabilis" of the original than "inexpressible."

S. 531. Same remark as on S. 55.

S. 1622 should be bracketed.

S. 1729. Add "for a long time."

S. 2446 is wrongly credited to "8," *i.e.*, Meyer: it should be "86." Note that death did not occur till the 7th day.

If now all who use Dr. Allen's first volume will make the corrections, &c., noted above, I can repeat for them my original guarantee, that no cited symptom of Hahnemann's, whose original I have been able to consult, stands there without the fullest light which can be cast upon its nature and probable value.

LECTURE ON THE PRINCIPLES OF HOMŒOPATHY.

Delivered at the London Homœopathic Hospital, February 11, 1875.

By R. E. Dudgeon, M.D.

Gentlemen,—Neither the word homœopathy, from the Greek ὁμοιος παθος, *similar disease*, nor the motto or formula of the system, *similia similibus curantur*, likes are treated by likes, is self-explanatory. What Hahnemann understood by the word homœopathy is defined in the rule he laid down: "In every case of disease give a medicine whose positive action on the healthy human organism corresponds to the sum of the symptoms observable in the disease." Homœopathy is not the ancient doctrine of signatures, according to which the remedy was a drug which bore some external superficial resemblance to the diseased organ. It is not the equally ancient doctrine of isopathy alluded to by Homer, when he says that the spear of Achilles was the only remedy for the wounds inflicted by that weapon, and embodied in the maxim of the Schola Salernitana:

> Si nocturna tibi nocet potatatio vini,
> Hoc matutina rebibas et erit medicina.

Nor has it anything in common with that more modern development of isopathy, in which the disease was to be treated by the administration of an additional dose of the virus that had caused it; nor yet with that other fancy of giving dogs' livers and foxes' lungs in hepatic and pulmonary complaints.

Benvolio's advice to love-sick Romeo conveys the homœopathic idea:

> Tut, man! one fire burns out another's burning;
> One pain is lessened by another's anguish;
> Turn giddy, and be holp by backward turning;
> One desperate grief cures with another's languish.
> Take thou some new infection to the eye,
> And the rank poison of the old will die.

The exclamation of the dying monarch when the messenger brought him the intelligence of the defeat of his troops expresses the homœopathic doctrine:

> In poison there is physic, and these news,
> Having been well, that would have made me sick,
> Being sick, have in some measure made me well.

At all events, these Shakespearian utterances come nearer to the idea of homœopathy than the perverse misrepresentations we so often see in the writings of our opponents, where homœopathy is gravely stated to be a system of treatment in which the remedy for a disease is an additional dose of what caused the disease; as, for example, that a surfeit of beef steak is to be cured by an additional dose of beef steak, or the evil effect of an overdose of mercury is to be cured by giving more mercury.

Homœopathy being, as Hahnemann stated, and as we all know now, the treatment of disease by remedies capable of producing symptoms similar to those of the disease, it follows that the first thing the physician has to do is to ascertain the symptoms of the disease.

"But," exclaim the partisans of so-called scientific and rational medicine, "the symptoms of the disease are not the disease. The cause of the disease is what is to be sought for, and against which we are to direct our medication."

"*Tolle causam*" is an excellent maxim when the cause is obvious, such as a splinter in the inflamed finger, or a tapeworm in the bowel, for, in such cases, *causa ablata cessat effectus*. But the cause of the disease is not always obvious, and then speculation comes into play. This "rational" treatment of disease is like playing at double acrostics. You first guess at the hidden cause, and then you guess again at the suitable remedy, and the chances are at least ten to one against your success in both guesses.

"The symptoms are not the disease. . The disease is the structural change produced in the organs or tissues by the morbific cause, and these it should be the physician's aim to discover and to remedy. The symptoms are merely the effects of these recondite changes." True enough, but in many cases these minute structural alterations can only be discovered on the dissecting table, and not always even there, and then it would be rather late to apply the remedy. And even on the dissecting table, after all, when we can discover anything, what we see is only effect, the actual disease is something beyond its pathological anatomy; and could we ascertain this on this side the dissecting room, we should reckon it among the symptoms of the disease to be noted by the physician.

"Homœopathy is the treatment of symptoms," is a reproach constantly flung in our faces, and symptom-treatment is held to be something the very reverse of scientific medicine. And yet the great bulk of old-school treatment, which arrogates for itself the exclusive right to the title of scientific, is the treatment of symptoms. For what else are the vaunted "indications" of the old school? The patient has constipation—give a purge; his head is hot—apply cold wet cloths; his skin is dry—give a diaphoretic; he has pain—administer a narcotic; he cannot sleep—give an opiate; his urine is alkaline—give an acid; he is bathed in perspiration—prescribe a mineral acid, and so forth. This is treatment according to the indications, and what is it but symptom-treatment? And is it less symptom-treatment if a medicine for each indication is thrown into one long and complex prescription?

But homœopathy is not a symptom-treatment of this sort. The homœopathic practitioner, says Hahnemann, takes note of all the changes in the health of the body and mind that can be perceived by means of the senses; that is to say, he notices the deviations from the previously healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him, and observed by the physician. He inquires into the previous history of the disease in order to ascertain its exciting

cause, and notes the moral and intellectual character, the occupation, mode of living and habits, the social and domestic relations, age, constitution, and temperament. In short, he makes an exhaustive inquiry into everything of an abnormal or morbid character, in order to assist him in forming a true picture of the morbid condition. He avails himself of all the improvements in what are called the means of diagnosis. Everything revealed to him by the thermometer, the stethoscope, the plessimeter, the ophthalmoscope, the specula of all sorts, by the chemical analysis of the secretions, aid him in his task, and all together constitute the symptoms or phenomena that in their sum make up the true picture of the disease.

Nor is pathological speculation prohibited to the homœopathic practitioner. He is as free to form theories respecting the nature of disease as the practitioner of the old school; but then his theoretical speculations, however false, will not mislead him to a disastrous and injurious treatment, for his guide in the selection of the remedy must ever remain the sum of the ascertained objective and subjective phenomena. The taunt that a belief in the homœopathic therapeutic rule is incompatible with scientific pathology is singularly out of place, when we remember that four chairs of pathology in the universities of Zurich, Montpelier, Vienna, and Edinburgh, have been recently held by avowed disciples of Hahnemann; I allude to Arnold, D'Amador, Zlatarovich,* and Henderson, all of whom have been something more than professors of pathology, for they have illuminated pathological science by their writings; and the last-named, Henderson, has enriched it by his original discoveries.

Still neither pathology nor pathological anatomy, which often passes for pathology, can help us much in finding the remedy for the disease. Little as we know of the pathology of disease, I mean the minute structural changes on which the phenomena we call disease depend, just as little do we know of the hidden structural alterations effected by medicines to which their pathogenetic effects or medicinal symptoms are owing.

* Zlatarovich was Professor of Pathology in the Joseph's Academy of Vienna.

But if two individuals present a similar array of symptoms, and if these symptoms resemble one another in their sequential order of occurrence, then we may infer that the hidden structural alteration on which the symptoms depend is alike in both. Nor will our conclusion be affected if we find that the array of symptoms in the one case has occurred spontaneously, or in consequence of exposure to some contagion, and in the other has been produced by taking some medicinal substance.

Thus it is the observable symptoms—and by symptoms we understand all the phenomena cognizable by all the means alluded to above—that convey to us the idea of the disease, whether that disease be produced by ordinary morbific causes or by medicine.

With respect to many diseases, we know them only by their symptoms; the pathological changes that produce these symptoms have hitherto eluded the most persevering research. Evidently, if we cannot treat disease scientifically or rationally until we know its pathology, these diseases must remain untreated, unless we invent a hypothetical pathology for the disease, which is much more likely to be wrong than right.

The symptoms, objective and subjective, being then confessedly the only certain means whereby we can attain to a knowledge of the disease; or, in other words, our whole certain knowledge of the disease consisting in its observable phenomena, it follows that the most careful and complete observation of the symptoms is requisite for the physician who wishes to gain a knowledge of the disease.

This truth was recognised and strongly insisted on by Hahnemann, who, in his *Organon,* has given the most particular directions for observing the symptoms of disease. The minuteness of observation he seeks to enforce has been much ridiculed by his opponents; but when we consider that in no other way can a knowledge of diseases be surely obtained, and that a wrong guess might be attended with serious consequences to the patient, we cannot say that Hahnemann has insisted too forcibly on the necessity of attending to every minute detail. In some cases, it is true,

we can say with certainty that such and such symptoms are unimportant, but in many other cases we cannot very well decide on the relative importance of symptoms, so the rule to observe everything is a good one, for it not unfrequently happens that symptoms we are at first disposed to regard as trivial have proved the guide to the nature of the disease, or at all events to its remedy.

But it is not enough to observe and note the bare symptom; the conditions under which it occurs form a most important part of the symptom itself, and must not be neglected. An accurate register of the conditions of symptoms is one of the peculiar features of our symptomatology.

The observation of objective symptoms is sufficiently obvious. We note the seat; the appearance, such as an irregular pupil, a flushed face, a circular, irregular or annular eruption, a pustular, vesicular, squamous, or exuding rash, a morose, thoughtful, or cheerful expression, a high or low temperature, a dry or moist skin, a clear or turbid urinary secretion, an alkaline or acid character of the secretion, its specific gravity, its chemical and microscopical characters, the stethoscopic signs connected with the thoracic organs, and so on.

The subjective symptoms may be in connection with objective ones, as an itching or burning rash, or scalding sensation accompanying the flow of tears; or the subjective symptoms may be independent of any obvious objective ones. And here we have to note the anatomical seat, when that is ascertainable, or the region of the body to which it is referred. The precise character of the pain or sensation, the conditions under which it occurs, is ameliorated or aggravated; its course and direction, its periodicity or irregular occurrence. The moral and mental states of the patient are of great importance.

In short, every deviation from the normal or healthy condition must be carefully observed, together with the history of the case, including the previous diseases, the accidents and injurious influences to which the patient may

have been exposed, and the mental emotions he may have been subjected to.

All these circumstances taken together make up the picture of the disease. It is by the combination of all the features that we are enabled, as it were, to draw the portrait of the malady.

When we have thus traced the portrait of the disease, we form our diagnosis, by which we mean the reference of the morbid symptom to some lesion or morbid condition of some organ or tissue. But as this will often partake, more or less, of a theoretical character, it is of less importance in reference to treatment than the character of the morbid phenomena, which, after all, are our only sure and perfectly reliable indications for treatment.

The exciting cause of the morbid phenomena is often of the utmost importance for succesful treatment; for without the removal of the cause we shall often fail to cure. Thus, a series of morbid phenomena may be caused by some unhealthy habit, or some unsanitary condition of life, or they may be owing to the presence of some parasitic animal or vegetable, the removal of which is indispensable for the cure.

The treatment of disease by medicines capable of producing an array of symptoms similar to that presented by the disease demands an accurate knowledge of the pathogenetic or morbid-phenomena-producing action of medicines.

Some medical sceptics have in both ancient and modern times expressed their incredulity with respect to the curative powers of medicines at all. They have contended that medicines are incapable of influencing favourably the course of the disease, which they allege would in all cases have a better chance of coming to a speedy and fortunate end without the obstructive action of drugs. This is an opinion like another, and has every right to be treated with respect. Certainly, very powerful considerations may be adduced in its support, especially when the results of purely expectant treatment are compared with those of some of the old methods of drugging and depletion. The decisive experiments of Dietl, which

established, for ever let us hope, the superiority of an expectant or do-nothing treatment of pneumonia over the orthodox bleeding and tartar emetic treatment of a quarter of a century ago, told greatly in favour of the views of the absolute disbelievers in drugs and depletion. This is not, however, the place to argue the question as to the power of medicines in favourably modifying disease. We must accept this as granted, and we are not without very respectable authority for the belief that drugs are medicines, that is to say, substances capable, when rightly employed, of curing diseases. The traditional character of a belief is, as we are all fully aware, no guarantee of its truth, and, indeed, some of the most firmly fixed of medical beliefs, such as that in the curative virtue of bloodletting in acute inflammation, which was regarded for many ages as a self-evident truth corroborated by a thousand-fold experience, to doubt which was to indicate mental imbecility as great as it were to question the truth of an axiom of Euclid—this belief, alas! was found to be utterly and entirely false. The complete collapse of the belief in bloodletting in inflammation might be said to give an air of probability to the Pyrrhonic doctrine of the inutility of all other forms of medication, which were certainly not supported by a greater consensus of medical testimony.

But, as before said, we are not here to question the accuracy of the more popular doctrine that drugs are the agents whereby diseases may be cured—if curable.

It follows from this that it is of the utmost consequence to ascertain the properties and qualities of drugs, and this would seem to be equally necessary, whether we treat diseases according to the law *similia similibus*, or according to the other law *contraria contrariis*, or according to that lawless heteropathic or allopathic method whereby we endeavour to set up some morbid process in some part of the organism remote from the seat of the disease.

If we consider the subject attentively we shall see that the homœopathic is the only possible *general* therapeutic law.

Thus, the enantiopathic or antipathic treatment, which

has for its axiom *contraria contrariis,* cannot be a general therapeutic rule of treatment, for there are so few diseases whose contraries are conceivable. The contrary of constipation is looseness, and *vice versâ;* the contrary of a weeping eye is an eye abnormally dry; the contrary of heat is cold, and of cold heat; but there are many states, and those forming the great bulk of diseased conditions, the contrary of which we do not know and cannot even imagine. Thus, what is the contrary of a pain? what of a cough? what of the thousand and one sensations the patient experiences? The physician who should practise according to the *contraria contrariis* maxim would require to know only the grosser physiological effects of drugs, such as those prone to cause diaphoresis, diuresis, constipation, purgation —and so on. These qualities it would not take much trouble to ascertain, and they might be learned by experiments on patients almost as well as by trials on the healthy.

Just as little can the allopathic or heteropathic be a general therapeutic rule. For if the aim be to develop a morbid action on some organ not affected by the disease, unless there be some rule for discovering the organ to be attacked in each case and the mode in which it is to be attacked, the form and place of attack is left to the caprice of the practitioner. Here, also, while it is desirable to know the actions of the drugs used, it is only certain rough physiological effects that are required to be known, and these may well be ascertained by experiments conducted on the *corpora viliâ* of patients.

Very different is the knowledge of the actions of drugs required by the practitioner on the homœopathic system. His aim being to find in the effects of a medicine an array of symptoms resembling that of the disease to be cured, it is obvious that he must study the pure action of the drug on the healthy as carefully as he does the disease. As he wants a medicine which acts on precisely the same parts and effects similar changes in the hidden interior as the disease, and as the deviations from the normal or healthy standard it effects are the only signs whereby he can ascertain if this pathological resemblance of drug action to

natural disease exists, he requires to test the action of the drug on the healthy in the completest possible manner.

Hahnemann has laid down excellent rules to be observed in the proving of medicines on the healthy. He proved on himself, and superintended the provings by others of many of our most valuable remedies. I must not here enter into the details of Hahnemann's method of proving medicines, nor yet attempt a criticism of his earlier and later provings. I would only remark that it is a matter of regret that we have not the journals of Hahnemann and the gentlemen connected with him in his provings, for it cannot be denied that Hahnemann cut up too much the groups of morbid phenomena produced by the drugs, for the purpose of arranging them in the artificial schema he adopted; and it is difficult and, in many cases, impossible for us to reunite the scattered symptoms so as to learn their connection and sequence—points which it is most desirable to know in order to compare drug disease and natural disease.

Most of the best recent provings of medicines, even though the symptoms are arranged in Hahnemann's artificial schema, are accompanied by the day books of the provers, in which the drug disease can be studied better than when cut up into separate symptoms and distributed under the numerous headings of the schema. In some of the provings conducted by the Austrian Society the journals of the provers alone are given, the groups of symptoms being thus preserved in their natural connection, and hence more fitted for comparison with the array of symptoms observed in the natural disease.

It would be a great mistake to suppose that the practice of homœopathic medicine consists entirely in the mechanical comparison of disease and drug symptoms.

As the number of medicines proved in regard to their physiological effects on the healthy human organism increased, it was strongly felt that some arrangement or classification of these medicines must be made more in consonance with the advancing pathological knowledge than

was afforded by the mere enumeration of their objective and subjective symptoms.

Hahnemann himself was the first to perceive this necessity, and his great work on *Chronic Diseases* was an attempt to establish a more thorough pathological connection between diseases and drugs than had hitherto existed. With much learning and labour he excogitated a pathological theory of most chronic diseases, attributing them to the influence of three viruses which he named psora, syphilis, and sycosis, representing respectively the contagious poisons of exanthematous, venereal, and gonorrhœal infection. For the treatment of chronic affections due to each of these three viruses he indicated a certain number of medicines which he termed repectively anti-psorics, anti-syphilitics and anti-sycotics.

The experience of his followers does not bear out all the conclusions arrived at by Hahnemann in this direction, but there can be no doubt that a great truth underlies the theory.

This truth seems to be that there are many diseases in which the mere resemblance of the obvious symptoms caused by drugs to the obvious symptoms of the disease will not suffice to effect a cure, but there must be a deeper pathological resemblance between drug and disease. To give an example: there are many drugs whose pathogenetic symptoms closely resemble some of the affections due to syphilitic infection, but which are incapable of eradicating the disease. The drug mercury, however, has a pathological relation to the poison of syphilis of a more profound character than those other drugs, and for this reason it cures when other remedies apparently homœopathically indicated are powerless.

In like manner the intimate pathological relation of many drugs to constitutional disease, and to diseases having their primary seat in various organs and tissues, have been ascertained, and when a disease can be determined to depend on a lesion of such organs or tissues the remedy is sought for among the drugs that have a pathological affinity for the organ or tissue mainly involved, but here again the parti-

cular remedy is determined at last by the similarity of the symptoms of drug and disease.

There still, however, remains a large array of diseases where this intimate pathological relationship cannot be made out, and for these we have still to search through the whole field of our drug-actions for the curative medicine.

It would be a tedious and never-ending toil to search the whole materia medica for the homœopathic analogue to the diseases that come under our own care. The labours of the practitioner have been much lightened by the construction of indices to the materia medica, called repertories, by means of which we can discover what remedies have in their pathogenesy several of the more peculiar or characteristic symptoms of the disease to be treated. When by means of these repertories we have found a limited number of remedies whose symptoms resemble the leading symptoms of the disease, we study in the materia medica these remedies, and are enabled by a survey of their whole action to determine which of these possesses the greatest homœopathic likeness to the disease. Repertories are thus of the utmost use to the practitioner, but it should always be remembered that they will seldom suffice to determine our treatment, but are to be used to direct us to the study of the full action of the drug in the materia medica.

Attempts have no doubt been made to discover what are called "key-notes" to the action of medicines, that is, characteristic symptoms which when met with shall guide us infallibly to the choice of a particular drug. But this we are disposed to think is an attempt to find a royal road to the selection of the appropriate drug, by dispensing with the careful study of the materia medica, which is of little practical use.

The latest noteworthy attempt to discover a "royal road" to practice is that of Dr. Schüssler, who alleges that the remedies for diseases of various tissues are to be found in the binary chemical constituents predominant in these tissues. Whether this idea is worth the attention that has

been bestowed on it by some of our colleagues, especially on the other side of the Atlantic, is very doubtful. To us it seems to be an unscientific mode of evading the necessity for that careful study and comparison of disease and drug-action which are the essence of rational therapeutics.

As the records of the pathogenetic effects of drugs obtained chiefly by intentional provings on the healthy, but partly also by accidental poisonings, constitute our materia medica, it is evidently a matter of great importance to make a judicious selection of remedies to be proved, and to give a preference to those which may reasonably be supposed to have some peculiar action on the human organism. The drugs proved by Hahnemann and contained in his great work the *Materia Medica Pura* are mostly such as were well known already to have peculiar and powerful effects. But among these are to be found several whose medicinal action was almost, if not altogether, unknown to the medical profession before Hahnemann's time.

Hahnemann seems to have been led to surmise the possession of powerful medicinal effects by these drugs from their use in popular medicine or from some traditional belief in their virtues. *Bryonia, Arnica, Euphrasia, Pulsatilla, Spigelia,* and many others were, we may almost say, quite unknown before their strange and peculiar manner of altering the human health, and hence their transcendent medicinal powers, were first disclosed by the labours of Hahnemann and his disciples. But in his *Chronic Diseases* Hahnemann has added to our materia medica a vast array of powerful and profoundly acting drugs whose medicinal virtues were never suspected by the medical profession, nor even made use of by the irregular practitioners of popular medicines. Such are *Lycopodium, Silicea,* the two *Carbos, Graphites, Sepia,* and a host of others which are now in daily use by practitioners of homœopathy. Not only the vegetable and mineral kingdoms, but also the animal kingdom has been ransacked to increase our treasury of remedial agents.

Hahnemann's followers have added largely to the store

of powerful medicinal substances, and every year witnesses a considerable increase to our list of more or less perfectly proved drugs. Of late years the zeal of provers has frequently outrun their discretion, and much time and labour have been fruitlessly expended on the proving of worthless substances which are destitute of all true medicinal properties. A wholesome criticism may well be exercised in weeding from our materia medica many of the useless additions that have been of late years imported into it. While so many powerful drugs remain unproved, it seems a great waste of power to prove substances which a little reflection might convince any one are absolutely inert. But this is a subject which may, and probably will, be more appropriately handled by our able lecturer on materia medica.

A necessary corollary from the homœopathic rule of treatment is that one single medicine should only be administered at a time. This has been strongly insisted on by Hahnemann in various places in his writings; and yet the combination of two or more medicines has been advocated by some of his disciples, and we are told that Hahnemann himself was at one time disposed to admit the advantage of such a combination. But if ever he evinced such a disposition we know that he soon become convinced of its impropriety, and saw that it would open a door to the practice of the unscientific polypharmacy against which he had so often inveighed. At present all who are of acknowledged authority in our school are unanimously agreed that the only safe and rational system is to give but one single medicine at a time. This does not exclude the administration of two different medicines in alternation in cases where the peculiar character of the disease seems to require the administration of two different remedies for separate indications, as, for instance, where the general febrile state demands the employment of a medicine like *Aconite*, whilst some local morbid process requires the administration of a drug having a more specific relation to the local affection.

Experience early taught Hahnemann that the quantity of medicine required for curative purposes when adminis-

tered on the homœopathic rule, was much smaller than that required to cause the physiological effects of the drug as when medicine is given on the allopathic or enantiopathic system. That the sensitiveness of a part or organ for its proper stimulus is much increased in many morbid conditions of the part or organ is a matter of common observation. Thus, the eye in its healthy condition can bear the full glare of daylight, whereas in certain inflamed states the smallest ray of light is too much for it. The same is also the case with the ear, the nose, and the other organs of special sense. The skin too, the organ of the sense of touch, becomes hypersensitive in some of its morbid states. In like manner, as may easily be understood, these various organs acquire increased sensitiveness to their specific medicinal stimuli, and a much smaller quantity of these is needed to stimulate those organs when diseased than when healthy. These facts have accordingly been adduced to account for the fact of a smaller dose of the medicinal curative agent being required when the drug acts upon the morbidly deranged organ. But it is not altogether a satisfactory explanation, for in many morbid states the sensitiveness of the organ for its proper stimuli seems to be rather diminished than increased. And yet in these cases also a very minute dose of the homœopathically acting drug suffices to produce the curative result. Various theoretical reasons have been imagined for this. It would occupy too much time to discuss these in this place, nor are any of them quite satisfactory to our mind; so, for the present, we must be content to say that experience a thousand times repeated has shown that the dose of the homœopathically acting drug may be reduced to a very great extent, and yet possess a full curative power. There is no point of homœopathic practice on which greater differences of opinion exist among practitioners than the dose of the drug required for curative purposes.

Hahnemann in his latter years attempted to establish a uniform dose for all cases. But there are very few of his followers who have adopted his dictum on this subject.

Some have tried to establish a rule for the dose by asserting that acute diseases required larger doses, and chronic diseases smaller doses, of the remedy. But this assertion has no foundation on fact, but is a mere opinion which, when tested by experiment, is found to be valueless.

The truth seems to be that, as a rule, the dose of the drug selected according to the law of similars must be short of that required to elicit its physiological action, but how much less is still unknown, and every practitioner seems to be guided in the matter of dose by his own judgment. Accordingly we have the utmost diversity of practice as to the quantity of medicine to be administered within the limit just laid down, viz. that the quantity must never be so great as to develop the physiological action of the drug.

And there are even exceptions to this rule. Thus, in the case of a disease like syphilis, where there seems to be a poisonous virus in the system, most homœopathic practitioners are agreed that the dose of the specific *Mercury* must be considerably greater than in those diseases where no such material virus is present. Hahnemann himself up to a late period insisted on the production of what he called the "mercurial fever" in order to be sure that the syphilitic virus was destroyed. In like manner, those malarious fevers for which *Quinine* is indicated require, according to the testimony of the best-qualified observers in our school, doses of the specific equal to those given by many authorities of the old school. Again, when the cholera was approaching Europe, Hahnemann, from a careful study of the recorded symptoms, announced that the true homœopathic remedy was *Camphor* in the concentrated tincture, and the experience of all his followers bore amply testimony to the wisdom of his recommendation.

It will thus be seen that practitioners of our school are not bound down to any hard and fast rule in the matter of dose. Experience has shown that doses of very various strengths are capable of curing the same disease, but what is the best dose for each particular case is still undecided, and is a matter that can only be determined by a long series of very carefully conducted experiments. As a rule,

the practitioners of our school have no prepossessions or prejudices in favour of one dose or another, provided always—with some exceptions to which I have just alluded —the dose is not so great as to elicit the physiological action of the remedy.

On the whole, the dose question is the most embarrassing one in the whole range of homœopathic practice. Few practitioners there are who, even after a lengthened experience of the efficacy of homœopathic treatment, do not occasionally feel a cold wave of scepticism pass over them when they reflect on the exceeding minuteness of the doses they employ in practice. The doubtful nature of what are called medical facts is an element of uncertainty that serves but to increase scepticism. But in spite of all this, the conviction of the efficacy of minute and extremely minute doses of the appropriate medicine will force itself on the mind of the impartial observer, until at length his convictions succeed in dispelling his doubts, and he feels that he possesses real scientific proof—the proof, namely, of reiterated experience—of the power of minute doses of the appropriate medicines to cure the most serious and painful maladies.

Hahnemann propounded his celebrated theory of dynamization, or the increase of potency of a drug by the process of trituration and succussion, in order to account for the therapeutic powers of minute doses, but his views on this matter have never obtained anything like general acceptance. The apparent increase of power in a medicinal substance by these processes is probably nothing more than what can be referred to the separation, and consequent greater freedom to act, of its particles, molecules, or atoms. The mention of these words molecules and atoms brings to my mind the hundred hypotheses, more or less plausible, that have been invented to explain the action of minute doses, to which I sorrowfully confess I have contributed myself. But all without exception are unsatisfactory, and if they were intended to make homœopathy accepted by the intellect without the trouble of giving it a practical trial, they have altogether failed in their purpose.

And this reminds me that by the lectures we deliver in this place we have no idea of convincing those who have hitherto been prejudiced against it of the truth of our homœopathic doctrine. One of the sage apophthegms of the ingenious Mr. Jenkinson was that "books will never teach the world;" to which we may add, "nor lectures either." Our lectures are undertaken with a far different object, viz. to show, to those who are willing to inquire, what our principles and practice really are, in order that they may apply them for themselves. For, after all, to act on Hahnemann's reiterated advice of "*Macht's nach!*"—"Give the practice a fair trial!"—is the only means whereby a real conviction of the truth and value of homœopathic practice can be obtained. We only tell you in our lectures how this trial should be conducted; it is for you to make it; if you do it honestly we have no fear of the result.

But we must protest against the practice, which is gaining ground among the practitioners of the dominant school, of employing the powerful medicines of our pharmacopœia, in the diseases for which we have shown them to be homœopathically indicated, in such large doses as cannot fail to do serious injury to the patients. If our opponents will employ our remedies according to our indications, they would do well to imitate our example in the matter of the dose, and forbear to give our drugs in quantities sufficient to produce those physiological effects which cannot assist the cure, but may be injurious to the subjects of their experiments.

One word more before concluding respecting the true place of homœopathy in medicine. It is never contended that homœopathy comprises the whole field of medical practice. There are many things the practitioner has to do in order to cure diseases besides the administration of drugs. All the questions of diet, physical and moral regimen, exercise, climate, balneology, and, we may say, mineral waters, are apart from mere drug-giving, and these subjects are necessary to be studied and known by the homœopathic as by the allopathic practitioner. But even in the matter of mere

drug-giving the principle of "similia similibus" is not always the rule, for every practitioner knows that cases occur in which it is desirable to produce the physiological action of drugs in order to ward off a danger, tide over a difficulty, or remove some dead or living matter that interferes with health or prevents the beneficial employment of the specific remedy. As our knowledge of homœopathy increases, as our treasury of medicines is enriched, our need of such palliative treatment diminishes, and possibly with the further development of our system remedies may be found which will enable us to dispense altogether with the employment of palliatives, even in those few cases where they at present seem to be indispensable.

LEUCORRHŒA AND ITS TREATMENT.

By Edward T. Blake, M.D., &c., Reigate.

(Read before the British Homœopathic Society.)

Mr. President and Gentlemen,—You may complain, and justly, of a certain lack of novelty in this day's bill of fare; you will say that I have selected a subject too cognate to that of the excellent paper presented, when we last met, by my clever confrère Dr. Carfrae. But perhaps it is no disadvantage that we should enter again on so extensive and important a field of inquiry as is afforded by gynæcology.

The brief sketch of leucorrhœa and its treatment which I now lay before you makes no pretension to being an exhaustive essay; I have merely considered in it what I think constitutes the real value of any contribution, the results of actual practice and of personal observation. Leucorrhœa is ordinarily of four kinds:—Natural mucus exaggerated; White mucus; Pus; Glutinous ropy mucus.

These may be arranged anatomically thus:

Vagina { Natural mucus,
White mucus.

External cervix: Pus.

Internal cervix: Glutinous ropy mucus.

Of course this second classification is not absolute, but only indicates the most common points of origin.

We will now enter upon the consideration of treatment. The treatment of leucorrhœa necessarily resolves itself into the treatment of its causes. For obvious reasons I shall, with the exception of gonorrhœa, omit any formal notice of the specific blood-disease of which non-sanguinolent vaginal discharge may form a local manifestation.

As we are never called upon to treat the first form of leucorrhœa, we may put it aside; and proceed to discuss the question of WHITE MUCOUS DISCHARGE and its appropriate remedies.

This form of discharge, gentlemen, owes its appearance, you are aware, to the presence of epithelial cells suspended in mucus chiefly vaginal. The specific remedy is *Pulsatilla,* a remedy as closely related to the mucous membrane lining the vaginal walls as to the endometrium. With it I order *Pulsatilla* injections. But this white leucorrhœa may appear as a symptom of "taking cold," just as a discharge from the nose may arise from a similar cause; then the best remedies are *Arsenicum album* and flannel drawers. Should this leucorrhœa, as is often the case, be merely an expression of general debility (especially frequent in phthisis, in Bright's disease and in valvular cardiac lesions), *Arsenicum, Calcarea,* and *Iodium* are the remedies most frequently indicated. Pus is generally the result of old cervico-metritis, but ulceration is not present usually, unless the disease be of very long standing. Its treatment essentially depends on the removal of the cervical inflammation. If the inflammation have not passed to the ulcerative stage *Nux vomica* stands at the head of the list, *facile princeps.* Besides that it has so remarkable a relation to the cervix, it well covers the ground of the general dyscrasia. It acts on the spine so often second-

arily irritated, on the hæmorrhoidal tendency, the hepatic engorgement, on the dysuria, and extends even to the mental symptoms by which these cases are so frequently complicated. Above all, it gives tone to the impaired digestion and thus stimulates the general powers of life.

Combined with its internal administration I constantly use the *Vomica nut* locally, in the form of injections of the dilute tincture or as a pessary of the extract with cocoa-butter.

Sepiæ succus.—Should much passive uterine congestion exist, indicated by sacral pain, dragging at the ligaments of the womb, by bearing down, and on examination the organ be found low in the pelvis, I select *Sepia.*

My symptomatic indication for this remedy is "itching," which *Sepia* causes in the skin generally, but especially in the scalp, nose (tip), face (upper lip), hands and arms, feet, hips, and abdomen. In the *meatus auditorii, conjunctivæ* (*canthi*), the throat and larynx, the arms and *pudendum.*

These too are, when summed up, expressions of local congestion in certain nerve-areas.

Actæa racemosa.—When, as so frequently happens, leucorrhœa is associated with chronic osteo-arthritis (rheumatic gout) I give *Actæa,* accompanied by *Ferrum* (after a meal) as physiological pabulum. If *Actæa* fail, we must fall back upon *Sulphur,* commencing at 30, and running down the gamut to ϕ.

If gout be present, I select *Sabina* in preference. These cases are commonly complicated by urinary disease; then *Lycopodium* finds its appropriate sphere.

Hydrastis Canadensis is a capital remedy if there be marked atony of the mucous membranes, especially if this be manifested in the forms of secondary dyspepsia and constipation.

Plumbum I give for leucorrhœa with colic and constipation. If anæmia be present, or if *vaginismus* complicate the case, *Lead* is the more strongly indicated.

Delphinium staphysagria is of service when hyperæsthesia of the vagina forms an element in the pathological picture presented to our attention.

If the history of the case demonstrate that rectal irritation has certainly preceded the uterine trouble, a sequence of events rare before middle life, *Collinsonia, Aloes* and *Podophyllum,* are to be thought of. For simple pile I employ *Collinsonia* (if congested, of course *Hamamelis*). For tenesmus with pile or prolapsus, especially when accompanied by gold-yellow diarrhœa, I use *Aloes. Podophyllum* meets both anterior and posterior pressure. I have even seen it remove the bearing down induced by polypus before the removal of the exciting cause.

It must not be forgotten that stone in the bladder is prone, especially in childhood, to produce *prolapsus ani.*

Another useful fact to bear in mind is that round- and tape-worm have been known to cause symptoms strongly resembling those of pelvic congestion.

It is of importance always to keep in our minds, too, that purulent leucorrhœa may be gonorrhœa, and that it may be so in quarters where we should least expect it.

Its diagnosis is much more easily made than defined; if the specific inflammation spread, as it frequently does, along the Fallopian tubes to the ovaries, it becomes a very grave disease, and one the results of which it is impossible wholly to eradicate.

The treatment is so similar to that of the same disease in the male that I shall not detail it, but will content myself with speaking of the excellent effects of a tolerably strong injection of *Carbolic acid* (gr. ij ad ℥j) in passive venereal vaginitis it destroys the *trichomonas,* is a good astringent, and stimulates the flaccid vaginal walls to healthier action.

A good injection for gleet is a solution of *Quinine* with a little free *Sulphuric acid, Quinine* being administered at the same time internally. This drug possesses a much greater specific relation to the genito-urinary apparatus than we usually credit it with.

It is of little use to tell a patient to inject, if we do not tell them how to inject. This is an easy matter with a Higginson's enema and vaginal tube, used in the obstetric posture if there be a skilful attendant; but we know

that many ladies prefer to manage these things for themselves. I then think the best method is to recline supine in a sponge-bath containing a little warm water, and use Graily Hewitt's uterine douche as made by Savory and Moore, of New Bond Street. The force of the douche can be regulated by the height at which the india-rubber bag which acts as a reservoir is placed above the patient.

Where this cannot be procured, I order the patient to lie supine on a folded sheet, and inject by means of a Vance's syringe, that is, a glass syringe with an elbow, first a warm solution of soda, then the specific medicated lotion, usually cold. The warm alkaline injection dissolves and washes away the tenacious mucus, and permits the curative applications to come really in contact with the diseased surfaces. The cold rectal douche is very valuable in old atonic cases.

With the exception of *Calendula* and *Carbolic acid*, it is my practice to use the same remedy locally as internally. I consider *compresses* to be of great value. They should be thick, not too wet, and not covered with oiled silk. I direct them to be wrung out of a lotion of the same medicament as that administered internally. If there be defective reaction, I paint the pubes with a strong tincture, and direct the folded wet diaper to be applied hot.

Graduated baths are of decided value. For cervical inflammation I order a bath at bed-time, beginning as hot as can be borne for half an hour, and every day the temperature may be lowered and the duration diminished. For atonic vaginal leucorrhœa an *instantaneous cold sitz* morning and night is a capital adjuvant. I direct the patient to sit with the thighs divergent and to open the vulva, and thus get the topical tonic effect on the whole extent of the mucous membrane.

Leucorrhœa of Childhood.—Not unfrequently very young girls are brought to us suffering from vaginal discharge. The causes are ascarides, struma, dentition, dirt, diphtheria, gonorrhœa.

Infinitely the commonest cause is verminous occupation

of the rectum. The irritation may be reflex or local. In some cases the thread-worms are found in the vagina. Irritated by the unusually acid character of the rectal mucous discharges, caused by fruit, salad, and by certain vegetable infusions, pointedly tea, the worm, soured in temper, hastily quits the home of its childhood, rendered now distasteful by *trop d'acide*, and writhes its way into the adjoining vaginal tube. Or, as was observed by Haserick and confirmed by Woodvine, the activity of the worm may be physiological; it may descend from maternal motives, for the purpose of depositing its ova just outside the anal verge, a process which is performed usually at night. Hence, children having the helminthiatic diathesis should sleep alone.

We may take advantage of the preceding piece of natural history to expedite the destruction of these irritating little wretches, and supplement our ordinary rectal injections of brine, by the application every night of a soft ointment of *Staves-acre oil* to the mucous folds of the fundament. As one worm lives eight days only, they are thus soon destroyed. The general treatment is, of course, the treatment of ascarides. The leucorrhœa of dentition and struma is best met by *Calcarea*. The local specific for leucorrhœa induced by want of cleanliness is *Sapo durus*. Diphtheritic leucorrhœa does not demand local treatment. The *Biniodide of Mercury* covers both indications.

Of gonorrhœa, and that which has been mistaken for it—*noma pudendi*—I shall not now speak; I imagine there is not a man present whose experience is so exceptional as ever to have encountered either the one or the other.

Glutinous ropy mucus.—We come now, gentlemen, to the consideration of the fourth and final form of "whites."

You know that when we see this form of discharge it is flaky, gelatinous, white, and translucent. Not so when it exudes from the intra-cervical follicles; then it is glairy, colourless, and transparent. Its contact with the acid

vaginal and extra-cervical secretions is credited with the power to produce this metamorphosis; the albumen is coagulated by the vaginal acids. This is a morbid hyper-secretion of the cervical crypts; it is essentially the analogue of follicular pharyngitis and of chronic dysentery, and its remedy, like theirs, is *par excellence, Mercury.* —The perchloride appears to be the best salt. In very chronic cases *Argentum, Iodine,* and the *Iodides* may claim our attention. There is more than an analogy between two out of three of the preceding disorders; follicular cervicitis and follicular pharyngitis are frequently coexistent, and both are, for reasons not very easily explicable, usually present when pulmonary emphysema occurs in the female subject.

As in dysentery, so here, the inflammatory action of the mucous crypts is very prone to pass on to ulceration—this is especially the case where Recamier's plexus of vessels forms a quasi-erectile tissue encircling the verge of the os tincæ. Of all the ten thousand mucous glands which help to bathe the cervical cavity of the uterus, these are possessed of the greatest functional activity; hence, under altered conditions, these are the first to take on ulcerative action from over-stimulation.

If ulceration be present it must be specifically treated, *according to its pathological characters.* If very slight—a mere abrasion—*Calendula* injections may suffice, but the granulations produced by *Calendula* are apt to be weak and flabby. I now chiefly use some preparation of *Carbolic acid,* and under its capital stimulating influence speedy cicatrization sets in, not followed, in my own experience, by any untoward results.

For recent cases I use *Glacial carbolic acid* one part, boiling water forty parts, filter and use cold; but old callous sores are more successfully treated by a solution of *Lunar caustic.* The strength I employ is gr. xx to ℥j. If there be no special indication, I prefer at the same time to administer *Argentum* internally. I content myself with this superficial notice of ulceration because I look forward to having the pleasure, on another occasion, of addressing

you more at length on this most important branch of my subject.

Thanking you, Mr. President and gentlemen, for the kind attention and patience with which you have listened to my paper, I resume my seat, sincerely trusting that both we and the patients committed to our care may profit by the discussion which it shall provoke.

Discussion on Dr. E. T. Blake's paper.

Dr. Leadam begged to thank Dr. E. Blake for his interesting paper. It struck him that Dr Blake had omitted one form of leucorrhœa which was supposed to arise from the internal fundus uteri, and was acid in its nature. It is of a more acrid character than the ordinary leucorrhœa which comes from the *ovulæ Nabothi* of the cervix, and it depends upon inflammatory congestion confined to the fundus. Perhaps the most bland form of all is the simple vaginal leucorrhœa, or white weakness as it is called, which is thin like milk. The mode of testing the alkaline or acid character of the leucorrhœa is by using test-paper through the speculum, aud is only occasionally found necessary. So that the vaginal leucorrhœa, and that from the cervical canal, which is inflammatory and often connected with ulceration, and the intra-uterine, are the chief forms to notice and to treat. *Belladonna, Sulphur, Nitric Acid, Sepia, Calcarea,* and *Bovista,* are the principal remedies.

Dr. Cooper.—The subject Dr. Blake has chosen for his paper is, it must be confessed, a very wide one; there are so many varieties of leucorrhœa, and so many remedies for them, that it would be beyond me to say anything about them. There are very few ailments more unsatisfactory to treat than a chronic leucorrhœa. Some of these cases seem to owe their obstinacy to a misplacement more or less great of the fundus of the womb, and in such cases no medicinal agent will exert a beneficial effect unless the malposition is corrected by artificial mechanical means. Have seen so many cases decidedly relieved after appropriate mechanical means were resorted to, he no longer entertained any doubt upon the subject. Had devised an instrument which is a great help in commencing the treatment of retro- and anteflexions of the womb, and which he hoped to dwell upon at greater length on a future occasion.

Dr. Hale mentioned some other forms of leucorrhœa not referred to in Dr. Blake's excellent paper, *e.g.* the serous form, for which he had found *Graphites* and *Alumina* good medicines. Corrosive leucorrhœa he had seen benefited by *Kreasote,* which, as well as *Sepia,* relieves the itching which accompanies the discharges.

Leucorrhœa depending upon malignant disease of the uterus demands *Ars. alb.* and *Conium.* Ascarides he had found it difficult to eradicate in the adult, less so in the child. He had found infusion of *Quassia* as an enema useful in killing ascarides. Dr. Hale had found *Calendula lotion* and *ointment* the most valuable local applications in the treatment of ulcers with flabby indolent granulations. He had little confidence in Dr. Cooper's mechanical treatment in cases of retroversion or anteversion of the uterus, because these conditions most frequently depended upon interstitial enlargement of the uterine walls or upon congestion; so that, although the position of the organ by mechanical measures might be temporarily changed, it would soon return to its abnormal position.

Dr. BAYES, while thanking Dr. Blake for his paper, which, like all his writings was most clear and otherwise comprehensive, quite agreed with Dr. Hale in his remarks on the importance of the serous form of leucorrhœa, which had been unnoticed by Dr. Blake. In this form Dr. Bayes has found *Platinum* 6, and especially *Magnesia muriatica* 6 most useful. In leucorrhœa of an irritating character *Kreasote* 3 and *Cantharis* 3^{x} are most serviceable. *Kreasote* where soreness exists, *Cantharis* where itching and frequent urination are most marked. All these have been verified by very frequent clinical observations. As to the mechanical replacement of a retroverted or anteverted womb, he (Dr. Bayes) had little faith in simple replacement, even with so ingenious an instrument as that shown by Dr. Cooper, but believed that lying on the prone couch for some hours daily was the best means of meeting retroversion, in conjunction with medicinal treatment; and in anteversion, lying for some hours daily on the back with the hips raised.

Dr. VERNON BELL said he could not boast of any marked success in the management of leucorrhœa. He had often been disappointed in all the remedies he had employed, and believed that relief was rather more frequently the result of carefully adapted hygienic means than of the best-chosen medicines. Where "the whites" was a hypersecretion from the cervix and vagina he had found *Pulsatilla, Nux vomica,* and *Cinchona* most serviceable; and in cases where the discharge came from the body of the uterus *Corrosive sublimate* and the *Iodide of Potassium* in substantial doses appeared to him to control it better than any other drugs he had prescribed. In the matter of topical applications he confined himself mainly now to the *Liquid Extract of Red Gum* and dilutions of the *Liquor Ferri pernitratis.* Dr. Blake had alluded to ascarides, and several speakers had spoken as to the best means of getting rid of them. He (Dr. Vernon Bell) had tried many vermicides with more or less benefit, but for some time he had chiefly relied on a few doses of pure *Santonine* followed the next morning by effective doses of *Scammony mixture,* after which he placed the patient under a course of *Ignatia* and *Sulphur.* Since he had adopted this plan he had had less reason to be dissatisfied with the pro-

portion of his cures. The patient found it useful also to smear the anal orifice with lard. This practice had apparently been based on the supposition that the worms cannot propagate or breathe without access to air and light, and that, being unable to deposit their ova on the oily surface, they return to the rectum and die.

Dr. DRURY thought that Dr. Blake's division of his subject had much to recommend it, though it led to some omissions which might be supplemented, but many points of interest and value to the practitioner had been brought under the notice of the Society. Reference had not been made to some of the characters of the discharge which were of importance as indications. Thus, the odour should always be noticed, also whether it was mild or acrid, causing scalding, itching, or giving rise to urinary discomfort. The quantity, if sufficient to produce debilitating effects, requires attention. The remedies he most frequently used were—*Sepia*, which he had not given lower than 6, also *Kreasote*, *Pulsatilla*, and *China*, which he used in various strengths. Of course, it might happen that other remedies would be more useful than those named, but he believed they were his chief remedies; so also *Calendula* and *Hydrastis* as local remedies, though at times some others might be more useful. Dr. Cooper had exhibited an instrument for replacing the womb; he did not think it could be of much use, but after the strong opinion he had recently expressed as to the inutility of twisting the uterus about, instead of treating to relieve the local congestion and inflammation first, when it might resume its proper position, and the use of a bandage instead of pessaries in prolapse, he need not go more at length into that subject. As regarded the treatment of ascarides, he believed that they were best treated by *Mercurius*, *Ignatia*, and *Cina*. He also gave a second decimal trituration of *Carbonate of Iron* with great advantage. He had been much disappointed with *Cina* in high dilutions, unless in hooping cough. But for ordinary cases of ascarides he thought that 3^x was much more efficacious than a higher potency; and as his opinion was formed from a large number of cases, he now usually gave it in that strength or even stronger. Since his allopathic days he had not treated worms with such remedies as were employed by Dr. Vernon Bell "to give them notice to quit," though he often used an injection of salt and water to procure temporary relief, but unless the constitutional tendency was overcome he had no faith in their temporary expulsion.

Dr. DUDGEON said the paper was, like all papers by the same author, distinguished by its extreme clearness. The indications for the medicines were laid down with the utmost precision, and he only wished they would all be borne out in practice. But he feared that leucorrhœa would still be a disease in which we should meet with many failures, though no doubt papers like those of Dr. Blake would tend to render such failures less frequent. He had found *Kreasote* useful in some cases of leucorrhœa accompanied by

ovarian tenderness. Dr. Cooper's instrument for replacing the retroverted uterus would probably be useful for that purpose, but he had as a rule found little difficulty in replacing the organ; the difficulty was to retain it in the proper place, and that required something different from such an instrument. According to Tripier retroversion and anteversion depended on a congested condition of the opposite wall of the uterus, and on this congested condition we must act if we wished to cure the disease. He had observed that retroversion was no hindrance to impregnation, but that after delivery the uterus tended to revert to its abnormal position.

Dr. E. Blake, whilst acknowledging the flattering reception that had been accorded to his hastily prepared paper, expressed his sincere regret at the occasion that led to its preparation, viz. the illness of their colleague Dr. Hewan. With regard to the remarks made by Dr. Leadam, Dr. E. Blake wished to defer in every way to the opinions of a practitioner of such ripe experience, but he was compelled to say that he thought Dr. Leadam was labouring under a misconception when he spoke of "an *acid* uterine discharge more acrid than cervical discharges?" The experience of Dr. Leadam certainly clashed with that of all modern uterine pathologists, who agree that intra-uterine discharges, probably the rarest form of leucorrhœa, are always alkaline and generally bland in character, whereas the most acrid non-specific leucorrhœas are nearly invariably cervical. Dr. Cooper had said that some forms of leucorrhœa depended on uterine dislocation. The possibility of this Dr. E. Blake would be very sorry to deny. The converse, though, is the common sequence of events, for undoubtedly many displacements, especially prolapsus and anteversion, were the evident result of of chronic leucorrhœa. Dr. E. Blake agreed *in toto* with the Vice's remarks about the displaced uterus. Dr. E. Blake did not use pessaries; he did not treat displacements *per se* at all; he thought there always lurked behind the dislocation some definite cause frequently remediable. Retroversion is not very common; it is the result of local post-inflammatory changes. Anteversion is always present in the ulceration of married women if associated with cervical hypertrophy. The mechanism is obvious. The upper vaginal walls, deprived of tonicity, fail to restore to its normal position the cervix repeatedly thrust back by the impingent *glans penis*. The uterus is an organ purposely endowed with a very high degree of mobility; it is constantly changing its position. We must not consider all these changes as necessarily morbid unless circulatory deviations be present. Considerable *procidentia* may exist without the least inconvenience to the possessor. Serous (intra-uterine) discharges were omitted simply because they had been treated of *in extenso* in the excellent paper presented to the Society, at its previous meeting, by Dr. Carfrae. The minute clinical variations of leucorrhœa, including colour, smell, and so forth, were not noticed because Dr. Blake had striven to approach the subject on its pathological side. Enough had been written, and more than enough,

from a symptomatic point of view. No true advance in uterine therapeutics would ever be made as long as men neglected accurate physical diagnosis, contenting themselves with trivial shades of variation in colour, odour, &c., characters ever fluctuating and well known to afford no absolute indication of actual internal conditions. Dr. E. Blake had nothing to say to Dr. Vernon Bell's *Scammony* treatment, certainly stringent. Dr. E. Blake admired the heroism that dictated its avowal before a whole roomful of rampant homœopaths. As to the respiratory requirements of oxyuri, it seemed to him doubtful that organisms possessed of no pulmonary apparatus should want to breathe. The threadworm diathesis was doubtless a disease of the *skin*. The presence of these parasites was constantly associated with a defective cutaneous action; acne, in some of its forms, was usually found coexistent. Ascarides, like rose-aphides, flourished when easterly winds were prevalent; such winds not only lowered the vitality of the body, but induced also a *muco-entérite*, thus supplying both the *nidus* and food of the worm. It was interesting to see that the best medicines for the helminthiatic diathesis were notably cutaneous remedies, to wit, *Ars.*, *Calc.*, *Lyc.*, *Merc.*, and *Sulphur*.

ON THE ACTION OF TOBACCO.

By D. Dyce Brown, M.A., M.D.

(Read before the British Homœopathic Society.)

To go over the whole field of inquiry involved in the above heading, would involve the writing of a book instead of a paper for a medical society. At present, then, I do not intend to give a full pathogenesis of the medicine, nor to enter into an account of the various active principles which are known to exist in tobacco, nor to endeavour to settle which of these principles are the really active or poisonous ones, nor to inquire of what chemically the smoke of tobacco consists; nor, finally, to speak of it, as might possibly be expected, as a medicine proper, that is, given as a drug in cases homœopathically indicated. What I propose to do is to consider generally its effect, in the form of tobacco-

smoking upon the system, and so to arrive at a scientific and correct view as to what it does or does not do; what is the nature of its action, and so to decide upon its hurtfulness or otherwise upon the economy at large.

An immense amount of misconception exists as to the real nature of tobacco as an article of daily use, which misconception might be avoided, and much more common-sense talked, by a little thought and observation of its effects. We hear many men decry its use as an unmitigated evil. They talk of its being a depressant to the nervous system, and a powerful poison, giving as proof the fact that one drop of nicotine put on the tongue of a cat will soon cause death; and referring to the nausea and faintness that occurs when young smokers smoke their first pipe. Again, it is frequently classed in books as a narcotico-acrid; and in the leading article in the *Monthly Homœopathic Review* for February it is called a "poisonous narcotic." Others, again, and these are usually habitual smokers, call it a "sedative," and say it soothes them after fatigue or worry.

Hearing all these various opinions, one is apt to be at a loss in what light to regard tobacco. One can easily understand how an allopath should take up one of these views, as *he* is accustomed to believe that medicines have but one action on the system, which he speaks of as narcotic, purgative, astringent, &c. But there is no excuse for a homœopath, who knows that every substance which has any perturbative effect upon the body acts in two different and exactly opposite ways, in large and small doses respectively. The point, then, which I wish to bring out in this paper is, that tobacco is no exception to this rule, but that its whole action is easily explainable, and explicable in no other way than by the law of similars. In other words, I believe that tobacco is a stimulant in small doses, and that the effect produced in habitual smokers, who smoke in moderation, is a stimulant one, similar to the effects of tea and coffee, and in many cases equally beneficial. Quite lately, and after having my views on the subject settled, I came upon an exceedingly interesting article on tobacco, in the 6th vol. of

the *Cornhill Magazine* (1862). It is evidently written by a professional man, and completely expresses my views on the subject. In fact, it is the only paper I have ever met with embodying these views, and taking not only a common-sense but, as I think, the true scientific view of the matter.

Although the physiological or poisonous action of tobacco is well-known, it may not be amiss, without going into the minutiæ of a full proving, to quote the short summary of its action as given in Taylor (*On Poisons*, art. *Tobacco*). The symptoms produced by a large dose are, "faintness, nausea, giddiness, delirium, loss of power in the limbs, general relaxation of the muscular system, trembling, complete prostration of strength, coldness of the surface, with cold clammy perspiration, convulsive movements, paralysis, and death. In some cases there is purging, with violent pain in the abdomen; in others there is rather a sense of sinking and depression in the region of the heart, passing into syncope, or creating a feeling of impending dissolution. With the above-mentioned symptoms there is dilatation of the pupils, dimness of sight, with confusion of ideas, a small, weak, and scarcely perceptible pulse, and difficulty of breathing."

It will be readily seen from the above that the prominent character of tobacco in full or physiological dose is that of a very powerful depressant of the nervous system, and through it of the muscles of the body. I remember, when I was one of the house surgeons to the South Staffordshire Hospital, dining with one of the surgeons, now gone to his rest. We were smoking, and among other topics of conversation we were discussing the effect on one's health of living in an hospital, when he remarked, that he wondered to see one who was subjected to the depressing influence of the hospital atmosphere habitually making use of the most powerful known depressant of the nervous system—tobacco. This from the mouth of a most accomplished member of the profession is an example of the one-sided view of medicinal substances which allopaths take. But to us homœopaths, if we had no further information than the passage I have

quoted from Taylor, we should be able to announce, *à priori*, that in small quantity it must be a most effective stimulant to the nervous system.

It is a well-known fact, that by the aid of tobacco, in circumstances when there is a scarcity of food, the feeling of hunger and the accompanying faintness that occurs are kept off; and in the case I am going to relate the stimulant influence of tobacco went a step farther, and raised an exhausted stomach, which was already too exhausted to receive food, up to the point when food was able to be taken and digested. This case was related to me by Sir Robert Christison some years ago. We were talking of this very subject, the action of tobacco. I found that he took the same view of it as I advocate in this paper. He said that he was thoroughly confirmed in this opinion ever since a friend of his related his case to him. This gentleman had lived in India for a number of years, and made a good deal of money, which he had invested in Australian land. A number of years ago everything in Australia became so depressed in value that this gentleman found that, if he wished to save his property, he must go out personally and superintend matters. He took with him some Scotch shepherds. They had on their first journey up country to ride so far and over such rough ground that, not being accustomed to it, he became utterly knocked up. They had not taken sufficient provisions with them, but trusted to shooting their food on their way. At the end of the long ride the shepherds proceeded to cook the birds they had shot, making a soup of them. The gentleman, however, was so exhausted that, when the meal was ready, he could not look at it, and had to look on enviously at the sturdy shepherds enjoying their repast. Nor could he bring himself to taste even the "bree," or the liquid part of the dish. After the shepherds had concluded a hearty meal they proceeded to light their pipes, when one of them asked his master if he would not have a "draw" of the pipe. The gentleman, who I forgot to say was a non-smoker, revolted still more at the idea of a smoke of tobacco than at the food. After a time, however, he felt that matters were get-

ting serious, the exhaustion was so extreme. In despair he asked for a "draw" of the pipe. What was his surprise to find that, after a few whiffs, he began to feel a desire for food. He began with the soup, and ended by having made a most hearty meal of the solid part as well. Since then he told Sir Robert that he had become a confirmed smoker. No case could, I think, more clearly show the stimulant effect of a small dose of tobacco upon a depressed and exhausted nervous system. Again, I appeal to every smoker, if they do not find, as I do from my own experience, that it is when they have been hard worked physically or mentally that then the cigar or pipe is most enjoyed, and that it produces its so-called "soothing" effect. I constantly find that when tired with a hard day's work, and disinclined for any further exertion, bodily or mental, as soon as I begin to smoke, the tired feeling passes off, and I am fresh for evening reading or writing. And conversely, when I have had little exercise, or a country holiday, have been lounging about doing nothing, then tobacco has not the same relish for me, and my usual allowance rather makes me feel "seedy." This brings me to refer again to the so-called "soothing" effects which smokers say they feel after worry or fatigue. They feel tired and irritated by the fatigue or worry, and say they feel "soothed" by tobacco. Now what is the state of the nervous system in this fatigued, irritable condition? It is simply one of nervous depression. The nervous system is below par, and what it wants is not a "soother" or "sedative," but a stimulant, and the effect of such a nervine stimulant is to raise the depressed nervous system to the healthy point, after which the tired, restless, and irritable feeling passes off, the person feeling comfortable and "soothed." This, I believe, is the true explanation of the delightful quieting effect of a smoke. Not long ago I had a clear proof in my own experience of the stimulant powers of a pipe of tobacco. I had to go to the country professionally, and had to start by an early morning train. I felt very tired in the morning; and though I had breakfast before starting, I had just time to glance through the morning paper before the feeling

of tiredness came back again in the railway carriage. I fell asleep for about three quarters of an hour, but was disappointed to find the same feeling of languor still remain. I then bethought me of my pipe, which I am never in the habit of smoking in the morning, for obvious reasons. After the first few minutes I began to feel the tired languor passing off, and by the time I had finished my smoke I was as fresh and lithe as I could wish to be, not the smallest feeling of tiredness coming on all day.

This result of the smoke can be explained in no other way than that tobacco is a decided nervine stimulant. Again, look at the case of working men; they have to earn their living by their daily hard work, and yet the majority of working men are smokers. One sees them smoking on the way to their early morning work, and smoking through the day at their employment. They do not really smoke much, although the frequency of their pipe in their mouth would lead one to suppose this. But, as I have often observed, they take a few whiffs and put their pipe back again to their pocket, to be reproduced after a time for a few more whiffs. They thus make one pipe of tobacco last half a day or more. The majority of working men, at least in Scotland, take no stimulants, not even beer, till the evening, and it is evident that they find their pipe a stimulant, and that they can get on with their work better with an occasional "draw." *They* want no "soothing," and it is certain that anything having a direct depressant effect on them would interfere with their work instead of helping them, and would not be so universally indulged in during working hours.

It may be urged against all this, that the use of tobacco smoke is merely a luxurious habit, and that habitual smokers are simply rendered by habit so far insusceptible of its poisonous effects; and in support of this view the effects may be pointed out of the first attempts at smoking of boys or young men, where such deadly nausea and faintness is produced as generally for a time to check any desire to continue the habit. This is really no proof whatever of this view. As the writer in the *Cornhill* points out, this effect upon the juvenile smoker is the result of his not knowing *how* to

smoke. It requires a considerable "knack" to know how to smoke a pipe without taking in a poisonous quantity of tobacco. At the first attempt the boy pulls vigorously at his pipe, swallows some of the smoke, and so speedily produces the nausea so well known; and I quite agree with the *Cornhill* writer when he says that the amount of tobacco absorbed by a beginner would be quite sufficient to produce the same nausea in a practised smoker if he imbibed it in the same way. Of course, I do not mean to deny that use has not some effect in preventing nausea and other physiological symptoms from supervening, but only in the same way as a glass of wine or a pint of beer would "go to the head" of a boy, or any one who had never tasted it before, but would not affect in a similar way any one accustomed to its use. Again, observe the effects of a single overdose of tobacco in smoking, and we shall see that they are just such effects as we would expect to be produced by an overdose of a nervine stimulant. The pulse increases in frequency, not merely by a few beats, which may occur from the use of any stimulant even in a small dose, but from an excessive smoke the pulse quickens to quite a fever rapidity. This excessive rapidity of pulse is an indication of debility, of irritable excitement, and of nervous state below normal. I have found this in myself when I have smoked more than I should; the pulse and the heart beat so excitedly that I have lain awake for a couple of hours as the result. This leads me to another effect of an overdose; that is, sleeplessness. A moderate smoke at night, as I before stated, refreshes me; so that after having been able for work without languor, I sleep soundly immediately after going to bed, but after an over-smoke my own experience is that it produces sleeplessness, which also is a symptom of "excitement without power"—of irritable nerves. Dry mouth and thirst are also well-known results of even a single excess, and this is also what we should expect from an over-dose of a stimulant. The effects of habitual excess in smoking also point in the same direction, and show results just such as we should anticipate from abuse of a nervine stimulant; there is the well-known trembling and unsteadiness of the

hand, palpitation of the heart, dyspepsia, constipation, and general "nervousness." Here let me say, speaking of the constipation as a result of excess, that many, if not most moderate smokers find that a daily moderate smoke promotes regular action of the bowels. This is what we should anticipate if habitual excess causes constipation. I know some cases where smoking is resorted to specially for this purpose, and produces the desired effect, when before the tobacco was used the bowels had required artificial assistance.

Holding the views I have endeavoured to explain, and the truth of which I have endeavoured to prove, as might be anticipated, I am of opinion that the *moderate* use of tobacco in the form of smoking is not only not hurtful, but is positively beneficial in those who work hard daily, mentally or physically. It resembles in many points tea and coffee in its effects, and is, I believe, *in moderation* no more hurtful than either of those much-consumed stimulants. Of course, if man were in a perfectly *beau ideal* condition of existence, all stimulants would be unnecessary; but we must take civilised society as we find it, and with all the worry, and wear and tear, and fatigue which most men now-a-days are liable to, the use of stimulants of some kind is found necessary to keep up the nervous system to the required mark. And I think we may quite as much object to the use of tea and coffee as to the use of tobacco. Certainly any of the three is far less prejudicial than alcoholic stimulants; and one great advantage that tea, coffee, and tobacco have is, that in moderate quantity they stimulate the nervous system without producing any subsequent depression. This is of the very greatest moment.

I fancy I hear some of my non-smoking hearers prepared to prove the injurious influence of smoking by pointing out the evil effects of oversmoking in producing dyspepsia, nervousness, &c. But these are the results of the excessive use of tobacco, and prove nothing when discussing the effects of moderate quantity. Every good thing may be abused, and because some men abuse a good

thing this by no means shows that it is generally injurious. Even tea and coffee, which are the constant daily beverages of, I suppose, $\frac{99}{100}$ths of the community, may be abused, and very often are, causing the same dyspepsia, palpitation, and general nervousness caused by the abuse of tobacco. All that I argue for is the beneficial result of its *moderate* use.

Here I may mention one common cause of dyspepsia, especially in those who smoke to excess, and that is the abominable habit of spitting. This dirty habit involves the throwing away of a quantity of saliva which, as every one knows, plays a very important part in digestion; and especially is the loss felt by the stomach when one smokes after a meal, that is, at a time when the saliva is most required. This habit of spitting is purely a habit, and is not at all necessary to smoking. It may be said, and is said, that smoking causes an excessive flow of saliva, which must be expectorated. This I deny. Chewing a toothpick, or any movement of the jaws, causes a flow of saliva, and this is the ordinary immediate cause of its healthy flow. I can state from my own experience that smoking does not cause any excessive flow of saliva. I have not now for years thrown away any saliva when smoking, and no more of it is produced than is necessary to keep the mouth healthily moist. Most men who expectorate do not do so when smoking cigars, as it is supposed not to be "the thing" to do so, but fancy that pipe-smoking renders it necessary. This only shows how much this is a mere habit. I myself make use of both pipes and cigars, and do not find it necessary to expectorate with either. It may likewise be urged that not to spit renders the tobacco doubly injurious, as so much must be swallowed with the saliva. This is mere theory, and is best proved by the result. I find in my own case that it makes not the slightest difference, and on comparing notes with friends who do not adopt this dirty habit I find they are of the same opinion. I am sure that if there were not such a waste of saliva as is commonly the case there would be less dyspepsia. The result of spitting is a much larger flow of saliva than when

the saliva is quietly swallowed. Besides, spitting produces that feeling of dryness in the mouth caused by the ejection of its natural moisture. This produces in its turn the desire for some liquid, which from the artificial habits of the present day often takes the form of some alcoholic drink. This leads me to notice another objection made to the use of tobacco, viz. that it encourages drinking habits. Although I admit, as already stated, that the practice of spitting when smoking leads to the use of liquids, and often alcoholic liquids, yet it is not found to be the fact that smoking leads to drunkenness. I cannot do better than quote on this point a passage from the already referred to article in the *Cornhill Magazine*. The writer says (vol. vi, p. 614), "It is constantly asserted that the use of tobacco, and more particularly the practice of smoking, leads to excessive drinking. I have no hesitation in saying that this statement is entirely incorrect; indeed, in some respects it is the exact opposite of the truth. Among the numerous victims of 'chronic alcoholism' who present themselves in the out-patient department of hospitals it is quite a rare thing to find any large smokers. Again, the French, who are much larger smokers than we in this country, hardly ever drink alcohol with their smoke, but if any drink at all, some such harmless matter as *eau sucrée* or lemonade. Look, too, at the class of young men who are studying for the professions, medical students, law students, or look at the men at the universities. Why, among this class excessive smoking is carried to a pitch that would make the hair of any anti-tobacconal stand on end with horror; and yet the instances of habitual alcoholic excess are very few, and are becoming, *me teste*, still fewer. But if the charge I have referred to were well founded the vast majority of clergymen, lawyers, and medical men ought to be confirmed drunkards by the time they are ready to enter upon the exercise of their respective professions. So far, indeed, is this statement from being true that I believe that smoking is a direct preservative from the danger of being entangled in drinking habits; and I am convinced that a successful crusade against tobacco,

among medical students, for example, who, while studying in London, are exposed, in a position of singular freedom and independence of action, to so many temptations, would do an enormous amount of harm." He adds in a note, "I am glad to be able to fortify my own opinion by that of Mr. Lane (editor of the *Arabian Nights*), who declares that the increased use of tobacco has diminished the indulgence in intoxicating liquors in the east. Mr. Layard confirms this, and Mr. Sharman Crawfurd states that the same fact holds good with regard to Great Britain."

The reason of this is clear when we take the view I advocate, that tobacco in moderate quantity is a stimulant. The necessity for alcoholic as well as tobacco stimulant is felt not to be needed, and both together are more prejudicial than only one. The health is sooner interfered with, and hence it is not found that, except occasionally, both are indulged in to excess. Every smoker must have found that after taking such an amount of alcoholic stimulant as is common even at dinner parties the desire for smoking is much reduced, and if the usual amount of tobacco is consumed its physiological symptoms are readily induced, such as the excitement of the heart and pulse, the dry mouth, and sleeplessness, with dirty tongue and loss of appetite in the morning. Such is, at least, my experience.

I have gone possibly beyond the limits of my subject as indicated by the title, but it was necessary fully to work out the "stimulant" view, and to meet objections which might be urged against it. I have also endeavoured to show, which is the main feature of interest to us homœopaths, that its stimulant action in moderate quantity is in entire accordance with the great law of similars, in the same way as I showed in a paper in the *British Journal of Homœopathy* for January, 1875, that, as deduced from the most recent experiments of Dr. Hughes Bennett, tea and coffee, those stimulants allied to tobacco, were homœopathic stimulants, that is, were powerful depressants in large doses.

Discussion on Dr. D. Dyce Brown's paper.

Dr. VERNON BELL said that Dr. Dyce Brown had advocated the moderate use of tobacco apparently on the ground that it was a useful stimulant, and that as such it exemplified the law of similars. Tobacco was no doubt a remedy of some range, but it appeared to him to be ordinarily remedial through its secoudary or reactive rather than through its primary operation. Its primary operation was that of an *irritant* of sound tissues, and the microscope revealed that its almost immediate effect was to thin the blood and to diminish the red corpuscles. M. Blatin had shown too that it rapidly lowered the temperature of the body. He (Dr. Vernon Bell) could scarcely regard an agent that produced such effects as a stimulant—at all events, a wholesome stimulant. When it was useful in disease or low health it probably arrested morbid waste and relieved the irritability in which some active men lived in this driving age, but he could not understand how the habitual though moderate use of tobacco by a person in ordinarily fair health could have any other effect than that of rendering him less healthy. To the young, in whom oxidation of tissue was naturally rapid, he believed tobacco in any quantity to be exceedingly prejudicial.

Mr. ENGALL considered that the paper was a very poor defence of tobacco smoking, consisting of the writer's own assertions and allusions to the *Cornhill.* Why did he not give a full statement of the action of tobacco? Drinking was a natural act; smoking an unnatural one. Tobacco is an acrid poison, and cannot be used with impunity in any form. Physicians of all men should not patronise what is hurtful; and that tobacco is so, when smoked, was shown by an experiment which he performed: he scraped off from the tongue of a smoker the coating of filth with which it was covered, and placed it on the tongue of a guinea-pig; in a few minutes it tumbled over on its side, and on attempting to walk its hind legs were evidently paralysed, especially one of them, so that in its efforts to move it could not drag itself along steadily, but inclined to one side. This supports the views of investigators, that paraplegia and hemiplegia are often produced by the use of this poison. He had known several cases of sudden death from taking snuff and from smoking tobacco, for the action of smoking and that of snuffing were much the same, exciting the brain immediately by acting upon the nerves which passed through the cribriform plate of the ethmoid bone, the snuff acting thus through the anterior nares, and the smoke ascending through the posterior ones. Another instance showing the immediate action of this poison occurred in the case of a friend of his who was an inveterate smoker, who died of cancer of the tongue, supposed (not by the speaker only, but by others in the profession) to have had this

virulent poison as its exciting cause. In opposition to the views propounded he would direct the attention of the author of the paper to articles upon the subject in the *British Journal of Homœopathy* (vol. xvii, pp. 25 and 234), and to some in the *Dublin University Magazine.* The writer of the paper assumes that in small doses the poison was a stimulant, and therefore harmless. But was it so? Mr. Engall believed that all stimulants were hurtful, as they all caused subsequent loss of power. As regards tea, he had been compelled to abandon its use by reason of the action which it produced upon his nervous system, and especially upon his heart: coffee, also, he found hurtful; and now he took no stimulants, and enjoyed *the best of spirits.* He considered that the young could resist the action of this noxious agent, as they could that of many others, but that it was always done at an expenditure of power, and that when fifty years were reached, and the organism became weakened, then it was that the effects became more distinctly visible. A previous speaker had remarked upon the effect which illness produced in making inveterate smokers dislike "the weed." He was called to see a gentleman who (he knew) had been a smoker, and on his intimating that it would be well to give up the pipe, received the answer, "Oh, I have given it up ever since the last illness I had; I took a dislike to it then, and have never touched it since; but what do you think of my partner? he was nearly blind; he went from one London oculist to another; some advised him to smoke less; he got no better under their treatment, and looked forward to entire loss of sight; but he consulted a physician in Scotland, who at once ordered the total discontinuance of this baneful practice; in a short time his sight was perfectly restored: but," he added "the fool has gone at it again." As regards the action of smoking on the mental powers, it had been found, in a large scholastic establishment, that the percentage of those who attained eminence was greatly in favour of those who abstained from this acrid poison.

Dr. Yeldham said he was not a smoker, but in youth, in attempting to learn to smoke, he incurred a dangerous attack of tobacco-poisoning. For a whole night he suffered the most distressing symptoms; nearly incessant vomiting, violent palpitations of the heart, cold sweats, excessive prostration, which was only counteracted by ammonia and brandy. He was queer for days after, the principal symptom being weak and irritable pulse. The most powerful influence of the poison seemed to be exerted on the heart's action. Thinking he had then shown sufficient devotion to the weed, he made no further attempt to learn to smoke, and he did not regret it, for, although he had no doubt that the habit was in many respects a pleasurable one, he was satisfied that, in the main, it was detrimental to health. Applied externally tobacco was a rank poison, and produced much the same class of symptoms that arose from its internal use. He once saw a young man nearly killed by applying a strong infusion of tobacco to a large portion of

the surface of the body, to destroy "crabs" which infested all the hairy parts—the pubes, armpits, chest, and abdomen. The symptoms closely resembled those which he (Dr. Yeldham) had suffered, as described above. Of the deleterious action of tobacco, when smoked, he had seen many striking examples. Some years ago he was consulted by a gentleman of business in the City, who, otherwise in strong health, suffered from repeated attacks of what he called "biliousness," pain in the bowels, and purging. He tried all sorts of devices and advices to get rid of this—in vain, and in a fit of desperation he resolved to try homœopathy, and if that failed, to give up his business, and go to Australia. He was a bachelor, and being a great reader, when business was over, he retired to his room, and smoked till he went to bed. On his advice he smoked no more, and never had another attack of his illness. Again, a hearty, florid, energetic young fellow consulted him (Dr. Yeldham) for a diffused redness and dryness of the fauces, and roof of the mouth. It had troubled him for a year, and persisted obstinately, in spite of the use of various medicines and gargles. He was a great smoker. He gave him no medicine, but interdicted the tobacco. He speedily got well. The symptoms were evidently the result of a local irritant. The most common products of tobacco were, nervousness, slight vertigo, and confusion of the head, palpitation of the heart, chronic dyspepsia, morning vomiting, and distaste for breakfast. Medicines often failed in these cases, unless the tobacco and accompanying glass of grog were relinquished. The symptoms were not urgent, and men often preferred putting up with them, to being deprived of their favourite weed. But it was not every smoker that suffered for his indulgence. Hosts of persons smoked with impunity and even benefit, as explained by the author of the paper. He had noticed that, as a rule, the dark and neuro-bilious were less tolerant of tobacco than the fair and phlegmatic.

Dr. Hale related his own experience of smoking upon his first trial in 1842, when he was a volunteer as naval surgeon in the Expedition to the West Coast of Africa, having been told that in order to antidote the malaria it was essential he should become a smoker. His experience of the effects of tobacco was precisely the same as that described by Dr. Yeldham, and he did not attempt to smoke for many years until when suffering from a severe attack of hæmorrhoidal colic, which resisted every remedy administered by the late Dr. Chapman; immediate relief was obtained. Subsequently a case of aggravated dyspepsia was cured by daily smoking a cigar after breakfast. The patient was a clergyman. These instances of the curative effects of tobacco were not sufficient to remove Dr. Hale's strong prejudice against the habit, but recent experience has caused him to modify his views about it, and not being himself an habitual smoker he could take an unprejudiced view of the matter. Smoking gives him instant relief when suffering from toothache, and he believed it would be unwise not to use tobacco

smoke as a remedial agent in some such cases as he has mentioned. There are some interesting facts respecting the physiological action of *Nicotine* compared with that of *Belladonna.* It has been proved by experiment that *Nicotine* acts powerfully upon the inhibitory portion of the cardiac branch of the *par vagum*, but its action only extends to the fibrillæ of the nerve, whereas the action of *Belladonna* extends not only to the fibrillæ in the substance of the heart, but also to the nerve-cells. The palpitation caused by tobacco would therefore seem to depend upon its causing paralysis of the inhibitory function of the cardiac branch of the par vagum, the result being the uncontrolled action of the cardiac branches of the sympathetic which are the excitants of the muscles of the heart.

Dr. HEWAN would not venture at this late hour of the evening—and as there were yet some speakers to follow—to occupy time by offering many remarks; the more so as he was disappointed in the paper. He expected to have listened to a paper on the therapeutic action of tobacco, not one on tobacco smoking and its advocacy. It was, however, an interesting collection of facts, well told, on the action of tobacco smoking, and as such the author merits our thanks. In his (Dr. Hewan's) earlier days he was what might be called a moderate smoker; and he had found the acquirement or habit to be both useful and comforting especially when abroad and in tropical climates. Latterly, however, he had given up the habitual use of the "weed," although he still enjoyed a cigar or a pipe now and then, particularly on a hot summer's evening at an open window. As stated by the indefatigable author of the paper he (Dr. Hewan) found tobacco smoking at one time stimulant and therefore to him soothing; but, when long continued, depressant. Correcting some of the statements made by some of the speakers who had preceded him and who had declared their failure after trial to acquire the habit, he would say for himself, as well as for those of his friends whom he regarded as good smokers, that there was no greater amount of saliva secreted during the process of smoking than would occur at the most ordinary times. A good smoker neither spits nor *swallows* his saliva. There were many other points of interest dwelt upon in the paper to which he (Dr. Hewan) might have alluded, such as, for example, the effects of tobacco smoking in allaying the distressing feeling of hunger, of which he had had some experience, and which he could corroborate, but for the reasons given above he would not further trespass on the time of the Society. He would conclude by concurring with a previous speaker that the paper seemed hardly a fitting one to be published as a part of the transactions of this Society, inasmuch as it had completely ignored the action of tobacco as a drug or medicinal agent, but had dealt with it wholly as *smoked.* The title of the paper should have been more correctly *On the Action of Tobacco Smoking.*

Dr. DUDGEON said the homœopathic school might be divided into two classes—Hahnemannists and non-Hahnemannists, the former containing those who, like Hahnemann, smoked tobacco, and the latter those who, unlike Hahnemann, inveighed against the use of tobacco. He thought that some of the speakers had been rather hard upon Dr. Dyce Brown for not entering into the therapeutic effects of tobacco. But that was not the purpose of the paper, and he considered it a very interesting paper, and one quite worthy of the high reputation of the writer. He thought that some of the statements made by the non-smokers with regard to the use of tobacco were scarcely in accordance with facts. Thus Dr. Yeldham had said that tobacco smoking acted more prejudicially on dark than on fair persons. Now, of the two the darker races are undoubtedly the greatest smokers, and he was not aware that they suffered from the effects of tobacco more than lighter complexioned races. Mr. Engall's statement that smoking was not natural was a rhetorical flourish, as smoking was just as natural as shaving. He thought that Mr. Engall's statement that students who smoked were less successful than those who did not could scarcely be correct. Hahnemann was a most industrious and successful student and a great smoker; indeed, one of his purposes in smoking was to keep himself awake at night in order to pursue his studies. He agreed with Dr. Brown that the saliva is not as a rule increased by smoking, though undoubtedly many persons get into a habit of spitting when smoking, which he thought was injurious. The effect of smoking was very much determined by the kind of tobacco used. Some tobacco was extremely mild, other tobacco was very strong. There was also something in the way tobacco was smoked that affected its results on the system. Most persons in this country only admitted the smoke into their mouths, others propelled it through their nose, and some inhaled it into their lungs; this was the usual way in which Spaniards as well as Orientals smoked; and in his opinion it was the best way of enjoying a good cigar, and it would be free from the disadvantage of allowing the smoke to penetrate into the brain through the cribriform plate of the ethmoid brain, which Mr. Engall seemed to dread.

REVIEWS.

Cyclopædia of the Practice of Medicine, edited by Dr. H. von ZIEMSSEN, Professor of Clinical Medicine in Munich. Vols. I and II. "Acute Infectious Diseases." English translation; edited by ALBERT H. BUCK, M.D., New York. London: Sampson Low & Co., 1875.

THE plan of Dr. von Ziemssen's Cyclopædia is similar to that of Dr. Russell Reynolds' well-known work. It consists of a series of monographs on diseases by the most eminent physicians of Germany, methodically arranged so as to constitute a complete library of practical medicine, containing all the most recent views and discoveries in relation to pathology and treatment. The whole work when completed will form about fifteen volumes in imperial octavo form, each of about 700 pages. The English translation is by various authors of distinction in America and Britain, the whole under the editorial superintendence of Dr. Buck, of New York. The work is printed in America, and is a beautiful specimen of American typography. The two first volumes, which treat of the acute infectious diseases, are before us, and the remainder are promised at the rate of four volumes per annum until the whole shall be issued.

The first volume begins with a monograph on "Typhoid Fever," by Dr. Liebermeister, at present professor of clinical medicine in Tübingen, whose writings on the use of cold water in febrile diseases are familiar to the profes-

sion in this country, and of which we lately gave an account in this *Journal.*

There is an introductory chapter by the same learned professor on infectious diseases. He says:

"Under the name Infectious Diseases we group together those affections which we know, or at least believe, must originate through the infection of the system with certain peculiar poisonous matters, and which are mainly distinguished from the ordinary poisons by the fact that they can reproduce themselves under favouring conditions to an endless degree."

This definition will correspond to those diseases we have been in the habit of terming (probably incorrectly) zymotic diseases, but we do not see how it is applicable to some of the maladies included in these two volumes. More particularly it seems quite inapplicable to hay-fever (which is here included among the infectious diseases) if we adopt the theory of Blackley, which seems to meet with the full concurrence of the author, that this disease is produced in persons of peculiar idiosyncrasy by the contact of pollen with certain portions of the mucous membrane. On the other hand, whooping-cough is not included among the acute infectious diseases, though the general opinion is that it originates in the mode described in the author's definition. Though its duration is usually beyond the conventional twenty-one days which were said to be the limit of acute diseases as distinguished from chronic which exceeded that period, it would scarcely have done to class whooping-cough among the chronic infectious diseases. Accordingly, we find that it is not classed with infectious diseases at all, whether acute or chronic, but comes in, in the fourth volume, among diseases of the respiratory organs. These two examples seem to show that there is something faulty in the arrangement adopted by the editor. Indeed, in the present state of opinion of the profession with respect to infection, it would be impossible to make a classification of acute diseases into infectious and non-infectious, which would please every one; for even with such a disease as cholera Asiatica there are few Indian

doctors who will allow that it is infectious at all, or that it is propagated otherwise than by atmospheric miasm. However, these are minor points on which agreement is not to be hoped for at present, and whichever view is adopted in a systematic work like this cannot affect the value of the special treatises on the several diseases.

With regard to the mode of propagation of the acute infectious diseases, Dr. Liebermeister favours what is called the "germ theory," in other words their dependence on minute living organisms. The recent discussion in the London Pathological Society shows that the chief authorities in this country are hopelessly divided in opinion on this point. Without committing himself absolutely to this theory, Dr. Liebermeister states succinctly all the arguments that have been adduced in its favour, while he states very fairly the arguments of its opponents, and he admits that further experiments and observations are required before the question can be determined.

The essay on typhoid fever by Dr. Liebermeister is a masterly account of the history, etiology, and pathology of the disease in both its regular and irregular forms. A full account of its complications and sequelæ is also given. As regards treatment, the author seems to have but a slight belief in any specific treatment. The only remedies "whose specific influence over typhoid fever he would not positively deny" are *Iodine* and *Calomel*, but he does not attach much value to them. He has more reliance on the symptomatic treatment, especially on the antipyretic power of cold baths, given in the way we described in a former number.* He is also an advocate for the use of *Quinine* in large doses as an antipyretic. He gives this in combination with the repeated use of the cold bath, which is to be used whenever the temperature in the axilla reaches 102°, or that in the rectum 103° Fahr., even as often as every two or three hours. *Digitalis* he employs when there is no considerable degree of cardiac weakness. He admits also the occasional value of *Veratria*.

No mention is made of the remedies that have been

* Vol. xxxii, p. 257.

found so useful in typhoid fever by the adherents of the homœopathic school, as *Arsenic*, *Phosphorus*, *Rhus*, *Bryonia*, or *Baptisia*. Indeed, throughout the work there is no mention made of the homœopathic remedies for the various diseases treated of, which detracts much from its value as a complete treatise on the practice of medicine, and this omission is the more striking as the views of a distinguished member of our school with respect to the etiology and pathology of one of the diseases, viz. hay-fever, are adopted without hesitation. It is difficult to see why the pathological investigations of one homœopathic practitioner should be received with favour while the therapeutic experience of other partisans of the homœopathic school should be passed over as unworthy of notice. Our German colleagues have evidently not advanced so far in rational therapeutics as some of the authorities of their own school in this country, who do not hesitate in many cases to adopt and to recommend the practice that has long prevailed among their colleagues of the homœopathic school, and even to promulgate afresh the very doctrines that had theretofore been peculiar to homœopathy. However, the example of their British colleagues can scarcely fail eventually to influence the practice of Continental physicians, though it may be long before the second-hand homœopathic teachings of our Ringers, Harleys, Wilkses, and Murchisons can affect such conjoint works as this of von Ziemssen, or that of our Russell Reynolds, as, no doubt, the individual authors, though some of them may know and value the homœopathic treatment, would be chary of stating their quasi-heretical ideas in a work like this where compromises must obtain, as notwithstanding professions of independence, there must always be a certain amount of solidarity of responsibility, and the old conservative might object to be allied even in the loose fashion of cyclopædic authorship with any promulgator of revolutionary therapeutics.

The next articles on relapsing fever, bilious typhoid, typhus fever, cholera Europæa and Asiatica, are from the pen of Professor Lebert. In an introductory chapter he

enters again on the question of the germ-theory of infectious diseases, to which he is evidently favourably inclined, though he admits that "his researches in regard to diseases of blood-infection have, until the past few years, been only negative, and, excepting those relating to relapsing fever, they remain negative to the present day." But he says that "examination of the blood alone cannot determine these questions." Accordingly, he searches other secretions for the minute forms of animal and vegetable life which some hold to be etiologically related to infectious diseases. This chapter will repay perusal, and though it is on nearly the same subject as the introductory chapter by Liebermeister, the question is considered from a different point of view, and the observations and deductions are those of an original mind thoroughly qualified to speak with authority from a long series of patient observations and experiments.

The treatise on relapsing fever is what might be expected from the reputation of the author, complete up to the present state of knowledge as regards etiology, pathology, diagnosis and complications. Of course, the connection of the disease and its recurrences with the remarkable spiral filaments in the blood discovered by Obermeier is sufficiently dwelt upon; no confirmation is given of Henderson's idea that urea in the blood is the cause of the febrile attacks. We are not so satisfied with the historical part, and still less with the therapeutics. As regards the history no notice is taken of the fact, surely one of considerable interest in an historical point of view, that Professor Henderson was the first to point out (in 1843) that relapsing fever is a distinct and separate disease, it having been previously confounded with typhus and enteric typhoid. This omission is the more extraordinary as the author cites Henderson's name among the list of writers on the subject, and mentions the work of Murchison, who gives Henderson the full credit of the discovery, and his own distinguished countryman Virchow also accords to Henderson the merit of having first pointed out the peculiar character of the disease. We are glad to

observe that Dr. Warburton Begbie, in his article on relapsing fever, does not attempt to deprive Henderson of the credit due to him; but then it would be impossible for any British author to act as Lebert has done, for the fact of Henderson having been the first to differentiate relapsing fever from the other febrile diseases is as well known in this country as Jenner's claim to the discovery of the prophylactic power of vaccination. We are unwilling to suppose that Lebert wilfully put this slight on the Edinburgh professor from his detestation of homœopathy, and are disposed to regard it as an accidental oversight; but even in that case it does not say much for the author's familiarity with the early literature of the disease.

With regard to Professor Lebert's therapeutics of relapsing fever, it will suffice to quote the following: "As to any particular therapeutic resource, my recent as well as my former experience has demonstrated the fact that there is no drug which may be said to exercise any direct influence upon the course of the disease." Dr. W. Begbie, in the article alluded to, is equally confident that no known medicines have any effect on the course of the disease. That this is not the experience of our school the excellent paper by Dr. Dyce Brown in vol. xxxi of this Journal conclusively shows, and the resources of the practitioners of our school in the treatment of this, as of other acute infectious diseases, are invariably rich when contrasted with the abject poverty of the resources of the allopathic school, as shown in this and other systematic works on the practice of medicine.

We should exceed the limits of a review-article were we to attempt to give an analysis of the various masterly treatises in these volumes. We can only say that every disease is treated of with a fulness of detail, especially as regards its etiology and pathology, that leaves nothing to be desired. The weak point in all, from our point of view, is the most important of all, viz. the therapeutics. Thus, with regard to the treatment of cholera, Dr. Lebert makes the humiliating confession that "internal medicines, according to all experience hitherto, have proved useless during the attack." The experience to which he alludes is of

course allopathic experience; but this is so utterly opposed to the brilliant results that have been obtained under homœopathic treatment, that we cannot but regret that the bigotry and prejudice of our old school colleagues should have led them to reject without trial the medicines which homœopathy has shown to be of approved value in this terrible disease. Not one word is said about the influence of camphor over the earlier stages of cholera, though this is now admitted by some of the best authorities of the orthodox school in this country. It is curious in view of Lebert's own notion of the protomycetic origin of cholera, that Hahnemann's explanation of the curative power of camphor in cholera was, that it destroyed the minute living organisms, which he also held to be the cause of the choleraic attack. (*Lesser Writings*, p. 851.)

If Dr. Lebert's prejudices against homœopathy are too great to allow him to quote the experience of writers of our school, he might still have been able to mention the curative power of camphor in cholera by quoting from the work of his brother professor of University College. Dr. Ringer says of *Camphor* (*Therapeutics*, 4th edition, p. 360), "Its benign influence in cholera is most conspicuous; for it generally checks the vomiting and diarrhœa immediately, prevents cramp, and restores warmth to the extremities." Dr. Ringer's knowledge is of course derived from Hahnemann; but as he does not say so, there was nothing to prevent Lebert from quoting the respectable allopathic authority of Dr. Ringer for the statement that camphor is useful in cholera, and thereby enhancing materially the therapeutic value of his work, without doing violence to his antihomœopathic conscience. Moreover, Hahnemann's assertion of the medicinal virtues of *Camphor* in cholera would, one would think, recommend itself to the mind of the scientific physician of the old school, for it is accompanied by a theory, the theory, namely, that the camphor kills the minute organisms on which cholera depends; and, as Dr. Lebert also believes in these minute organisms, the theory of their destruction by camphor ought to be grateful to his mind. For we have noticed that the scientific orthodox

physician is never satisfied with the statement of a therapeutic fact, such as "this medicine cures that disease," unless he can find a theoretic basis for it. The very nomenclature of many of his medicines and methods involves a theory, witness derivatives, counter-irritants, alteratives, &c. Our opponents, to be sure, with that inaccuracy that distinguishes them when speaking of homœopathic subjects, are continually denouncing what they call the "homœopathic theory," whereas, in fact, there is no homœopathic theory at all. Homœopathy is the name whereby we express a fact in nature, the fact, namely, that medicines cure those diseases of which they can produce likenesses in the healthy.

You may make a theory to account for this fact, but the fact itself is no more theoretical than is the statement, "Every body attracts and is attracted directly as its quantity of matter, and inversely as the square of its distance from the attracting body." This is the law of gravitation, as "like cures like" is the law of homœopathy; but both are mere expressions of fact, and not theories at all. Possibly homœopathy would be more acceptable to our scientific friends were it a theory and not a simple expression of a natural fact, as they are never content to receive a remedy for a disease unless they can have some quasi-physiological explanation of its *modus operandi*. If it can only be said of the remedy that it contracts some capillaries or dilates others, that it stimulates this portion of the sympathetic nerve or paralyses that, they are satisfied, provided the particular physiological effect attributed to the drug squares with the theory they have formed respecting the essential nature of the disease. Homœopathy is to them eminently unscientific just because it does not concern itself with theories. But in this particular instance of the cure of cholera by *Camphor*, Hahnemann offered a theory which one might imagine would have gratified the most scientific of physicians. The contagious matter of cholera, he says, most probably consists of an infinite number of excessively minute invisible living creatures, which abound in the atmosphere of infected localities

(*op. cit.*, p. 851). Lebert says the contagious matter of cholera consists of minute living organisms which he calls *micrococci, protomycetes, schizomycetes*, and other imposing names, which live chiefly in water, but may also be disseminated through the air. Here there is an almost entire agreement of these two authorities, the more extraordinary as Hahnemann wrote in 1831, on the occasion of the first great epidemic of cholera in Europe, when the instruments of scientific research were comparatively rude and inefficient, while Lebert writes in 1875 with the advantage of all the perfect and wonderful instruments of the present day. Again, Lebert says, these lethal, though minute, organisms may be suddenly destroyed by certain agencies not always ascertainable. Why, then, may they not be destroyed by the substance and vapour of *Camphor*, which we know is inimical to the life of many animated creatures much higher in the scale of creation than the *micrococci* of cholera? For Hahnemann enjoins the administration of *Camphor* in no infinitesimal doses. His directions are—"The patient must get as often as possible (at least every five minutes) a drop of *Spirit of Camphor* (made with one ounce of *Camphor* to twelve ounces of alcohol) on a lump of sugar or in a spoonful of water. Some *Spirit of Camphor* must be taken in the hollow of the hand and rubbed, in the intervals between the doses, into the skin of the arms, legs, head, neck, chest, and abdomen of the patient; he may also get a clyster of half a pint of warm water mingled with two full teaspoonfuls of *Spirit of Camphor*, and from time to time some *Camphor* may be allowed to evaporate on a hot iron, so that he may draw in *Camphor* vapour with his breath" (*Lesser Writings*, p. 846, comp. also p. 854). This is surely a mode of administering the remedy sufficiently energetic to satisfy an allopath of the most heroic propensities. But the spirit that would refrain from acknowledging the services to pathology by the disciple Henderson would not be likely to acknowledge the services to therapeutics of the master Hahnemann. And so we find the hundred pages of the history and pathology of cholera summed up with the miserable confession of thera-

peutic nihilism, "Internal medicines are useless during the attack." Not even a poor "hap'orth of bread to all this intolerable quantity of sack." And this is the inglorious conclusion of a distinguished writer on the practice of medicine at the end of the third quarter of the nineteenth century, and after an experience of several severe epidemics of cholera. Contrast this with the confident indication of the true remedy for the disease by Hahnemann before he had seen a case of it, only guided by the reports he read of the symptoms of the approaching pestilence.

It would, we think, be as well when our ultra-scientific doctors write about diseases that they should commission some adherent of the homœopathic system to write the therapeutic parts for them, for anything more unsatisfactory to the practitioner than the therapeutic blank of this treatise on cholera cannot well be imagined in a work which is, as its title informs us, *par excellence*, a practice of medicine!

We have no space left for the further examination of this cyclopædia, but we cannot conclude without expressing the gratification it has given us to find that Mr. Blackley's masterly dissertation on hay-fever, which appeared in our own columns, is the work which Dr. Zülzer has adopted as the chief authority on the subject, and he endorses all the views of our industrious colleague on the origin and the pathology of the disease. The question occurs to us, would he have done so had he known that the author is a zealous adherent of the system of Hahnemann? We hardly think he would if we may judge from the sedulous manner in which he eschews all allusion to homœopathic therapeutics.

We can heartily recommend this Cyclopædia, judging from the two first volumes before us, to all who wish to make themselves acquainted with the latest discoveries and theories respecting the etiology and pathology of the diseases treated of. The therapeutics are either nil or simply contemptible, and quite unworthy of an age when the treatment of disease by the rational and philosophical system discovered by Hahnemann has been practised over the

whole world by thousands of intelligent physicians for more than half a century. The only disease in these two volumes in which a semblance of specific treatment is mentioned is intermittent fever (how this disease can be accommodated to the definition given of acute infectious diseases we are at a loss to imagine); the remedies of this character described are *Quinine, Eucalyptus,* and *Arsenic.* The therapeutics of the other diseases are either a total blank or else a paltry symptomatic treatment equally futile and unscientific.

The translations are excellent, and the type and paper of the very best. The only fault we have to find with the "get up" is that the pages are uncut, a fault which we presume is peculiar to the copies intended for the English market, for no American publisher would impose on his customers the irksome labour of cutting up the pages of any work, and we see no reason why the English reader should have this troublesome task imposed on him.

Analytical Therapeutics. By C. Hering. Vol. I, Boericke and Tafel, New York. London: Henry Turner & Co. 1875.

The venerable apostle of homœopathy in America, Dr. Constantine Hering, to whom our school is so largely indebted for many and most useful works, shows no diminution of industry even in his advanced years. Indeed, we may say as his years advance his never-resting activity seems rather to increase than diminish. The work, the first volume of which lies before us, promises to be the most laborious and the most gigantic that he has hitherto produced, or, we may say, that has ever appeared in homœopathic literature. Whether its utility will be proportioned to the enormous labour it must involve is to our minds doubtful; but to determine this will require a much more extended practical acquaintance with it in connection with actual cases of disease than it has yet been possible for us

to have. All that we can now do is to endeavour to give an account of its character and plan, and make some critical remarks upon it suggested by a cursory examination of the contents of this first fragment of it.

A great many years ago—how many we are afraid to say—Dr. Hering used to quote with satisfaction a remark made by Dr. Trinks in the course of some controversial article to the effect that, however much he might be opposed to Dr. Hering, he must allow that he had one great merit, and that was, that he had never written a *repertory!* Yet Dr. Trinks himself, a few years later, was guilty of this weakness, or, at least, was an accessory to the deed in giving his sanction to Clotar Müller's repertory of his *Handbook of Materia Medica*, and now Dr. Hering can no longer make the proud boast that he has never tried his hand at a repertory, for the work before us, though it bears a different title, is to all intents and purposes a repertory, and nothing else. "A rose by any other name would smell as sweet," and a repertory by any other name will bear the credit or discredit attached to repertories.

Dr. Hering's *Analytical Therapeutics* has certain features reminding us of Bönninghausen's *Manual of Homœopathic Therapeutics*, the *Pathogenetic Cyclopædia*, and the *Cypher Repertory;* but it differs materially from all these works in certain respects. It resembles Bönninghausen's work somewhat in the arrangement; the *Cypher Repertory* in usually giving the symptoms not split up into fragments; the *Pathogenetic Cyclopædia* in using the words of the *Materia Medica*, not so fully, indeed, as in the last-named work, but without the signs and symbols that are the distinguishing feature of the *Cypher Repertory*.

This volume contains only the symptoms of the mind and disposition; not all the symptoms, as in the *Pathogenetic Cyclopædia*, but only the symptoms connected with bodily symptoms. These are arranged in two great divisions:—1. Ailments from emotions and from exertion of the mind. 2. Mental concomitants of bodily symptoms. The symptoms admitted into the work include not only those that appeared during the use of the drug, commonly

called the pathogenetic effects of the drug, but also those that disappeared under the therapeutic employment of the drug. These symptoms, though of such widely different value and significance, are not distinguished by any sign, which we think is a blemish. Still, when we consider that many of the symptoms in Hahnemann's *Chronic Diseases* were undoubtedly symptoms observed during the therapeutic employment of the medicines, and probably no inconsiderable number of them were the symptoms of diseases that disappeared during the use of the medicines, something may be said for the introduction of similar *impure* symptoms into a repertory, only one would naturally attach a different value to symptoms of this character recorded by Hahnemann, and to those given by unknown and probably less skilled practitioners.

This first volume of Dr. Hering's work is, as will be seen from the headings of the two parts we have given above, actually only a repertory of the concomitants of the symptoms of mind and disposition. Symptoms of the mind that appear in the Materia Medica unconnected with any bodily ailment or sensation, have no place in this volume. There are exceptions to this; thus, under several headings we find symptoms unconnected with bodily sensations, but even these are not simple mental or moral symptoms, but rather physical expressions of mental symptoms, as laughing, sighing, groaning, weeping, &c. Many sections, too, belong to what other repertories call the "conditions of symptoms."

The arrangement of the work and of its several sections is not alphabetical, but in accordance with the order of the symptoms followed by Hahnemann in his schema; but to facilitate reference in the larger sections, there is an alphabetical list of the medicines contained in those sections, arranged perpendicularly in order to facilitate reference.

Another feature in the work is the addition of one or more cases to many of the sections illustrative of the therapeutic action of one or more of the remedies in those sections. These are called "model cures." We observe, however, that many of these "model cures" were effected by medi-

cines not mentioned in the section, and many of the other "model cures" are of symptoms not corresponding to those mentioned in the section as belonging to the medicine. Thus, at p. 177, there is a cure of symptoms occurring after metrorrhagia by *Sepia*, which medicine does not occur in the section under which it is placed. At p. 185 a cure of convulsions after confinement by *Secale*, the only symptom belonging to that medicine in the section being "distressed during labour pains." At p. 184 a cure of hallucinations during pregnancy by *Pulsatilla*, nothing corresponding being mentioned in the section. At p. 159 a cure by *Lob. cærul.*, which medicine is not mentioned in the section. At p. 109 under the section, "Ailings from over-exertion of mind and body;" and again at p. 170, under "Mental complaints before, during, and after stool," we have the following case furnished by Dr. E. W. Berridge: "After over-study clicking noise in left vertex, on walking and during stool, also in occiput on walking, especially in evening, when tired, *Conium* 3000 (Jen.)." Neither section contains any reference to *Conium*, but in the *Chronic Diseases* we find the following symptoms (also contained in the *Path. Cycl.*): "At every step, when walking, a snapping (or clicking, *knipsen*) in the vertex, without pain; not when sitting." This part of the *Analytical Therapeutics*, therefore, would not have led to the selection of *Conium* for such a case, but the guiding symptoms will probably be found in the future volume, which will contain the head symptoms. It will be observed that whatever right Dr. Berridge's "model cure" had to appear under the section of "Ailings from over-exertion of mind and body," it is quite out of place in the other section, as there is no question of a mental complaint during stool, but only of a clicking noise in the head.

Many more similar instances might be mentioned, but these will suffice.

Some omissions also we notice. Thus, under "Laughing," all the medicines given under the same head in the *Path. Cycl.* are mentioned, but we miss two others which have this symptom in a marked degree, viz., *Tarantula* and *Apis*. The last omission is strange, as to Dr. Hering

himself we owe the excellent proving of *Apis*, where these symptoms occur (see *Amer. Arzneipr.* I, p. 295).

In some cases the sense of the symptom is lost, or perverted by abbreviation. Thus, at p. 121, under "Sight," we have "worse in the dark—afraid of pictures, *Lycop.*" On reference to the symptoms in the *Mat. Med.*, we find it to be, "Fear of terrific pictures in the evening, conjured up by the fancy, and by day lachrymose," which is a very different thing.

The work, as might be supposed, is not quite free of errors. Thus, at p. 156, *Vip. torv.* is mentioned in the alphabetical list, whereas *Vip. red.* is the medicine referred to in the section.

These are a few imperfections that have struck us while dipping here and there at random into the volume. But in spite of these, we are compelled to admire the vast amount of labour that has been bestowed on the compilation of the work. Our main objection to it is its enormous magnitude. This large and handsome volume of 350 pages contains only the concomitants of the symptoms of the mind and disposition. It is only one part out of forty-eight parts to come, many of which must be still larger than this, and only a few of them much smaller. If the work is to be completed on the same scale, it cannot be contained within the compass of less than thirty or forty similar volumes. This fact is the best argument for the adoption of some cypher for a complete repertory, such as has been devised by the authors of the British *Cypher Repertory;* for who will go to the expense of purchasing such a large library of books, or take the trouble to consult them in practice? A repertory, which is or ought to be merely an index to the Materia Medica, to be of use to the busy practitioner, should be a handy manual, and not a large array of heavy volumes. Besides, the plan adopted by Dr. Hering does not propose to give all the symptoms in the Materia Medica, but only a selection of them. Moreover, the disintegration of large symptoms is often inevitable by Dr. Hering's plan, whereas, by the adoption of a cypher in the English work, the natural

connections of symptoms are retained, which is a decided and manifest advantage.

We are sorry we cannot bestow unqualified praise on Dr. Hering's work, for there is no one in the whole homœopathic body who more deserves the grateful thanks of our school for the many and valuable works he has written to aid the practitioner, and for the rich treasure of provings he has added to our Materia Medica; but our duty as reviewers requires us to give an honest and impartial opinion on the merits of works designed to facilitate the practice of our system; and we say with regret, that we do not think this new repertory possesses a value proportionate to the labour that has been expended on it, and we believe that its size will be an insuperable obstacle to its practical usefulness.

Journals of the Quarter.

GERMANY.

Allgemeine homöopathische Zeitung.—The editor, Dr. Kafka, begins the new year with a strong appeal to German homœopathists to exert themselves and make a strenuous effort to establish a homœopathic hospital, to found a school of homœopathy, to subscribe more liberally to the widow's fund, and to assist the homœopathic journals with contributions of papers on practical and theoretical homœopathic subjects. He laments that so few young practitioners adopt the homœopathic treatment, whilst every year the older practitioners become fewer by deaths, so that many considerable towns have now an insufficient number of homœopathic physicians, and many more have none at all.

Dr. Hencke, of Riga, contributes the first part of a paper "On the Comparison of the Pathogenetic Effects of *Ant. cr.* and *Ant. tart.*," which is continued in subsequent numbers.

Dr. Huber, of Vienna, continues his extracts from Dr. Hughes's *Pharmacodynamics*.

From Pesth we learn that the anti-homœopathic tirade of Dr. Kovacs did not succeed in securing him the Presidency of the Pesth Medical Society, for which he was a candidate, the choice of the members having fallen on the esteemed oculist Dr. Hirschler. Professor von Bakody, the well-known homœopathist, was elected Vice-President of the Medical Club, to the great wrath of the *Vienna Weekly Medical Journal.*

No. 2 contains the first part of a paper "On Gold and its Therapeutic Uses," by Dr. H. Goullon, jun., continued in the two following numbers. The author institutes a comparison between *Gold* and *Mercury, Arsenic*, and *Silica*, pointing out where its action resembles theirs and where they differ.

Dr. Schilling relates a case of poisoning by turpentine in a boy of six, which presents nothing of much interest, the chief phenomena being a sort of narcotism followed by a diarrhœic stool.

The deaths are recorded of Dr. Eidherr, at Vienna, Wurmb's assistant and successor in the Leopoldstadt Hospital, and of Drs. Löwe and Zlatarovich, at Graz.

Dr. Rössler relates in this and the next number an interesting case of chronic catarrh of the stomach cured by *Nux vom.* and *Arsenic*, and the free use of cold water externally. Weakness and some pains in legs and feet yielded to a prolonged treatment by *Aloes, Bryonia, Strychnia, Sulph.*, and cold baths followed by rubbing.

Dr. Schilling describes the effects on his own person of two bee-stings, one on the finger, the other on the head. Symptoms resembling erysipelas with great swelling of the parts ensued, and dyspnœa and starting pains in the chest. Altogether the doctor seems to have suffered to an extraordinary degree from the effects of the bee-poison.

The publication of a new French medical journal, the *Avenir Médical*, is announced. This journal, though professing allopathic principles, declares itself ready to receive and publish homœopathic papers. We have not seen any

numbers of this journal, but wish it all success, and trust that the liberal spirit it displays may contribute to bridge over the gulf that has hitherto divided the two schools.

No. 4 contains a paper by the editor, Dr. Kafka, "On Flatulent Distension of the Stomach; Meteorismus Ventriculi." He first gives a description of the different modes in which the symptom is produced. In this part occurs a statement which strikes us as being rather surprising: "The swallowed air in the stomach also frequently escapes from the stomach by the pylorus into the transverse colon." The transverse colon certainly lies near the pylorus, but for air to pass from the stomach to the colon it must first traverse the thirty feet length of small intestine, so that the sentence as it stands may give rise to misapprehensions, as it looks as if Dr. Kafka meant that the air passes directly from the pylorus into the transverse colon, which, of course, cannot be his meaning. The author seems to us to ascribe the flatulent distension of the stomach too much to an excess of air swallowed with the food, whereas we imagine it is chiefly, if not altogether, owing to the development in the stomach of gases by some chemical actions taking place in the food itself in place of healthy digestion. The remainder of Dr. Kafka's paper is given in No. 9. The flatulent distension when caused by too hasty eating may often be relieved by drinking effervescent liquids which cause eructations; or the same effect may follow the drinking of warm black coffee or tea, or by the application of cold compresses over the gastric region. The medicines most useful in these cases are *Nux vomica* 3 every half hour or every hour. Where the feeling of distension is great and eructation difficult *Assafœtida* 3; where there is tenderness of the stomach and no ructus *Magnes. carb.* 3 or *Magnes. mur.* 3. The patient should also be cautioned to eat slowly.

When the meteorism is caused by the decomposition of food in the stomach, a different treatment is required. When fruit causes flatulent distension the remedies are *Puls.*, *Verat.*, or *Bry.* In bad cases *Ars.* and *Carb. v.* are often of use. If green vegetables are the cause, *Natr.*

carb. or *Lycop.* will be indicated. Flatulence produced by coffee is usually relieved by *Nux vom.* or *Ignat.* That caused by sour things yields to *Sepia, Sulph.*, or *Ant. crud.* When the ingestion of fat food, pastry, potatoes, nuts, cabbage, new beer, sour wine, &c., causes flatulence, sour eructations, or heart-burn, the remedies are *Nux vom.*, *Puls.*, *Carb. v.*, *Magnes. mur.*, and *Sulphur.* When alcoholic drinks, effervescent waters or wines, sweets or sugar-plums, cause flatulence and pain, *Nux vom.*, *Natr. mur.*, or *Lycop.*, are the most reliable remedies. After eating black bread, nuts, lard, or bacon, flatulence accompanied with eructations, smelling like rotten eggs, often occurs; this is relieved by *Lycop.*, *Bry.*, *Carb. veg.*, *Puls.*, or *Colchicum.* The employment of warm or cold compresses often assists the cure. When food or drink has been taken in excessive quantities and flatulent distension thereby occasioned, and more particularly when the distress has been caused by drinking too much beer, effervescent water, or wine, then we must give *Nux vom.* or *Carb. v.* Excessive water drinking will often have a similar bad effect; *Rhus tox.*, or *Arsen.* are then the remedies.

A surfeit of fat or flatulent food, along with an extravagant quantity of beer, wine, or water, will often cause great flatulent distension, extending to the bowels, often amounting to tympanitis. The enormous distension often pushes up the diaphragm, causing dyspnœa and stupefaction; and by its pressure on the bladder and rectum, strangury and tenesmus. Here the remedies are *Nux vom.*, *Carb. v.*, *Lycop.*, *Ignat.*, and *Pulsat.* Sometimes the distension of the bowels is so great that it can only be relieved by cold water, or even ice compresses, cold clysters, and ice pills.

Tight-lacing and tight garments will often cause dyspepsia accompanied by flatulence, in which *Nux vom.*, *Ignatia, Sepia, Magnes. mur.*, and *Asafœtida* are of use. When there is continual pressure on the precordial region, with oppression of chest and dyspepsia, *Arnica* and *Kal. carb.* are indicated.

Sometimes the pressure is so great that the patient feels like a stone in the stomach; *Arnica* is here the remedy. When the distension compels the patient to unbutton his coat or trousers *Nux vom.* or *Ignatia* are the best remedies.

The death of Dr. Julius Lobethal is announced, and a biographical notice of him given. Dr. Lobethal, who died of heart disease on the 12th December, 1874, was born in 1810. In 1831 he greatly distinguished himself by his labours among the cholera patients of the epidemic of that year, and it was chiefly his conviction of the inefficacy of the ordinary treatment of that disease that led him to the study of homœopathy. He passed his examination for the doctor's degree in Berlin in 1833, and shortly afterwards had the satisfaction to cure his mother of a pulmonary affection by homœopathic remedies after she had been given up by the allopathic physicians in attendance. He settled in Breslau as a homœopathic physician in 1834, and speedily obtained a large practice. He met with much opposition, and had to endure much persecution from the representatives of old physic. He contributed numerous and valuable practical papers to the *Allg. hom. Zeitung.* In 1841 he published a monograph on *Iodine*, and introduced a mode of treatment of phthisis by means of inhalation of sea water dispersed through the room in a pulverised form, which is said to have been very successful. In 1849 he was president of the Central Society of German homœopathic practitioners. In 1861 he published an essay entitled *The Truth of the Homœopathic Principle of Cure,* on the occasion of the jubilee festival of the Breslau University. He was the founder of an asylum for the aged, which had the patronage of King Frederick William IV; and he published some important mortality tables, which were much used by insurance companies. He was one of the original founders of the Society of Silesian homœopathic practitioners. To the last he laboured zealously for the scientific development of homœopathy. His loss will be greatly felt by the homœopathists of Germany.

In No. 5 Dr. Davidson, of Florence, commences a series of papers on epilepsy, continued in subsequent numbers.

Dr. Oehme, of Staten Island, N. Y., gives some interesting facts relative to triturations, which may be consulted with profit by those engaged in pharmaceutical pursuits.

A biographical sketch of Professor Joseph von Zlatarovich concludes this number. Dr. Zlatarovich was staff-surgeon and ordinary professor of general pathology and materia medica in the Medico-Chirurgical Joseph's Academy of Vienna. He was at the same time a zealous homœopath. He contributed to the *Austrian Journal of Homœopathy* an excellent monograph on *Bryonia*, which he proved along with thirteeen of his colleagues. Like our Henderson, he was professor in a school of medicine in which all his colleagues belonged to the dominant allopathic sect, and yet his position as teacher of materia medica gave him more opportunities than the Scotch professor enjoyed of recommending the homœopathic methods to his hearers. It was his conviction that the qualities of medicines could only be ascertained by provings on the healthy that led him to associate himself with the homœopathists of Vienna. In spite of his open advocacy of homœopathy he retained his post of professor until the Joseph's Academy was abolished or reconstructed in 1848. He was not appointed one of the professors in the new institution, and he retired to Graz, where he died a short time since.

In No. 6 Dr. Goullon, junr., relates a case of scarlatina with diphtheritic sore throat, which terminated fatally in spite of the employment of *Belladonna*, *Rhus*, and *Nitric acid*. He asks if any better treatment could have saved the patient. Perhaps not; but we cannot think that he exhausted all the resources of our art in his treatment, and it is just possible that the administration of *Ammonium carbonicum*, *Phytolacca*, or *Yeast* might have succeeded in warding off the fatal catastrophe.

Dr. E. A. Lutze, who has succeeded his father in the

direction of the Homœopathic Hospital of Coethen, gives an account of the surgical and medical treatment during the year ending 31st December, 1874.

Dr. G. Pröll relates a case of acute mania in a young woman of twenty-six years of age, who, after an attack of erysipelas of the face, was exposed to a chill by getting up from bed when in a state of profuse perspiration. On going back to bed she had a violent attack of rigor followed by symptoms of acute mania, during which she ran out of the house in her night-dress, and could with difficulty be brought back to her room. When the doctor saw her she presented the following symptoms: countenance sunken, cheeks bluish, eyes rolling wildly, and occasionally fixed and staring, but always with a terrified expression. Pupils contracted. Jaws closely compressed in a state of trismus, especially when anything was offered her to drink, which she rejected with violence. She had had no stool or urine for twenty-four hours, and went into fits of maniacal violence when he attempted to feel her pulse. After this state of things had gone on for forty-eight hours, collapse alternating with the maniacal fury, the doctor introduced into her mouth through a hole formed by the loss of some teeth a powder saturated with the 3rd dec. dilution of *Cantharis*, and left her, not expecting that she would live. On visiting her three hours afterwards he found her in a sweet sleep, the cheeks soft and red, and when she woke she was perfectly conscious and remembered nothing of her attack, but she was so weak that she could not move herself in bed. She passed 300 grammes of dark brown urine containing albumen, and in three days was quite well.

This is followed by reviews of Dr. Imbert-Gourbeyre's two pamphlets on *Arsenic*, Dr. Magdeburg's treatise on the *Mineral Waters of Wiesbaden*, our *Persecution for Opinion in Medicine*, and Dr. Allen's *Encyclopædia*.

In No. 8 Dr. Kafka, jun., relates his experience of the effect of Karlsbad waters in diabetes. In the four seasons of 1871-4 he had an opportunity of observing seven cases of diabetes. Two of these were the result of injuries, both being falls on the ice upon the back of the head; one a

forester fifty-two years old, the other a lady of fifty-eight. In two the diabetes was owing to excesses in food and drink combined with excessive indulgence in venery. The fifth was a teacher who had undergone privations, and had suffered from depressing mental affections. The sixth case was that of a lady's maid of twenty, who had gone through much hard work and had suffered much from disagreeable family affairs. The last case was a lady of forty-five, happily married, and the mother of six children, in whom the only exciting cause that could be discovered was a severe cold with catarrh of the apices of the lungs. In this case the malady was probably hereditary, a brother having died of diabetes. In most of them there was observed the characteristic sweetish smell from the mouth. In three cases, where there was still perspiration, this had a sweetish smell and was viscid. In most the appearance was good; the teacher and the lady's maid only had an unhealthy appearance. In all there was considerable muscular weakness, a short walk causing great fatigue. All were very irritable as to disposition. The tongue was usually dry, in two it was fissured at the edges and the papillæ were red and painful. At the commencement of the treatment the saccharine contents of the urine ranged from 6 to 2 per cent. During the treatment the sugar in three entirely disappeared; in the worst cases it fell to 0·5 per cent. to 1 and to 1·5 per cent, but never got below that.

In most of the patients the liver was enlarged and the organs normal. In the lady's maid there occurred during the cure œdema of the feet and ankles. *Arsenic* 3 removed this symptom. None of the patients had boils. The thirst was proportioned to the amount of sugar in the urine. In all the appetite was good, in some there was craving appetite. All suffered from constipation, but this ceased during the treatment. The quantity of urine excreted was always greater than the amount of liquid imbibed. Only in one cure was the weekly amount of the urine from three to four litres, which is not more than other diabetic patients pass in one day. Care was taken that the diet should contain no saccharine substances, with the exception of

occasional indulgence in apples and pears cooked in water, the sugar contained in fruit not being injurious to diabetics. The mineral water treatment began with the cold waters of the Markt, Karls or Schlossbrunnen, afterwards proceeding to the Mühlbrunnen, and lastly to the Sprudel. The latter, however, was never given alone, but always in combination with one of the cold springs. The patients began with half a beaker, increasing gradually to four beakers. No bathing beyond what was required for cleanliness was allowed. Dr. Kafka could only trace the subsequent history of two of his patients. The lady of fifty-eight, who came to the baths with 5 per cent. of sugar and left it with 1 per cent., returned the following year with 3·5 per cent. sugar, and left again with 1 per cent. Another patient, a gentleman, who came in 1871 with 2 per cent. sugar, comes back every year to Karlsbad, but not on account of diabetes, for his urine is free from sugar; he frequents the baths in order to get rid of excessive obesity.

In No. 10 Dr. Mossa hasa paper entitled "What aud how the allopaths learn from us." He denies the correctness of Dr. Dudgeon's assertions (in his Address) respecting the influence that homœopathy has had in producing those great changes in medical theory and practice which have taken place in general medicine during the last thirty years, and he asserts on the contrary that the allopaths have not learnt anything from us, but have been guided by their own researches in physiology and pathology, to their present altered position. This may be true with regard to the allopaths of Germany, but is certainly not true with respect to their brethren in England. Germany apparently has no equivalents to our Wilkses, Ringers, Murchisons, and Ashburton Thompsons, who have more or less confessed their indebtedness to homœopathy for the specific medication they recommend and practise. But the quotations Dr. Mossa makes from some of the representatives of old physic in Germany tell against his assertion. Thus Küchenmeister, when prescribing *Spigelia* for neuralgia of the trifacial, sciatic, intercostal and uterine nerves, distinctly says that he was indebted to homœo-

pathy for the knowledge of the use of this medicine in neuralgia, and the quotation he gives from Kopp shows still more remarkably the influence of homœopathy on his teachings. The following is the passage quoted by Mossa from Kopp's writings: "The study of the specific remedies of homœopathy is of advantage to allopaths; observation of the effects of drugs on the healthy; a profounder knowledge of remedies, especially with respect to their specific powers; renunciation of haphazard mixtures and composite prescriptions; attention to medicinal diseases, and prevention thereof; simplicity of treatment, the sign of every good medicinal treatment; caution in the choice of remedies and their doses. If the allopathic physician is acquainted with the sphere of action of the most important medicines (*Belladonna*, *Nux vomica*, *Mercury*, *Spongia*, &c.), he will attribute symptoms in his patient which he might otherwise ascribe to phenomena of the disease to the action of the remedies administered, and recognise them on careful investigation (delusions after the administration of *Opium*, chills after *China*, and so forth). In his treatment he will be able to light upon some good ideas especially in regard to the specific powers of medicines (the use of moderate doses of *Bark* or *Sulphate of Quinine* for swelling of the feet after many diseases, gout, &c.). He will accustom himself to individualise in a strict and accurate manner the diseases he is called on to treat." These quotations corroborate Dr. Dudgeon's assertions, and show that even among German allopaths the influence of homœopathy is not unfelt.

Dr. Hencke commences in this number a practical essay on *Arsenic*, continued at intervals in subsequent numbers.

Dr. Hermann Welsch has an interesting article on the inhalation therapeia, particularly that practised by Wahlenburg, which he endeavours to show is a homœopathic employment of the drugs, the quantity of the drugs found to be most efficacious by Wahlenburg approaching the infinitesimal doses used in homœopathic practice. He gives several cases from his own experience, where medicines in from the 4th to the 30th dilution, when administered

in the pulverised form obtained by means of Siegle's apparatus, developed their physiological action. The facts he brings forward serve to show that in many cases the administration of medicines by this mode of inhalation might be employed with beneficial results.

Dr. Lorbacher gives in No. 12 his experience of the treatment of some of the diseases that presented themselves in the Leipzic Poliklinik. In simple inflammatory gonorrhœa good results were obtained from *Aconite* and *Cannabis* 2, and in one case Schüssler's universal antiphlogistic *Ferrum phosph.* effected a cure in a fortnight. In the specific form of gonorrhœa *Cannabis* was the chief remedy. In one case on account of persistent priapism *Cantharis* had to be used and soon put a stop to this symptom. In some cases that assumed the chronic form *Petroleum* 6 and 12 were of use; in one case a very rapid cure was effected. Schüssler's remedy, *Kali sulph.*, was tried in two cases; in one of those it did no good, but in the other it effected a lasting cure. *Sepia* 30 proved efficacious in a chronic gleet that had lasted one year and a half. The syphilitic form of gonorrhœa was observed in two cases, one of which was cured, the other improved by *Merc. sol.* 3.

Two cases of orchitis came under treatment, one of them followed a gonorrhœa suppressed by *Zinc* injections, the other seemed to be the result of a chill. Both were cured by *Pulsat.* 3.

The author makes a digression to consider the sycotic dyscrasia of Hahnemann, which he cannot regard as having any necessary connection with gonorrhœa, as the discharge may often be suppressed by injections, or a gleet persist for a long time without the occurrence of this dyscrasia, whereas all the symptoms of the constitutional affection described by Hahnemann are not seldom found in patients who have never had a gonorrhœa at all.

Simple venereal sore was cured by *Merc. sol.* 2, the true Hunterian chancre was more readily cured by *Merc. præcip. rubr.* and *Cinnabar* 2. One case of the latter disease was perfectly cured by only two doses of the red

precipitate. In chancre where the ulceration was more active, and the sore easily bled, *Nitr. acid.* 3 was of signal use; it cured the ulcer in about three weeks. Buboes were very frequent; all except one case were dispersed by *Carbo an.* 3. In the case which came to suppuration, *Hep. sulph.* and *Silica* had to be used, and this treatment lasted six weeks. Another similar case from the previous year was also treated. The bubo came on about three weeks after a chancre had been healed by caustics. The bubo was not quite healed when gonorrhœa came on, and the patient protested that he had had no sexual intercourse during the whole treatment. This gonorrhœa was cured by *Merc. sol.* 3 in three weeks, and by that time the bubunic ulcer was completely cicatrised.

Only one case of condylomata was treated. The excrescences occupied the prepuce and anus and were broad and humid. A cure was effected by *Thuja* 3 in four weeks. Patients affected with secondary syphilitic symptoms seldom presented themselves more than once or twice and then had generally been previously subjected to a prolonged allopathic mercurial treatment. *Nitric acid* and *Lycopod.* in higher dilutions did most good in such cases.

Dr. Goese, of Hamburg, gives his experience of the treatment of typhoid scarlatina during an unusually fatal epidemic in Holstein. His treatment consisted chiefly in the use of full cold baths, commencing at 30° C. and gradually decreasing in temperature to 25° and 20° C.; when the temperature of the patients' axilla showed a heat of 40° C. Under this treatment he met with remarkable success, and succeeded in saving the lives of many children who had the disease in its greatest intensity. At the same time he employed the homœopathic remedies indicated by the symptoms, and he found that the cold baths allowed the medicines to act with increased efficacy.

Dr. Goullon, sen., relates, in No. 13, a case of severe scald of the forearm in a young, fat servant girl, which was rapidly cured by the application of a lotion composed of one pound of lukewarm water, three tablespoonfuls of corn-brandy (whisky), and three teaspoonfuls of the

first dilution of *Causticum*, prepared strictly in accordance with Hahnemann's directions. The application of this lotion by means of cloths soaked in it was speedily followed by a cessation of the pain. The arm, which had been completely denuded of epidermis, was perfectly cured by the fourth day.

Dr. H. Sager, of Schleswig, extols the efficacy of *Ferrum metal.* 30 in cases where the patient complains of paralytic heaviness in the shoulder-joints, and in a kind of prosopalgia and toothache, which is "momentarily relieved by cold water."

In No. 14 Dr. Kafka relates a case of erysipelas after circumcision, which was cured by the 3rd dec. dilution of *Apis*, together with ice-cold compresses to the inflamed skin.

Dr. Leopold Rössel relates an interesting case of hæmoptysis with dulness beneath clavicles and tickling cough, which had lasted four months and had been treated by many allopathic physicians without benefit. Dr. Rössel prescribed cold water compresses on the clavicular regions, and daily washing with cold water, together with appropriate homœopathic medicines such as *Acon.*, *Phos. acid*, *Sulph.*, *China*, &c. Under this treatment the patient recovered completely, several relapses having rapidly yielded to the same means.

No. 15 informs us that Dr. Charles Würstl has been appointed to the Vienna Leopoldstadt Hospital, vacant by the death of Dr. Eidherr.

In No. 16 Dr. Kafka relates a case of very severe croup with spasm of the glottis, successfully treated with inhalation of *Bromine*. The mode in which the inhalation was effected deserves mention for its simplicity and efficiency. He made a bag of writing paper, and cut one of the points of the open end so that it fitted on to the nose. In the bag he placed a piece of cotton wool on which he poured twenty drops of the first decimal dilution of *Bromine* made with water. He covered the nose, mouth, and chin with the open end and made the patient breathe ten times into the bag. Two such inhalations sufficed to relieve the

urgent symptoms, and a few doses of *Aconite* 3 were all that was required to effect a cure of this severe disease.

An interesting paper by Dr. Monti in the *Wiener Klinik* on the indications for tracheotomy in croup is reproduced in this and three following numbers.

In No. 17 Dr. Schüssler recommends *Kali chloratum* in chronic gleet.

In No. 18 and following numbers we find an interesting paper read by Dr. Lorbucher at the Leipzig festival to commemorate the 120th birthday of Hahnemann. It is entitled "On the Emancipation of Homœopathy from the Person of Hahnemann," and contains instructive details relative to the labours of some of those practitioners of homœopathy who have contributed to the scientific development of the new system. Moritz Müller, Trinks, P. Wolf, Rummel, Griesselich, and Helbig are particularly mentioned as those whose labours conduced in a great degree to give to homœopathy its modern form, and to free it from the unscientific speculations that Hahnemann surrounded it with in his later years.

The death is announced of the venerable Dr. Elb, sen., of Dresden. In the last fifteen years Dresden has lost several men who have long been known as among the foremost representatives of homœopathy in Germany—P. Wolf, Trinks, Hirschel, Gerson, and now Elb. It will be difficult to fill the vacancies left by these illustrious men.

Hirschel's Zeitschrift für homöopathische Klinik.—The editor, Dr. E. Lewi, commences the new year with a statement of the main object he has in view in the conduct of his journal, which is, in brief, to advance true homœopathy in every legitimate manner. This is followed by another article from his pen, running through two numbers, entitled "Critical Reflections for the New Year." In this article he inveighs against the optimist writing of some authors who, from a consideration of the present state of things in the allopathic school, have prognosticated a speedy triumph for homœopathy. He particularly objects to the rose-coloured view of things given by Dr. Dudgeon in his pres-

dential address at the last Congress. He does not think there are any signs of the approaching surrender of the old school to the victorious homœopathy, and he asks if the position of homœopathy in England is not directly opposed to this expectation. It is true enongh that the treatment of homœopathy and its professed partisans by the allopathic majority is still far from being satisfactory in this country, but this was emphatically stated by Dr. Dudgeon in his address. At the same time he showed the vast changes that have been effected in old-school practice of the influence of the homœopathic school, and he demonstrated how the practice of the most intelligent men among our nominal opponents was being gradually revolutionised in a homœopathic sense. But he never made these changes a reason for ceasing our efforts to gain for us the true position in medicine to which we are entitled. On the contrary, the whole tendency of his address was to insist on the necessity of perseverance in the efforts which had so far yielded such satisfactory results. Dr. Dudgeon is not less convinced than Dr. Lewi himself of the necessity for continuing to fight with unabated vigour for the triumph of the good cause. Since his address was given there have been satisfactory signs of a continued progress towards that ultimate triumph. The recent proceedings of the Birmingham Medical Institute, the unanimous advocacy by the local newspapers of a liberal treatment of homœopathic practitioners, the declaration of the allopathic journals that it is the name of homœopathy alone they object to, and that practitioners should be free to practise according to their convictions, and not according to any cut-and-dry conventional orthodoxy; all these things show the existence of a spirit of liberality and fairness towards our school which were sadly awanting only a few years since, and afford strong hopes that homœopathy will at no distant date be accorded by the leaders of medical opinion in England the position it merits. Dr. Lewi says that these signs of a better feeling towards homœopathy and its practitioners are not observable in Germany, and we are willing to acknowledge that he is a better judge of the

state of things in his country than we can be. Indeed, an examination of the last great German work on practical medicine, Ziemssen's *Cyclopædia,* shows us that the German allopaths are as far as ever from the knowledge of the truth in therapeutics; but we cannot overlook the fact that the leaders of medical opinion in this country are not so insensible to the value of our therapeutics, and the rapid sale of four editions of Sydney Ringer's *Therapeutics,* the call for a third edition of Hughes's *Pharmacodynamics*, and the laudatory reviews of Phillips's *Materia Medica,* all of which works are more or less homœopathic in their practical teachings, show that the therapeutic truth we owe to Hahnemann is spreading rapidly among the adherents of orthodox medicine in Britain, and afford a complete justification of Dr. Dudgeon's "Siegesgesang," as Dr. Lewi ironically calls it.

Dr. Buchner, of Munich, has an article extending through seven numbers entitled "Therapeutic Fragments about Scarlatina and Diphtheria," in which the subject is treated with all the care and accuracy that distinguish the writings of this veteran apostle of homœopathy. The article is too long for abridgement in our pages, but well deserves to be consulted by all who wish to make themselves acquainted with the experience of the homœopathic school in these two serious and still too fatal diseases.

A review of the fifth and sixth numbers of the *Russian Journal of the Society of Homœopathic Practitioners of St. Petersburg* follows, from which we see that our Russian colleagues are working zealously and successfully for the dissemination of a knowledge of our therapeutics in the empire of the Czar.

An anonymous writer contributes an article on the best colour of glass bottles for the preservation of vegetable tinctures, and appears, on the whole, to be in favour of brownish-yellow glass, as that colour seems best adapted to prevent the chemical alteration of the tinctures so often observed in white or blue glass bottles.

Dr. Hirsch, of Prague, communicates some cases cured by *Acid. nitr.* The first is that of a gentleman aged thirty-

five, who had been troubled with diarrhœa for three weeks, and in spite of treatment by a homœopathic practitioner had continually got worse. He had no appetite, his tongue was furred yellow. He had from three to six diarrhœic motions per diem preceded by griping; they were always mingled with mucus, often with blood. During and after the stool he had pain in the anus and up the rectum, with constant feeling of tenesmus, relieved by keeping still. His habits were sedentary, and he was addicted to good living. After some doses of *Nux v.* 6 his appetite returned, and the motions were fewer, but they still retained the same character. The bellyache ceased, but the symptoms of anus and rectum remained as before. Moreover, two red lumps the size of a bean appeared at the anus. After a few days' treatment with *Acid. nitr.* 2 the diarrhœa and discomfort ceased, and constipation set in, which required for its removal cold-water enemata and *Sulph.*

The next case is that of a young man, aged twenty-four, who, having caught a gonorrhœa, resorted to a specialist, who suppressed the discharge in a fortnight with injections. Some weeks afterwards, when performing military duties, the glands in both groins swelled. Mercurial ointment rubbed on them caused them to diminish greatly, but at the same time the left testicle swelled and was very painful; the epididymis was also much swollen, and the scrotum of an erysipelatous redness. *Clematis* 6 and cold compresses reduced the swollen testicle, but the gonorrhœal discharge returned. *Pulsatilla* 6 removed the remainder of the inflammation of the testicle and epididymis, but the discharge increased. After a week of *Acid. nitr.* 3, a drop night and morning, the discharge was much lessened and a continuance of the same medicine for another week removed it entirely.

In No. 3 Dr. Pröll relates a case of scirrhus of the pylorus, to which he was summoned by the two allopathic physicians in attendance. The case terminated fatally, and a post-mortem examination showed the necessary fatal character of the disease.

Dr. Sorge contributes a gossiping paper about a meeting

of a society of homœopathic practitioners of Berlin, on the 16th December, 1874. Zwingenberg related his experience of the treatment of diabetes mellitus. He said he had obtained good results in some cases from the employment of *Uranium nitricum.* In some the percentage of sugar was much reduced, and in slighter cases it completely disappeared, but in two cases no effect was obtained. Fischer said he had seen good results from the use of *Uranium* in one case. Deventer recommended *Meloe proscaribæus.* Sorge had found *China* 1 of use in two cases, and *Arsenic* in two cases. He mentioned that Lorbacher had cured a case by *Acid. phos.*, and that Mankopf had effected a cure by means of *Chinin. sulph.* and pure animal diet.

Deventer related the case of a man of 42, who, after enucleation of the left eye, became quite blind of the right eye, in which state he applied to Deventer. He found complete staphyloma of the cornea, over which the eyelids could scarcely meet. The cornea was quite opaque and thickened; there was synechia iridis, the consequence of rheumatic ophthalmia, which still occasioned severe pains round the eyeball and great injection of the conjunctiva and lachrymation. The patient could hardly tell light from darkness, and all the great oculists pronounced him incurable. Deventer gave first *Rhus tox.*, and afterwards *Euphrasia*; the latter medicine in mother tincture dropped into the eye, and a low dilution internally. The result was quite satisfactory. The cornea was now quite clear in the centre, only a little dimness remained on the upper and lower edge. The pupil had the size and shape of a horse's pupil, and was almost immovable; but the patient could see his way about, and could read the names of the streets and the numbers on the houses.

Deventer related also another case of staphyloma of the cornea caused by sulphuric acid. The patient had entropium of the lower lid, which Deventer cured by an operation. For the corneal affection he prescribed *Tinct. euphrasiæ* five drops three times a day. The patient misunderstood the directions, and dropped the medicine into his eye, which caused him great pain, but in three weeks improved his

vision greatly. Deventer allowed him to continue the instillation of the medicine, but directed him to take it internally also, and had the satisfaction of seeing perfect vision restored to the eye by this means.

Deventer recommended *Euphrasia* for blennorrhœa neonatorum. Zwingenberg had found the best effects in this disease from *Merc. præcip. rub.* 3, with hourly cleansing of the eye with a weak infusion of *Camomile*.

Fischer cured a severe case of blennorrhœa Ægyptiaca, with great swelling of the lids and copious secretion of purulent matter, by *Acon.* 3, alternated with *Apis* 3, and diligent bathing of the eye. On the ninth day the malady was completely removed.

Sorge cured a scrofulous blennorrhœa with *Tinct. sulph.*

Mertens cured a severe case of conjunctivitis of both eyes, where the conjunctiva had a bluish-red appearance, by means of *Merc. corr.*

Sulzer related a case of blennorrhœa neonatorum he had lately cured with *Aconite*, followed by *Bell.*, then *Merc. corr.* The remaining granular condition of the cornea was rapidly removed by *Hepar*.

Mertens described the cure of a case of pannus totalis in a boy aged 9. Both corneæ were quite opaque, and looked quite white. The boy had been treated with caustics in Graefe's *Klinik*, and dismissed as incurable. Mertens began the treatment with *Acon.*, then he gave *Bell.*, followed by *Merc.*, and the remaining opacity was completely removed by *Silica*.

Sorge gives the case of a complicated affection of the lachrymal sac. The patient was a lady above thirty years old; the left nasal canal was quite stopped up; the lachrymal sac swollen to the size of a bean, and discharged pus and mucus when pressed. The conjunctiva was red and swollen, and there was on the inner side of the cornea an ulcer the size of a lentil. She had been four months under the treatment of Professor Schweigger without benefit. From the 1st of October, 1873, all external remedies were discontinued, except bathing with tepid water several times a day. She got internally, first *Bryonia*, then *Euphrasia*, and from the

21st November only *Cal. sulph.* 3. Under this treatment the ulcer grew smaller, and at length completely cicatrized; the conjunctiva resumed its normal appearance; the lachrymal sac ceased to secrete pus, and the nasal canal became pervious. By the 11th February, 1874, she was quite cured.

Zwingenberg communicated an observation of the physiological action of *Anacardium orientale.* A young lady, in order to allay the pain of toothache, suspended on her breast a bean of *Anacardium* by a thread. This caused a violent eczema of the breast and neck, great redness of the skin, with formation of vesicles. About a year after this observation a gentleman came to him with acute eczema of the face and neck, great redness and eruption of vesicles, with great itching. The effects of *Anacardium* in the former case led him to give to this patient *Anac.* 3, and in three days he was completely cured.

Deventer recommended *Anacardium* for injuries to the tendons, and said it was very efficacious in rheumatic affections of the pericardium.

Sorge remarked that Trinks cured a case of mental aberration by *Anacardium.* The patient insisted that he had a devil in his ear, who always whispered blasphemous language against God, &c.

At the meeting of the Society on 6th January, 1875, Sorge related the following case:—A merchant, aged 35, who had never been subject to headaches, having been exposed to a draught of air on the 24th September, 1874, complained the following day of pains in the head, tearing in the limbs, and shootings in the skin of the whole body; tongue furred, much thirst, no appetite. On the 28th September he got *Bry.* 2, three drops in water every hour. On the 30th he reported that the pains in his limbs had left him, but the headache was intolerable. He had violent boring pains deep in the brain, from temples to nape, day and night, sometimes with shootings up to the vertex, not affected by walking, standing, lying, the application of cold wet cloths, the rubbing in of brandy, or stroking. Head not very sensitive to touch, no heat of head. He got *Acon.* 2, three drops

every two hours, without benefit. On the 2nd October the forehead was free from pain and cool; the pains in the rest of the head were throbbing and boring, and generally commenced on the left temple, and were accompanied by a feeling of distension of the blood-vessels in the temples. He had not slept for several nights, and was rendered desperate by his pains, yet he was not particularly weakened. He now got *Ferrum acetium* 2^x, three drops in water every two hours. On the 3rd October he was better, on the 4th pretty well, on the 5th all pain was gone, on the 6th he had only some discomfort in the nape and some pressure in the temples. *Liq. ferri acet.* 1, six drops in water four times a day, permanently removed all the remainder of his symptoms.

Mertens thought that *Nux vom.* would have cured this case more quickly. Fischer thought *Bell.* would have been the right remedy. Sorge justified his selection of *Ferrum* from the provings recorded in Bernhard and Löffler's *Zeitschrift für Erfahrungsheillehre.* He had cured many cases of pneumonia with *Ferrum,* also some cases of rheumatic inflammation of the joints with great swelling, after the unsuccessful employment of other remedies was cured with *Ferr. ant.* 1. He had also cured three cases of ague with the same medicine. *Ferrum* is also specific in rheumatic affections of the shoulder-joint. He had also cured rheumatism of the elbow-joint with *Ferrum.* Goullon had led him to prescribe *Ferrum met.* 1st trit., with success in sciatica. Kafka had cured a case of painful coitus in a woman with *Ferrum.* It ought to be a good remedy in painful gonorrhœa to judge by the provings.

Zwingenberg related the case of a man who had received a musket shot in the back of his head at Königgrätz, which caused caries of the bone. He had been dismissed by the military surgeon as incurable, but was very speedily cured by *Silica.*

Zwingenberg had seen remarkably good results from the use of *Tinct. Guaiaci* 1 in exophthalmic goitre.

Windelband said he had treated a case of immense tympanitis in a woman who had been confined four weeks by repeated piercing of the integuments and bowels with

the small syringe of Pravoz. He made about sixty punctures, and thereby let off a large quantity of gas, so that the tympanitis disappeared. No peritonitis followed; the case was successfully treated with *Phosphorus.*

At the meeting of 20th January, 1875, Fischer read a paper on *Hamamelis.* He had used the remedy successfully in varicose veins and hæmorrhoids, also externally in atonic ulcers and varices. Windelband had only seen good results from *Ham.* in varicose ulcers of the leg.

At the meeting of 3rd February Sorge read an article on *Rhus tox.* He said the remedy had a specific relation to the spinal cord, the eye, the external integument, the periosteum; among the joints to the shoulder and maxillary joints, the muscles of the nape and loins, the mucous membrane of the intestines. It had been recommended by old allopathic physicians in paralysis. Gisevius cured four out of five cases of hemiplegia with *Rhus,* others had cured paraplegia. Trinks had cured a man who had been treated ineffectually for three years by Hahnemann, with tincture of *Rhus.* Another case of painless paresis of the legs in a girl of fourteen was cured by two drachms of the tincture. Sorge had cured a case of paresis of all the limbs with numb sensation and difficulty of moving the back, that had come on in consequence of a wetting and had lasted several weeks, with small doses of *Rhus.*

Fischer cured paraplegia in a woman following an attack of apoplexy five years previously. She was unable to stand or to rise up. *Rhus,* in small doses every night and morning, cured her in eight weeks, so that she was able to walk without assistance for a quarter of an hour at a time.

Jacobi extolled the efficacy of *Rhus* in weakness of the bladder in girls and women, with frequent and inconvenient desire to make water.

Schoff, of Vienna, relates the case of a cure of paresis of the lower extremities, with commencing amaurosis, so that the patient could not distinguish some large objects. It was permanently cured by *Rhus.* Lichtenstein recommends *Rhus* in scrofulous ophthalmia.

Sorge had cured two cases of rheumatism of the maxillary joint with *Rhus*. He said it was useful in acute febrile pleurisy with typhoid symptoms. He had cured with it two cases of nocturnal dry cough with insufficiency of the mitral valve. Jacobi also cured a troublesome dry cough with the same medicine. Zwingenberg cured a colonel who had marched through a moist country in France with naked feet, and had thereby contracted a severe diarrhœa, with *Rhus*. He had been already treated ineffectually for a year by his physicians.

Hahnemann recommended *Rhus* at the commencement of the typhus in 1813, when the symptoms were worst during repose, when the patient was very restless and some of the limbs semi-paralysed. Wurmb and Caspar found it very useful in erethic typhus of a mild form, the severe cases yielded to *Arsenic*. Its utility in vesicular erysipelas is well known. Zwingenberg found it of use in the burning and neuralgic pains after zoster. Sulzer recommended *Arsenic* for such cases. *Rhus* is of use in herpes preputialis and axillaris. Sorge cured with *Rhus* a woman of fifty who after a wetting was affected with pain in the muscles of the left shoulder and arm, also in the bones of the arm, whilst the joints remained unaffected. She was much plagued with numb sensation about the hands and gers.

Deventer recommended *Rhus* in the so-called Russian dry clap, which is distinguished by frequent calls to micturate, burning in the urethra, and scanty thick discharge. Sorge called to mind Würzba's recommendation of *Rhus* in hygroma patellæ; he advised *China* when the hygroma was pretty hard. Mayländer thought that the internal treatment of hygroma was superfluous; he cured all cases by painting with *Tinct. iod.*, and immediately afterwards with a solution of *Corrosive sublimate* ʒ½ to ℥j of water; the knee to be enveloped in a woollen bandage and the patient kept a day or two in bed. One such painting sufficed.

Fischer advised *Merc. iod.* 3 internally for the exudation of perityphlitis.

All agreed that *Rhus* was useless in hydrocele. Fischer advised *Graphites.* Deventer mentioned a case of sarcoma of the testicle connected with secondary hydrocee in a syphilitic case, which he cured with *Aur. mur.* Jacobi mentioned that he had cured a case of facial paralysis that had lasted eight days, in five days by *Ammon. phosph.* 2. With the same remedy he had cured a case of contraction and stiffness of the second and third fingers of the right hand in a woman who had spent seven weeks in the Charité Hospital and was dismissed uncured. He cured it in three or four days.

Deventer had cured facial paralysis by *Solanum vesicatorium* 3 and 5.

Fischer benefited a case of chronic nephritis by *Calc. sulph.* He had used *Kal. chlorat.* with good results in syphilitic ulceration of mouth and fauces.

Sulzer said that *Natr. sulph.* often cured diarrhœa very rapidly after other remedies had been tried in vain.

Zwingenberg stated that he had cured a case of migraine where *Sanguinaria* had done no good by *Ol. anim. Dippelii,* five drops of the second decimal dilution in warm water night and morning. He was led to select this remedy by the presence of polyuria of colourless urine. This symptom is an indication for *Ol. an.* in all nervous affections. He had also cured a case of asthma nervosum following the suppression of a perspiration in the feet by *Ol. an.* Scherer cured a case of migraine accompanied by cold hands and feet with *Aranea.*

Sulzer recommended *Calc. carb.* 10 in chronic constipation of infants at the breast, when the patients had at the same time large heads, and profuse perspiration on the head.

Fischer cured a case of polypus of the ear that had lasted a long time and been frequently removed by operations but always returned, with *Calc. carb.* 30. He had also cured a nasal polypus in a woman with the same remedy. For too profuse and too frequent menses *Calc.* is often recommended; he had cured a case of amenorrhœa with it. Goullon, sen., had used it with success in chlorosis. Sorge

mentioned a case in which *Calc. carb.* had rapidly cured a long-standing coryza with profuse menstruation in a blooming young woman, but acute tuberculosis soon followed which proved fatal. He had also cured with *Calc. carb.* psoitis in a scrofulous child; the left renal region was very tender and the left thigh bent at the hip-joiut. *Calc. carb.* was also useful in odontalgia of carious teeth when the pain came in jerks and was throbbing, with heat of the affected side. Its use in sufferings from dentition in children and in rachitis was well known.

Fischer had seen good effects from *Calc. phos.* in pulmonary diseases; Windelband from *Calc. brom.;* he gave it in the first and sixth potencies. Mayländer considered *Calc.* the best remedy in caries, necrotica or spina ventosa.

Windelband related a case of complete blindness, the effect of nephritis acuta. The blindness came on suddenly and affected both eyes; the urine contained large quantities of albumen; it was cured in fourteen days by *Kal. acet.* 6 parts in 180 parts water, so that the patient was able to read the smallest type. Jacobi had noticed equally good effects from *Kal. acet.* in kidney disease with albuminuria. The remedy must be given till the urine becomes alkaline.

Fischer had cured a case of stomach disease with *Cundurango.* The patient, a woman aged 65, had for years been ill; she vomited almost all she ate, she was much emaciated; there were hard lumps in the left hypochondrium and epigastrium, and constant burning pain. She had been treated allopathically for years without benefit. After two months' treatment with *Cundurango* 1^x she was quite cured, and is now well and strong.

Pröll mentions a case related by Trousseau in which a patient whose throat he was cauterising with lunar caustic swallowed accidentally the caustic, a piece about one and a half centimetres long. He caused him to drink repeated draughts of a strong solution of salt and no bad effects resulted.

In No. 5 Dr. Mossa relates some experiments with *Natrum muriaticum* on animals.

Kali fluoratum is recommended as a preservative against caries of the teeth.

Dr. Schwalbe has cured fatty tumours with injections of *Alcohol* and *Ether*. He also says he has cured three cases of cancer of the mamma with alcoholic injections.

In No. 6 Dr. Sorge relates an interesting case of thrombosis of the axillary vein cured by *Arnica* 2.

A case is given from a Spanish medical journal, the *Progreso medico de Cadix*, of the cure of a cataract of the left eye in a girl of twenty-four, by the use of *Oleum phosphoratum*. The remedy was dropped into the eye, and rubbed in on the forehead and temples. After four months the sight was much improved and the white appearance of the cataract greatly diminished.

Dr. Mossa (in No. 7) gives the details of some cases of hay-fever. The first was that of a garden engineer, who, while working in an orchid house in Berlin in 1856, had his first attack of the disease. He now has it every year in summer. It lasts about six weeks, and consists of violent coryza with burning, dryness, and soreness of nasal mucous membrane, sneezing in fits thirty to forty times in succession. His nights are restless and he is troubled with a dry cough. He is better in a room, worse in the open air. Appetite and digestion excellent. He first got *Arsen.* 30 without benefit. Then a few doses of *Sulph.* 30 followed by *Verat.* 5, which soon cured him.

The next case he gives is one recorded by Dr. Lübe, of Plon, in the *Archiv für Klin. Med.*, of 13th November, 1874. The subject was a lady who suffered in 1873 from violent nasal and faucial catarrh which began in spring and became worse in June. She was much worse when she walked out near meadows and hay. Dr. Lübe tried the solution of *Quinine* injections which Helmholtz had found useful in his own case, but without any good results. She went in the beginning of July to Pyrmont to take the waters. She came back in August with the summer catarrh in full vigour, and it lasted till the end of September. In 1874 the malady returned about the end of May. The catarrhal discharge came on usually an hour or

two after rising in the morning. It was noticed that the secretion diminished in cold and damp weather, but increased in warm and dry weather. Injections of weak solution of *Carbolic acid* had a temporary good effect, but the catarrh always returned. *Quinine* internally did no good. This lady had in former summers suffered from catarrh, but they had never been so violent until she removed from the town to the country. Microscopic examination of the nasal secretion showed besides mucous corpuscles and epithelia, numerous moving and stationary bacteria; and also large numbers of highly refractive oval-shaped bodies of a yellowish-brown colour. There were also numerous bright-coloured round cells with nuclei and nucleoli in their highly granular substance, and also heaps of folded membranous masses, looking like the burst skins of the globular cells. The author made some experiments with his own nasal secretion brought in contact with pollen grains, and he found that the pollen became transparent and revealed a granular structure before invisible. At the same time large numbers of round bacteria with a lively motion appeared surrounding the pollen grains. He considered these bacteria to be derived from the protoplasm granules of the pollen. This he considered the source of the bacteria observed in the nasal secretion of the hay-fever patient. These experiments bear out the conclusions of Blackley with respect to the influence of pollen in the production of hay-fever.

Dr. Mossa relates another case of hay-fever which was rapidly cured by tincture of *Aralia racemosa,* a few drops in a glass of water, a mouthful several times a day. After the catarrh was cured by this medicine the nose remained moist, which was not the case when it had ceased on previous occasions, as then a troublesome dryness of the nose always remained.

The editior adds a fourth case in which he effected a rapid cure by means of the local application of Helmholtz's solution of *Quinine.*

In the meeting of the Berlin Homœopathic Society of the 3rd March Dr. Sorge read a paper on *Arnica,* which gave rise to an interesting discussion.

Deventer mentioned that in cases of migraine where *Sanguinaria* was of no use he had found good effects from *Cicuta virosa* 2. He had also succeeded in saving a boy affected with hydrophatic acutus who had been from eight to ten days in convulsions by means of *Cicuta* 2; but the patient when recovered was idiotic. He had also cured a trismus rheumaticus with the same remedy in three days.

Fischer cured a case of migraine in a woman of middle age who had had the malady from childhood, by means of *Natr. mur.* 6th trit. The attacks were attended by some eructations and vomiting.

Windelband had produced rapid relief in cases of migraine by gently rubbing the forehead with *Amyl nitrite.* He had also seen good effects from *Ver. vir.* 2 in migraine.

Zwingenberg cured an old lady who from her youth had suffered from dull headache over the whole head; sometimes the headaches were confined to the right side and were pretty severe, but when they came to the left side they became intolerable; she then got pale, cold, and like to faint. She had also fluttering of the heart, without organic disease. She was cured by *Veratrin.*

Sulzer related the case of a porcelain painter who for a fortnight had suffered from severe tearing and drawing all over the head; the pains gradually settled in the left side, so that the left eye seemed to be their central seat, whence they radiated over the whole left half of the head going into the ear. The last six days the pain was so bad the patient had been unable to sleep a moment. The left eye was extremely sensitive to light—could not even be opened in the dark with comfort. Nothing morbid was observable in the eye. As soon as he lay down in bed he became bathed in perspiration. He gave 15 drops of *Verat. alb.* 3 in a wineglass of water, a teaspoonful every half hour; after three doses relief was obtained and the patient slept without perspiration. A slight dull pain remained the next day, which yielded in two days to the remedy at longer intervals.

Deventer lauded the efficacy of *Causticum* 2 in nasal polypus. Scheerer recommended *Glonoin* for sunstroke.

At the meeting of 17th March (in No. 8) there was some conversation respecting Schüssler's remedies, which is not sufficiently interesting for repetition here.

One of the members mentioned that *Natr. mur.* was useful in clear mucous leucorrhœa, causing soreness of the parts. Traeger stated that he had found it of use in gleet, with clear discharge. Fischer had given *Natr. m.* with success in hemicrania, with sour vomiting and eructation. He had seen severe scorbutic affection of the mouth in a lady addicted to eating much salt. On abstaining from its use and taking *Carb. v.* she was soon cured.

Mayländer had a patient who for a year and a half had suffered from incontinence of urine; whenever he sat down the urine came away; he also suffered from frequent pollutions and constipation. He was cured in a month by *Natr. m.* 6. He had also cured a woman who suffered from glassy leucorrhœa and constipation with the same remedy.

Fischer recommended *Lyc.* 30 in habitual constipation.

Windelband had cured a case of severe dysmenorrhœa with scanty discharge by undiluted *Tinct. iodii.*

Fischer treated diphtheria with *Apis*; he said he had not lost a single case. (We are curious to how many he has treated.) He also cured with *Apis* a case of croup of such a desperate character, that tracheotomy was going to be performed.

At the meeting of 7th April Sulzer lauded the efficacy of *Natr. sulph.* 10 in nephritis scarlatinosa, and in diarrhœa with involuntary evacuations, a severe case of which he detailed.

Zwingenberg cured the severest cases of nephritis scarlatinosa with *Hepar sulph.* followed by *Hell. nig.* ϕ.

Fischer treated gonorrhœa with *Copaib.* 1. Zwingenberg cured secondary syphilis with *Kal. iod.* in increasing doses continued for months.

Deventer treated several thousand (!) cases of syphilis every year. His chief remedies are *Merc. præcip. rub.* and

Merc. sol. 1st trit. Tertiary syphilis and obstinate secondary forms, especially ozæna, he treated with *Hydrarg. aurat.*, the affections of the buccal mucous membrane with *Arg. nitr.* *Mezereum* was of use in psoriasis palmaris.

Zwingenberg said that a symptom for which *Cuprum* was indicated was the cramp-like drawing or aura-epileptica-like feeling in the fingers and toes. He treated diphtheria with gargles of alcohol and water and *Merc. iod.* 2^x and 3^x internally. When gargles could not be used he gave *Chinin. arsenicosum.* He had only had two fatal cases. He thought that mould in a dwelling house was a frequent cause of diphtheria. Traeger had cured diphtheria with *Merc. cyanatus* 5^x. Deventer relies chiefly on *Merc. corr.* in this disease. Windelband cured a severe case of diphtheria with *Carbolic acid.* Sulzer gave *Kal. chlor.* 10^x in the same disease with success. Zwingenberg recommended *Æthiops antimon.* in scrofulous ophthalmia. Deventer cured several cases of vaginismus with *Aur. mur. natronatum.*

Schüssler recommends *Fluorcalcium.* 6 in consolidated infiltrations.

Goullon, jun. (in No. 9), relates a case of severe erysipelas with typhoid symptoms which he treated successfully with a trituration of *Calomel.* He also details a case of the physiological effects of *Phos.* 6 which he had given to a woman on account of a hard dry nocturnal cough. It caused an affection of the eyes resembling in a striking manner the effects of exophthalmus.

Oehme says he has succeeded in curing many cases of whitlow by painting the affected finger-joint with fuming *Nitric acid.* If done within the first three days it is always successful, but certainly so if done on the fourth or fifth days. Boils are cured by rubbing them every four hours with spirits of *Camphor.*

The *Internationale Homöopathische Presse* has not reached us at the time of going to press, so we must defer our account of it until next number.

FRANCE.

L'Art Médical, Jan.–March.—We are glad to receive again, after a long interval, this excellent journal, now in its twentieth year. It continues to appear every month with eighty pages of matter, and still bears on its title page the quotation from one of the deliverances of the present Pope which indicates its theological position. Originally founded by the illustrious Tessier and his immediate surrounding, it now includes among its editors Frédault, Gonnard, Imbert-Gourbeyre, Jousset, Ozanam, and others among the best men in France. M. Davasse is the "redacteur-en-chef."

From the three numbers before us we have already transferred to our pages Dr. Imbert-Gourbeyre's exhaustive essay on the death of Socrates by *Hemlock*, and did space permit would here give also to our readers Dr. Jousset's no less admirable remarks on the chronic inflammations of the spinal cord and the brain. We should be inclined to add true neuralgia and exophthalmic goitre to the affections he so luminously connects. We trust to be able to give this paper in our next number.

Several other articles of interest and value appear in these three numbers, among which we may mention a series upon the animal constituents of the materia medica, by Dr. Guébrin Méneville; his subject at present is *Ambra grisea*. There is also in the March number a paper full of practical observation, by Dr. Frédault, on gouty suppression of urine. We shall look forward to *L'Art Médical* for the future.

Bibliothèque Homœopathique, Jan.–March.—The pathogenetic supplement to this journal has finished *Carbolic acid*; has given the account of *Solanum nigrum* which has already been extracted in our pages; and now begins upon *Hydrastis*. We have more than once expressed our appreciation of this part of the *Bibliothèque*. In the body of the Journal Dr. Desterne concludes his "Notes éparses" on *Apis*, and gives some more on *Ammonium carbonicum*,

for which (as it is a medicine little known and used among us) we are especially indebted to him. We cannot praise the "Notes sur l'ongle incarné" which Dr. Heermann contributes to the January number. He thinks that this troublesome affection should not be treated locally, but, as a vice of the constitution, by internal medicines; and gives a number of these as indicated by the sensations they have caused in the toe-nails of provers.

The remarks of Dr. Turrel, in the February number, on Pareira brava are of a different complexion; and we hope to present them to our readers entire in our next number.

The March number contains a good case of purpura hæmorrhagica cured by *Hamamelis* 2, and two of convulsions in children from fright rapidly disappearing under *Opium* 30.

Bulletin de la Société Médicale Homœopathique de France, Jan.–May.—The society of which this journal is the organ has been discussing several matters of interest during the last few months, as the suspension of medicines, the action of *Bromide of Potassium*, the treatment of strumous ophthalmia and of influenza. We know not how the discussions are reproduced, whether by the speakers furnishing an account of their remarks or by the record made at the time by the secretary; we can only say that the speeches are models in their way, full of thought, observation, and knowledge, and expressed with that inimitable clearness and precision which makes the French language the mother-tongue of science. If it were only for these excellent reports the *Bulletin* should be taken and read by all homœopathists.

But besides this constituent of the journal it contains other matter of value. Each number has some clinical reports or lectures from the Hôpital Saint Jacques, founded by the Society. That of April reports the fourth annual meeting of the subscribers, and tells of the successful progress of the institution. The January number contains a lecture by Dr. Gonnard, the President of the Society, entitled "L'allopathie n'existe pas." By "allopathie" he

means antipathy, *contraria contrariis.* In February we have the address of the same physician on assuming his Chair, and that of Dr. Ozanam in vacating it for him; also a valuable note by Dr. Jousset on the use of *Tarantula,* which he finds useful in convulsive hysteria, in simple chorea, and in certain vesical affections, where, as also in its aphrodisiac properties, it seems to resemble *Cantharis.* Some more examples are given of the value of the *Cyanide of Mercury* in diphtheria, for which affection, both in France and in America, this drug seems taking high rank as a remedy. In the May number Dr. Jousset commences an account of a disease hardly recognised in English pathology, *chronic aortitis,* which he states to have been first defined by Tessier, and which he believes to be frequently the basis of angina pectoris. When completed we shall endeavour to present it in an English dress. This number concludes with an account of the banquet given on the 10th of April, the anniversary of the birth of Hahnemann, which gave opportunity for some excellent speaking.

BELGIUM.

Revue Homœopathique Belge, Jan.–May.—Our young but vigorous Belgian contemporary gives us in its January and February numbers a most excellent physiological article by Dr. Moreau entitled "Du centre nerveux vaso-moteur." After an exhaustive account of the researches made in quest of this centre, he concludes that it is not absolutely fixed, but that it lies somewhere between the corpora quadrigemina and the calamus scriptorius. We are glad to see our men working at these purely scientific points in medicine. In each number appears a portion of an introduction to the Materia Medica, by the editor, Dr. Martiny, and of an essay on the treatment of typhoid fever by the indefatigable Jahr. In that for March is a good case of nymphomania in a mare, of a year's standing, cured in a week by *Platina* 6; and in that for April is another of myelitis in the dorsal region, with paralysis of the hands and arms, cured with *Causticum* and *Phosphorus.* M.

Joseph Mans finds the latter medicine, in the 1st dec. dilution, very useful in the treatment of gleet. The numbers for March and April contain a translation of Wahle's Pathogenesis of *Eupion.*

AMERICA.

Homœopathic Times.—We noticed in our last number the occasional receipt of the *New York Journal of Homœopathy,* then in its second year. We ought, moreover, to have mentioned another publication from the same city, the *Medical Union,* of which the four numbers, *Sept.–Dec.,* 1874, ending its second year, had been sent to us. Neither of these has since appeared. But we now record from this quarter the second number (May, 1875) of the third volume of the *Homœopathic Times,* and learn from another source that herein are amalgamated the two journals previously mentioned. In form this is not an improvement; but the matter is good. Physiology and surgery occupy considerable space in its twenty-four pages; and there is an interesting account of the state of homœopathy in Hungary, by Dr. Schley.

North American Journal of Homœopathy, Feb.—Dr. Piersons writes here confirming previous statements as to the power of *Pulsatilla* to rectify malposition of the fœtus. He has succeeded with it in three pronounced cases—two of transverse presentation and one of breech. He is now in the habit of giving it to all pregnant women immediately after quickening, and claims for it a power of prolonging the period of gestation and obviating adhesions of the placenta. There are two papers on eye-disease, now so much cultivated by American homœopathists; they contain useful lists of the indications of remedies for iritis and blepharitis respectively. Dr. Hiller, of San Francisco, blows a counterblast against vaccination. Dr. Berridge gives us some "provings," mainly of the transcendental potencies, which really must be unpleasant things for patients to take, so numerous are the collateral symptoms they are

said to cause. Dr. de la Parra finishes his account of Greek elephantiasis, and gives a most encouraging account of the success of homœopathy in its treatment. "In Brazil," he says, "there are two or more hospitals, under the exclusive charge of homœopathic physicians, the expense of maintenance, &c., being furnished by the Imperial Government, in which several hundred cases have been cured and are being cured at the present time. In Calcutta Dr. Bhau-Daji (a homœopathic physician and member of the English College of Surgeons) has charge of a large hospital, maintained by a wealthy oriental nabob, in which several hundred cases have been cured." This is news to us: we hope it can be substantiated. The treatment in the Brazilian hospitals, it is said, is largely conducted with remedies indigenous to the country; and Dr. Bhau-Daji speaks highly of the *Hydrocotyle Asiatica*. Dr. de la Parra himself has such confidence in the curative power of medicines here that he has inoculated himself from leprous patients more than once to test the efficacy of treatment. Dr. S. B. Higgins, the translator of his paper, has had some experience of a similar kind. His favourite remedy is a tincture prepared from the sap of the caquil tree.

These articles are followed by an excellent review of the first volume of Allen's *Encyclopædia*, bearing the well-known initials of "C. D." Dr. Dunham states that he has carefully examined the original symptoms of *Aconite* as given by Hahnemann, the Austrian provers, and some others, and has compared their translation or citation in the *Encyclopædia*, noting every omission, defect, or mistake. Of these he gives a short list, and then concludes—"Except as above stated to the contrary, we have found every symptom faithfully and accurately given; the translations clear, and, in so far as we can judge, correct; the groups preserved, except in the instances above cited; and restored in several cases where authorities, on which Dr. Allen might have relied, had endorsed them; and a clear arrangement consistently followed."

In another review it is stated that *Iris versicolor* hardly ever fails to cure a case of sick headache, when preceded by

a film before the eyes; while, when this symptom is absent, it will fail.

Hahnemannian Monthly, Jan.–May.—Dr. Lippe, in the January number, proves himself a better observer than theorizer. He gives, as a contribution to the characteristic symptoms of diseases, the remark that cancer of the stomach may be distinguished from the otherwise very similar round ulcers by the appearance of a small scaly eruption on the face, beginning at the nose, which varies *pari passú* with the disease. This, if substantiated, is an important observation. Dr. T. C. Hunter communicates a cure of membranous dysmenorrhœa by the *Viburnum opulus*, given, as recommended by Dr. G. M. Hale, in the 1st dec. dilution.

The February and March numbers contain a learned and interesting article by Dr. Frost on "Mysticism in Medicine, Ancient and Modern." We regret to learn the decease of this accomplished physician, whose writings have so often given us pleasure and profit. In the latter number Dr. Rockwith communicates some experience confirmatory of that which will presently come before us from the *Investigator*, viz. the curative effect of light coming through coloured glass in cerebral affections, red glass being used where anæmia, blue where hyperæmia, is present. In the appendix Dr. Lilienthal begins the repertorial portion of his treatise on skin diseases.

In the April number we find Dr. Berridge not content with the millionth potencies recently prepared by Boericke's machine, but having them raised to the ten-millionth by a still more rapidly potenizing machine of Dr. Swan's invention. With this potent preparation of *Sulphur* a like-minded practitioner, Dr. S. B. Higgins, communicates rapid cures of diarrhœa, ophthalmia, and eczema. We are promised soon to have the twenty-millionth potency for experiment and use. *Quousque tandem, Catilina?* Some observations on *Cicuta* are given by Dr. Lilienthal, and its homœopathicity to cerebro-spinal meningitis, in which it is much esteemed, is brought out.

New England Medical Gazette, Jan. – April. — Dr. Hering's *Glonoin* is concluded in the January and February numbers. In the latter we have an account of the expulsion of two more fellows of the Massachusetts Medical Society, Drs. Clapp and Chase, on the ground this time of their membership of the Homœopathic Medical Society of the same state—"a society," it is charged, "founded on an exclusive system, forbidden to fellows of the Massachusetts Medical Society by its bye-laws." To this self-condemnatory accusation the two fellows in question make a triumphant reply.

In the March and April numbers Dr. C. Wesselhoeft criticises the reports of cases as too often furnished, and supplies specimens of a better form. As his cases are themselves of much practical interest, we give them to our readers.

Prurigo.

I. July 3rd, 1873, there appeared in my office Mr. E—, an old German labourer. His face was haggard and expressive of great distress; being questioned as to his case, he threw off his vest and shirt by way of reply, and unfastening his belt, stood before me a picture of misery. His old and emaciated body was covered with what originally was a papular inflammation of the skin, now in a state of irritation, causing it to appear *as red as a boiled lobster.* In many places the skin was hypertrophied and raised over back and thighs into *hard welts,* as if produced by blows with a heavy lash, the result of scratching to obtain relief from the *intolerable itching;* this was so troublesome *at night in bed* that sleep had been almost impossible for months. *Scratching invariably aggravated the itching almost to madness,* so that the patient inclined to tear his skin with his nails, such efforts always *ending in violent burning.*

There were no vesicles nor scabs, but many nodular elevations and some exfoliation of cuticle; also numerous abrasions from scratching. In other places the surface was *smooth and shining, as if polished,* in appearance. The disease began a year ago, and was severe for the last six months, probably the result of poor food and damp dwelling, all circumstances aggravated by poverty, owing to inability to work.

It is worthy of remark that authors like Neumann, following Hebra, consider prurigo of adults as absolutely incurable.

The italicized symptoms point very closely to *Rhus tox.*; but the itching, aggravated by scratching and followed by burning, is so characteristic of that medicine that it deserves to be considered as one of its leading indications. The reader is herewith referred to a proving of the variety of *Rhus tox.* called *venenata*, by G. Œhme, M.D. (*Gazette*, i, 121 and 149.) The dilution used in these cases was prepared from the tincture furnished me by the prover. The prescription was one drop of 5th cent. dil. in one half goblet of water; a table-spoonful to be taken every fourth hour; the solution to be renewed every day for five days.

On July 15th, the medicine having been repeated as before, the patient reported decided improvement; he had been able to sleep some hours every night; the itching, redness, and elevated stripes had diminished very much. July 25th the improvement was so marked that only little redness could be seen, and the itching was insignificant, so that the old man could sleep and follow his occupation again.

II. April 27th, 1873. Mrs. —, aged 55, living in affluent circumstances; mother of several children, and past the climacteric period, was afflicted with prurigo vulvæ for more than six months. She had previously always enjoyed very good health; it was only disturbed by a severe concussion caused by a fall from her carriage, soon after which the prurigo appeared; at first for short, then for longer periods, and now almost constant. It is present mostly at night while undressing, but also at other times, setting in with such violence that the patient must yield to the desire to scratch or become desperate. When she once submits to the irresistible inclination to relieve the terrible irritation, she is then unable to cease, but must continue till violent soreness and smarting begin to take the place of the itching. There had been boils on the labia at times; walking aggravated the itching. Examination reveals swelling of the parts; the skin is red; hard and smooth in some places; in others rough, cracked and torn by the finger-nails. The patient is much emaciated, easily fatigued, and appears worn from loss of sleep, as well as from the constant irritation in the daytime, though her appetite and general health are good, no uterine or vesical disease being discoverable.

A prominent dermatologist had exhausted every remedy known to him, including *Black wash, Corrosive sublimate,* Pond's extract of *Hamamelis, Sulphur and Lard, Lead water, Petroleum,* as well as laxatives every morning,—all without other effect than steadily increasing aggravation.

Mezereum which had relieved a similar condition, having proved useless in this case, the redness, swelling, and especially the intense itching, aggravated by scratching, and followed by soreness and smarting, led to the use of *Rhus tox.* This was given on May 1st, in the 5th cent. dil., one drop in one half goblet of water; the solution to be renewed daily for three days.

May 8th.—Though the itching was still constant, she had only one severe attack each day since taking the last medicines.

15th.—General improvement; there was so much less itching the past week that the patient has been able to abstain from scratching most of the time; there is only some itching at night, but the redness and swelling have mostly disappeared; she is less fatigued after exercise. Same prescription repeated.

23rd.—There is constant improvement; the parts are normal in appearance; the patient can scarcely realise the change from the condition of torment to that of comfort; in fact she was quite well, and remained so.

In the April number Dr. Lippe protests against the use of *Anodynes* under any circumstance, and avers that the most similar remedy is always the greatest palliative. Where cure is impossible, relief, he says, will follow each prescription made strictly according to the symptoms present at the time.

American Journal of Homœopathic Materia Medica, Jan.–April.—In this journal Dr. Minton's "Therapeutics of Uterine Discharges," and Dr. Farrington's "Comparative Materia Medica," are continued from month to month. In the January number Dr. Cowperthwait writes on *Baptisia* in typhoid fever, warning against its indiscriminate use and giving the following group of symptoms as specifically indicating it:—"A dark-purplish flush on the cheeks, with a general besotted expression; a rapid accumulation of sordes upon the teeth and lips; the tongue dry, brown, and

swollen; heavy sleep; *can scarcely be aroused long enough to answer a question, falling asleep in the middle of a sentence.*" Another symptom is unfrequent, but, when it does occur, is pre-eminently characteristic: "the patient cannot get to sleep because his body is all in pieces scattered around, and he tosses about to get the pieces together."

From the March number the following "Clinical Cases from the Other side" may be extracted, not as containing anything new, but as showing that all American homœopathists are not given over to millionth potencies and dubious medicines.

Clinical Cases from the Other Side.

By J. Arthur Bullard, M.D.

Case 1.—Mr. L., aged 30. September 23, taken with severe chill; had, however, felt weary and debilitated for several days; severe headache; great pain through back and limbs; photophobia, tongue yellowish white; breath offensive; constipation; pain through the abdomen, with tenderness on pressure. Former habits dissipated. Pulse 140. Gave twenty drops of *Gelseminum* tincture, in water, with directions to take a teaspoonful every hour. 24th, much better; pulse 96, medicine every two hours; 25th, every three hours, &c. September 30, Mr. —— reported at my office as being entirely well.

Case 2.—Miss R., aged 16. October 10, taken with chilly creepings up the spine; sore throat, headache, fever, intense thirst, earache; tonsils very much swollen, and covered with diphtheritic patches; nausea, extreme nervousness, partial delirium. Gave *Gels.* tincture, 10 drops in water; teaspoonful every half hour, for three hours, then every hour, and directions to frequently gargle the throat with diluted alcohol. October 11, no headache, tonsils less swollen, diphtheritic patches entirely disappeared, and very much less fever. *Gels.* every two hours. October 12, insisted on sitting up; tonsils nearly natural in size and feeling; without fever, without headache, in fact, without pain. October 13, well.

Case 3.—Mrs. R., aged 46. Subject to quinsy. Taken November 23 with pains in back and limbs. Tonsils much swollen, high fever, intense heat of skin, photophobia, pain shooting in right ear, thirst and partial delirium, &c. *Gels.* tincture, 20 drops, in half

glass of water; a teaspoonful every hour, with all the lemonade she wished as a drink, completed the cure (*without* the usual suppuration of the tonsils) in three days' time.

CASE 4.—Mr. A., aged 77. December ——, fell and sustained a fracture of right shoulder blade and consequent dislocation of humerus. Ten days after the accident I rode eight miles to see him and take charge of his treatment. I found him greatly prostrated and suffering severely, pulse scarcely perceptible, eyeballs staring and protruding, tongue nappy and indented by the teeth; while it was with great seeming difficulty that his under jaw was kept in place. Occasional paroxysms of coughing which caused him agonising pain, would leave him so exhausted that several times the attendants declared him dead. I at once mixed 5 drops fluid extract of *Hydrastis can.* in half glass of water and gave him a teaspoonful every half hour. After taking three or four doses he was enabled to take small amounts of oatmeal gruel and mutton broth, swallowing without much trouble, and under the combined effects of medicine (stimulant) and nourishing broths he steadily improved until January 7, when he received his second remedy in the shape of *Rhus tox.* tincture, which removed all trace of cough. January 13, his third and last remedy, *Carbo veg.* low, was indicated and given, and January 24 he was able to walk around the room unaided. February 1; he is now managing his business as before, being in full possession of his faculties and of a large estate.

CASE 5.—Mr. N., aged 38, called at my office October 3, complaining of a severe pain directly under the umbilicus. Had suffered constantly for more than a year, but especially for the last three months, since which it had been almost unendurable. His mental symptoms being favorable, I prescribed *Nux vomica,* 1st decimal dilution, 1 drop three times a day. One dose relieved at once and permanently. Nearly five months have elapsed and no return.

Thus can I bear willing witness to the efficacy of the lower potencies and tinctures in acute diseases, when applied according to the law of similars. Let us, therefore, go on to perfection, with *Excelsior* as our motto, and when we have stopped the charlataniatic potenization of our days, we shall have such success as will leave the pseudo-homœopaths (who use sunshine, moonshine, dog's milk and bedbug juice promiscuously) out in the cold, or housed up

with idiots and imbecile children, mourning for what they know not.

We must also give the following from the April number, as it is from the pen of a shrewd practitioner.

Clinical Uses of Gelseminum.

By J. C. Morgan, M.D.

Gelseminum colic is a pinching in the transverse colon, commencing *soon after* starting out on a walk, but getting better when a little warmed up by walking.

Gelseminum sleeplessness is found in nervous sensitive people who cannot get to sleep for thinking—especially if worried about business, or if otherwise at all excited during the day: merchants, professional men, housekeepers; or evening company may have been too stimulating. If suddenly worried are liable to palpitation of the heart or to looseness of bowels.

Gelseminum hay-asthma.—Characterised by violent morning sneezing.

Gelseminum bronchial-catarrh.—Feverish, drowsy, languid, lying about, cough, with soreness of large bronchi, good-for-nothing feeling towards evening—cough sounds rough, not tight; recent attack.

Gelseminum neuralgia.—Tearing, flashing, sharp pains along the track of the nerves, in average constitutions; suited to begin any case where indications are not clear for something else. So, also, is it in—

Gelseminum toothache.—The first and often the only medicine required when the atmospheric state is catarrho-rheumatic.

In all other *catarrho-rheumatico febrile* conditions it suits more cases than *Aconite* in our American climate.

The farther south we go the less the sick can bear low potencies given without other drugs.

Gelseminum fever I have frequently tried to describe to my professional brethren, but with a few exceptions they have made no sign of appreciation, whereat I greatly marvel, since the symptoms are so common, especially in children of four or five years old. The child's hands and feet get cold, it is perhaps chilly, perhaps not, has the headache, feels languid, tired, wants to rest, gets sleepy, goes to sleep with the face flushed, crimson all over, disturbed now

and then by mumbling, stirring about and half waking, little thirst, little sweat, may perspire gently whilst sleeping, drying up on waking. Eyes suffused, congested, heavy-looking. Wants to be let alone.

Gelseminum dentition.—Child lies in an uneasy yet heavy sleep, face sickly colour in absence of fever, screams out every little while; anterior fontanelle pulsating; may act as if it had earache, putting its hand up to it, or the screaming may be almost constant, cannot be pacified except by rubbing the gums with ice; the child is perfectly frantic, cannot bear the gums touched even, at first, with the ice, they are so tender and inflamed.

Gelseminum convulsions.—After dentitional or digestive irritation, feverish; spasms general, with vomiting, sometimes partial, as of flexors of feet, without vomiting, but with painfully anxious crying.

Gelseminum paralysis.—Fever, as above, in delicate child, with history of taking cold; the lower limbs are powerless, knees give way.

Mention is made later on of the use of the same valuable medicine in diplopia of congestive origin, as indicated by pain at the base of the brain and back of the neck. Three cases are given as cured by it.

American Observer, Jan.–April.—From the January and March numbers of the *Observer* we extract the three following articles, as well worthy of preservation:

Agaricus in Typhoid Fever.

By G. C. Hibbard, M.D., Adams, N.Y.

In reading Dr. Hering's recent and valuable contribution to the literature of typhoid fever, I was surprised to find *Agaricus* omitted. I have used it in this disease during the last ten years, and have abundant reason to place a high estimate upon it. Indeed there is one phase of the fever in which I deem the *Agaricus* of the greatest importance.

Dr. Simmons, of Liverpool, has pointed out very clearly and concisely the neurotic symptoms in typhoid fever which demand this remedy. He says: "The delirium is constant, attended with attempts to get out of bed, with a tremulous propulsion of the tongue, and a general tremor of the whole body."

Previous to my employment of *Agaricus* in typhoid fever I relied almost exclusively on *Hyoscyamus* to control the wakefulness, restlessness, and delirium. I can truthfully say that in the great majority of the cases it worked in a very satisfactory manner. Occasionally, however, I would get a patient whose delirium would not yield to this medicine, either in small or large doses, and invariably the "general tremor of the body" was present. *Belladonna* never did any good for me in a delirium of this sort, nor of any other, occurring in typhoid fever, and I now never think of giving it where this symptom is marked.

Since I began the use of *Agaricus* in typhoid fever scarcely any difficulty has been encountered in the management of the delirium. The bulk of the cases where this symptom calls for treatment do well under *Hyoscyamus*, and the other cases are nearly always controlled by the *Agaricus*.

In regard to the dose, I am compelled to say that I have no faith in very small doses of this remedy to meet the wants of the cases demanding it. In a very few cases the first and second decimal dilutions have been successful, but nearly every one does best on the strong tincture, one to five drops every three hours, until improvement occurs. Sometimes even larger quantities of the tincture are necessary to subdue the violence of the delirium, and they must also be given as often as every hour in very bad cases.

Last September I treated a young man during a run of typhoid fever, and the form of delirium, with the concomitant symptoms which I have named as being "covered" by *Agaricus*, was quite manifest. He was kept in bed with much difficulty, and his loud talking was almost incessant. The first dilution did him no good, neither did the tincture in drop doses afford material relief; but ten drops of the tincture every half an hour soon quieted him, and no further trouble was experienced in respect to the delirium, nor in any other direction.

The April number contains another most excellent review of Allen's *Encyclopædia*, by Dr. S. A. Jones. He, too, while pointing out many defects of detail, concludes that it is still beyond all question the very best work extant in the English literature of Homœopathic Materia Medica.

United States Medical and Surgical Investigator, Jan. -May.—We mentioned in our last number that the *United States Medical and Surgical Journal*, and the *Medical Investigator*, both published at Chicago, the one quarterly, the other monthly, had merged their fortunes, and would appear for the future as a semi-monthly journal, under the title given above. We now have nine numbers of the new issue before us; and while, quoad *Investigator*, it is as good as before in quality and doubled in quantity, we cannot but feel with regret that we have lost the *United States Journal.*

In the first number the veteran Dr. Pearson gives us the "characteristic sputa in pneumonia" of certain remedies. That of *Aconite* is said to be "scanty, tenacious falling in a round lump, and of a dark cherry-red colour;" that of *Bryonia* is of similar shape and consistence, but "in colour much lighter, almost a yellow or soft brick shade." Where the patient "raises a whole mouthful of mucus at a time, which in colour is a light rust, not much unlike that of *Bryonia,* but not so thick, more stringy and easily separated," *Lycopodium* is indicated. The *Phosphorus* expectoration is less profuse than that of *Lycopodium*, but more so than that of *Aconite* or *Bryonia;* in colour it resembles that of the first named, but is of "more dirty appearance, resembling pus, but thinner, and, when falling on any hard smooth surface, will break and fly like thin batter." Purulent expectoration calls for *Sulphur*. In the same number Dr. G. M. Pease calls attention to the importance of the influence of coloured light in disease. A light violet is his favorite tint, and he is in the habit of exposing his patients to a "sun-bath" taken through this medium for some hours daily.

In the third and some subsequent numbers Dr. Tooker maintains "the homœopathicity of the electric current," and advocates its application in disease according to the law of similars. Dr. Pease thinks that v. Granvogl's "Lapis albus" is a silico-fluoride of calcium, and that to this combination goitre and cretinism are due.

The following is from the fifth number.

Some Singular Morphine Effects.

I send you a slight proving of *Morphine* recently made by myself.

At 9 o'clock last evening, by way of experiment, I injected one quarter grain of *Morphiæ Sulph.* into left forearm with hypodermic syringe. The only effects following this were heaviness of arms and head, and tingling in feet. After fifteen minutes injected quarter grain. Soon became so sleepy that it was with much difficulty that I was able to reach my room and undress. While engaged in undressing, my mind was very active, but seemingly without control of the will. Thoughts followed each other in quick succession, and the mind jumped rapidly from one subject to another. The condition seemed to be analogous to that which exists when in a dream, seeming to involve days or weeks, will be known to occupy but a few seconds or minutes of time.

I think that I slept for a short time after my head touched the pillow, but was soon wakened by an itching sensation over my whole body, which induced vigorous and constant scratching. This sensation was felt on every part of my body, from the crown of my head to the soles of my feet. Head itched as though innumerable insects were crawling through my hair. Face felt as though covered with cobwebs, which I would try to wipe off. Bottom of feet felt as if I had the chilblains. The legs, arms, abdomen, chest, and back, all itched as though being tickled with feathers, and I was kept busy scratching from head to feet. This lasted till morning, and I should be afraid to say how many times I raked over my entire body with my ten finger-nails. I think that occasionally, after giving myself a thorough going over, I would drop asleep, but soon be awakened by the itching, and have to scratch more vigorously than ever. I expected to find my body covered with blotches but my skin was as white and smooth as ever. Experienced much vertigo on rising. Found the pupils very much contracted—would not respond to light. Eyes felt small—too small for sockets. Eyes looked watery and countenance haggard, like one who had been dissipating. Gait irregular—staggered like a drunken man. Impossible to study, or fix mind on any one subject. For an hour after rising, in talking would have to stop in the midst of the simplest sentence to think what word to say next. At intervals all day, and this evening, feel here and there on body slight itching, and if I were on the sand beach

of Carolina should think it suggested fleas. Twenty-four hours from taking the drug this is the only remaining symptom.

The contraction of the pupil in this case implies one of two conditions: Either paralysis of that portion of the *sympathetic* supplying the radiating fibres of the iris, leaving the annular fibres alone to act; or the *sympathetic* was unaffected and the *motor oculi communis* irritated, causing undue contraction of annular fibres. Can you offer any suggestion as to which condition obtained?

KENOSHA, Wis., Feb. 16. C. B. GATCHELL.

This, from the sixth number, is of a piece with the foregoing.

Poisoning by Morphine. Peculiar, Tongue, Eye, and Mental Symptoms.

In the spring of 1849 a young girl was ordered by her allopathic physician to take *Quinine* for symptoms of returning chorea; as thickened feeling of the tongue and inability to articulate distinctly. A blundering druggist put up *Morphine* instead, so that the prescribed dose, "what can be heaped upon a sixpence piece," was taken of that deadly drug. In less than half an hour the patient felt strangely, a kind of terror overpowering her. There was a sensation as if the flesh were trembling on the bones, chills creeping over her, especially from the hips to knees and back again to hips. When being alarmed at her sudden prostration (she had not strength to stand up by that time) she tried to describe her symptoms, and ask for an explanation from her friends, she could not for her tears and sobs, which she could not repress. Shortly after this she fell into a troubled delirious sleep, from which she awoke in a few moments feeling that she had slept weeks. This kind of sleeping and waking were repeated all day. About four hours after taking the dose she became nauseated and vomited a small amount of frothy liquid. Her eyes were early in the course hot and very lame, bits of ice were laid on them with relief. Her physician being absent from town, and the blunder not being suspected, no antidotes were given.

Upon recovering from the immediate effects of that dose the tongue symptoms for which the *Quinine* was prescribed had disappeared entirely.

In the fall of the same year medicine was given her which contained *Laudanum* with similar symptoms and effects.

Clinical experience.

In the winter of 1875 same patient took a severe cold, had symptoms of fever, sore throat, throbbing headache, delirious troubled sleep. Hot surface, with chills creeping over body, especially from hips to under knees. Another peculiar sympom, she *thought* she was awful sick. *Acon.*, *Bell.*, and *Gels.* were each tried with no relief, neither did hydropathy afford relief, when the addition of lameness of the eyeballs and uncontrollable desire to weep made her recall her early experience of *Morphine* poisoning, and immediately she took a dose of *Opi.* high, and within fifteen minutes felt much better, second dose relieved all those symptoms before named.

[The above is the personal experience of Helen J. Underwood, M.D., of Chicago.—Ed.]

In the eighth and ninth numbers Dr. H. V. Miller gives a good arrangement (we cannot answer for the materials) of the characteristic indications for medicine in headache. It might often serve us at a pinch.

A curious blunder occurs in the ninth number. A correspondent communicates a popular remedy for hay-fever, which consists in wearing a string of amber beads round the neck. Whereupon the editor quotes Jahr as saying that "the true amber is the ambergris," and refers to the symptoms of *Ambra grisæa* in Allen's *Encyclopædia* as showing amber to be homœopathic to hay-fever.

MISCELLANEOUS.

Peculiar People.

Some time ago an acquaintance of ours asked an American medical missionary, who was *en route* to Africa, what was good for sciatica? "Well," he replied, "I guess hand-rubbing and prayer is about the best treatment I know of for sciatica." The Peculiar People, however, shorten this brief description by one half—they leave out the hand-rubbing, and for so doing they have from time to time to

give an account of themselves in the Criminal Court. This kind of therapeutics would hardly call for notice here if it were not that it has led the *Medical Press and Circular* to devote an article to the subject, and to ask therein what difference there is between homœopaths and the Peculiar People except one of degree. Again, he asks, "Can any one contend that the millionth of a grain of *Pulsatilla* is more efficacious than the laying-on of the hands of the elders, or than the anointing with oil?" Suppose it to be answered that the homœopathic patient calls in, at any rate, a legally qualified practitioner of medicine, "does that much alter the question? Is it not well known that the majority of orthodox practitioners will not meet a homœopathic practitioner in consultation? This shows that they are considered by such persons to be quite as dangerous to their patients as if totally unqualified by law."

Leaving this last query on one side as one of professional ethics which has been answered a thousand times, let us try to get at the Editor's meaning. He evidently reasons thus:—The ceremonies in question are utterly valueless curatively, so is the third dilution of *Pulsatilla—ergo*, to rely on either is equally foolish. An unexceptionable inference! but how about the premisses? We are not concerned to answer his first proposition. It is none of our business—whether it be true or not does not affect our argument. Let Cardinal Manning, the Archbishop of Canterbury, and the Peculiar People look to this matter. But his other proposition that the action of homœopathic dilutions is nil, *plus* the charlatanism, &c., &c., always mentioned in this conjunction, is an ignorant, impudent statement that cannot be discussed as an argument, but must be thrown back as a bare assertion made by a mere *nominis umbra*, and contradicted by a thousand clinical facts. This very stupid method of carrying on medical controversy we hoped was surely dying out, seeing the little result is has led to. It will be a startling novelty and of good augury when something like evidence shall be employed by allopathic writers to support their statements. Whatever difficulty there may be in testing the value of prayers and the like religious exercises for the sick, there is none whatever in trying the effect of medicines.

But it is not the intention of allopathic editors to guide professional opinion. They are content to follow it in all servility instead. With a fixed foregone conclusion, when scientific argument abandons their cause, they resort to the arts of the rhetorician, as in the pre-

sent case, and endeavour to injure homœopathy by instituting specious analogies, and blacken its character by unworthy associations.

What will be the decision of the judge in the case of the Peculiar People we don't know, the regulation of their conduct is a subject for jurists and the legislature. The readiness with which these people submit to such a trial of their faith in regard to their children (and save the doctor's fees) may possibly be diminished when they fall ill themselves. However that may be, it is a pity they do not add to their faith works, and so follow the wholesome advice of the boatman who was ferrying Dr. Macleod and party over a loch in Scotland. When half way over a storm arose, and one of the party proposed that a prayer should be offered; the boatman said, "That little fellow there may pray if he likes, but the big one maun tak' an oar and pull."

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON CHRONIC INFLAMMATIONS OF THE SPINAL MARROW AND OF THE BRAIN.*

By Dr. P. Jousset.

The history of the affections of the brain and of the spinal marrow has made some considerable progress since the commencement of this century. Affections that are circumscribed, distinct, and defined now take the place of a confused history of paraplegias, of dementia, and of paralyses of cerebral origin, and if the treatment of these redoubtable affections has as yet gained but little by this nosographic work, the diagnosis and the prognosis of each one of these affections have attained to great perfection, so that now a physician who is up in the results of modern work has the satisfaction of clearly stating the lesion of which he observes the symptoms, and of being able to predict the course and issue of the disease.

These investigations are not the work of one man, and they have been accomplished during a long series of years. We may say that these investigations were begun by Bayle,

* Translated by Dr. Burnett from the *Art Médical*, Feb., 1875. This and the following paper were alluded to in last number, but could not be inserted for want of room.

On Chronic Meningitis, in 1820, and the Salpêtrière School is still at work in the study of these affections. The opinions, so diverse and often so opposite, of the reigning doctrine in medicine during the last fifty years; the nature of the medical men's minds, necessarily very varied, who have been at work in this difficult enterprise of the reconstruction of cerebro-spinal pathology, will explain to us how it happens that side by side with a history which is far advanced in particular affections we have an almost complete absence of anything like a general view of the connecting links; hence the obscurities, the apparent contradictions, and, in one word, that confusion which alone a healthful nosology can clear up.

Pathological anatomy, now so greatly aided by microscopy, has demonstrated that a considerable part of the paralyses of cerebral or spinal origin, that a whole class of mental derangements, that certain pains, that certain tremblings, and certain atrophies have one and the same lesion—inflammation of the chronic kind of the nerve-tissue; a chronic inflammation ending ordinarily in sclerosis of the nerve-tissue, exceptionally in its *ramollissement* or softening.

The symptoms of this sclerosis differ according to its seat. If it attack the fasciculi of the posterior roots a defect in the co-ordination of the movements is the dominant symptom, and we have *locomotor ataxy*. If the sclerosis exists in *disseminated patches* (*plaques*), in the antero-lateral fasciculi and in the brain, we have muscular tremblings and circumscribed and disseminated paralyses as symptoms, whence we get a pretty well-determined connected view of a state of matter to which the term *Sclérose en plaques* has been applied. If the lesion has its seat in the convolutions, especially in the front ones, it is accompanied by mental alienation, by weakness of the faculties, by a peculiar kind of stammering, and by general and incomplete paralysis; this is the malady described under the term *general paralysis of the insane*. If the sclerosis attack the antero-lateral cords symmetrically *paraplegia vera* is the result.

If the chronic inflammation attack the roots of the hypoglossus, spinal accessory and facial, we have what Duchenne de Boulogne and Trousseau denominate *paralysie labio-glosso-pharyngée,* or labio-glosso-pharyngeal palsy.

If the canals or the ganglions of the sympathetic become sclerosed, if the centres of this nerve in the spinal marrow (the grey central substances, the grey substance of the anterior horn) have become softened or destroyed by inflammation, we have *progressive muscular atrophy* or *infantile palsy.*

The present tendency is to create morbid species. Thus, six different *maladies* are made out of one lesion, *i. e.* chronic inflammation of the nerve-tissue, and the consideration has been neglected that the totality of the symptoms separately described under the names of locomotor ataxy, general paralysis of the insane, true paraplegia, progressive muscular atrophy, infantile palsy, labio-glosso-pharyngeal palsy, have one and the same lesion, *sclerosis,* and that the symptomatic differences may be almost entirely explained from the difference of its seat; that, consequently, it is a manifest doctrinal error to teach that there are six distinct diseases, six essential diseases, six morbid species.

Likewise, it is not permitted to make several maladies out of the different varieties of cerebral hæmorrhage.

The hæmorrhage into the convolutions, that into the thalamus opticus and corpus striatum, that which penetrates into the ventricles and that which does not, that into the protuberance, do not constitute five different maladies; but a single affection, *variable cerebral hæmorrhage,* with the diseases on which they depend.

The different localisations of the sclerosis of the nerve-tissue, therefore, do not, by any means, constitute different *morbid spheres,* but rather *affections* characterised by a totality of symptoms and of lesions; and although these affections differ in their cause and in the totality of their symptoms, although the diseases (gout, piles, syphilis, alcoholic poisoning), under the influence of which these affections develope themselves, have an incontestable influence on their cause and on the localisation of the lesion; it

is, nevertheless, true that they all offer very considerable analogies, and it is these very analogies which we wish to bring out in this paper.

The reasons for our opinion are numerous; first of all, the identity of the lesions and the extreme resemblance of the symptoms of these different affections; then the fact of their occurring together in the same subject; and, finally, the hereditary alternation of these affections.

I. *Identity of the lesions and analogy of the symptoms.*

General paralysis of the insane, locomotor ataxy, progressive muscular atrophy, disseminated sclerosis, and labio-glosso-pharyngeal paralysis, &c., have as lesion a chronic inflammation of the nerve-tissue terminating in more or less rapid sclerosis, and sometimes in a ramollissement, or softening of the nerve-tissue. There is, therefore, identity of lesion.

As for the symptoms, varied though they be, they only present differences that stand in respect with the different seats which the lesion affects. But they may all be reduced to these two types; more or less short, always transient, excitement of the functions of that department of the nerve which is attacked, followed by the definite abolition of the same functions.

Thus, in *general paralysis,* in the initial period, we observe considerable muscular and intellectual surexcitation, erotic excitement, and consuming activity. These patients are incessantly active; they hardly sleep, they eat largely, they spend in enterprises, already stamped with the seal of exaggeration and of insanity, an amount of force that they certainly did not possess in a state of health. This period of excitement returns often during the first year of the disease.

In *locomotor ataxy* there is also a period of excitement. Here the lesion is no longer in the nerve-cells that subserve the intellectual functions, but in those subservient to the sensitive functions, and to the co-ordination of movement. Hence the symptoms are different; we have flashing pains, muscular twitchings, tremblings, contractions; in

some cases convulsions (spinal epilepsy), and, finally, as in general paralysis, venereal excitement, which characterise the period of excitement in locomotor ataxy.

In the *sclerosis en plaques* we find, at the commencement, excitement of the contractility, analogous to those we have just noticed, and in *muscular atrophy, fibrillary contractions* precede and are the heralds of the atrophy of the muscles.

In *labio-glosso-pharyngeal paralysis* and in *pure paraplegia* a period of excitement so well characterised, as in the preceding maladies has not been observed. Nevertheless the history of *diffuse myelitides* tells us specially of alternating remissions and aggravations preceded by more or less acute pain.

Infantile paralysis presents a very acute early stage accompanied generally by intense fever.

The end, the terminating point of these different affections, is the suppression of the corresponding function in that nerve-department which is attacked by the malady. In *general paralysis*, the diminution, then the cessation of the voluntary movements, the total loss of speech, the diminution, then the suppression of the intellectual functions (dementia), succeed more or less rapidly to the nimble activity mentioned just now.

In *ataxy* it is at first the loss of the automatic (spinal) co-ordination of the movements, then the loss of voluntary (cerebral) co-ordination, the loss of cutaneous and muscular sensibility, the paralysis of the senses, and the powerlessness, and finally the more or less complete suppression of the muscular movement itself.

In *muscular atrophy* it is the cessation of the nutritive phenomena, by the destruction of the trophic nerve, the great sympathetic.

In *pure paraplegia* and in the *labio-pharyngeal* paralysis it is, in the former, the cessation of the voluntary movements by the interruption between the brain and the muscles, arising from the sclerosis or ramollissement of the antero-lateral fasciculi. In the latter it is the paralysis of the muscles innervated by the hypoglossus and the spinal

accessory, by the sclerosis and the destruction of the roots of these nerves.

II.—The *reunion of several of these pretended morbid species in the same subject* is another proof that we have to do with one and the same affection being able to occupy, either only one or several of the nerve departments susceptible of chronic phlegmasia.

General paralysis is generally complicated with a true *ataxy*, with *sclerosis* of the posterior fasciculi of the marrow; and *muscular atrophy* may complicate any of the affections treated of in this article.

Let us call to mind here that M. Duchenne (de Boulogne), one of the physicians who have most contributed to clearing up this obscure question of the affections of the cerebro-spinal axis, has not properly interpreted this coincidence, in the same subject, of *muscular atrophy* and of *ataxy* or of *labio-glosso-pharyngeal paralysis*. He persists in seeing distinct species in these different affections, and attributes the fact of their concurrence in the same subject to accident.

In this affection (case of glosso-laryngeal paralysis coexisting with progressive muscular atrophy), according to M. Duchenne, there were *two different maladies:* muscular atrophy of the members without paralysis, and paralysis of the tongue without atrophy. It is merely chance, simply a coincidence, says this learned investigator, that united in one subject these two distinct species. (*Clinique* de Trousseau, t. ii, p. 284.)

Trousseau, on the contrary, with his usual tact, clearly saw that these morbid states are only "varieties of medullary or bulbar paralysis, of which the *principal anatomical expression is single,* i.e. atrophy of the motor roots. (Id., p. 285.)

Case.—*Complicated labio-glosso-laryngeal paralysis—Progressive muscular atrophy.*—Miss M—, æt. 27, had a first attack of articular rheumatism at the age of 12, and a second at the age of 20. This second attack was compli-

cated with endocarditis that became chronic and incurable. This patient is of hæmorrhoidal habit.

January 5th, 1873.—The commencement of the paralysis dates from the month of June, 1871. Patient was then 27 years old. When she came to consult me, in the month of January, she was in the following state:—The movements of her tongue are difficult and incomplete, the tip cannot be carried to the roof of the mouth, the uvula is pendulous, the velum palati does not contract under the influence of a stimulus. Patient talks slowly; her tongue soon gets fatigued; she eats slowly and is apt to choke herself when drinking; she cannot sniff; she cannot speak loud when called upon so to do. The emotions considerably augment the paralysis. Her menses are profuse and too soon. I prescribe her *Phosph.* 30, two doses a day.

February 15th.—This patient is hysterical and subject to fits of laughter. Her condition is much the same. I prescribe her *Tarantula* (12th dilution).

The 15th.*—The *Tarantula* had made some amelioration in the movements of the tongue; but the disease is progressing, and there have been some fits of suffocation. Then she cannot swallow her spittle, and salivation becomes a permanent thing. Some time after she has vertigo with nausea, and heat of the head. *Tabacum, Stramonium,* and *Opium* gave partial and passing relief.

February, 1874.—At this period a new incident is just occurring. Patient complains of feebleness and awkwardness in her right hand, and it is easy to see the incomplete paralysis of movement and of sensibility.

April 15th.—The symptoms of the right hand are more marked, and at the same time those in the tongue are better characterised. Now, it is easy to observe that it is not a question of *true paralysis* but one of *muscular atrophy* seated principally in the extensor muscles of the fingers and in the thenar eminence. Simultaneously I perceive fibrillary tremors in the affected muscles, and at times involuntary movements of the fingers. During this

* Probably March.—Translator.

time the tongue appears to be in a stationary state and patient swallows better. I give her *Cuprum* 30.

30th.—The interosseous muscles are evidently atrophied. Patient can hardly separate her fingers and bring them together again. She takes *Nux vom.* 13.

July 16th.—The state of the tongue appears stationary; but the muscles of the left hand are likewise now seized upon and begin to atrophy. I prescribe *Plumb.* 30.

I ceased seeing the patient because I left Paris some days after this, on July 20th. I only know that she was seized with frightful fits of suffocation. Here we have an incontestable example of several varieties of sclerosis of the nerve-tissue occurring in the same subject.

III.—Not only the affections characterised anatomically by chronic phlegmasia of the nerve centres have identical symptoms and are sometimes met with in the same subjects, but besides they present an *hereditary alternation*, and that is another proof that we have to deal with only one affection.

It is not at all necessary to bring forward in this place new facts to establish this proposition. All the authors are unanimous in recognising that these maladies are hereditary, and that they may alternate in their heredity. The son of an insane paralytic may become ataxic, and conversely. Amongst brothers and cousins we observe paraplegia, glosso-laryngeal paralysis, progressive muscular atrophy, ataxy, general paralysis of the insane and sclerosis *en plaques*.

IV.—The *course* of all these affections is identical; hence they are nearly all ticketed *progressive*. In all we have a period of excitement more or less long, followed by a period of collapse during which off and on signs of excitement return. The sequence of symptoms is a perfect image of the evolution of the lesion. This lesion, indeed, begins with inflammation and ends in sclerosis or ramollissement; then from time to time in the course of the

disease the inflammation reappears, to be followed by a fresh destruction of the nerve-tissue. Hence this succession of excitements in the symptoms, followed always by a more or less complete collapse.

This succession of the symptoms is extremely slow and always presents periods of remission during which the morbid process is arrested. It is this course which renders the prognosis less grave, and gives a little courage to the therapeutist. The pretended six morbid species that we wish to bring back to the more simple rôle of *affections* present this course, but in different degrees. The length of the stationary periods is in perfect *rapport* with the importance of the nerve departments which are invaded. Thus the *ataxy* of which the lesion sits in the posterior cords is of all these affections that which presents the most complete and the longest remissions. The stationary stage, in the ataxy, may persist for years and even become definite. Thus the duration of this affection is reckoned by the ten, twenty, or thirty years.

True paraplegia, due to sclerosis of the antero-lateral cords, has a much shorter duration, because the grand sympathetic system is almost always attacked, and because, consequently, the paralysis is complicated with troubles in the vitality of the tissues, whence result, more or less rapidly, those vast bed-sores that so often kill the paraplegic.

In *glosso-pharyngeal* paralysis life is compromised as soon as the lesions lead to paralysis of the pharynx, and so to the impossibility of deglutition, whence death from inanition. Thus the duration of this variety of sclerosis is relatively short.

General paralysis of the insane kills usually in three years, by reason of its seat; but it presents, like *ataxy,* complete remissions which have led certain *aliénistes* to admit a *periodic form.*

Progressive muscular atrophy kills when it reaches the muscles of respiration, otherwise it is compatible with a long existence, and there are cases in which it seems quite arrested after having destroyed the muscles of a certain

region. We observed a very remarkable case of this at the dispensary in the Rue de Verneuil.

The *sclerosis en plaques* has also remissions and periods in which it is arrested similar to those we have noticed in analogous affections.

We believe we have demonstrated that general paralysis, locomotor ataxy, paraplegia, sclerosis en plaques, glosso-laryngeal paralysis, and progressive muscular atrophy are affections of the same nature, and that the noteworthy differences that distinguish these affections from one another depend upon the *seat* of the lesion; that, in last analysis, these affections all start from chronic inflammation of the nerve-tissue, which inflammation usually runs on into sclerosis or sometimes into ramollissement of the nerve-tissue.

V.—After having demonstrated that the different localisations of the sclerosis of the nerve-tissue do not constitute so many *distinct maladies* as clinical observation has ascertained different localisations, it remains to be shown in what diseases sclerosis of the nervous tissue is found, and what character each disease impresses on this lesion.

We are inclined to believe that the scleroses are symptomatic affections, and that the disease to which they are bound have a considerable influence on the seat and on the course of the chronic inflammation of the nerve-tissue. Already this truth has been placed beyond doubt as to syphilis, and medical literature contains numerous cases of paraplegia and locomotor ataxy developed under the influence of this malady, and cured by specific treatment.

We have almost constantly noticed the existence of the hæmorrhoidal diathesis in patients attacked by general paralysis of the insane. Gout and chronic skin disease seem also to have their share of influence on the genesis of the inflammation of the nerve-tissue. But there are still very many vague indications that we possess on this point with a total of knowledge sufficient for us to say such and such a

sclerosis is syphilitic, that other is hæmorrhoidal, or gouty, or of the chronic exanthematic kind.

It is in this direction that clinicians should in future work. For the present, let it suffice to have demonstrated the strict analogy that binds together these affections which it has been wrongfully sought to divide into distinct *morbid species.*

Independently of the affections now well known, general paralysis, ataxy, paraplegia, &c., that we have limited to a single morbid group, chronic inflammation of the nerve-tissue, there are two other affections pretty badly known and extremely rare that evidently belong to the same pathological family, to wit, *unilateral atrophy of the face* and *sclerodermia.*

In these two affections, after certain vaso-motor troubles characterised by redness, swelling, papulo-erythematous eruptions, there is atrophy of the skin, of the cellular tissue, of the muscles, and even of the bones, which finish by becoming entirely absorbed. These lesions are accompained by a good many orthopathic symptoms.

We think we shall be doing a pleasure to our readers by reporting here a case of sclerodermia published by M. Hallopeau in the 'Gazette Médicale' of November 1st, 1873.

Case.—Virginia F— was received July 8th, 1869, in bed 1, Ward St. Nicholas. She gives a pretty good account of the health of her ascendant relations; one of her brothers is demented; her mother died at the age of fifty-seven from hemiplegia; her father is still alive and well. She does not think that any of her relations have ever had any eruption or chronic disease.

She was born in the year 1833; she had several attacks of convulsions in her infancy. Up to the age of fifteen she frequently had a scabby head; she has often had glandular swellings in the neck, but they never suppurated. At present there is no cicatrix in this region. Nothing in her antecedents leads one to suppose that she has ever had syphilis. She menstruated since she was thirteen years of age. She has had a child that died at the age of four of

tubercular meningitis. She reckons to have noticed the first symptoms of her disease ten years ago. She first felt pain in her hands; these pains were seated specially on a level with the joints, but without being exclusively located there. They were worse at night and were made worse by pressure and movement.

Often her hands would suddenly become cold and assumed a violaceous tint; patient at the same time felt acute pain in them, and likewise a sensation of painful numbness, of formication, and as if they were gone to sleep. At the end of a certain time the fingers resumed their normal colour and temperature. Later on the pain became more specially localised on both sides in the two first fingers.

Red spots appeared at different times on her hands; some of these then became covered with thin crusts. When they went away a whitish stain remained in their place, on a level with which the skin seemed puckered. Little by little the fingers were found to be in a state of flexion, getting more and more decided, and finishing by becoming fixed in that position.

Still later the cutaneous lesions extended to the elbows and to the shoulders; at the same time the pains are felt in the whole length of the upper extremities.

However, five years since, the alterations had progressed but slowly; a certain number of joints had become stiff, the extremities were contracted in flexion, but patient still had the use of her members.

From this time on the malady made rapid progress. Several times the patient perceived, as if by chance, that one of her fingers had considerably diminished in volume; most of the joints have become stiffened to such an extent that they have completely lost their physiological movements; the integument of the face has suffered a retraction, so that the orifices of the mouth and eyes have become obviously narrowed. Different kinds of treatment have been tried without success; patient has taken successively the iodide of iron, tincture of iodine, cod-liver oil, nitrate of silver, and the alkalies.

Present state.—We remark, at different points of the integumentary surface, numerous spots; some of a white colour, looking just like cicatrices; these are specially numerous in the face, on the neck, on the shoulders, and on the extremities. Some of them are circular, some project in little strips or ridges, and have a fibrous appearance. One might almost say they are cicatrices from deep burns; others are of a red or rosy colour, and are less numerous. We meet with them especially in the face and on the shoulder; one of them bears just in its centre a blackish-green crust. The retraction of the skin has in several regions led to considerable modifications in the conformation and aspect of the parts. The face resembles, to use a classical comparison, a wax mask; it is immovable, even when the patient seems to be feeling some lively emotion. But what strikes one most is the considerable stricture of the natural orifices; the eyelids seem diminished in height and as if bent on themselves; the opening between them is, according to the patient, smaller and less oval than it was formerly. The alæ nasi appear thin and their free margin hollowed out as we see it in persons who have had lupus.

The buccal orifice presents analogous deformities. The lips seem entirely atrophied; the cicatricial depressions in them are more numerous than anywhere else, and between these cicatricial depressions the integument is pursed up. To the right, above the jugo-labial furrow, there is a red patch projecting and hard to the touch, surmounted with little papular elevations. On the cheeks the cicatricial spots are larger, some are smooth, and others are depressed and wrinkled; in between them there is a furfuraceous desquamation going on.

The tongue is diminished in size; its movements are impeded, particularly that of propulsion. The functional trouble is due to the retraction and thickening of the frænum.

Many of the joints have lost, totally or partially, their normal movements. The lowering of the jaw can only be effected very imperfectly; the teeth cannot be got apart for more than two centimètres.

In the neck the movements of rotation are very limited; the others are impeded, but in a less degree. The movements for elevating the arm, for flexing the forearm, are considerably reduced; the wrist-joints seem entirely anchylosed. But nowhere are the lesions so bad as in the hands.

On the left side the second phalanx of the thumb is completely atrophied. The index suddenly diminishes in volume on a level with its second articulation; it seems formed of two stems, one running into the other. Its third phalanx, considerably diminished in size, is soldered to the second; the articulation of the two first is, on the contrary, abnormally loose, for it can be easily made to make considerable side movements.

The first phalangeal articulations of the middle and ring-finger are anchylosed in flexion; the ultimate phalanx of the middle finger is atrophied; the inferior extremity of the phalanx makes a projection under the skin.

The fifth finger seems divided in three parts by two furrows running in a spiral; its skeleton is reduced to a bony fragment lying free in the middle of the soft parts, and seems, from its situation, to represent the second phalanx in an atrophied state. The retractions of the integument are such that the finger can be drawn out, and it then flies back again like a spring flange.

On the right there is an incomplete anchylosis of all the metacarpo-phalangeal articulations, and the phalangeal articulations are completely anchylosed.

The second and third phalanges are all bent at right angles.

The carpo-metacarpal articulation of the thumb is the only one that is free. We see on the dorsal surface of the hands numerous cicatrices not adhering to the skeleton.

The forearms are entirely withered. The alterations in the lower extremities are less decided; the integument is only atrophied up to the ankles. The joints of the instep are, however, anchylosed in the left one completely, in the right incompletely.

All the phalanges of the toes are soldered together.

There is no appreciable lesion in the viscera.

M. Hallopeau is of opinion, which is still hypothetical, that these troubles in the nutrition arise from a lesion of the ganglions of the great sympathetic. Àpropos of these profound lesions of the osseous tissue that we meet with in *sclerodermia*, we wish to mention some cases of *excessive fragility* of the osseous tissue which we have observed in cases of *general paralysis of the insane*, and of *locomotor ataxy*. This fragility was such that the patients fractured the bones of their inferior extremities from an action that was often so energetic and so disproportionate to the muscular contraction.

In those cases which we have observed the consolidation took a long time, but still the fractures always healed.

We never had an opportunity of making a post-mortem examination of such patients. Hence we cannot furnish any instruction as to the seat of the lesion of the nerve-tissue in these cases of *fragilitas ossium*.

PAREIRA BRAVA.*

By Dr. Turrel (of Toulon).

The most interesting remedy to which I will call attention to-day is the *Pareira brava* or *Vigne vierge* of the Antilles. This is how I came to make its acquaintance and to administer it:

More than twenty years ago I was physician in attendance on M. Lazare Imbert, a respectable tradesman of Toulon, who has the greatest confidence in homœopathic treatment. This gentleman, both friend and patient, was subject to renal colic, and, during the latter years of his commercial life, often had violent attacks which threw him

* Translated by Dr. Burnett from the *Bibliothèque Homœopathique*, No. 2, 1875.

on his bed of intense suffering; the end of these was usually the expulsion of one or more calculi. At other times there was not any actual gravel, but there were invariably dysuria, vesical tenesmus, sanguinolent urine, and sometimes vomiting.

The colic recurred almost periodically, and, notwithstanding the treatment, seemed at times to be getting more and more insupportable. Hence M. L. Imbert gradually gave ear to his friends who were sufferers from like complaints, and who vied with one another in praising each one his own specific. One had been cured by a decoction of roasted *Chick-peas;* another had successfully used *Haarlem oil,* but which did not prevent his being subsequently operated on for stone by lithotripsy. However, my client got this oil which calmed some of his attacks, but did not prevent their returning at the usual periods.

A physician who first practised homœopathy in Toulon being in Mr. Imbert's shop, one day in 1868, recommended him to take 10 grammes of the root of *Pareira brava* boiled in three glassfuls of water, which, boiled down to one glassful, was to be taken every morning on an empty stomach.

Mr. Imbert took his advice, and, in answer to my recent inquiries for the purpose of procuring details for this paper, now writes to me from the country, where he now lives, as follows:—

"For some time I took the infusion (qy. decoction? *Trans.*) advised by M. Daniel and got on well with it, but one day I was seized with a terrible attack. You (our author) were at once sent for; obliged to keep my bed, in pain for a week. I gave birth to the nicest little stone I ever made in my life. Knowing the use I had made of the decoction of *Pareira brava,* it occurred to you to hand over a certain quantity of the root to M. Ferrat, the homœopathic chemist. He made a tincture from it and gave me a little bottleful. Since then I have used this successfully in ameliorating my sufferings. I think there is hardly any other medicine so good against this accursed malady, if not exactly as a cure, yet certainly as offering

one very great relief, but I must confess that the *Haarlem oil* is also a capital thing. I use them both by turns." I have thought it well to give Mr. Imbert's recollections verbatim: my fellow-practitioners will perceive that I was led to make a more regular preparation of the *Pareira brava* because it appeared to me that the concentrated decoction had produced a homœopathic aggravation. It was, therefore, but natural that I should have recourse to a more regular preparation of a substance which seemed worthy of being employed. It is in administering it in infinitesimal doses that I obtained the conviction that *Pareira brava* is a very powerful modifier of nephritic colic when proceeding from renal calculi. But I do not deny that a regular course of treatment, with appropriate diet, is requisite for getting rid of the morbid condition occasioning the colic. Now, Mr. Imbert, like most other rheumatic and gouty patients, had neither the courage nor the perseverance to submit himself during the intervals of the attacks to a diet suitable to proper homœopathic treatment. Nevertheless I am persuaded that the incontestable elective action on the kidneys of *Pareira brava,* by modifying the morbid condition giving rise to uric acid, may be successfully used in combating the gout and the rheumatism of which the nephritic colic is the most prominent symptom.

But we must subject this valuable remedy to experiment after the manner of Hahnemann; indeed, we have no pathogenesis of this bindweed of the Antilles. The little that is known of it is collated in the *Flore médicale* by *Descourtilz,* formerly government medical officer at St. Domingo, published in 1827.* From this I extract as follows:

"Round-leaved Pareira; bindweed with heart-shaped leaves; Pareira brava; Cissampelos butua, or Vigne vierge

* A little more than *two hundred years ago Piso* (*Hist. Nat. et Med.*, lib. iv, p. 261) gave the world absolutely this same information! Poor *Piso* must have seen a good way ahead, for he quotes thus from *Seneca*:—"*Veniet tempus, quo ista, quæ nunc latent, in lucem dies extrahet, et longioris ævi diligentia.*"—*Translator.*

à bâtons, of the family of the Menispermaceæ; grows in the mountainous districts of the Brazils, of St. Domingo, of Cuba, of Martinique, and of the other Antilles where the negroes think a deal of it as a remedy and as an alexiteric. The root is the part used, and it is given in the form of powder from a drachm to two grains. Three grains are enough for two litres of water, which is to be reduced to one half.

"The virtues of this plant, although disputed, are none the less real in calculous nephritis and dyspnœa; this has been recognised a thousand times in the colonies. It evidently loosens the viscous matter that chokes up the bronchi and perceptibly and promptly favours its expulsion. It is also used in gonorrhœa, and for the purpose of arresting certain hæmorrhages. Its leaves applied to wounds and ulcers markedly hastens cicatrisation. The juice of this climbing plant has the power of at once neutralising the bites of venomous serpents. Of six negroes bitten by the serpents and who were received into the hospital of St. Pierre at Martinique, three were cured by the use of the *Pareira brava*. The other two perished within four hours because the remedy could not be administered to them. I have a great number of exact and well observed facts which authorise me in publishing this property of this precious gift of nature; these observations were made especially in those cases in which general measures, although rational, had failed, and in which the death of the sufferers seemed certain notwithstanding timely cauterising, and in which this vegetable antidote was triumphant."

We see from this quotation that this practical physician in the Antilles did not close his eyes against light. Notwithstanding his deference for *general and rational* measures, Descourtilz recognised specifics; he had a leaning towards them; he seems to have caught a glimpse of the experimental method, or at least of the elective action of medicines so admirably demonstrated by Hahnemann, and nowadays proclaimed even by the detractors of the great physician.

To justify the value I attach to this *Pareira brava* I

publish some observations on the results I have obtained with it in my practice.

Case 1.—M. S—, a retired storekeeper, æt. 50, came under my care March 9th, 1871. He is in bed, suffers much these seventeen days from renal colic, which first showed itself a year ago; the attacks occur about every three months, and are getting longer and more violent. He has passed urinary calculi several times, and during his campaigns he had several attacks of rheumatism. All medication having been in vain, he now in despair has recourse to homœopathy.

The urine is scant, red, with a brick-dusty sediment. Dysuria, thirst, obstinate constipation. Patient can hardly bear being in bed, but he is compelled to keep to it. I prescribe *Pareira brava* 30, 24, and 12, a drop of each, in each 150 grammes of distilled water, a spoonful to be taken in turns hourly. To drink cold water in which a few lumps of sugar have been dissolved.

From the 10th to 15th March the pains are subsiding, the dysuria ceases, the urine becomes abundant and is now without any sediment. Remaining in bed is no longer disagreeable, and, on the 18th, the patient calls at my house to know if he has to go on with the treatment, as he feels himself right again. I recommend him not to forget that he is only getting over an attack, and suggest the propriety of his calling to see me from time to time. I prescribe *Pareira brava* 30 and 24, one drop of each in 150 grammes of distilled water in alternation every morning on an empty stomach.

April 14th.—Urine is still limpid, *Par. brava* 24 and 12 ut supra.

June 1st.—In consequence of some irregularity in his diet (tobacco, liqueurs), and perhaps from the before-mentioned periodicity, my patient complains of a dull pain in the lumbar region. I give him *Par. brava* ϕ gtt. j, in Aq. 150 grammes to be taken every four hours. I see him again on the 15th, when he tells me of having passed a good deal of small gravel with but very little pain. I give

Pareira brava 6, and do not see him again till July 1st, 1873.

During this period of twenty-five months my patient has not had any relapse, although he has not kept to the diet which was prescribed during the attack. At this date he hurried to me because of some lumbar pains, and some brick-dusty sediment in his urine. *Pareira brava* 30 mastered this condition in a few days.

On the 9th July I gave *Par. brav.* 24.

On the 19th *Par. brav.* 12, and the effects of this treatment continue to this day (February 25th, 1875), since he has not had any attack these twenty months.

The treatment consisted solely in the use of this one remedy, the *Pareira brava,* of which I have been able to show the efficacy in all the dilutions from the mother tincture up to the thirtieth centesimal dilution. In this case we observe not only the prompt relief of the sufferings arising from the passage of the gravel, but also the progressive diminution in the severity of the attacks, of which the intensity and periodicity have been so happily modified.

Case 2.—M. M—, a retired naval captain, has suffered for some time from rheumatism. Endocarditis supervened, characterised by a systolic aortic *souffle,* pains in the precordial region, intermittent pulse (stenosis of the aortic orifice). Patient feels an excessive oppression when going up hill, and for some time he has suffered cruelly from insomnia and impossibility of staying in bed. These symptoms have been much relieved by appropriate treatment in which *Arsenicum* and *Belladonna* played a principal part.

January 19th, 1875.—Patient feels at about 2 p.m. contusive pains in the region of the kidneys. He perceives with some anxiety that his urine has become scanty, he passes it with painful tenesmus, it is of a deep red colour, almost blackish, and it deposits a brick-dusty sediment at the bottom of the vessel. The renal colic is getting worse and worse, and towards 8 in the evening it becomes so unbearable that patient, who always has a certain dislike to bed, drags himself along as far as my house, supported by a

friend, and mad with pain he calls upon me to help him. I prescribe *Pareira brava* 6, one drop in 150 grammes of distilled water, to be taken by the teaspoonful every five minutes as long as the pains are so intense. I recommend him to lengthen the intervals between the doses as soon as the pain is a little assuaged.

On the morning of the 20th I go to see my patient, whom I find in bed calm and completely relieved; he tells me that soon after taking the first few spoonfuls of the medicine he began to feel better, but he had such a dread of a return of the atrocious pains that he went on taking the medicine by the spoonful every five minutes until 11 p.m., when he finished it. From this moment he got quiet sleep, and I now see that his urine has become clear; it is also passed with ease and less scantily.

In this case the effect of the *Pareira brava* was rapid and decided against hæmorrhage from the ureters arising from the passage of gravel; this is two months ago, and there has been no return.

Case 3.—Countess P. S—, at the Grand Hôtel, had been for some time in a sad condition of marasmus, arising originally just after her menopausis more than ten years ago, when she had albuminous nephritis which was treated with preparations of *Arsenic* in allopathic doses. Patient was declared to be cured by her medical man, still she went on getting thinner and thinner until her state became one of great anxiety. Three years ago, at Como, patient had a severe attack of pneumonia, from which she made a good recovery under homœopathic treatment. One is struck with patient's withered condition; she suffers a good deal from oppressed breathing since her pneumonia; in fact so much so that the least movement of her arms, or walking a few steps in her room, produce suffocative dyspnœa. It follows that she could neither get to bed without help, nor yet go up stairs. She sleeps well, but only in an almost sitting posture. Anorexia, although the digestion is not very bad. Although she has no cough or night sweats, still, with the recent pneumonia in fresh remembrance, phthisis is being

feared, and a physical examination of the chest is thought desirable. This giving a negative result, I turned my attention to the urine, which I find contains a good deal of albumen, epithelial cells, and tube-casts, and reddish-brown crystals of the oxalate of lime. Patient urinates without pain, and the quantity of urine passed in twenty-four hours is about a litre.

Diagnosis.—Parenchymatous nephritis.

December 19th, 1874.—Prescription *Arsenicum* 30, six globules in a glass of water, to be taken by the spoonful three times a day.

25th.—Called in a great hurry to see the Countess, who, for the last three hours, is suffering from great pain in the left lumbar region. This strange and unexpected pain is so violent that it drives the patient to despair, and she calls death to release her. It was 4 o'clock when I saw her, and then the pain radiated from the left kidney to the pubes, following the course of the ureter. I prescribe *Pareira brava*, six globules of the 6th dilution, a spoonful every five minutes. At the second spoonful the attack quieted down almost instantaneously, and patient rested peacefully all night.

This occurrence having thus demonstrated the truth of my diagnosis, of which it was as it were the criterion, I continued for five weeks with *Pareira brava, Copaiba balsam, Helonia, Uran. nit.*, and *Thea viridis* in my treatment of the parenchymatous nephritis. Under the influence of these remedies, each given by the single dose on an empty stomach in the morning, and with suitable intervals of rest, the progress of the emaciation was arrested, the quantity of albumen was reduced by two fifths, and crystals of the carbonate of lime were found mixed with those of the oxalate which had become less and less numerous. Besides, her appetite returned, and patient can not only walk about in her rooms, but also do a little walking in the street, and manage to get up a flight of stairs of some twenty steps.

The action of *Pareira brava* upon the symptom of renal colic and on the state of the kidneys was as rapid as it was efficacious.

Case 4.—Mrs. B—, æt. 51, has had two children; she changed two years since, and from that time on she has been subject to violent attacks of renal colic, following which her urine is blackish or sanguinolent and frothy, and deposits a brick-dusty sediment of uric acid. Before her menopausis she suffered from rheumatism in her left shoulder.

I saw patient for the first time August 21st, 1873. I find her in bed a prey to horrid pains in her kidneys, which pains follow the course of the left ureter. She urinates by the drop, and has violent vesical tenesmus; she vomits a little bilious fluid with difficulty, and after much nausea. She tells me she often sees little calculi in her urine about the size of millet seeds.

I administer *Pareira brava* 12, one drop in 150 grammes of distilled water, a teaspoonful every quarter of an hour.

On the morrow, 22nd, the pains have markedly decreased, the urine is passed with less difficulty, and is dark red and mixed with mucus; the vomiting has ceased. Prescription, *Pareira brava* 24, one drop in 150 grammes of distilled water, a spoonful every three hours. Beef tea.

The 23rd.—All pain in the lumbar region and along the ureter has ceased; the urine has brought along with it a little calculus of the size of a grain of corn, and it is clear and limpid.

I see patient again on the 26th, and again on the 29th, in full convalescence, and I let her go on with *Pareira* 30, a spoonful twice a day.

Patient called on me October 25th. She has been suffering a little in the lumbar region and would like to prevent an attack which from the prodromal symptoms seems to be advancing. *Pareira brava* 12 is given with such success that I do not again hear from patient till August 11th, 1874, at which time she was again suffering from lumbar pains which yielded in three days to *Pareira brava* 24, a spoonful three times a day.

Case 5.—Mr. X—, a retired naval officer, æt. 58, has been suffering these ten years from renal colic, and his urine

usually deposits little crystals of uric acid. The first attack, which occurred in 1865, was extremely painful and of long duration. I combated it with proper remedies, *Nux vomica, Bryonia, Uva ursi*, &c., and subsequent attacks I treated in the ordinary way; these attacks occurred at long intervals, and were of a very stubborn character.

In the month of August, 1874, a violent attack treated solely with *Pareira brava* lasted only two days, and the subsequent exhaustion and the ulterior symptoms were nothing like so severe as formerly.

Case 6.—M. X—, captain R.N., æt. 57, had a violent attack of renal colic in July, 1874, which confined him to his bed or his room for eight or nine days. As to anamnesis, patient has had frequent attacks of rheumatism and of rheumatic neuralgia.

Called upon in December, 1874, to treat a fresh attack, I administered *Pareira brava*, six globules of the 12th dilution in a glass of water, a teaspoonful every three hours. He informed me that his urine deposited a brick-dusty sediment. In two days all pains had disappeared, and patient was able to go off on a tour of inspection of the coast, which took him about ten days. He is to continue taking the same medicament every month in alternation with *Juniperus communis*.

I might have given many other cases which go to prove the very remarkable efficacy of *Pareira brava* in renal colic arising from the passage of renal calculi. But I think that those which I have just offered sufficiently demonstrate the point, and quite justify the appeal which I make to the medical men of our school to verify the pathogenesis of this precious remedy experimentally.

More than demonstrate this would be superfluous, and the therapeutical doctrine in which we believe forbids our setting up theories and hypothetical reasonings upon this or that probable indication that we might deduce from its elective action on the kidneys. It is for experience to give its sovereign decision with the precision with which the Hahnemannian method has long since familiarised us."

THE EMANCIPATION OF HOMŒOPATHY FROM THE PERSON OF HAHNEMANN.

A Discourse delivered on the 120th Anniversary of Hahnemann's Birth.

In previous discourses delivered on this festive occasion I attempted briefly to present to your minds a picture of our never-to-be-forgotten master as a medical reformer, his ability and his fitness for the duty, as well as to revive your recollection of his earliest disciples. It is, indeed, natural to be occupied, on a memorial day like this, with him to whom it is dedicated, to recall his image as clearly as we can, and to call to mind all that he has been to us and the influence he has had on our development. By so doing we satisfy a necessity of our hearts. But, in a matter so important as the reformatory progress of a department of human science, it is not enough to be occupied with the mere person of its initiator; that must step more or less into the background, and we are involuntarily constrained to bestow our attention on the further advance of the subject itself.

Permit me, then, to-day, on the 120th anniversary of his birth, to look away, *pro tem.*, from his person, and to consider the further development of the great work begun by him, and in particular that department of it in which the separation of homœopathy from his person took place, as presented in brief sketches of the characters of those individuals whose activity and influence were most powerful up to the period with which I concluded my last discourse upon the first band of his followers. Homœopathy was most closely implicated with the founder himself. In a struggle to escape from the therapeutic "muddle" (*misère*) of his day he had discovered the homœopathic law of cure, had avowedly entered on the new path, after satisfying himself experimentally of its truth, had at once set his hand to the work in order to estimate its value practically, whilst he,

at first single-handed and then with the help of his first disciples, arranged "provings" of medicines, and thus laid a solid basis for his doctrine. On the credit which his name obtained in the learned world men such as Hufeland, Wedekind, Heinroth, &c., who ranked with the first medical men of the day, accepted the fact of "provings" as valuable; on the authority of his person, his first pupils confidently received his doctrines; and it was also on his person that the adversaries fell foul, who, wanting intelligence to accept the new doctrines, thought to extinguish a novelty so inconvenient to them, by invectives, calumnies, and exposure of the personal weaknesses of the reformer. At present I only remember the otherwise cleverly written book by Simon of Hamburg, *Pseudo-messias Medicus, &c.*, and at a later period an unfortunate attempt by Prof. Karsch of Munster with his nasty poem, *The Smallpox*, and his book called *The Marvels of Homœopathy*.

Things could not remain in this state unless homœopathy must run the risk of vanishing again with the individuality of its founder and his original pupils, and so the whole movement must come to nothing. The science had to make its onward way independently of Hahnemann's personal influence, and to hold its ground amidst the fire of criticism even on the part of its adherents. And so it came to pass. The same phenomenon held good in the case of homœopathy as in other reformatory movements (I merely name here the religious reformation) which when once come to light are not extinguished. She too, after having reached a certain point in her development, detached herself from the person of her founder, and the consummation, the acceleration of this process is due to the men who after the new doctrine had attained permanent living power and a firm foundation entered into the movement. These were for the most part no longer youngsters who had hardly kept their college terms like Hahnemann's first disciples, but medical practitioners of some standing with highly endowed intellect and solid scientific acquirements—men of keen, penetrating mind, drawn to the study of homœopathy by the unsatisfactory state of therapeutics at that time. I may mention here Moritz

Müller of Leipsic, P. Wolf and Trinks of Dresden, Mühlenbein and Hartlaub of Brunswick, Rummel of Madgeburg, Councillor Rau of Giessen, Griesselich of Carlsruhe, W. Arnold of Heidelberg, Prof. Werber of Freiburg, Constantin Hering of Philadelphia, Goullon senior of Weimar, Schrön of Hof, Attomyr of Pesth, as the leading representatives of this group. From the same point of view are to be regarded the provings undertaken independently of Hahnemann by Professor Jöng at Leipsic, and Martin at Jena, although these men, most incomprehensibly, after maintaining a stand for these (to them unprofitable) researches, then shrinking back to a certain extent from the resulting consequences, repented in general of having committed themselves in the matter! In these days the avowal of truth regardless of consequences and its proclamation before the world is unfortunately not too frequent a phenomenon.

Permit me, since it is impossible to follow up into detail the share of each individual in the work, to select out of the number of the above named (to which some might probably be added) those whose influence has been marked. In the first place must be named Moritz Müller of Leipsic, a person endowed with all the requisites for actively promoting the extension and establishment of a newly discovered truth. With a keen clear intellect and extensive knowledge he united indefatigable zeal for his profession, which impelled him ever to perfect himself more and more in it, to disregard no new phenomena within its sphere, and to avow openly and maintain against foe or friend what he had once recognised as true, a task for which his keen pen eminently qualified him. All that was base and little his noble character repelled. He kept nothing in view but the facts. That homœopathy also, which made a great talk in Leipsic, should attract his attention is not to be wondered at. As soon as he was convinced of its truth and had proved it practically, he openly declared for the new doctrine. The conversion of a physician so eminent and in such extensive practice, to whom the authorities had so long entrusted the guidance of the city hospital, who had

been employed as academic teacher, was at once in itself a fact of great importance for homœopathy. The objection of the opponents that none but young and inexperienced men went over to homœopathy now fell to the ground; its position towards the authorities as well as towards the public was one of more consideration. For he was able not only to parry with readiness and to paralyse all assaults of the opponents, but also to enter the lists with the authorities on equal terms. Yet this rather negative activity did not satisfy him, his energetic spirit impelled him to originate. He at once brought about a closer combination of the homœopathic physicians in Leipsic, whilst at his instigation the existing local association was changed into our present "Free Association for Homœopathy," of which he was the life and soul. The founding of the "Central Homœopathic Association," whose first rules emanated from his pen, was peculiarly his work.

A part of his energy he devoted to the then newly founded hospital at Leipsic, and even undertook the guidance of it for a considerable time, though from the commencement he declared the insufficiency of the existing means to support it, although the prosperity of this first creation of the fresh enthusiasm of homœopathists was rendered very doubtful by intrigues which came to light at its very foundation (intrigues partly arising from small personal vanities), and, to speak mildly, by Hahnemann's very questionable behaviour on this occasion. Yet allow me to pass over this dark page in the history of homœopathy, not to disturb the festive concord of this day. M. Müller conducted his office with his characteristic conscientiousness, and also fulfilled his duty as clinical teacher, whilst he sought to extend intelligence on the subject of homœopathy by lecturing. As soon as ever he was convinced of the untenableness of the undertaking; and became weary of the numerous petty intrigues and of the conflict with Hahnemann, he drew back and became dumb, to the regret of all sincere friends of homœopathy. For, in addition to his activity which I have just been portraying, he did not neglect literary labour

on behalf of the science, as is testified by various articles, some polemical, others didactic, in the *Archiv* which he assisted in founding, the earliest journal of homœopathy, from which any one can see his steady conviction of its truth. This conviction was not in his case the fruit of youthful enthusiasm, but the result of independent research and manifold practical experimenting.

M. Müller was not the man to seize upon a thing with the often soon-expiring fire of youth; it required, in his case, a conviction attained after mature reflection and thorough research before he announced his adherence to anything. That the defects and weak points of the new doctrine could not escape his keen critical mind; that he, notwithstanding all the respect which he paid to Hahnemann as a learned man and a thinker, as the discoverer and founder of homœopathy, yet did not swear "in verba magistri," and did not recognise the infallibility and perfect sufficiency of the new mode of cure without more ado, is a fact that will astonish no one, considering the independence of his character; and, as it was his wont not to keep out of sight with his convictions, he openly expressed his doubts and hesitations and his own adverse views. Most of the Leipsic homœopathic physicians joined him and came forward with their views in opposition to Hahnemann. Hahnemann, accustomed to have all his doctrines and utterances accepted by his disciples without the slightest doubt, and besides being misled by false reports at a distance respecting the proceedings of the Leipsic homœopathic physicians, considered himself injured in his authority, and sought to stifle the existing opposition in the germ. This he did by that notorious declaration of outlawry against the Leipsic homœopathic physicians, dictated by bitterness and founded on false hypothesis, November 3rd, 1832. The consequence, however, was not what he expected. The whole body, with one single exception, and including two of Hahnemann's immediate disciples, Franz and Hornburg, resented this attack upon their personal medical reputation, and raised a protest in the name of the freedom of scientific research against this

attempt to lay upon it the shackles of a rigid dogmatism and despotism.

This took place in an article on Hahnemann, composed by M. Müller at the instigation of the local homœopathic society of Leipsic, which was remarkable for its perspicuity and keenness without any intrusion of personal sensitiveness. This was the first step taken towards effecting the needful severing of the fact of homœopathy from the person of Hahnemann; and this was the benefit which resulted from these uncomfortable controversies which have inflicted on homœopathy an incalculable injury in the eyes of the public, the authorities, and the profession.

Other physicians soon joined M. Müller, and the Leipsic homœopaths who supported him, the so-called "Leipsic school," of whom I will now only particularise: 1st. Hartmann, who has earned our lasting gratitude by his monographs on various remedies, by the publication of his *Homœopathic Therapeutics* and the establishment and editorship of the *Allgemeine Homöopathische Zeitung*. 2nd. Franz, one of our best "provers," and Wahle, who stands next to him in this specialty, a botanist of extensive information, to whom we owe many good provings. Next to these I name Trinks, Paul Wolf, and Helbig at Dresden. Trinks, a fine intellectual genius, eminent for his practical endowments, distinguished by the immense industry with which he ransacked the whole literature of medicine, collected all that could serve to aid the establishment of the provings of Hahnemann and his disciples and the enrichment of our Materia Medica.

Mementos of this are his *Materia Medica* published in conjunction with Noack, and afterwards with Oscar Müller, and also his work on the same branch (to be regarded as a supplement of the former) published in connection with Hartlaub senior.

A special opponent of all that was obscure, of all that could give homœopathy a mystical tinge, he attacked the senseless covering of symptoms as well as the insane worship of "high potencies" that prevailed for a time, and was always bent on maintaining the connection of

homœopathy with the general science of medicine. This he evidenced by introducing in his *Materia Medica*, along with each remedy, the indications of the old school, and also the pathological anatomy as valuable adjuncts. But a special superiority in his work is the rigid separation of the physiological from the clinical symptoms (*ex usu in morbis*) whereby it surpasses in facility of reference and utility, for both study and practice those published by Hahnemann, although these latter will always take the first rank as the foundation.

Next to Trinks stands Paul Wolf, also of Dresden, a man of active intellect and firm resolve; a keen thinker, accustomed not to accept anything blindly, but to form his own opinion by original research and reflection. His brilliant results in practice tended essentially to establish the character of homœopathy in the highest circles. Although he devoted himself less to literary work, yet he has left a bright testimony to his ability in the eighteen theses and their scientific foundation which he published in the sixteenth volume of the *Archiv*.

With these articles he has to a certain extent formulated the creed of homœopathy without drawing the slightest limit around or imposing any pressure whatever on free inquiry. This confession of faith found undivided acceptance at the meeting of the Central Society at Magdeburg in 1836; also, the majority of the homœopaths then living declared themselves in agreement with it, and at this day every true homœopath can subscribe to it without hesitation, and with it the severance of homœopathy from the person of Hahnemann had become a *fait accompli*. Its articles were no longer those infallible articles of faith with which Hahnemann wished to bind the Leipsic physicians of his day under his yoke, but they contained that which a great number of the scientific physicians by their researches and practical trials of Hahnemann's doctrines and maxims had recognised as true and found to be confirmed, and which they undertook to defend. By this procedure the respect due to the master was by no means damaged; on the contrary, he is most strikingly defended against the

unfair attacks of his opponents, whilst the weak points and deficiencies of the new doctrine of cure were neither cloaked nor hushed up. These breathe the spirit of humanity and piety which unhappily become more and more wanting in the living generation of physicians.

As I named Moritz Müller first, out of the number of those who belong to a definite group, so let me now, at the last, bring forward the man who, next to him, was most important and influential. I mean Rummel, of Magdeburg, the first of the converts to homœopathy. Brilliantly gifted with suitable acquirements, penetrated by genuine humanity, and consequent gentleness and kindness, he had soon recognised the importance and significance of Hahnemann's doctrine, and at once his life was devoted to the perfecting, defending, and extension of it. As a watchful warrior he stood unwearied at his post to repel the attacks of the enemy with sharp weapons, and never allowed himself to swerve in the strife from the various personal attacks and annoyances which he had to endure. It is especially due to him that homœopathy found legitimate recognition and protection in Prussia. He took as lively a part in all controversial questions within as he did in the battle without, and sought to decide them. One of the most interesting passages in this category is his discussion with one who was in all respects his equal, and who represented the South German party to be described presently, viz. Griesselich, of Carlsruhe, when he sought to shake the foundations of homœopathy.

The course of this controversy, carried on with so much spirit and good sense, will give great pleasure to every reader, and it were to be wished that it should serve as a model to all scientific disputes. His work, *The Bright and Dark Sides of Homœopathy*, is of special importance for the emancipation of homœopathy from the person of Hahnemann, as well as a series of articles in the *Archiv* and the *Allg. Hom. Zeitung*, which he, in conjunction with Hartmann and Gross, established, and which he continued to edit till his death.

The last part of his life was devoted to exertion for the

purpose of giving a visible expression to the general respect for the master by erecting a monument. With unwearied zeal he set on foot subscriptions for this purpose, and had the great happiness during the evening of his life (when he was afflicted with total deafness) to attend the unveiling of this monument. He obtained a lasting souvenir in homœopathy by establishing out of the surplus of the subscriptions a prize for the physiological proving of a medicine.

Before I pass on to the other group to be noticed here I wish to mention a man who, though he belonged to neither of the two, yet has, by his personal influence, been of considerable importance. I mean Constantin Hering of Philadelphia, who, like another Paul, carried the new faith across the ocean; and, above any one else, has created for it in that land firm foundations, and an extension far surpassing that of its native country. A taste for natural science was developed in him at an early age, and those studies occupied him mainly at the university. His acquaintance with homœopathy dates from the time of his sojourn at Leipsic; and, once convinced of its truth, he became a true but not a blind adherent of Hahnemann. Regarding homœopathy with the eye of a naturalist, he was not satisfied with Hahnemann's theoretical explanations. Whilst he kept fast hold of his doctrines, his striving spirit led him to search into their dependence on the inner laws of nature; and, though it is an unmistakeable fact that he has supplied many a useful building-stone, so on the other hand it cannot be denied that he has broached many hypotheses, which, though clever, still stand in need of confirmation, and until this shall be afforded many valuable elucidations are wanting to homœopathy. I must ascribe this to a certain want of steadfastness which prevented him, amid the exuberance of ideas, from laying hold of one, and working it out duly, but always kept driving him from one to the other. His proper domain, the sphere in which he has earned the lasting gratitude of our profession, is the Materia Medica.

Here he has not only enlarged the existing stock and made it more useful, by establishing, clinically, a great many useful characteristic indications for remedies, but also devised fresh ones, and opened up new realms. For we have to thank him for the introduction of animal substances of which I will just now name *Apis* and *Lachesis*, which will without doubt maintain their place in the *Materia Medica*. I recollect at this moment the great number of medicines which he and his pupils have proved; which provings would be still more useful if he had more rigidly separated the physiological from the clinical, and had omitted many superfluous remarks which only perplex beginners. We may hope there will yet be found a sifting hand to render more available the copious materials which are partly scattered through American and German journals, partly collected in his *American Provings*.

He has also done great service by translating and publishing a *Comparative Materia Medica*, composed by Gross of Barmen, a product of German industry, which, alas! found no publisher on this side of the Atlantic.

We rejoice that, in the late evening of his life, he has succeeded in accomplishing a plan, projected for many years, of collecting into a great encyclopædia everything connected with our Materia Medica. In battling with opponents, both from within and without, he loved to let off the rockets of his wit and to brandish the scourge of satire, though we and all his friends could have wished that sometimes he had done so in a somewhat less burlesque fashion. At all events, Hering is and ever will be a character remarkable for originality, boundless industry, and a never cooling zeal for our cause.

The second group of physicians who have essentially contributed to the "emancipation" consist of South Germans, represented by Griesselich of Carlsruhe, Professor Rau of Giessen, Professor Werber of Freiburg, Schrön of Hof, Arnold of Heidelberg, Kurtz of Dessau, Roth of Paris, and George Schmid of Vienna.

I am sorry to be obliged to deny myself the pleasure of

doing justice to-day to each of these according to their desert, not to put your patience to too hard a test; and must confine myself to giving you in the person of their chief representative, Ludwig Griesselich, a short sketch of their doings. Griesselich, a highly gifted man, of comprehensive scientific education and keen intellect, with all his South German humour full of striking and often wounding wit and satire, embraced homœopathy with his characteristic fiery zeal. He was convinced of its truth as well as of its reformatory significance. But that it must be received as something utterly new and strange was not evident to him; and the utter abandonment of the old medicine, the sometimes paradoxically sounding announcements of Hahnemann, the doctrines of the dose and the preparation of medicine which bid defiance to all previous views, brought him shortly in antagonism with Hahnemann and his adherents. His inconsiderate and often gross attacks upon Hahnemann and other honoured homœopaths made him many enemies. With his keen criticism, practised upon friends as well as enemies, he at once sought to rid homœopathy of all that he considered mystical, obscure, superfluous ballast; not considering that sometimes, in emptying the bath, he spilt the baby too!

He wished to tackle homœopathy on to the specific medicines of the old school, understanding the term specific in the more comprehensive yet more precise sense it had acquired by the discovery of the homœopathic principle and the proving of drugs (Hahnemann, it will be remembered, at first only spoke of specific medicines); to present homœopathy to the world as specific, but rational specific treatment, for which reason he gave the title of "organ of rational specific treatment" to the *Hygea*, a journal he founded in conjunction with Cramer and Weber. He hoped thus to bridge over the chasm that separated the old and new schools. That this procured him little thanks from either, and entangled him in endless paper wars, is surely no wonder. It had not occurred to him that to give up infinitesimals and strict individualisation as necessary consequences of Hahnemann's law would be generally considered

as a surrender of homœopathy itself, and would lead to apprehension of a relapse into the old routine; a result which too truly followed in the case of some of his followers, especially of Professor Werber, of Freiburg. For all that, homœopathy is much indebted to Griesselich; for, at the light of his torch many fantastic ideas fled like spectres which had been flitting in the heads of certain homœopaths, and made it clear to all the thinkers amongst them that homœopathy, if it is to have a future, must not detach itself from the foundations of general medical science; and that unproved hypotheses and aphorisms announced with an air of infallibility were not to decide on a science so exact as medicine, but strictly philosophical experiments. He was faithfully supported in the battle by his two friends, Schrön and the talented and learned Arnold of Heidelberg, who has left us a brilliant testimony in his work, *The Idiopathic Method of Cure.*

The zeal and industry of Griesselich and his adherents are proved by many theoretic as well as practical articles in the *Hygea.* Griesselich himself, besides many lesser works of a satirical cast, has bequeathed us a precious legacy in a work published shortly before his premature and lamented death; viz. *The Evolutional History of Homœopathy,* in which, quite contrary to his practice at other times, he calmly and objectively collects the results of the discussions on the various homœopathic dogmas and sums up their value. On this work, as well as the *Hygea,* homœopathy can look back with pride. They will be a rich mine to any one who wishes for more than a merely superficial acquaintance with homœopathy.

Here, however, I must break off, though I myself feel I have not yet nearly exhausted my subject, nor illustrated it on all sides, after claiming your attention already too long. Yet it was not my intention to give a complete history of this period; but to offer the above men and all their coadjutors the tribute of gratitude on this Homœopathic Commemoration Day, without the least derogation from the merit of our great Master himself, or of those who still hold fast by his decrees. They, too, have honestly con-

tributed their share to the development of homœopathy. To all of us may the retrospect be a stimulus to work vigorously in the spirit of such men, and not to despond, although outward circumstances here in Germany are not, at this moment, favourable to our cause.

ON THE DEATH OF SOCRATES BY HEMLOCK: A BOTANICAL, PHILOLOGICAL, HISTORICAL, PHYSIOLOGICAL, AND THERAPEUTIC INVESTIGATION OF THIS PLANT.

By A. Imbert-Gourbeyre, M.D.

(*Continued from p.* 461).

CHAP. IV.—Physiological Evidence.

The upholders of the theory of the composite nature of the poison in question lay special stress on the allegation that modern observations of hemlock poisoning are not in accordance with the symptoms presented by Socrates; from this the conclusion at once follows either that the poison drunk by the philosopher was not hemlock at all, or else consisted of hemlock mixed with other drugs. However cogent this argument may seem, it is in reality very weak; it is based on an imperfect view of the facts, and on the prevailing levity with which questions of pharmacodynamics are treated. Certain observations of cases of poisoning accompanied with more or less violent delirium, contrasted with the tranquil death of Socrates, form the sole basis of the doctrine.

Such persons have forgotten that the ancients themselves expressly pointed out delirium as one of the symptoms of hemlock poisoning. They have failed to recognise, as to the present subject, the law of contigency—a general

law in pharmacodynamics.* A fatal poison as well as a poisonous drug is subject to an immense number of varieties and combinations in the symptoms to which it gives rise. With regard to this matter in particular we must consider the following passage from the writings of Hahnemann, in his splendid preface to the *Fragmenta de viribus medicamentorum*:—"Medicamenta simplicia vires edunt in corpus sanum sibi unumquodque proprias, non tamen omnes simul vel in una et constanti serie, aut cunctas in singulis hominibus, sed hodie forsan has, illas eras, hanc primam in Caio, illam tertiam in Titio, ita tamen ut et Titio aliquando usu veniat quod Caius inde sensit heri." There is always variety in unity and unity in variety. How many different appearances do we not meet with in cases of arsenical poisoning! Why, then, should we expect the phenomena of hemlock poisoning to be invariably moulded on the type of those presented in the case of Socrates? This will be better understood if we glance over the observations of poisoning cases scattered throughout our scientific archives.† As they are not very numerous I resolved to give as complete a collection as possible of them in the present treatise.

In my opinion he who makes a complete collection of the observations on cases of poisoning by our various "heroic" drugs renders the greatest service to the science of pharmacodynamics. At this very time, whoever would carefully extract all the known observations on cases of poisoning by *Aconite, Arsenic, Belladonna*, &c., and present them in different groups according to the predominance and association of the various symptoms, would achieve a work of the utmost importance to the interests of the doctrines and reforms of Hahnemann.‡ After having

* I stated in my *Lectures publiques sur l'homœopathie* that drugs act *similiter, elective, contingenter et omni dosi*: a formula which, in my opinion, comprises the four fundamental laws of pharmacodynamics.

† Orfila has given the observations of Mathiolus and Haaf; he briefly mentions those of Choquet, Ajasson, and Bennett. Tardieu only gives us Bennett's case, much abridged.

‡ Dr. Berridge, an English physician, has begun this work as to several drugs in the *British Journal of Homœopathy*.

studied the different characteristics of the drugs in toxic doses we should better understand the pathogeneses of Hahnemann—pathogeneses which to a novice seem contradictory and incomprehensible. The founder of homœopathy has retarded the triumph of his doctrine for more than a century by the mode of exposition he has adopted in reference to pathogenesis, which is in truth a mass of confusion, where the positive actions of drugs are overwhelmed with a crowd of idle absurdities. Instead of constantly adding new pathogeneses, it would be better to verify, expurgate, and complete Hahnemann. It is this which has induced me to publish in the present treatise all the observations on cases of hemlock poisoning in the human subject which I have been able to find.

General Description of Poisoning.

Before treating of the different forms of hemlock poisoning, it will be well to consider all the general descriptions which have been given of it from the days of Nicander down to our own time. We shall get more than one useful hint from a comparison of these.

About one hundred and thirty years before the Christian era Nicander, of Colophon in Ionia, who lived in the reign of the last Attalus, King of Pergamos, wrote an entire Greek poem of 630 verses on antidotes, entitled *Alexipharmaca*. Hemlock duly appears there, with a description of its toxic action. I subjoin a literal interlinear translation of the passage in question into Latin for the benefit of my readers, which is preferable to the translations in verse of Gorræus* and of Schulze.

* Gorræus was the first to translate Nicander into Latin verse (Parisiis, 1549); I subjoin his version of the passage relating to hemlock:

Tu quoque signa malae jam contemplare cicutae.
Haec primum tentat caput et caligine densa
Involvit mentes. Oculi vertuntur in orbem,
Genua labant, quod si cupit ocius ire, caducum
Sustentant palmae corpus: faucesque premuntur

καὶ τε σύ κωνείου βλαβόεν τεκμαίρεο πῶμα.
et tu cicutae lethalem contemplare sorbitionem.
κεῖνο ποθὲν δηγράτε καρήατε φοινὸν ἰάπτει,
haec pota capiti malum infert,
νύκτα φόρον σκοτόεσσαν, ἰδίνησεν δὲ καὶ ὄσσε,
noctem ferens tenebricosam. Vertit quoque oculos
ἴχνεσι δὲ σφαλεροί τε καὶ ἐμπάζοντες ἀγυιαῖς,
pedibus titubantes et cadentes in viis
χερσὶν ἐφερπύζουσι. κακὸς δ' ὑπὸ νεία τα πνίγμος
manibus repent. Mala denique suffocatio
ἰσθμια καὶ φάρυγος στεινὴν ἐμφράσσεται οἶμον.
fauces et gutturis strictam obstruit viam.
ἄκρα δε τοι ψύχει. περὶ δὲ φλίβες ἔνδοθι γυίων
extremitatesque frigent. Circaque venae internae membrorum
ῥωμαλέαι στέλλονται, ὄδ' ἠέρα παῦρον ἀτύζει,
fortes sistant. Aerem parcam inspirat
οἷα καταβολέων. ψυχὴ δ' ἀϊδωνέα λεύσσει.
quasi in lipothymia. Anima infernum videt.*

Dioscorides almost repeats Nicander in another form: "Caliginem, vertiginesque oculi tantas cicutae potus affert, ut nec minimum videre liceat; singultus itidem, mentis alienationem et extremarum corporis partium perfrictiones; postremo convulsi strangulantur, cessante a motu omni in arteriis spiritu" (L. 6, c. 9). Although paralysis is not here mentioned as it is in the *Alexipharmaca*, it is perhaps included under the "coldness of the extremities." Pliny mentions this symptom alone.

Scribonius Largus, a contemporary of Dioscorides gives a description very similar to the preceding:—"Cicutam ergo potam caligo, mentisque abalienatio et artuum gelatio insequitur; ultimoque praefocantur qui eam sumpserunt,

Obessae, et colli tenuis praecluditur isthmus.
Extremi frigent artus. Latet abditus imis
In venis pulsus. Nihil inspiratur ab ore.
Fata instant, ditemque miser jamjam aspicit orcum.

Gorræus has abridged Nicander extremely well in the following description of hemlock poisoning:—Capitis gravitas, vertigines, caligo oculorum, mentis abalienatio; motus maxima imbecillitas, intercepta respiratio, suffocatio, extremarum corporis partium perfrictiones, nullus pulsus arteriarum, Graeci *ἀσφυξίαν* vocant.

* I subjoin the English translation made by Christison:—This potion carries destruction to the powers of the mind, bringing shady darkness, and makes the eyes roll.

nihilque sentiunt." Here sensory paralysis is explicitly mentioned for the first time.

We now come to the Arabians, of whom we may take Avicenna as the representative:—"Accidunt praefocatio et frigus extremitatum, et tensio vehemens praefocans et tenebricositas visus et forsitan non videt aliquid, et destruit imaginationem et infrigidat extrema. Deinde spasmat et praefocat et interficit." Afterwards, towards the close of the thirteenth century, the Greek physician Actuarius repeats Dioscorides word for word.

Next comes Saintes de Ardoinis, the most accomplished toxicologist of the middle ages:—"Accidentia consequentia assumptionem cicutae sunt frigiditas extremitatum, gravitas motus corporis, suffocatio et strictura anhelitus, permistio rationis, oculorum caligo, subet (lethargia) singultus et dolor stomachi, color labiorum citrinus vel viridis, color corporis plumbeus, stupor membrorum, duritiès pulsus, quies venarum scilicet pulsatilium, et nisi accederetur in sui curatione, moriatur post tres horas, scilicet post quietem venarum pulsatilium, id est, arteriarum." This description is valuable both on account of its exactitude and of its details. This author is the only toxicologist who has mentioned the time which elapses before death; *post tres horas.* He is certainly here speaking of the traditional hemlock, since he directs us to learn whether the root, the plant itself, the juice, or the seeds were employed, in order to verify the symptoms of the poison.

"Cicutam vel ejus succum assumens, sensum amittit et stuporem incurrit, et ideo si aves frumentum in ejus succo remollitum manducaverint,* stupefacient sic ut manu capi possunt." (Guainerius.)

"Hemlock when drunk," says Ambrose Paré, "causes vertigo, disturbs the understanding so that one would suppose the sufferers to be delirious, and dims the vision: it causes hiccough, turns the extremities icy cold, and brings

* This method of poisoning birds was mentioned by several later Italian authors, who probably repeated Guainerius; this explains the German name Vögeltod, death of birds, a popular synonym for hemlock, which has been already mentioned in the chapter on Philological Evidence.

on convulsions, the trachea becomes constricted and blocked up, and the person dies as it were suffocated.

"Inducit oculorum caliginem, vertiginem, amentiam et furorem, quandoque strangulationem, difficultatem spirandi vel etiam suffocationem, singultum, convulsiones, corporis tumorem, frigiditatem, stuporem, tandemque virium exsolutionem, asphyxiam, et ipsam mortem." (Sennertius.)

The above quotations sufficiently establish a complete toxicological tradition as to hemlock. The conclusion we cannot fail to draw from them is in favour of the identity of common hemlock with the ancient hemlock, seeing that our modern descriptions are in perfect accordance with those of antiquity. Had the above list of descriptions been read with attention it would never have been said that modern observations are at variance with ancient accounts; with the exception of delirium, the greater part of the traditional symptoms of hemlock are found in the case of Socrates. Dioscorides, when speaking of the hemlock drunk by Socrates, does not fail to mention the *mentis alienatio*, though Plato is silent as to this particular. We may, therefore, conclude from all these toxicological descriptions that the poison drunk by Socrates was not compound, since our modern hemlock produces all the symptoms of that administered to the Athenian philosopher.

Symptoms in the Case of Socrates.

The account of the death of Socrates in the Phædo, quoted at the beginning of this article, is naturally the earliest known observation of hemlock poisoning. I subjoin, *in extenso*, the observation of Professor Bennett, as given in his *Clinical Lectures*, one which is of importance by reason of its details, its exactitude, and its conformity with the type of hemlock poisoning presented by Socrates. Moreover, it furnished the hint respecting the hemlock question and the erroneous statements which have been made thereupon.

Obs. I.—On Monday, April 21st, 1845, about 7 o'clock in the evening, a man, called Duncan Gow, was brought into the Infirmary by two policemen. It was stated that he had been found lying in the street, apparently in a state of intoxication or in a fit. On being taken into the waiting-room he was found to be dead.

I subsequently learned from his wife that the man, forty-three years of age, a tailor by trade, was in such reduced circumstances that he had not eaten anything on Monday until he took the substance which caused his death. Two of his children, a boy and girl, aged respectively ten and six years, found what they took for parsley growing on the bank under Sir Walter Scott's Monument (which was then building), and knowing that their father was very fond of this as well as other green vegetables, they gathered some to take to him. On visiting the place with the boy four days afterwards, I found that the spot from whence the plants were gathered had been covered over with fresh rubbish. But on the uncovered part of the bank, eighty yards westward, the *Conium maculatum* could be seen growing in considerable quantity. The children returned home between 3 and 4 o'clock p.m. The father, who had fasted the whole day, greedily ate the vegetables together with a piece of bread, and said, more than once, how good they were. The quantity consumed could not be ascertained, for he ate nearly all that was brought. On finishing his meal he rose, saying he would endeavour to get some money in order to procure food for his children. At this time he was in perfect health.

From his own home, at the head of the Canongate, Gow walked about half a mile to the house of one Wright, in the West Park, with the view of selling him some small matter. Wright, on his entering the room, thought at first that he was intoxicated, because he staggered in walking. On passing through the door also, which was narrow, he faltered in his gait, and afterwards sat down hastily. He stayed ten minutes, during which time he conversed readily, drove a hard bargain and obtained fourpence for what he sold. He did not complain of pain or uneasiness, was not excited in manner or speech, and his face was pale and wan. On rising from his chair, he was observed by Wright's boy to fall back again as if he had some difficulty in rising. On making a second effort he got up, and was seen by Wright's wife to stagger out of the house and down the steps. This was a little after 4 o'clock.

On leaving Wright's house he was next seen standing with his

back against the corner of the street by Andrew McAll, a meat dealer in the Grassmarket, about 200 yards from Wright's house. McAll saw him leave the corner he was leaning against and stagger to a lamp-post a few yards further on. Here he again paused for a few minutes and then again went forward in the same vacillating manner, passed McAll's shop, and sat down in the opening of the common stair next to it. McAll's words are—"He was unable to walk rightly, and was staggering as a man in liquor." His mode of progression attracted a number of boys and girls, who laughed at him, believing him to be intoxicated. He was heard to speak to them, but what he said is not known. He was also seen by two women, who told a policeman to take him away.

The policeman (James Mitchell, No. 161) told me that, on finding Gow sitting at the foot of the common stair, he thought he was drunk. He spoke to him, and in reply Gow desired to be taken to his own house at the top of the Canongate. He also said that he had completely lost his sight, and had not the perfect use of his limbs, but expressed his willingness to walk forward until the policeman could obtain the assistance of his comrade in the Cowgate. He was then raised up and supported by one arm, but, after moving with great difficulty past four or five shops, his legs bent under him and he fell upon his knees. Mitchell then gave him some water to drink, which he was incapable of swallowing, and left him to get a barrow. On his return he found him surrounded by women who were pouring cold water on his head, and sprinkling his forehead. With the assistance of another policeman (James Hastie, No. 111) he was then placed on the barrow. One of the women, Mrs. Anderson, on his being raised, saw that he made no attempt to walk; but that as he was pulled away by the policemen his legs now dragged or trailed after him.

The second policeman, Hastie, on first seeing him, told Mitchell that it was not drink but a fit that was the matter with him. He lifted up his eyelids and found the eyes dull. He seemed sensible, and endeavoured to say something, but could not articulate. He was now slowly conveyed to the main police office in the High Street, where he arrived about 6 o'clock. Mitchell told the police-lieutenant on duty that from the manner in which the man was lying, and from the loss of power in the legs, he now thought he was *not* intoxicated. At this period it would seem that although the limbs were completely paralysed the intelligence was still per-

fect, for he told the turnkey his exact address in the Canongate, in reply to a question.

Dr. Tait, surgeon to the police force, was now sent for, and saw him about a quarter past 6. In reply to a note which I addressed to him on the subject, he says—"The first impression produced on my mind from his appearance was that he was in a state of intoxication; he was then lying on his back with his head and shoulders elevated upon a board we have in the office for that purpose. He was sensible when I spoke to him, and tried to turn his face towards me, and slightly raised his eyelids, but appeared unable to speak. His power of motion appeared completely prostrated; for when I lifted his arm and laid it down, it lay where it was put; and when the armpits were tickled he seemed to manifest a little sensibility, but could make no exertion to rid himself of the annoyance. There were occasional movements of the left leg, but they appeared rather to be spasmodic than voluntary. Several efforts were made to vomit, but these were ineffectual. His pulse and breathing were perfectly natural. He had spoken to the turnkey a few minutes before I arrived. Heat of skin natural. I visited him again about ten minutes before 7 o'clock, at which time all motion of the chest appeared to have ceased, the action of the heart was very feeble, and the countenance had a cadaveric expression; pupils fixed. He was then sent to the infirmary."

He was conveyed to the infirmary by Hastie and another policeman, McPherson. After being put on the stretcher, Hastie saw him draw the legs gently upwards, as if to prevent their hanging over the iron at its extremity. This was the last movement he was seen to make. On being carried into the waiting-room of the infirmary he was visited by the town clerk on duty, who found him pulseless, and declared him, as previously stated, to be dead. This was shortly after 7 o'clock p.m.

Sectio cadaveris sixty-three hours after death.—The body was well formed and muscular. There were no external marks of violence. The back and depending portions were livid from suffusion.

Head.—An unusual quantity of fluid blood flowed from the scalp and longitudinal sinus when divided. There was slight serous effusion below the arachnoid membrane, and about two drachms of clear serum in the lateral ventricles. The substance of the brain was soft throughout; on section presented numerous bloody points,

but was otherwise healthy. No fracture could be discovered in any part of the cranium.

Chest.—There were slight adhesions between the pleuræ on both sides superiorly. The apices of both lungs were strongly puckered. On the right side, below the puckering, were two cretaceous concretions, the size of peas, surrounded by chronic pneumonia and pigmentary deposit. On the left side only induration, with hard, black, gritty particles existed below the puckering. The structure of the lungs otherwise was healthy, although they were throughout intensely engorged with dark red fluid blood. The heart was healthy in structure, but soft and flabby. The blood in the cavities was mostly fluid, presenting only here and there a few small grumous clots.

Abdomen.—The liver was healthy; the spleen soft, readily breaking down under the fingers. The kidneys were of a brownish-red colour throughout, owing to venous congestion, but healthy in structure. The stomach contained a pultaceous mass, formed of some raw green vegetable resembling parsley. Its contents weighed eleven ounces, and had an acid and slight spirituous odour. The mucous coat was much congested, especially at its cardiac extremity. Here there were numerous extravasations of dark red blood, below the epithelium, on a space about the size of the hand. The intestines were healthy, here and there presenting patches of congestion in the mucous coat. The bladder was healthy; its inner surface much congested from venous obstruction.

The blood throughout the body was of a dark colour and fluid, even in the heart and large vessels.

Commentary.—From the absence of structural lesion, and the general fluidity of the blood, I was induced to suspect that the vegetable matter found in the stomach was of a poisonous nature. On examining this more minutely it was seen to be composed chiefly of fragments of green leaves and leaf-stalks. Although much was reduced to a pulp a considerable quantity of both had escaped the action of the teeth. The same afternoon I carried as perfect a specimen as could be found to Dr. Christison, who pointed out that they could scarcely be anything else than the laciniæ of the *Conium maculatum*, or common hemlock. Next day I bruised some of the leaves in a mortar with a solution of potash, when the familiar mousey odour of conia was evolved so strongly that Dr. Douglas Maclagan and others, although previously unacquainted with its

nature, at once pronounced it to be hemlock. Dr. Christison also procured a recent specimen of the *Con. mac.* from Salisbury Crags, the botanical characters of which, on being compared with the fragments found in the stomach, were found to be identical. No doubt could exist, therefore, that the man died from having eaten hemlock.

Few cases of poisoning with this plant have hitherto been published, and never have been minutely detailed. The effects imputed to it in the notices given of prior cases are very contradictory. In some it is said to have caused death, like opium, by stupor and coma. In others convulsions of the frantic kind are symptoms stated to have been present. But the effects observed by Dr. Christison in the lower animals in his experiments with extract of hemlock and its alkaloid conia are totally different, viz. "palsy, first of the voluntary muscles, next of the chest, lastly of the diaphragm; asphyxia, in short, from paralysis, without immobility, and with slight occasional twitches only of the limbs."* On this account, as well as from the circumstance that considerable interest is connected with the question, as to whether the hemlock of modern times be the κώνειον, or state poison of the Athenians, great pains were taken to obtain a perfect history of the case. In preparing it I endeavoured to secure accuracy, by carefully interrogating all who saw him from the time of his eating the hemlock until the period when he was brought to the infirmary. Fortunately he was seen by many persons, and their several accounts were, on the whole, consistent, and render the case tolerably perfect.

The time of day mentioned by the different narrators shows that the poison, shortly after it was taken, produced want of power in the inferior extremities, without causing any pain. This is proved by what took place in Wright's house. His gait, which at that time was faltering, afterwards became vacillating; he staggered as one drunk—at length his limbs refused to support him and he fell. On being raised his legs dragged after him; and lastly, when the arms were lifted they fell like inert masses and remained immovable. Perfect paralysis of the inferior extremities was ascertained to exist one hour and a half after the poison was taken, and that of the arms half an hour later.

As regards the existence of sensibility, we have only the evidence afforded by tickling the armpits, which, according to Dr. Tait,

* *Treatise on Poisons*, p. 885. 1845.

seemed to excite it a little. The amaurosis, however, is a proof that one nerve of sensibility, at all events, was paralysed. This seems to have happened when perfect paralysis of the inferior extremities was manifested.

The excito-motory functions seemed also paralysed. Tickling the armpits failed in producing movements. He lost the power of deglutition. Dr. Tait says his efforts to vomit were ineffectual. There were no convulsions, only slight occasional movements of the left leg; and lastly, both inferior extremities were slowly drawn upwards when placed on the iron of the stretcher. Three hours after taking the poison the respiratory movements had ceased; the pupils were fixed. At this time the heart's action was felt very feeble. These also ceased about ten minutes afterwards.

The intelligence remained perfect up to a very late period. When his movements were vacillating he was seen to direct his steps from one fixed point to another. After paralysis of the inferior extremities was fully developed, he gave accurate directions how he was to be taken home, and described his principal symptoms. Two hours after taking the hemlock, when brought into the police office, although he could not swallow, he gave his address; and a quarter of an hour afterwards, when seen by Dr. Tait, though he could not speak, he appeared sensible, and tried to turn his face towards him.

Death took place about three and a quarter hours after eating the poison, and was evidently occasioned by gradual asphyxia from paralysis of the muscles of respiration. The appearances observed in the mucous membrane of the stomach were most probably caused by the unusual fluidity of the blood, and this, in its turn, by the gradual asphyxia.

The phenomena, therefore, observed in this case fully corroborate the physiological action of hemlock, as described by Dr. Christison, from his experiments on animals.* It evidently acts upon the spinal cord, producing directly opposite effects to those occasioned by *Strychnia*. Paralysis of the voluntary muscles, creeping from below upwards, is the characteristic symptom, unaccompanied by pains or derangement of the intellectual faculties. Some authors have described delirium and frenzy, and others giddiness and convulsions, to have been occasioned. But such symptoms were not observed in the case of Gow, nor in the experiments on the lower

* *Transactions of the Royal Society of Edinburgh*, vol. xiii.

animals by Dr. Christison. Indeed, the symptoms described by Plato in the case of Socrates resemble as nearly as possible those which appeared in Gow. We are told that Socrates was directed by the executioner to walk about after swallowing the poison until his limbs should grow heavy. He did so and then lay down. On his feet and legs being squeezed, they were found insensible; they were also pointed out by the executioner to be cold and stiff. When paralysis had proceeded upwards to the abdomen, Socrates made a request to Crito, proving that his intellect was then unaffected. In a short time after he became convulsed, his eyes were fixed, and he died. Whether stiffness was present in Gow's case was not ascertained. The nature of the convulsions, whether violent or otherwise, is not stated in the account by Plato, but slight spasms were observed in Gow.

It will be observed that when Socrates felt paralysis coming on he lay down; hence the staggering and falling in the street observed in Gow did not take place. The description of the effects of the κώνειον given by Nicander, however, would in this case apply with great accuracy. He says (I quote from Dr. Christison's paper), "This potion carries destruction to the power of the mind, bringing shady darkness, and makes the eyes roll. But staggering in their footsteps and tripping in the streets, they creep on their hands. Mental stifling seizes the upper part of the neck, and obstructs the narrow passage of the throat. The extremities grow cold, the strong vessels of the limbs contract, he ceases to draw in the thin air like one fainting, and the soul visits Pluto." If we abstract the poetical parts of the description, and remember the loss of sight, staggering and tripping in the street, the difficulty of deglutition, and place the loss of the intellectual faculties last, this account of Nicander agrees very well with what was observed in Gow.

A difference of opinion exists as to whether the *Conium maculatum* of modern botanists be the κώνειον of the ancient Greeks. Into the botanical controversy I do not feel myself qualified to enter. But if the symptoms ascertained to have existed in the case I have related be compared with the accounts of Plato and Nicander, I cannot help thinking it will be found to favour the opinion of those who believe in their identity. (J. Hughes Bennett, *Clinical Lectures on the Principles and Practice of Medicine*, 1868, pp. 459-464.)

Obs. II.—In order to judge of the action of *Conium* on the

system Fountain prepared an extract from the seeds and swallowed twelve grains. Half an hour elapsed without his feeling any effect, so, imagining this extract to be inactive, he went out on horseback. He had scarcely set out before he felt dazzled; bright specks sparkled and moved rapidly before his eyes, so that he had to turn his head in order to follow them.

He was unsteady in his saddle, but experienced neither vertigo nor any unpleasant feeling in his head beyond a slight sensation of lightness. Presently he felt numbness in the fingers, which, extending to the elbow, produced muscular rigidity, and hindered flexion of the forearms on the arm. After a few minutes he felt the same sensation of numbness creeping slowly and gradually up to the hip-joint.

His eyes then became heavy, and Fountain kept wiping them constantly as though to remove a veil hanging before his eyelids. The pulse was small and weak, but not quicker than usual. Fountain then dismounted, but had so much difficulty in walking that he asked the help of a passer-by and got himself taken home.

The lower extremities were almost paralysed, but he experienced so little pain that he laughed heartily at the situation in which he had voluntarily placed himself. Urged by those about him, and anxious to get rid of the *malaise* which did not depart, he began to smoke. Whether it was that tobacco, which he was in the habit of using, reinvigorated him, or that it was an antidote to the *Conicine*, says Fountain, he presently felt himself recovered; his vision grew clear, his limbs became less weak, and so long as he was seated he no longer felt any inconvenience. But when he tried to rise he felt that his limbs bent under him. During the rest of the day he remained indisposed. His intelligence remained clear; he made no note of any intestinal or renal secretion. He felt a kind of void in his chest, the circulation there appeared slackened. With a few grains more, says Fountain, the paralysis might have been complete, and convulsions would doubtless have succeeded to the muscular weariness and the disordered circulation. (Hosea Fountain, *American Journal of the Med. Sciences*, 1846; extract from the Casaubon thesis.)

Obs. III.—After taking three drachms of the *Succus conii* of the *British Pharmacopœia* I set out *walking;* and three quarters of an hour after the dose I felt a heavy clogging sensation in my

heels. There was a distinct impairment of motor power. I felt, so to speak, that "the go" was taken out of me. It was not that I felt fatigued just then, but it seemed as if a drag was suddenly put upon me, and that it would have been impossible to walk fast if urged to do so. After walking about a mile up-hill, this sensation was very decided; and on putting a foot on the scraper at the door of the hospital the other leg was shaky and felt almost too weak to support me. My movements appeared clumsy to myself, and it seemed necessary that I should make an effort to control them. At the same time there was a sluggishness of the adaptation of the eye. My vision was good for fixed objects, but when an uneven object was put in motion before the eyes, there was a haze and dimness of vision, producing a feeling of giddiness. The pulse and pupils were unaffected. These were the whole of the effects; and after continuing for an hour, they rapidly disappeared, and left me in the possession of my usual vigour. (Harley, *The Old Vegetable Neurotics*, p. 3.)

Obs. IV.—I gave to a man æt. 57, of powerful muscular development, the *Succus conii*, in doses increased from three drachms to one ounce. The medicine produced no appreciable effect until the quantity was increased to six drachms. This dose was followed, twenty minutes after taking it, by sudden giddiness, and so much weakness of the legs as rendered the patient incapable of walking, and he was obliged to lie down. There was an aching pain across the eyebrows, and mistiness of vision. He could hardly raise the eyelids, which seemed pressed down with a heavy weight; and he was disposed to fall off to sleep. After twenty minutes he got up and walked a mile, but the legs were so weak that they could hardly support him; the knees tended to fall forwards; and his gait was tottering. An hour and a half after the dose, the effects had almost entirely passed off, and he felt as if nothing unusual had happened to him. On another occasion, after taking an ounce, these symptoms were repeated; but the accession of the giddiness and weakness was so rapid that he would have fallen but that he caught hold of a support. All the symptoms were intensified, and continued a little longer than when only six drachms were taken. (Ibid., p. 5.)

Obs. V.—A delicate young woman, of inactive habits, took four drachms of the *Succus*. Twenty minutes afterwards, and

while attending to her usual duties, she experienced nausea and giddiness. She dropped an inkstand which she was holding in her hand, and was unable to walk; and she was placed in the recumbent position. These symptoms came on with alarming swiftness, and the pulse went up to 120 from emotional excitement; but in a few minutes the heart regained its usual quietude, and she remained perfectly comfortable and calm, but without power to use the arms or legs. An hour after taking the medicine there was nearly complete muscular paralysis; the eyelids were closed, the pupils widely dilated; and the mind clear, calm, and active, and she expressed herself quite comfortable. She tried perseveringly to raise the eyelids when I requested her to do so, but she was quite unable to separate their margins. The pulse and respiration were normal; the surface warm. At the end of an hour these symptoms passed off; and after three hours she had completely recovered her activity, and resumed her duties. The next day she complained of slight wearisome pain in the muscles of the legs. (Ibid., p. 6.)

Obs. VI.—A labourer, æt. 48, dined one day in January on meat and boiled parsnips. He had himself dug up these roots with a pickaxe, the earth being hard frozen, and his attention was especially attracted to one of them which he took at first for a horse-radish, but which he had eaten along with the rest, noticing that it had a somewhat sweet taste; this root, he said, was four or five inches long, and rather thicker than the thumb. Mr. Wilson felt satisfied from some specimens which were shown him that the root was that of *Conium*.

The patient dined at half-past 12; at 1 he commenced working in the field, but as soon as he began he experienced vertigo, with dryness of the throat; he suspected he might have been poisoned by the questionable root which he had eaten, and hastened home; he accomplished the distance (about forty mètres) with great difficulty; his limbs were weak, and everything around him seemed to be moving backwards and forwards. On reaching home he sank down on a chair; it was then 2 o'clock, at which period Mr. Wilson saw him.

His lower limbs were then benumbed, still sensible, but completely paralysed. Great weakness in the arms with feeling of numbness; countenance flushed and anxious; patient said he was about to die. Pulse 90.

Having administered 50 centigrammes of *Copper*, vomiting set in at once; the vomited matters were not preserved. At 4 o'clock the patient could stand, and take a few steps about his room. From this time until 6 o'clock there was copious diuresis. Some hallucinations, with sensations of cold from time to time.

At 8 o'clock extremities cold, pupils dilated, pulse 90. Great feeling of dryness of the skin and throat. Constipation. A little momentary delirium during the night. Next day *Castor oil*, tea, and oatmeal porridge were prescribed, and in two days the patient recovered his usual state of health. (Wilson, *Lancet*, September, 1871.)

I have placed the more recent observations after that of Bennett; those which follow are of much earlier date, and wholly or in part confirm the former.

Obs. VII.—Eandem cicutam, cum paupercula pro pastinacae radicibus cibi loco comedisset, cæpit divexari strangulatione, coecutire, delirare, temulenta veluti, nec pedibus stare poterat, nec deglutire oblata. Filia idem passa erat; cum autem statim vomeret, brevi liberata est. (Bauhin, in Schenckii *Observationes*.)

Obs. VIII.—Cuidam contigit apud *Timæum de Guldenklee*, L. 7, c. 4, qui post comestas radices cicutæ, loco petroselini, cum bubula coctas, vinum absinthites bibit, unde cordis angustia, dyspnœa, vertigo tenebricosa, singultus aliquamdiu mitigata, recruduerunt, accedentibus strangulationis metu, et virium exsolutione: cui postea mox vomitum movit, et alexipharmaca dedit, at non efficere potuit quin ad tertium mensem cordis angustia et dyspnœa perdurarent (in Wepfer, p. 321).

Obs. IX.—According to Mathiolus, when donkeys in Tuscany eat hemlock they fall into such profound sleep and so torpid a state that they seem dead. Sometimes when ignorant peasants have set about removing their skins for the value of the latter, the poor creatures have revived in the middle of the operation. (Mathiolus, L. 4, c. 74.)

Obs. X.—Daniel Gruel œnopola Colbergensis cum in prandio

carnis bubulas radicibus cicutæ loco petroselini per ignorantiam conditas comedisset, illico in cordis angustiam, spirandi difficultatem, oculorum socotomiam et singultum incidit; ventriculi vitio haec evenire ratus, haustum unum atque alterum vini absinthites assumpsit, et melius quoddammodo habere visus est, paullo post repetentibus modo dictis symptomatibus, accedense insuper et strangulationis metu, viriumque exsolutione, opem meam implorabat. (Waldschmidt, *Opera medico-practica*, T. 1, Francof. ad Moenum, 1707.)

Obs. XI.—A young gentleman, æt. 18, in consequence of a venereal infection, had two buboes, which were both opened. They were treated in the usual manner, and at first put on a favourable appearance; but when they were nearly healed they began to ulcerate at their edges, and spread in all directions, rising above the pubes almost to the navel, and descending upon each thigh. His nights became restless, and his general health was affected. A great variety of medicines were tried, particularly *Mercury* in different forms, but with little or no effect. Extract of hemlock did more good than anything else, and was taken in unusual quantities. An ounce was swallowed in the course of the day for some time, which was afterwards increased to an ounce and a half, two ounces, and even two ounces and a half. It produced indistinct vision and blindness, loss of the pain, falling of the lower jaw, a temporary palsy of the extremities, once or twice a loss of sensation; and notwithstanding he was almost every night in a state, as it were, of complete intoxication from the hemlock, his general health did not suffer, but, on the contrary, kept pace in his improvement with the ulcers. They could not, however, be healed by the hemlock; and among many other things, *Æthiops mineral* and *Plummer's Pill* were liberally given, seemingly with advantage. Recourse was had to the hemlock from time to time. A great many different kinds of dressings were made trial of, none of which were found to exceed (? excel) dry lint. The ulcers were nearly all healed, after having tormented him upwards of three years, when, committing irregularities in diet, and the sores getting worse, he returned to the extract of hemlock, which he had for some time laid aside, and of himself swallowed in the course of the morning ten drachms. This quantity was only the half of what he had previously taken

in twenty-four hours, but his constitution had been at that time gradually habituated to the medicine. The ten drachms produced great restlessness and anxiety; he dropped insensible from his chair, fell into convulsions, and expired in two hours. (John Hunter, *Works*, edited by Palmer, vol. ii, p. 379.)

Obs. XII. —I prescribed pills of *Extract of Conium*, prepared after M. Stœrck's method, to a person threatened with cancer. The use of these pills caused a numbness of the lower extremities, which made the patient uneasy. This effect had been already noticed by M. Lorry.* I directed that the *Extract of Conium* should be mixed with twice its weight of *Camphor;* the numbing effect at once ceased, and there supervened instead a slight heat and burning, which presently passed away. The patient continued to use the pills in gradually increased doses without inconvenience. (Hallé, *Histoire de la Société Royale de Médicine*, 1782.)

Obs. XIII.—Earle and Wight, in 1845, tried on themselves the effects of hemlock, and noticed that it first produced a feeling of weariness in the limbs, then general lassitude, a kind of languor; afterwards, they say, they felt their limbs give way under them, they could scarcely lift their arms, their heads felt heavy and compressed; they experienced vertigo; fainting followed by cold sweats; urine very plentiful; formication; in some cases erythematous eruptions. At the same time the vision is dimmed; hearing becomes less acute; and, in Wright's experiment, there was aphonia which lasted some time. (*Dictionn.*, Jaccoud.)

Obs. XIV.—A young man who was a special favourite of the professor's, in robust health, believing himself to be labouring under some venereal affection; began to take excessive doses of hemlock. He lost colour, appetite, vivacity, and sleep; every function became deranged; at last he was attacked with a choleraic tertian. *Kina* and *Opium*, together with good regimen, arrested the attacks, and effected a cure; but the stomach remained in so weak a state that the least excess was imme-

* Stuporem ab ipsa (cicuta) cruribus inductum in eadem femina pluries observavi (Lorry, De praecipius morborum mutationibus et conversionibus, Parisiis, 1784).

diately followed by indigestion, humming noises in the head, ringing in the ears, great weakness of the lower extremities, and frequent attacks of recurrent fever. (Del Chiappa, *Gaz. Médicale*, 1833, p. 640.)

Obs. XV.—In the case of two children who had swallowed only a small quantity of the leaves of shoots of young hemlock, the face was pale and livid, pupils dilated, heart's impulse weak and slow, pulse hardly perceptible; both complained of general lassitude, prostration, and somnolence; all their movements resembled those of a tired person, not of one paralysed. The action of a stronger dose was shown in the case of two other children by the following symptoms:—Aspect of the bodies exactly like that of corpses; face pale and livid; pupils much dilated and immovable; corneæ glazed and shining; eyelids completely passive; lower jaw and tongue equally so. Only the respiration (which was itself very slow) showed that life was not extinct; the radial pulse could no longer be felt; the heart's impulse and sounds were so feeble that Mr. Skinner even felt doubtful of their existence. In the case of the first two children an emetic of salt and oatmeal and stimulating drinks soon dispersed the symptoms; in the case of the latter it was necessary to have recourse to the stomach-pump; and, in spite of the employment of electricity and the most powerful stimulant and revulsive measures, there was great difficulty in awakening the already nearly extinct life. In no case was there delirium, or convulsions, or vomiting, or diarrhœa. (Skinner, *Liverpool Med.-Chir. Journal*, July, 1858.)

Obs. XVI.—Alderson mentions a case in which *Conium maculatum* in a large dose produced general paralysis. The lower jaw fell, saliva flowed from the mouth, urine escaped from the bladder in drops, and the sphincter ani was unable to prevent the escape of matters contained in the rectum; in a word, all the voluntary muscles lost their power, and the patient remained for more than hour in a most pitiable condition, being unable to move or make the slightest effort, though sensation remained unimpaired. He recovered by the exhibition of stimulants (quoted in Pereira).

Paralytic symptoms are the most prominent in cases

resembling that of Socrates. Motor paralysis is of much more frequent occurrence than sensory; the latter is a later symptom, and, when it appears at all, supervenes at an advanced stage. Numbness is the first stage of sensory paralysis, just as weakness is the first stage of motor paralysis. Where the amount taken falls short of a toxic dose the symptoms often are limited to numbness and paresis. The extremities are the principal seats of these paralyses; preferably and more frequently the lower extremities, but sometimes all four limbs at the same time. Agasson refers to a case where there was paralysis of the lower limbs together with convulsions in the arms. In most cases these symptoms were justly compared to ascending palsy; nevertheless, in exceptional cases, the anterior limbs in animals have been observed to become paralysed before the posterior. Roussel and Casaubon have each given an instance of this.

I must call attention to paralysis of the upper eyelids. Bennett's patient tried to look up, and *slightly* raised his eyelids. Two persons experimented on by Harley were unable to raise them.* In a case noticed by Simon Paulli

* Harley demonstrated this also in the case of horses. I subjoin an observation or experiment which we owe to him, and give it *in extenso*, on account of its interesting character:—"It has been doubted whether horses were amenable to the action of hemlock, but this doubt is removed by the following experiments which I performed, with the assistance of Mr. Frederick Mavor, on a colt aged two years. At a week's interval we gave it by the mouth the *Succus conii* of the Pharmacopœia in successive doses of 6, 8, 12, and 16 ounces. No effect was produced except by the last dose, which represents 1 lb. of the fresh leaves. Thirty-five minutes after swallowing the poison we observed that the animal was motionless; the ears fallen; the head and neck hanging down; upper eyelids swollen and fallen, almost closing the eyes. Five minutes afterwards the animal fell on its knees and nearly overturned itself when it tried to recover its former position. After stumbling a little it recovered its legs and remained for twenty minutes in the same benumbed and tranquil state as before, except that it moved one of its limbs backwards or forwards from time to time, which obliged it to make exertions to recover its equilibrium. At the expiry of that time it began to walk, stumbling a little, however, and but slowly and languidly, with the ears fallen, the head and neck hanging down, and the eyelids half closed. Two hours afterwards there was nothing the matter; the animal had recovered its wonted vivacity. The head and ears were erect. The swelling and depression of the eyelids, which

it is said:—"Adeo languebant ut palpebras attollere non possent." When we come to the analysis of the symptoms, I shall treat in detail of the other paralyses which occur of the pharynx, the larynx, the tongue, and the jaws.

The numerous experiments performed on animals during the last twenty-five years confirm these facts. The first symptom produced by the drug, according to MM. Devay and Guilliermund, is almost constantly paralysis of the posterior extremities, to which succeeds an involuntary emission of urine. The animal will use its fore-legs to drag along the posterior portion of its body, which is almost inert, like a dead weight; then, shortly afterwards, convulsions supervene. According to Van Praag,* in the greater number of experiments the convulsions were preceded by symptoms of progressive paralysis, consisting in an unsteady gait, the animal requiring to support itself against a wall, and having the head bowed, desiring to lie down, the knees bending when walking, and an inability to stand upright. Then convulsions ensued, always followed by muscular tremors. Van Praag remarked, as less constant symptoms, falling of the membrana nictitans, retraction of the ears, difficulty in mastication, continual slavering and difficulty in deglutition. General sensibility is neither exalted nor diminished.

Gultmann, in his researches on the action of *Conicine*,† proved, by means of experiments on frogs, rabbits, and birds, that the constant action of this drug consists in paralysis of all voluntary motion, beginning at the extremities and ending at the respiratory muscles.

According to Werigo, *Conicine* has a marked action on the spinal marrow, and especially on the motor cords. It betrays its presence in frogs by paralytic symptoms, with no

arose from paralysis of the *levator palpebræ* and *orbicularis* muscles, had disappeared." This experiment of Harley amply confirms Chomel, whom I quoted above.

* Leonides van Praag, *Conin. Toxicologische-pharmakodynamische Studien*, in Journal für Pharmakodynamik, Toxicologie und Therapie, von Keil; Berlin, 1856.

† *Berlin. Klin. Wochensch.*, 1866.

trace of convulsions; in mammals a large dose produces violent convulsions, while a small dose only causes paralysis of the extremities. Convulsions are always premonitory signs of death.*

Roussel gives an account of forty-five experiments with *Conicine* upon different animals, as rats, cats, dogs, and horses. He thus summarises the results of his experiments: —We are able to establish a manifest action on the hind quarters. This action is exhibited by the occurrence of stiffness which at first is but slight, but soon increases more and more until we find a sort of tetanus. A similar stiffness afterwards attacks the fore-quarters and runs the same course. Only on one occasion (and one exception cannot invalidate the law) these phenomena were reversed, and the stiffness first appeared in the fore-quarters. This tonic convulsion soon seizes on the muscles of the head, neck, tail, abdomen, thorax, and, finally, the diaphragm itself, so we can now understand why death should take place from asphyxia. If the dose was not large enough to cause death, the muscular symptoms go no further, and a gradual return of muscular activity with restoration of the normal condition is observed. But it is otherwise when the dose has been very large. The animal, which had at first exhibited a laborious, irregular, jerky gait, comes to a standstill, and seems paralysed; it slips backwards, tries to support itself with its fore legs, but these fail to perform their office, and it falls back and tumbles down. At this stage the animal is seized with great anxiety, its body is covered with profuse perspiration, the cutaneous muscles are strongly contracted, general tremors supervene, and convulsions appear. Whatever be the species of animal experimented on, these symptoms have never failed to appear once the creature has fallen down. The clonic symptoms on their appearance follow the same course as the tonic convulsions to which they succeed. Sometimes more and sometimes less distinct (horses present this symptom less than any other animal), they are usually of short duration, but they ought

* *Archiv f. gericht. Medicin*, Petersburg, 1865–66.

always to be regarded as precursors of death, though here also we find one exception to the rule.

It is needless to give further instances. We find the same facts in Nega, Albers, Murawjew, Schroff, Kölliker, Funke, Danilewski, Casaubon, Pellisard and Joyet, Martin-Damourette and Pelvet.*

The pathogenesis of Hahnemann gives but a poor representation of the paralysing effects of hemlock. Power of movement is not destroyed, but there are great weariness and weakness, producing much reluctance to walk. The muscular weariness is especially noticeable in the morning. The arms and legs are tired. The knees tremble, and after taking a few steps the person is fatigued and compelled to lie down. As regards the extremities, fatigued weakness, especially in the lower limbs, with numbness of the small and great toes, the former feeling lifeless. If Hahnemann gives us none of the most striking toxic symptoms, the reason plainly is because he only experimented with small doses.

Let us now resume the account of the death of Socrates in order to show its perfect accordance with the facts mentioned above.

As Socrates was walking about he said that he felt his legs become heavy.—This is the beginning of paralysis; *gravitas totius corporis,* said Saintes de Ardoinis. This symptom is hinted in Bennett's observations; it is recorded in the experiment Harley performed on himself. The two other persons on whom he experimented were compelled to lie down, like the Athenian philosopher whom the executioner directed to do so. The Athenian executioner understood his business. He directed the victims to lie down as soon as they felt their limbs grow heavy, which was necessary on account

* Nega, *Schmidt's Jahrbücher,* 1850. Albers, *Deutsche Klinik,* 1853. Murawjew, *Praktische Bemerk. über das Gebrauch des Conïin, Med. Zeit. Russlands,* 1854. Schroff, *loc. cit.* Kölliker, *Virchow's Archiv,* 1856. Funke, *Schmidt's Jahrbücher,* 1859. Lemaître, *De la mode d'action physiolog. des alcaloïdes, Thèse de Paris,* 1865. Danilewski, *Archiv f. Anat. und Physiologie.* Casaubon, loc. cit. Pelissard et Joyet, *Gazette Médic.,* 1869. Martin-Damourette et Pelvet, *id.* 1870.

of the progressive paralysis caused by hemlock, as we have seen in Bauhin's observation. Demosthenes, after taking hemlock, "begged that he might be supported under the armpits, because he began already to be very unsteady on his feet, and on attempting to walk he fell to the ground, where with a sigh he breathed his last" (Plutarch). Weakness of the legs is noticed by Earle and Wight, Chiappa and Skinner; paralysis by Hunter, Fountain, Alderson and Wilson. The synonym *paralysis* given by Dioscorides is confirmed; the same symptoms appear in animals.

They squeezed his foot strongly and asked him whether he felt it; he replied in the negative.—Sensory paralysis is here expressly mentioned by Socrates himself. The donkeys mentioned by Mathiolus were insensible. The young man mentioned by Hunter lost sensation once or twice, when under the influence of hemlock. Hallé and Lorry perhaps meant more or less complete anæsthesia when they spoke of numbness of the extremities and *stupor crurum.* Tickling under the armpits produced little effect in Bennett's case. Diminution of sensibility is recorded by Wilson, and numbness of the extremities by Dyce Brown. Scribonius Largus was, accordingly, right in saying *nihil sentiunt*, and Guainerius in saying *sensum amittit.*

He showed that his body was becoming cold and stiff.—So Socrates experienced chilliness and stiffness or tonic convulsions.

The symptom "coldness" was so traditional among the Greeks that Aristophanes alludes to it in the "Frogs."* It is alleged by Nicander, Dioscorides, Scribonius Largus, Avicenna, Ardoynis, Paré, and Hunter. Recent observations have equally indicated it. Dehaën, enemy at once of Störck and of hemlock, mentions the coldness which occurred in the case of Socrates among the symptoms attributed to the action of this drug.† Earle, Wight, and Harley proved the occurrence of cold perspirations. Judd noticed a

* Σόθὸς γὰρ ἀποπήγνυσι τἀντικνήμια (verse 125).

† Socraticum per artus gelu, multis septimanis molestam et ad mortem usque perseverans, in publico civitatis ministro sub usu cicutae genitum, bini clari et seniores urbis medici mecum gemebundi viderunt (Dehaën, *De cicuta*).

lowering of the general temperature in his experiments on cats (Wood). In Haaf's case the extremities were cold; the patient even complained of being very cold; but this symptom is most distinctly portrayed in Wilson's account. Werigo, in his experiments on animals, proved that there was a distinct diminution of the temperature of the skin. In an experiment of Casaubon upon a rat the animal died in eighteen minutes, by which time it was quite cold; I subjoin his remarks on this subject:—"Leonides van Praag is the only author who has spoken of the action of *Conicine* on the animal heat; he maintains that the alkaloid lowers the internal temperature. It may, perhaps, be so towards the close, but at the beginning we once noticed a very perceptible rise of temperature, and in the majority of cases, especially those which ran a rapid course, we have almost found even after death, while the limbs and cutaneous surface were already cold, that the temperature was changed but little or not at all. *Conicine* in such a dose as to be quickly fatal has no elective action on the temperature: the latter depends on the action of the heart: it is raised when the circulation is quickened and lowered when that is retarded."

If it is difficult to establish the occurrence of external coldness in cases of rapid poisonings in animals which ran their course in less than an hour, this is no proof that in a longer period the coldness which occurred in the case of Socrates might not take place, and in fact it has been demonstrated in our own day by the observations of Wilson.

As to the stiffness, we meet with this symptom among our observations. Fountain experienced numbness with muscular stiffness, hindering flexion of the forearm in the arm. The student mentioned by Casaubon, when he had gone so far as to take two grammes of the extract, experienced muscular contractions; on taking fifteen grammes of the root he suffered from epilepsy. In the case of the children mentioned by Bianchi we have contraction of the muscles, especially the extensors of the vertebral column and then of the extremities. The woman mentioned by Dyce Brown had trismus; the numbness was accompanied by stiffness

in the limbs, quite different from the sensation of being unable to move them. Both tonic and clonic convulsions have been frequently noticed in cases of poisoning by this drug, as well as in experiments on animals, as will be seen presently, when we are considering the delirious and convulsive variety.

Shortly afterwards he made a convulsive movement.—Convulsions precede death in the lower animals: in man also we meet with convulsions at the close in the accounts of Hunter and Wilson.

His look was fixed.—This closing symptom has been noticed in experiments on animals. The dilatation of the pupil naturally gives the appearance of a fixed gaze. This dilatation constantly occurs on the approach of death, according to Roussel, and his observation is confirmed by others.

Such are the points of agreement between the record of the symptoms attending the death of Socrates and facts established by modern research. The account is, no doubt, incomplete, but such symptoms as are described are precise. More was not to be expected from the witnesses who gave Plato an account of the last moments of his illustrious master. If Professor Bennett had been present at the death of Socrates, the description would have been supplemented with an autopsy. It is, then, demonstrated, notwithstanding Wepfer, that Plato wrote no mere imaginative or rhetorical composition when he recorded the end of the philosopher who was poisoned with hemlock. The picture was drawn from nature; modern observation has furnished us with numerous copies of it.

Delirious and convulsive form of the drug's action.

"It is a remarkable thing," said M. Gubler,* lately, speaking of hemlock, "that the cerebral functions remain unimpaired, just as in cases of nicotine (?) poisoning. Thus modern observation confirms the account given us by Plato,

* *Journal de Pharmacie*, de Méhu et Jungfleisch, Décembre, 1873.

who tells us that his master retained the full use of his intellectual faculties to the last."

Like so many others, the professor of therapeutics of the faculty of Paris is wholly in error on this point. It is far from being true that the cerebral functions always remain unimpaired in cases of hemlock poisoning; in numerous cases we meet with delirium and even convulsions. The mode of death of those poisoned by hemlock is not in all cases the same as that of Socrates; there are many varieties, just as happens with *Aconite, Arsenic, Belladonna,* and poisons in general, *hanc in Caio . . . . illam in Titio.* Such is the law.

As regards hemlock we have an irrefragable proof; Nicander speaks positively of the cerebral action of this drug. Dioscorides mentions the *mentis alienationem,* διανοίας παραφοράν, while Galen designates the cerebral symptoms occasioned by hemlock by the term κώνειον; this was a name handed down by tradition. In further proof we may adduce the Greek synonyms ἄφρων and κατεχομένιον given by Dioscorides, which clearly point to delirium. We are about to examine a number of modern observations by no means in accordance with the account given by Plato, and to prove that there are many varieties of hemlock poisoning besides that exemplified in the case of Socrates. I subjoin a series of observations in confirmation of this; Obs. VI and VII, quoted above, may also be consulted.

Obs. XVII.—Hier. Tragus, L. 1, c. 159, *Historia Stirpium,* se vidisse refert mulierem quamdam honestam, quæ cum inter pastinacas radice cicutæ forte fortuna vesceretur, ebriam quasi et insanam redditam fuisse ut in altum scandere et subvolare conaretur, cui haustu aceti subventum est ut ad mentem rediret. (Friccius, *de virtute venenorum medica.*)

Obs. XVIII.—A countryman gathered roots of hemlock, by mistake, for parsnips, and having, together with his wife, partaken of them, they both went to bed. On awaking in the middle of the night they had completely lost their powers of reason; they ran about the house in the dark, in a state of frenzy, striking

their heads, faces, and eyes against the wall: the neighbours came in next morning and found them in a pitiable condition, covered with contusions and ecchymoses. I was summoned immediately, and ascertained, by interrogating the servants, that the sufferers had really eaten hemlock; I even went to the very place where the root had been gathered. I then returned to my patients, whom, thank God, I succeeded in curing. I also attended a Franciscan monk, who suffered alternately from dementia and frenzy for many months in consequence of hemlock poisoning (abridged from Mathiolus).

Obs. XIX.—Novi ego duos ex insigni familia religiosos, quibus coquus famelicis primó loco ferculum ex radicibus petroselini, ut credebatur, incoctis apposuisset (erant autem cicutae, quae ita sunt similes petroselino, ut non nisi odore discerni possint) quod illi appetitu stimulati cupidissime adoriuntur. Vix autem in stomachum descenderat cibus, cum virulentia vires explicat, siquidem caput utriusque tam horrendis fuliginum exhalationibus opplevit, ut uterque mente captus insignis et exoticae insaniae signa daret, primus in vicinum lacum se praecipitans in anserem mutatum esse asserebat, alter disruptis vestibus se anatem profitebatur, nec internum incendium extingui posse, nisi in amne contendebat. Medicorum tam cathartica quam bezoordica adhibentium ope quidem in vita servati sunt, triennio tamen, quod ipsis vivendum restabat, tremoribus et livoribus continuo vexabantur. (Athan. Kircher, *Scrutinium pestis Rom.*, § 2, c. 2.)

The three preceding observations fall under the censure of certain criticisms directed against many of the phenomena of hemlock poisoning which have been mentioned by old writers. These criticisms are summarised in the following passage of a recent article in the dictionary: "We find little worthy of record among the numerous facts related by authors, with such a profusion of details as converts the greater number of their observations into tales of romance. Mental affections have been noticed, occasioning furious delirium; some running after themselves and calling themselves names; others throwing themselves into the sea under the influence of some hallucination; men losing all procreative power; women, in whom the milk

was for ever suppressed; then, in support of all this, we have the opinions of Dioscorides and Aretæus, and the authority of St. Jerome, which we should not have expected to meet with on such a subject. Three quarters of the long chapter on hemlock by Pereira and Stillé are taken up with an account of these observations, *these fables, which we shall pass over in perfect silence.*" (Ollivier et Bergeron, Nouveau Dictionnaire de Médecine, Ed. Jaccoud.)

It will be proved in the sequel that hemlock may occasion attacks of furious delirium, mental as well as optical hallucinations; loss of sexual power in man, and suppression of the flow of milk in woman. Thus the authority of St. Jerome will be established, as well as the necessity for his having concerned himself with the subject. I have already quoted Tertullian and St. John Chrysostom, and I shall quote other authors of the same class. If it is the fashion in some very commonplace articles in the dictionary to ridicule the Fathers, I will not be one of the laughers. The gentlemen who despise the opinion of Dioscorides seem to require to be taught that his physiological account of hemlock is perfectly correct, that the symptoms noted by him are confirmed in every particular by tradition extending to our own time. Such, however, is unhappily the way in which questions of pharmacodynamics are treated in dictionaries and elsewhere.

Harley relates the observations of Mathiolus and of Kircher, and treats them as pure fables, maintaining that they have served no other purpose than that of obscuring and retarding the knowledge of the true physiological action of hemlock which we now possess.

As early as 1860 Stillé rejected the two preceding observations, and also that of Ray, which will be quoted in the sequel. The American physician, relying on the alleged absence of delirium which modern observations were said to prove, maintained that there must have been some mistake regarding hemlock, as in the case before quoted.* These assertions, however, have been quite dis-

* Stillé, *Therapeutics and Materia Medica*, Philadelphia, 1860. This

proved by even the most recently observed facts which fully confirm the observations of the ancients. Hence the importance of carefully collecting all known facts, and pronouncing no decision before having minutely examined them. Stillé, Harley, and Gubler never sought for these facts, which is an additional reason for here adducing them.

Wepfer quotes an observation respecting several persons poisoned by roots of *terrestrial* hemlock, taken by mistake for parsnips; they were eaten cooked. The case is taken from Henri Smet. (Miscellaneae, liv. 10.)

Obs. XX.—De hoc edulio comederunt tres mulieres, vir unus, duo adolescentes, totidemque puellae. Omnes *delirarunt:* quo qui plus de illis ederat, eo diutius et vehementius, quo parcius assumpserat, eo moderatius delirabat. Ipsa nobilis matrona quae historiam ad *D. Smetium* perscripserat, oppressionem et angustiam sibi obortam sensit, adeo ut intra 24 horarum intervallum, aut nihil aut perparum sui compos fuerit, nec quid agere sciverit: fuit siticulosa admodum et in ventriculo gulaque fervorem immodicum percepit. Post 24 horas elapsas nihilominus *mens* per quatuor dies *errabat* nobili matronae: omne avicularum et caniculorum genus sibi observari videbatur: quoscumque circum circa videbat homines, omnes vel mortui vel aegroti apparebant, quorum singulis opitulari et medicari allaborabat. Ceteri *delirantes alii imaginabantur* se videre lacertas aut serpentes; alii arreptabant in ignem; alii saltabant et per dumos sepesque vagabantur. (Wepfer, p. 27.)

Four observations of hemlock poisoning occur in the *Ephemerides naturae curiosorum.* A woman, together with her daughters and servants, ate hemlock; they were seized with vertigo, a feeling akin to that of drunkenness, delirium, and hiccough (ann. 1681).—Müller, in the case of another family similarly poisoned, remarked loss of appetite

author also rejects the observations of a case of poisoning of several children from Sigmond's *Lectures,* which he ascribes to Bergius. Examination of the symptoms convinces me that Bergius merely reported an observation of Wepfer, adopted by the latter as the starting-point of his treatise on *Cicuta virosa;* it has nothing to do with *Conium maculatum.*

and burning sensation in the throat, anxiety, dyspnœa, and delirium (ann. 1722). Limprecht proved the occurrence in some cases of delirium and frenzy, in others of oppression, in others of violent colic, and, in one instance, of deep sleep, in numerous cases observed by him. An old woman to whom no emetic had been administered, suffered from colic and convulsive movements of the limbs for three months (ann. 1727). He described the symptoms in the case of a girl of twelve years old, who had eaten the root: anguish, cardialgia, delirium, trembling, cyanosis, and cold sweats. She was cured by means of producing copious emesis. (Id., vol. x.)

Wolf gives us an account of a whole family poisoned with the root of hemlock. All, excepting the servant, were soon seized with headache; they staggered, talked foolishly, and ran about in all directions as if they were mad. Having swallowed a draught containing vinegar, they fell into a profound sleep and awoke cured. On the third day the condition of the servant became worse, and she died on the day following in convulsions. (Obs. Med. Chirurgica. Quedlinburg, 1704.)

Obs. XXI.—On 6th May, 1874, two German soldiers gathered a quantity of herbs for themselves and two other comrades. They ate them cooked with bacon; the herbs were really hemlock. Shortly afterwards they were all seized with violent vertigo, and presently fell into a comatose state. Two of them had convulsions, and died in the course of three hours. A physician made the others swallow large quantities of oil; they vomited the contents of their stomachs and were saved. The symptoms observed in this case resembled those consequent on a large dose of *Opium*. (Dr. Watson, *Philos. Transactions*, vol. xliii.)

Andry has noticed delirium, vertigo, convulsions, trembling, paralysis, and even suppression of the menses, as *sequelæ* of the use of hemlock.*

The following observation is of importance; it was given by Ehrhart in his inaugural dissertation on hemlock. His

* Andry, *Quaestio medica an cancer ulceratum cicutam eludat.* Duisburg, 1763.

brother had been poisoned by this plant, and this event probably led him to select this subject for his thesis. He gives an excellent copper-plate engraving of *Conium maculatum*, so we can entertain no doubt whatever that this was the plant to which the poisonous effect was due.

Obs. XXII.—Imo ipse occasionem habui territus observandi effectus a cicuta comesta, cum meus frater forte ova, in quae petroselini vice errore ancillae folia cicutae, vere incipiente, recepta fuissent, comedisset. Valde post paucum tempus titubavit, caligavit, deliria varia passus est, mox lacrimatus est, mox risit, vomuit sponte, tamen intumuit, et ita ut de vita ventrisque ruptura periclitaretur, nec urinam mittere valeret, nec verba proferre, nec sese erigere, jacens et temulentus erat, usque dum illi largius oleum amygdalinum dulce et lac vaccinum propinaretur ingurgitaretur, unde sensim sensimque symptomata et postea praecipue pinguioribus carnium jusculis datis debellata, tandem remitterent, purgantibus roborantibusque lenioribus ad interim exhibitis octidus in totum restitutus, sanatusque fuit. (Ehrhart, *Diss. med. de cicuta*, Argentorati, 1763.)

Obs. XXIII.—A woman suffering from cancer of the breast took twenty grains of powdered hemlock; after ten or fifteen minutes she was seized with great uneasiness, trembling, stupefaction, delirium, and convulsions; fortunately, the uneasiness was followed by vomiting, which caused her to eject part of the powder, and the vomiting continued until probably the whole was ejected. Notwithstanding this, the delirium and convulsions continued for several hours, after which they gradually diminished, ending in sleep. After a few hours she awoke perfectly free from all the symptoms. (Cullen, *Materia Medica.*)

Obs. XXIV.—A young man, aged twenty-one, was suddenly seized one winter afternoon with violent heat, vertigo, and pain throughout the entire head. The vertigo increased to such an extent that after a few hours he could no longer stand; every moment there came on cold sweats in various parts of the body, and a sensation of violent pressure on the stomach gradually descending to the left side of the lower part of the abdomen, accompanied with a desire to vomit. About 10 o'clock he became

delirious, and had freqnent faintings, on each occasion losing consciousness for five minutes. About midnight he sent for a physician. His intelligence had in some degree returned, the pulse was amazingly quick and tense, there was violent headache, the tongue was loaded on both surfaces with a saltish mucus, otherwise it was dry. The patient complained of violent thirst, a feeling of burning and pressure in the lower part of the abdomen; the whole body trembled; he was unable to hold up his head. Perspiration sometimes present, sometimes absent.

It was proved that he had eaten hemlock roots by mistake for parsnips. Cure after a few days. (*Materialien für die Staatsgerichtwissenschaft*, von Schlegel, 1801.)

Obs. XXV.—A man suffering from a large cancerous ulcer was treated with hemlock, but it became necessary to suspend the drug on account of the supervention of a slight delirium and some attacks of syncope. Subsequently the dose was diminished and borne very well. (Choquet, *Journal de Leroux*, 1813.)

Obs. XXVI.—When in garrison at Torquemada in Spain, I was summoned, 2nd March, 1812, at 7 p.m., to see a grenadier who was said to be dying. I found the patient in a deep slumber, senseless, breathing with much difficulty, and lying on the floor upon a little straw, in a little, narrow, low room, closely shut up, crowded with people, and filled with smoke. His pulse was small, hard, and as slow as 30; the extremities were cold, countenance bluish and congested like that of one strangled. He was placed in the open air. I was informed that, together with several of his comrades, he had partaken of soup in which hemlock had been mixed; that after supper they all felt as if they were intoxicated, and suffered from pain in the head and throat; that this grenadier, whose appetite was usually good, had taken more than the rest, and that immediately after supper he undressed, went to bed, and slept while the others remained at table conversing; after an hour and a half, when the latter themselves began to feel ill, they noticed my patient was groaning and breathing with difficulty, which made them resolve on sending for me. I hesitated for a moment as to whether I should begin by administering large quantities of warm vinegar, in order to

neutralise the effects of the narcotic, or by opening the jugular vein to remove, as soon as possible, the manifest cerebral congestion, or, lastly, by causing the poison to be evacuated directly, and decided on the administration of an emetic. I gave 60 centigrammes of *Tartar emetic* in boiling water, and caused the patient to inhale the fumes of vinegar. Cold fomentations were applied to the head, and dry and warm friction to the extremities in order to restore the circulation in them, and remove the cerebral congestion. Half an hour after taking the emetic the patient made fruitless attempts to vomit, and presently his condition, which at first presented some hopes, grew manifestly worse; yet he still spoke and complained of feeling very cold. But he soon again lost speech and consciousness, and only evinced the extreme anguish he suffered by constant palpitations in the chest and epigastrium. Then, without waiting longer for the emetic to operate, I ordered draughts of warm vinegar, and that he should be constantly rubbed while I went for a lancet to open the jugular vein. But I came back too late: the patient had died a few moments before my return, three hours after the fatal supper.

Autopsy.—The stomach was half filled with undigested matter; there were some red spots around the pylorus: the liver was very large; intestines normal; vena cava and heart empty; the thoracic cavity narrow; *left lung* healthy, but *right lung* quite destroyed by suppuration (the man was thirty-five years of age, robust, but at times suffered from a dry cough, and he had difficulty of breathing. On opening the cranium a quantity of blood escaped sufficient to fill two ordinary *pots de chambre;* the vessels of the brain were extremely gorged with blood (Haaf, *Journal de Médecine*, de Leroux, t. xxiii, 1813.)

Obs. XVII.—A medical student of Castleton, in the course of experiments which he performed on himself with narcotic drugs, took as much as two grammes of the extract of hemlock without experiencing any peculiar symptoms except diplopia and muscular contractions. He chewed and swallowed fifteen grammes of the root of hemlock, and after an hour and a half became light-headed, his eyes being very sensitive to light; delirium supervened, during which he at first took to walking about. Two hours after swallowing the drug an attack of epilepsy came on,

lasting four or five minutes, with contraction of all the muscles. Before the convulsions the pulse was 52, of normal force; after these it became weak and frequent; then ensued spontaneous vomiting, after which a draught was given him containing 66 drops of laudanum with 10 grammes of carbonate of ammonia in ℥j alcohol. A second and still more violent attack came on, leaving him almost like one dead. The same remedy was given with the addition of capsicum at short intervals. Five hours after swallowing the poison he came to himself again, but was unable to move his limbs; he felt an inclination to vomit as often as he tried to rise. The symptoms decreased under the remedial measures adopted. At the end of sixteen hours he vomited three or four times, but four hours' sleep completely restored him.

The author of this observation adds that a foreign physician found *Conium* a valuable remedy for epilepsy, chorea, and mania (*Boston Journal*, vol. x, *Schmidt's Jahrbucher*, t. iv, 1834).

Obs. XXVIII.—On a fine spring day two children, aged respectively six and seven years, found a root with which they were unacquainted in a garden. After playing with it for a while with their companions they ate it. In less than an hour, according to the parents (and I can confirm this statement at a later period), both children were attacked with violent convulsions together with continual agitation and furious delirium. The expression, usually gentle, was wild and piercing; a strange anxiety caused them to keep constantly moving from place to place; being unable to stand they rolled along the ground, uttering loud cries. Their distress was increased by desire to vomit, accompanied with strong efforts to do so. It was several hours before I was informed of this symptom. The suddenness and identity of the symptoms presented by both children led me to suspect that they had swallowed some acro-narcotic poison. I at once administered *Infusion of Ipecacuanha*, afterwards bleeding to a small extent, at the same time applying cold-water compresses to the head. The little patients brought up a great quantity of fluid and mucus, with a good many fragments of the root. The convulsions now ceased, but the stupor and delirium which came on at intervals, together with a painful sensation in

the stomach, lasted for some days. The result of my inquiries showed that they had eaten hemlock-root; they are not likely to have eaten very much, as the root has an unpleasant taste. (Ignaz Stark, *Beiträge zur ges. Natur und Heilwis.*, Prague, 1840, quoted in *Prager Monatschrift*, 1853.)

Obs. XXIX.—A woman suffering from cancer in the breast took one sixteenth of a grain of *Conicine* three times a day to assuage the pain. After the third dose she was attacked with spasmodic twistings in the neck, facial convulsions, stretching of the mouth, and loss of consciousness as in a swoon. The drug was suspended for a week; on resuming it the spasmodic symptoms reappeared. A year afterwards the same result was observed for the third time. (Albers, *Deutsche Klinik*, 1853.)

Obs. XXX.—Two children, aged seven and eight years respectively, having eaten portions of the root of *Conium maculatum*, were attacked with violent delirium, uttering plaintive cries from time to time; the pupils were much dilated and vision impaired; there were optic hallucinations, frequent convulsions of the facial muscles, giving rise to a dreadful expression of countenance; there was also contraction of some other muscles, especially the extensors of the back and flexors of the extremities, and peculiar movements were observed in those of the thumb and forefinger. The patients seemed endeavouring to tie these digits into a knot; tongue red, abdomen soft, urine plentiful. They recovered on the following day after some attacks of vomiting and several stools. (Bianchi, *Gaz. Lomb.*, 1857.)

Some years before M. Gubler asserted that the cerebral functions remained unimpaired in cases of hemlock poisoning; several cases, clearly proving the exact contrary, occurred under his own eyes in one of the Paris hospitals. An account of it is to be found in a thesis written in 1868. Not to speak of other more or less ancient cases or traditional evidence, this recent observation ought of itself to have enlightened M. Gubler on this question.

Last year, says M. Roussel, the stock of extract of hemlock at the hospital Sainte-Eugéne being exhausted, we sent for some more, and administered it in the accustomed

doses to patients who had been taking the drug for some time. These latter immediately experienced peculiar symptoms, the cause of which we sought in vain for several days. M. Labadie Lagrave, resident-house physician to M. Triboulet, carefully collected the phenomena, and has been so kind as to inform me of them. (Four observations then follow, of which I subjoin the most important.)

Obs. XXXI.—Mademoiselle T—, aged 44, scrofulous constitution. Suffering from engorgement and abscess of the cervical glands. For some time she has been taking one gramme of the extract of the greater hemlock, every morning, in pills.

Sunday.—At the time of the celebration of mass she was seized with nervous symptoms. After a short period of dull stupidity she was noticed to "pick straws;" there was enormous dilatation of the pupils, and, soon after, well-marked delirium. The patient got up, ran about like a person out of his wits, and there was much difficulty in keeping her in bed. Pulse quick, intermittent.

Monday.—The inequality of the pulse and dilatation of the pupils alone remain until evening.

M. Roussel continues:—We have received five other observations from M. Labadie Lagrave which we do not reproduce here, merely subjoining a résumé of their results as follows:—"Picking straws" and dilatation of the pupils occurred in eight out of nine cases; in one alone both were absent. They were generally preceded by a little dulness or stupefaction. Very soon after, other morbid nervous symptoms were observed, as marked agitation, sometimes delirium; the patients were in a state of high excitement, and some in whom the intelligence remained unimpaired suffered from paralysis of the muscles of the tongue, so that they were unable to answer questions. We found the pulse affected in but few cases, but whenever such change supervened on disorder of the circulation, there were intermission and acceleration. In some cases there was vomiting and diarrhœa, but these symptoms, being rare, are of less importance. These latter occurred most frequently an hour or two after the administration of the drug; still, they

sometimes come on suddenly, almost at once; they generally lasted twelve hours and terminated favourably (Roussel, *De la grande ciguë,* et de quelques-unes de ses préparations. Thèse de Paris, 1868).

Obs. XXXII.—Mrs. B—, æt. 28, in the sixth month of pregnancy, came to the Aberdeen Dispensary complaining of a dry cough, which troubled her little through the day, but came on on lying down at night, and kept her awake from its continuance. For this I prescribed a dose of fifteen drops of the *Succus conii,* B. P., to be taken at bedtime. Her husband, who poured out the drops for her, states that he only poured out thirteen instead of fifteen, as he had come up with her to the dispensary for a complaint of his own, and thought I had ordered thirteen drops. This dose she took before tea, about 7 o'clock. She felt nothing unusual soon after, and went to bed about 10 o'clock. About 12, midnight, she awoke, feeling uncomfortable, and with a severe headache; she tried to speak to her husband, but felt she was unable to articulate properly. He, fancying his wife was speaking half-asleep, told her to "speak rightly, that folks might ken what she said." To this she replied that she was not speaking in her sleep, but was quite sensible and wide awake. She felt as if her tongue was "stuck to the roof of her mouth," and she could not move it. Along with this she felt inability to open the jaws, which state of trismus rather alarmed her. She also had a very severe headache, which she had difficulty in describing, but which was chiefly marked by a violent pressing squeezing sensation in the top of the head. There was severe pain also in the forehead over the eyes, and from the eyes ran a profuse flow of tears, which "felt burning, as if salt and water had been put in her eyes." Her sight was not affected for some time, as she at first saw everything that was going on distinctly. Pain then went down from the top of the head to the sides of the jaws, and from thence to below the left breast, of a sharp stitching character, accompanied by a feeling of choking and inability to draw a breath. There was a feeling as if something were coming up the throat to choke her. The breathing was so difficult and stridulous that her inspirations could be heard outside the door. Her face was very red and flushed, so much so that a neighbour woman, who had been called in, thought she had

erysipelas. The next symptoms were a numb feeling in the lower extremities, with utter want of power to move them. This was followed by a similar state of the upper extremities. Along with the numb feeling there was a sensation of stiffness in the limbs, different from the feeling of powerlessness of motion. The numb powerless sensation then extended over the whole body, but was not accompanied with coldness of the surface. The sensibility of the skin was normal. Her husband made her a cup of tea, after which she vomited. She was perfectly sensible all this time, and saw all that was going on.

Her friends proposed to send for me, but she would not allow it, trying to say as well as she could that it would be a pity to take her out of bed.

The symptoms above described went off partially for a time, and then returned as before till about 4 a.m. During the latter period of the time she saw imaginary objects in the room, as of her brother and child, both of whom were dead. She was quite aware that this was an illusion, and tried to get it out of her mind, but notwithstanding her efforts and her consciousness that it was an illusion she could not prevent herself seeing them together, as if they were coming in at the door. At this time also objects in the room seemed to be indistinct and as if moving about.

At 4 a.m. she fell asleep, and slept quietly till the usual time of waking in the morning. When she rose she felt a constant aching soreness in the jaws, with the pain under the left breast, and such a feeling of weakness in the limbs that they shook under her, as if, to use her own expression, she had been recovering from a fever.

Throughout this day she was hardly able to walk across the floor, and had to go back to bed again in the middle of the day. The next night between 7 and 8 o'clock she felt a sensation as if the symptoms of the preceding night would return, but it went off. During the first night, when the above symptoms occurred, she had no cough until she vomited, when a severe paroxysm of coughing came on.

The day following (the second from the occurrence of the symptoms already described) she came up to the dispensary to tell me what had happened. Even then she still retained the aching soreness in the jaws, and felt the lower limbs so weak that

she could hardly walk up to the dispensary. The cough had also changed its character, and from being dry was accompanied by pretty free expectoration. I may state that, though she did not know whether to ascribe her symptoms to the drops or not, she had taken the precaution not to repeat the medicine till she should have seen me.

The subsequent history of the case is interesting as having a direct bearing on the above facts, and showing that they were not the effect of imagination or of any other cause but the *Conium.*

When she arrived at her full time of pregnancy she was for several days previous to delivery much troubled with false pains, which kept her from sleep and wore out her strength a good deal. One of the pupils at the dispensary, who was taking charge of the case, had been more than once called to see her, as she thought she was in labour. On going down to see her for the third or fourth time he found the pains still continuing, and ordered her twenty-five minims of *Tincture of Hyoscyamus*, B. P. This she took about 2 p.m. Had he at that time examined her *per vaginam* he would probably have found that labour was then really in progress, as she was delivered in the evening. About 5 o'clock, finding her a good deal exhausted and the labour going on slowly, he sent for me to put on the forceps. By the time I arrived, however, the child was born, and as she seemed a good deal exhausted I allowed her half a glass of whisky. In about an hour I got another message to come down as symptoms, which somewhat puzzled my assistant, had come on. She had, soon after I had left her the first time, begun to stare fixedly and to wander in her talk. She seemed to see imaginary objects, and said several times, "Take it away, take it away, I want no nonsense of that sort." She was lying with her eyes shut, but not asleep; she put her tongue out when told to do so, said she had a headache, and repeated as above. The pulse was slow, and the pupils somewhat dilated. Learning about the dose of *Hyoscyamus*, and remembering the effect of the *Conium* upon her, I had no doubt in my own mind that the symptoms were purely the effect of what to her was an over-dose of *Hyoscyamus*. I therefore ordered a cup of strong coffee and left her. My assistant and I went down to see her again about 10 p.m. and found her quite well; the headache and the mental symptoms both gone, and she

was feeling quite comfortable. She had not slept, and through this night had almost no sleep. I should also mention that the uterus was well contracted, and there had been no hæmorrhage. (Dyce Brown, *Monthly Homœopathic Review*, December, 1869.)

I bring this long list to a close with one of the most recent observations. At the beginning of this year I read in the papers an account of a case of hemlock poisoning, taken from a political article in Savoy. I was so fortunate as to obtain a complete description of the affair through the kindness of Dr. Comoz, physician at Rumilly (Savoy), and I now publish the same below. It is entitled "*Observation d'empoisonnement par la ciguë.*"

Obs. XXXIII.—At 8 p.m. on January 10th, 1875, I was summoned to the country to attend a family consisting of the husband, aged 60, the wife, aged 54, and the husband's brother-in-law, aged 50, who since dining at noon had presented the following morbid symptoms:

All three had been seized with nausea and a state of indefinable *malaise* since about 1 p.m. The symptoms became afterwards aggravated; the patients became much agitated, were attacked with hallucinations and delirium, and went out of the house. The neighbours were alarmed, and thought the whole family had gone mad. They laid hold of them, and were obliged to employ force to compel them to return home, where they watched them closely, and rallied them in their hallucinations and more or less absurd proposals. The patients had been mirthful all the while. About 3 or 4 o'clock the brother-in-law vomited copiously, and ejected nearly all he had eaten at dinner. After that he steadily improved.

I learned the above details immediately on my arrival from the patients themselves and their neighbours, together with the fact that the former had eaten a dish of salsafy at noon. The woman also told me that, while gathering the black roots in her garden, she found one which was white, though like the others in shape. She chewed the end of it, and not perceiving any unpleasant taste, put it along with the others and cooked them all. The husband had eaten the largest quantity, and the brother-in-law the least. At the time of my visit the latter had nearly re-

covered; but the husband and wife, who had not vomited, were much agitated; pulse 110 to 120; tongue dry and reddish; intermittent delirium; constant mirth; hallucinations. The husband, who was somewhat addicted to liquor, saw all sorts of animals dancing upon the bed, "picked straws" a little, the facial muscles seemed to me somewhat contracted; slight risus sardonicus. Delirium more marked in his case than in that of his wife. In both cases the eyes were somewhat congested and wild; lips slightly cyanotic; nausea; no vomiting. Dull, burning sensation at the epigastrium, which did not apppear to cause much discomfort.

I administered a tablespoonful of an emetic draught every quarter of an hour. After an hour and a half the woman vomited a quantity of undigested matters. The salsafy was quite recognisable. From this time she began to improve, but still he had attacks of colic. I administered fifty grains of *Sulphate of Soda.* After two hours the husband seemed to improve a little, though he had not vomited; he grew calmer, the delirium became less violent, and he began to recognise the bystanders. I gave him seventy grains of *Sulphate of Soda*, and ten centigrammes of the emetic, in a large glass of water. At the expiration of half an hour he was seized with vomiting and diarrhœa, and from that time constantly improved. All the patients had completely recovered by the next morning, only a slight feeling of discomfort in the epigastrium and abdomen remaining. (Dr. Comoz.)

The observations which I have quoted are sufficiently numerous to prove the existence of a variety of hemlock poisoning characterised by delirium and convulsions. The delirium is variously referred to as madness, furious delirium, hallucinations, coma, &c.; convulsions appear in the tonic and clonic forms, from mere tremors and simple local convulsions to epileptiform attacks. We may bear in mind that convulsions were the last symptoms in the case of Socrates; ἐκινήθη.

At times we even find convulsions synchronous with paralysis. Agasson, quoted by Orfila, mentions the case of a man in whom the upper part of the body was convulsed, while the lower extremities were paralysed. Orfila adds

that furious delirium has been observed in other cases. In his experiments with *Conicine* on animals, the same toxicologist mentions convulsions as occurring simultaneously with paralysis, and they have been further demonstrated by most modern experimenters.

Richard Hughes has fallen into the common mistake in his excellent *Manual of Pharmacodynamics*;* he gives the following reasons for his opinion: "Pereira, indeed, mentions cases specially characterised by coma, delirium, or convulsions, but there has always been so much confusion between *Conium maculatum* and the other *umbelliferæ*, that I feel compelled to attribute these symptoms to other plants of the same family until experiment shall have shown them to be caused by hemlock." I have said enough respecting the confusion of hemlock with allied plants, and I think I have sufficiently established the occurrence of delirium and convulsions in hemlock poisoning, so I hope to find that Dr. Hughes will modify his opinion on this subject.

Harvey expressly declares that hemlock has no action on the brain. He tried its effects many times on more than a hundred individuals of all ages, and never witnessed the slightest narcotic or hypnotic effect. According to him, children under the influence of hemlock rather seem to sleep than do so in reality; true sleep only occurs when the action of the drug is prolonged. This rarely happens in the case of adults. The mind remains as calm and active as that of Socrates when he bade his friend Crito sacrifice a cock to Æsculapius.

How comes it that the English physician, who has made so many experiments with hemlock, denies its cerebral action? Simply because he has either not given sufficiently large doses, or has only met with subjects little susceptible to the action of hemlock on the brain. Harley's *negative* can in no degree disprove the incontestable facts quoted in support of the affirmative. He would have spoken otherwise had he paid due attention to earlier observations (respecting which he is silent) instead of restricting himself

* R. Hughes, *Elements of Pharmacodynamics*, translated by Guérin-Méneville, Paris, 1874. J. B. Ballière.

to his own experiments. This shows the necessity for caution in questions of pharmacodynamics, and for not rejecting former observations because these are not in strict accordance with more recent experiments. The unexpected, the various, and the contingent are found more than anywhere else in the domain of pharmacodynamics.

Although modern authors in treating of hemlock have denied the occurrence of delirium as one of the symptoms to which it gives rise, in the face of tradition and numerous recorded cases, Guy Patin, on the other hand, asserted the same more than two hundred years ago in his correspondence with Licetus, when he consulted the latter as to whether the poison taken by Socrates was really common hemlock; he felt doubtful about this, he said, because "ab ejus haustu vel largiori, pravi vix quicquam relinquitur aliud, præter capitis gravitatem, non illam quidem vulgarem et ad summum aliquod vel *interruptæ rationis* vel *motæ mentis*, vestigium."—I shall revert to this correspondence in the sequel in order to complete my historical investigation.

(*To be continued.*)

BERBERIS: A PHARMACOLOGICAL STUDY.

By Drs. Richard Hughes* and Edward Blake.

Just as, on the one hand, the fractional division of drugs paved the way to the discovery of medicinal virtues in substances totally unsuspected of the possession of therapeutic properties, so, on the other hand, the supposed necessity thus to subdivide indiscriminately every medicament has led to the disuse of remedies of marked utility—of

* Dr. Blake has kindly wished my name to be associated with his in the authorship of this paper; but my share in its preparation has been merely that of directing him to materials, and conversing with him on their significance. The credit and the responsibility of the paper alike are his, and his alone.—R. H.

undoubted value. There are drugs which certainly act best in massive or at least in sensible doses; familiar examples are *Camphor, Quinine, Iron, Sarsa, Viola tric., Sambucus, Verbascum, Nux juglans, Cannabis, Digitalis* and the antisyphilitics.

To this category we must relegate *Berberis vulgaris*, the "Amerberys" of the Arabian physicians. Here we must seek the reason why, with so admirable and exhaustive a proving, *Berberis* has been so little used by our School.

Certain persons of peculiar intellectual type seem unable to administer the undiluted remedy, *and that quite irrespective of the manner in which they wish to affect the organism.*

To take an example. Such persons will go the length of giving *Ergot* as an oxytocic in the 30th dilution, forgetting that they wish here not to cure a disease, but to induce a poisonous or physiological effect, viz. contraction of the uterus. Such a use of high potencies is illogical and quite opposed to the homœopathic principle. It would of course be quite rational to administer *Secale* 30 to prevent a threatened abortion, because then we wish to arrest existing uterine contractions. A bigoted and uncompromising attitude in matters of science cannot be too deeply deplored; it does more than anything to alienate thinking men from therapeutic truth; and to keep us, in the midst of an advancing age, hidebound in the ruts of our wretched prejudices.

Physiological sphere.—*Berberis* acts especially on the EYES, the LIVER, the KIDNEY, the UTERUS, the JOINTS, and the SKIN; less prominent is its action on the THROAT.

The characteristic pains are "tearing" and "sticking;" they are usually aggravated by movement to fatigue. The uterine symptoms of course are, like the arthritic, at first intensified, then relieved by exertion. A careful study of the spheres of action will make us readily understand why most of the symptoms are worse in the morning. Remarkably regular series of hours of aggravation have been recorded, viz.—8 a.m., 12 m., 4 p.m., 7.30 p.m., 10 p.m. Another series is 8 a.m., 11 a.m., 3 p.m., 6 p.m., 9 p.m. Some would ex-

plain these as pendulum-recoils of physiological action; possibly they may mean that hunger renders more pronounced the symptoms induced by *Berberis*.

Skin.—The eruptions most characteristic of *Berberis* are acne and urticaria, just those which we should expect to find associated with secondary dyspepsia and with pelvic congestion. The face and shoulders are the favourite sites. An odd contrast is found in the fact that *Berberis* causes *burning* spots on the upper extremities, *ice-cold* spots on the skin of the lower limbs. Some provers had "itching" and "burning-stitching" all over.

Sleep.—The diurnal somnolency, allied to that of *Pulsatilla*, does not appear to be the result of antecedent insomnia. It might depend of course upon the sleeplessness arising from the irritation of a rash aggravated by the heat of bed. But doubtless it springs chiefly from the circulation through the cerebral vessels of blood either imperfectly elaborated or defectively depurated, the results of hepatic or of renal lesion.

Fever.—Though a popular remedy in bygone days for "fevers," *Berberis* does not appear to possess the power of inducing a sustained pyrexial condition. The feverishness following its administration does not exceed that which occurs secondarily when any local inflammation is present. There is a resemblance between the fever-symptoms of *Berberis* and the incipient stage of enteric fever, especially when so-called "bilious" symptoms predominate.

Head.—*Berberis* covers dyspeptic, and perhaps crapulous headache, hence the forehead is the characteristic seat, the prominent sensation "pressure to bursting." Hysterical headaches come within its sphere; thus we see stitch in the right temple. Besides these, there is a rheumatic headache causing "tearing-tension" in the occipito-frontalis muscle.

Eyes.—Here *Berberis* exerts one of its most specific actions, and though both eyes are sometimes simultaneously affected *Berberis* appears to have an elective affinity for the left. The itching of the lids and burning of the conjunctivæ combined with dyspepsia remind us of *Arsenic*. The

peculiar sensation of dryness in the mucous orifices, so characteristic of *Berberis*, holds good here. The eye symptoms are aggravated by motion, especially by motion in the open air.

Ears.—*Berberis* acts by preference on the *right* ear. The key-note is "as if stung by an insect in the internal ear."

Nose.—The morning epistaxis of *Berberis* is associated with the congestive headache, always worse at that time. We have seen that *Berberis* produces a cephalalgia resembling that of *Nux;* the resemblance is complete excepting that the *Berberis* headache is ameliorated by the open air; similarly *Berberis* induces, like *Nux*, a dry coryza.

Face.—There are no very pronounced facial symptoms; those that exist are most marked on the *left* side.

Mouth.—The left side of the mouth is that selected by *Berberis*. The dry and vesiculated condition of the mucous membrane strongly recalls *Nux vomica* again to our minds. Similarly the subacute angina, merging into a passive follicular pharyngitis, points to the striking analogy existing between these two drugs. Spite of Hesse's girl-prover and her acute tonsillitis, the foregoing phenomena are doubtless secondary to, and symptomatic of, the gastro-hepatic derangement induced by *Berberis*.

Stomach.—*Berberis* has the power to first stimulate, then destroy the appetite. The epigastric pains are, like those in other parts, "pressive and sticking." The nausea before breakfast will suggest not only crapulous indigestion, but pregnant sickness and atonic dyspepsia.

Abdomen.—But it is upon the liver that *Berberis* certainly exerts its most specific influence. Here its action strongly resembles that of *Podophyllum*. "Sticking-pressive" pains in the region of the gall-bladder are very marked. Probably no medicine acts so directly on this sac as *Berberis*. Mr. Clifton has done good service in calling our attention to this valuable use of our drug.

Sticking in the line of the ureters explains the clinical success of this remedy in renal calculus. The diarrhœa symptoms resemble those of *Rheum*. It has been found

curative in painful diurnal diarrhœa, preceded by rumbling with heat and pain from the descending colon to the anus.

The marked relation of *Berberis* to the structures in the neighbourhood of the abdominal rings would indicate it as a remedy for inguinal hernia. It is said to have induced varicosis of the right groin.

In iliac sufferings, reflex from pelvic congestion, we have seen it do good work. This use is well sustained by the provings.

Rectum and Anus.—"Burning in the anus" is a characteristic symptom recalling *Arsenic, Capsicum,* &c.

Berberis primarily causes free action of the bowels, lasting about a week, then protracted constipation. The stool is pasty and yellowish. It is said to have cured rectal fistula in a patient who had a cough and a sallow complexion (*Calc. phosph., Hepar*).

Berberis is said to have induced piles.

To complete the pathological picture of lithiasis, we find among the provings "prurigo podicis," so common an indication of "stone" in the adult.

Urine.—Under "abdomen" we have seen that *Berberis* has proved of benefit in assisting the passage of renal calculus. The form of concretion most influenced by *Berberis* is lithic acid, *Berberis* causing "burning in the urethra," and may be found useful in the gleet of dyspeptics [so prone to be persistent], by modifying the cause of that persistency, viz. the urinary acidity.

It has been helpful in chordee.

In connection with these actions of *Berberis* we may with advantage study *Benzoic acid*, itself a valuable hepatic remedy.

Genital Organs.—The *male* sexual symptoms seem to be secondary to the renal condition set up by this drug, not so the female. The natural flow is replaced by a greyish mucus and the usual signs of true uterine congestion are superadded. Vaginal hyperæsthesia (*Staphys.*) exists to a marked degree. We may style the menstrual disturbance "rheumatic dysmenorrhœa" (*Actæa*). When we find, as is so often the case, considerable sympathetic disturb-

ance of the urinary apparatus in uterine cases, we may turn to *Berberis* with every hope of a satisfactory response.

Chest.—The pains here are parietal and doubtless rheumatic. *Berberis* affects the right upper (especially the clavicular) and the left lower thorax.

Heart.—The palpitation observed in one prover, the slow and weak pulse of several others, may in connection with the power of *Berberis* to produce jaundice lead us to select it in the hepatic engorgement secondary to old cardiac lesions.

Neck, Back, &c.—*Berberis* has caused pains like rheumatism in the *left* neck and in the *right* shoulder-blade.

The lower back symptoms are numerous, and extremely pronounced. They correspond evidently with two distinct pathological conditions :—1st. Nephralgia ; this has already been noticed ; 2nd, there are the sacro-iliac sufferings of pelvic congestion, with their characteristic "splitting" sensation.

The words of one prover are interesting : "feeling as if the bone" (*i. e.* sacrum) "would be forced asunder."

Upper extremities.—173 symptoms have been recorded, their commonest characteristic is "tearing." Pathologically they represent rheumatism.

Lower extremities.—Here the terrible number of 304 symptoms have been observed. Like those of the upper extremities they are chiefly rheumatic, but the evidences of *paralysis* are superadded.

This remedy might prove useful in the earlier stages of *osteo-arthritis* (rheumatic gout).

Analogues.—*Nux vomica, Actæa, Hepar, Benzoic acid, Bryonia, Nitric acid, Agaricus, Pulsatilla, Rhus, Arsenic, Capsicum, Crotalus.**

* The pathogenesis of *Berberis* on which these comments have been made is that contained in Allen's *Encyclopædia*, vol. ii.

AN ADDRESS ON THE ORIGIN, CHARACTER, AND CONSEQUENCES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY IN GREAT BRITAIN.

Delivered at the Annual Assembly of the British Homœopathic Society, June 24th, 1875.

By Alfred C. Pope, Vice-President of the Society.

Gentlemen,—In bringing the business of this the thirty-first session of our Society to a close, I propose in the first place to lay before you a short review of the work we have accomplished during the past eight months. The remainder of the time allotted to a president's address I shall occupy in tracing the origin, describing the character, and pointing out the consequences of the opposition homœopathy has met with from the majority of the profession in this country.

The first meeting of the session which terminates tonight was held in October last, when Dr. Wyld read a paper in which he proposed the publication by the Society of an elaborate work on practical medicine, of which the homœopathic selection of medicines should be the distinguishing feature. At our next meeting Dr. Blackley, of Manchester, contributed an interesting paper on hydrophobia, basing his remarks on two fatal cases, one occurring in the human subject, the other in a dog, that had come under his observation. Dr. Croucher followed on the ensuing occasion with a paper on tetanus, illustrating his remarks by a case he had treated successfully. In January Dr. Carfrae read a very practical essay on metritis; and in February Dr. Edward Blake contributed one of a similar character on leucorrhœa. The following month the essay read was one by Dr. Dyce Brown on the physiological action of tobacco. In April the subject of dysentery was introduced by Dr.

Hewan. At the meeting in May Dr. Wheeler communicated the details of some cases of exophthalmic goitre. On the 3rd of this month Dr. Wyld drew your attention to the absence of professional intercourse between homœopathic and non-homœopathic members of the profession; while last evening you had the advantage of hearing a paper on ague, having special reference to the action of Sulphur in that disease, by Dr. Cooper.

From this list it will be obvious that all who have assisted in making our meetings both useful and interesting have been thoroughly practical in the choice of subjects upon which they have invited discussion. It does, I confess, seem somewhat strange that, in a society so essentially therapeutic as ours is, or at any rate ought to be, only one of these papers has been of a purely therapeutic character. This deficiency has, however, been more than compensated by the work done in another part of the society's field of operation during the last few months, to which I shall allude presently.

One subject which has been discussed here during the past session deserves at least a slight reference. Considerable anxiety has on several occasions been expressed to bring the country members of the society into more intimate communication with those of us who reside in and around the metropolis, and to enable them to derive greater advantages from their connection with the society than they do at present. As one step in this direction, a plan has been adopted and acted upon at some of our recent meetings of including a few questions bearing upon the subject of the paper about to be read in the *agenda* notice sent to each member a week or ten days prior to the meeting taking place. These questions it is intended should be briefly answered in writing by such members as may, by reason of the distance from London at which they reside, be precluded from attending the meeting. The answers sent are read immediately after the paper of the evening. Brevity in these replies is essential in order that they may be read, while conciseness and perspicuity are even more essential to

the end that they may be read with advantage. Too short a time has elapsed since this suggestion was first acted upon to admit of our drawing any conclusions as to its success. I trust, however, that it may be found as advantageous as the excellent motive with which it was proposed by Dr. Vernon Bell deserves that it should.

The new edition of the 'Pharmacopœia,' which has been for some time undergoing revision, is, I am glad to be able to announce, in the press. Rather more than a third of the volume has been printed and is corrected, so that I trust we shall have this important and much-needed volume in our possession within a few weeks. How greatly we are indebted to Dr. Drury and his coadjutors, Messrs. Wyburn and Franklin Epps, I cannot easily express. The work they have accomplished in order to render our Pharmacopœia as perfect as possible has been of no ordinary character, and well deserves the very cordial thanks it has received.

During the past session a very important and I trust successful effort has been made by the society to provide instruction in homœopathic therapeutics for those members of the profession who, being desirous of knowing what homœopathy is, prefer to derive their information from the lips of those who have devoted much time and thought to its study, and who have had large opportunities of experience in its practice, to depending upon the *ex parte*, often garbled, and as a rule false or utterly ignorant statements concerning it met with in the columns of the medical press.

Dr. Dudgeon, in two lectures, briefly set forth the history and principles of homœopathy. Dr. Hale on four occasions illustrated the practice of homœopathy; and Dr. Richard Hughes, in a series of lectures, the first of which was delivered on the 18th of February, and the last on the 17th of June, has discoursed each week in this room on the physiological action and therapeutic properties of some of the most important and best proved of our drugs. Lectures better calculated to assist the practitioner in the

treatment of the sick than these have been it is difficult to imagine. Each has been marked by conspicuous ability, most painstaking and fruitful researches, and excellent delivery. As an exponent, on behalf of our society, of homœopathic therapeutics to those who are unacquainted therewith, Dr. Hughes is eminently entitled to the gratitude of each one of us. I trust that at the commencement of the next session these lectures will be recommenced, and that no effort to make the fact of their delivery known will be spared by the committee appointed to superintend them, so that large and encouraging audiences may be procured.

A few words must I say regarding the numerical strength of our society, ere I pass to topics of more general interest.

Our members now number 113, of whom 42 reside within and 71 without the metropolitan postal district. During last session 4 new members have been elected, and 2 have resigned. I think that you will allow that, considering there are more than a hundred medical men openly practising homœopathy within twelve miles of Charing Cross, there ought to be more than 42 who would embrace the opportunities presented to them in joining the only medical society in London willing to receive them—the only medical society within a reasonable distance of their residences which is free to discuss *every* theory of therapeutics, *every* mode by which disease can be efficiently treated—the only medical society in which *no* scientific subject bearing upon medicine is denied a hearing. It is desirable that the list of our members should be extended. It is so because it is important that all who are so isolated from the general body of the profession as we are at present should have frequent opportunities of meeting and so of knowing one another personally, and of taking counsel together on those questions which have an especial interest for us. It is so, also, in order that we may as a society be enabled to exert ourselves more fully than circumstances have so far admitted of our doing in the scientific development of homœopathy. That our numbers may be increased, I would suggest that any of us who may

have medical friends, who, while eligible for membership, have not hitherto joined us, should endeavour to influence them to do so. Having succeeded so far, we should further, both by precept and example, induce them to attend our meetings regularly.

The attendance during the past session has been perhaps as good as the great distance of the place of meeting from the residences of members allows of its being. At the same time I cannot but think that a little more *esprit de corps*, a little more anxiety to assist in promoting the progress of medicine, a little more earnestness in the cultivation of friendships and brotherly feeling, would, to a large extent, overcome any physical obstacles that may suggest themselves as rendering non-attendance excusable.

I shall now for a brief space ask your attention to a consideration of the circumstances which have led to the opposition homœopathy has met with in this country, to the manner in which this opposition has been conducted, and to the results by which it has been signalised.

As we all know full well, the admission, honestly and openly expressed, that the homœopathic law presents us with the best indications for the choice of drug remedies has been regarded as a barrier to our entering the societies of our profession, to holding appointments at medical institutions, to co-operating with medical men of other therapeutic views in any way whatever. Lately, as you are aware, the formation of a Medical Institute in Birmingham has led to some discussion on the propriety of this barrier being any longer maintained, so far, at least, as medical societies are concerned. Fortunately for the honour of those members of the profession who regard Birmingham as their home, the invidious distinction it was sought to perpetuate was rejected by a large majority, while a more recent attempt to override the first decision was defeated by a vote of ninety-five to twenty. The importance of the majority on each occasion was enhanced by the eminence of those who constituted it, and still more by the eloquent and high-toned speeches and letters which were delivered

and written in support of the great principle of freedom of opinion in the realm of medicine. During these discussions, for the first time in the course of the opposition to homœopathy in this country, it was sought to exclude those members of our profession who practise homœopathy from the institute—not on the ground that homœopathy was untrue, or that it was "a fraud," or that it was a "folly," neither, as previously, was this attempt made on the ground that homœopathists were either "knaves or fools," but, as alleged by Mr. Oliver Pemberton, because we maintain a name calculated to mark us from the general body of the profession! This suggestion would seem to imply that we paraded the word "homœopath," and practised a profession called "homœopathy," for the sole purpose of attracting patients by some high-sounding and not generally intelligible combination of Greek words.

That all who prescribe medicines homœopathically are homœopathists is incontestable. It is just as much so as is the fact that those who prescribe empirically are empirics—just as much so as that those who, at a former period, adopting the method of John Brown as the basis of their drug treatment, were Brunonians, or that as those who somewhat later directed their prescriptions by the principles of Broussais were called Broussaisists. But we do not make use of the words homœopathy and homœopathist in a vulgar, ostentatious, or unprofessional manner. Against any such charge as this we indignantly protest. That these words have ever come so prominently forward, or been used so frequently, or in so many relations as they have been is solely to be ascribed to the action of those who, by excluding us from the ordinary societies of our profession, have compelled us to form societies of our own; who, having refused to publish our contributions to medical literature, have rendered it necessary that we should have special periodicals in which we could express our views; of those who, having deprived us of opportunities of filling hospital appointments, have made it incumbent upon us to institute hospitals and dispensaries where we could afford relief to the sick poor. In all this there is nothing unprofessional, nothing out of

harmony with the strictest regard for medical ethics. The frequent use of the appellation "homœopathist" has been forced upon us by the unjust, ungenerous conduct of the majority of the medical profession. And, now forsooth, the employment of this word, in the manner I have described, is adduced by Mr. Oliver Pemberton as an argument for perpetuating this injustice, this lack of generosity.

Homœopathy is far from being our profession; the entire range of medicine and surgery is that. So far from homœopathy supplying us with our only means of relieving disease, the entire range of therapeutics is ours. Within this range homœopathy holds, and I trust will increasingly hold, a conspicuous position; but we have neither done, written, nor said anything which restricts us to the use of homœopathically selected remedies in *all* cases under *all* circumstances. We are bound by no obligation other than that which calls upon us to do the best we can for our patients. In the discharge of this duty we avail ourselves in the treatment of disease of every measure by which the health of the body is capable of being modified. Experience has taught us that homœopathically selected medicines are those which as a rule assist more than any other in the cure of disease. But experience has also taught us that cases do arise where all the help that the physician can supply from his drug *répertoire* is palliative, and we have learned that in not a few such instances we must draw upon antipathic sources for our palliatives. Experience has further shown that in many instances surgical interference conduces to more rapid recovery than medicines alone can do, while in others the operative skill of the surgeon is a *sine quâ non* of cure. Again, experience has taught us, as it has taught all medical men, the therapeutic value of dietetics, of water employed in different ways and at varying temperatures, of electricity, and indeed of the scientific regulation of all the conditions by which a patient is surrounded.

Therefore, gentlemen, while it is true, and I for my part am thankful that it is true, that we are homœopathists, we are over and above that—physicians; we bring to bear

upon the treatment of disease every means which has been *proved* to be best adapted to its cure.

There is nothing novel or strange in a body of physicians, from their avowed attachment to some distinct therapeutic principle, being known by an epithet more or less expressive of that principle. In nearly every instance in which this has occurred the central and distinguishing principle has had reference to the manner of prescribing drugs—not to the general treatment of disease. On the general principles of treatment most physicians are agreed. It is only when they come to writing a prescription that their differences make themselves apparent.

Passing over the Dogmatists, Empirics, Pneumaticks, and Methodists of ancient times, as illustrations of this proposition, we find the most notable of modern instances in John Brown, Hahnemann, and Broussais.

Still more recently we have seen the rise and—I I think may add—the fall of the expectant school, of that called rationalist, and now empiricism of a somewhat singular type appears to be to be advancing in professional favour.

In the early ages of the history of medicine the disputations between rival schools doubtless led to exhibitions of very bitter personal feeling. But however acrimonious may have been the discussions between the Brunonians and the Cullenists of the latter part of the last and early years of the present century, for a physician to be a Brunonian, or, some thirty years later, to be a Broussaisist, was never held to exclude him from the public offices of his profession, or from association with his medical brethren; still less would the holding and practising of the therapeutic views of Brown or of Broussais have been thought to justify such paltry and insulting, and in reality ignorant abuses of power as the refusal to publish in the medical journals of the day essays on medicine proceeding from the pen of such a physician, or the compelling of medical publishers to decline to allow the works of authors of known Brunonian or Broussaisistic proclivities to issue from their establishments.

Yet it is such *onera* as these that have been imposed, and to this hour are imposed, upon all physicians who as a rule select their drug remedies upon the principle which is styled homœopathic, that principle the adoption of which has given to them the name of homœopathist.

It is true that the methods of Brown and of Broussais had in them much that was in harmony with the current drug therapeutics of the times in which they flourished. That of Hahnemann had little or nothing in common with the modes in which his contemporaries used medicines. Again, the Brunonian and the Broussaisist proceeded upon speculative notions as to the nature of disease. Hahnemann protested against all speculative pathology. Further, the comparatively trifling knowledge regarding the actions of drugs possessed by the profession in the days of Brown and Broussais was nevertheless adequate to the carrying out of their therapeutic theories. For the practice of homœopathy the Materia Medica required nothing less than a thorough reinvestigation, on a plan never more than hinted at in previous days.

In such demands as these there was without doubt much that was startling, much to excite criticism, much to warrant doubts and misgivings, much well calculated to provoke from the senior practitioner the indignant inquiry, "Are we all wrong in our methods of treatment?"—much to justify the young enthusiast fresh from the schools in asking whether it was likely that all the luminaries of the past, the Sydenhams, Meads, and Radcliffes, had been in error in purging, bleeding, and mercurialising their patients. So much I can both admit and sympathise with. But the apparent strangeness of Hahnemann's proposals, the simplicity of his art of prescribing, the severity of his critiques upon the character and complexity of the therapeutics of his day—in a word, the revolutionary nature of his method—did not justify that summary rejection without inquiry which it received, formed no sufficient ground for shutting out its author and his followers from all intercourse with their professional brethren, and were far, very far indeed, from being adequate as reasons for the infliction of all the

many pains and penalties, all the cruel persecutions, which have perpetually pursued them.

The mode in which homœopathy has been dealt with from the earliest attack made upon it until the latest has been fundamentally wrong. The opposition has been wholly based upon assumptions. The arguments used against it have ever been *à priori*, not, as they ought to have been, *à posteriori*.

It has been assumed that the principle *similia similibus curantur* is no guide to the selection of remedies. The inquiry whether it is so or not has never been made by those who, *ex cathedrâ*, have presumed to denounce it.

It has been assumed that the small or infinitesimal dose is regarded by homœopathists as adequate to the carrying out of every object with which a drug can be prescribed. No such proposition as this has ever been maintained by them. They know full well that if it is necessary to purge a man five or ten grains of the *Extract of Colocynth* will be none too large a dose for the purpose; but they are equally well assured that the 100th, 1000th, or 10,000th of a grain of the same drug will be amply sufficient to cure some cases of facial neuralgia.

It has been assumed that the records of physiological drug action constituting our Materia Medica are the vain imaginations of hypochondriacal men and hysterical women. They are, as you all well know, the carefully sifted results of experiments made by men and women well qualified for the task and placed while performing them under competent observation. In addition to experiments voluntarily made our Materia Medica has drawn largely upon the details of cases of poisoning which have from time to time been published by trustworthy observers. The reliability of the symptomatology of our Materia Medica has been ratified by the experience of thousands of educated physicians practising in all parts of the world during the last seventy or eighty years, while the numerous illustrations of the value of the practical outcomings of these experiments which crowd modern text-books of Materia Medica are further

and very satisfactory evidence of the accuracy of such experiments.

Once more, it has been assumed that the homœopathist depends for his therapeutic resources upon drugs alone. There was a time when it was the fashion to state that homœopathists were especially careful dieticians, that to the simple kinds of food and drink to which their patients were restricted and to the absence of all drugs they owed their success. Nowadays it is asserted that no homœopathist is honest who, under any circumstances whatever, endeavours to cure or relieve his patients by any other means than medicine, and that a medicine prescribed on the principle of similars. Possibly enough there are persons who would add that, for complete honesty to be compatible with being a homœopathist, medicines must be prescribed in globules of the 30th dilution! Here is another of those false assumptions regarding homœopathy which, for the sake of charity, I will ascribe to ignorance of what is really understood by that word.

As did the Brunonian and the Broussaisist in the past, so does the homœopathist to-day. He adopts that method of treatment implied in the term which has been used to describe his therapeutic views in every case in which his study and experience have led him to believe that it is available. But his treatment of disease does not, and never did, begin and end with a prescription. He knows, appreciates, and employs every therapeutic resource which modern research has shown to be capable of improving the condition of a patient, and of assisting in the cure of his disease.

To the suppression, then, of all inquiry into homœopathy, to the false assumptions which have been entertained regarding its meaning and place in therapeutics, and to the erroneous notions which have been allowed to obtain currency respecting the practice and opinions of those who have openly avowed their confidence in it as a general rule for drug selection, do I attribute the injustice and ostracism with which we have been visited by the majority of the profession.

Various and emphatic as were the denunciations of homœopathy and of those who practised homœopathy which were circulated in this country between 1827 and 1851, it was not until the latter year that the opposition we have had to encounter received any approach to an organisation. I have no desire to recur to the circumstances which led up to this organised opposition; suffice it to say that such an organisation was then formed. Brighton may be regarded as its birthplace, and the Provincial Medical and Surgical—now designated the British Medical—Association as its parents. At the meeting held in Brighton in 1851—that "tumultuous meeting," as the late Dr. Conolly described it—eight resolutions regarding homœopathy and homœopathists were agreed to. Some years ago I heard from the lips of one of the committee appointed to frame them that they were the work of half an hour, and were drawn up by men who knew nothing whatever about homœopathy, made no inquiry and had made no inquiry regarding it, but assumed, took it for granted, that it was some hateful form of quackery akin to Perkins's tractors.

The first resolution ran as follows:

"That it is the opinion of this association that homœopathy as propounded by Hahnemann and practised by his followers is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the medical profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner."

The second charges homœopathic practitioners with having heaped contempt upon the practice of medicine and surgery as followed by the members of the association and by the profession at large. Much sound criticism of therapeutics doubtless did emanate from homœopathists, and the justice of these criticisms has been fully acknowledged by the almost total abandonment—in text-books and hospitals at any rate—of the kinds of treatment to which they referred. But it was left to others to express "contempt," and of those who did so none was more emphatic than that distinguished ornament of the association, the late

Sir John Forbes—no one in recent times has been more cynical than Dr. Moxon, of Guy's.

The third resolution asserts that it is derogatory to the honour of members of the association to hold any kind of professional intercourse with homœopathic practitioners.

The fourth declares that there are three classes of practitioners who ought not to be members of the association, viz. *first*, real homœopathic practitioners; *second*, those who practise homœopathy in combination with other systems of treatment; and, *third*, those who under various pretences meet in consultation or hold professional intercourse with those who practise homœopathy.

I am not aware whether this resolution takes effect now or is regarded as obsolete; but, seeing that the association is a very numerous body, I should presume that it is disregarded, for the proportion of the profession who practise homœopathy in combination with other systems of treatment has been increasing rapidly of late years. Dr. Ringer's *Manual of Therapeutics* is one of the most generally used text-books of its kind, and that teaches homœopathy in combination with other systems of treatment to a very large extent indeed.

The remaining four resolutions bear upon little more than matters of detail, and therefore call for no special observation.

I think further that it has been proved sufficiently often that a line of policy framed, not upon positive knowledge of certain facts regarding the question it affects, but upon hypotheses without any foundation whatever, always has been and ever must be productive of nothing but evil. Such in very truth has been the result of the course pursued by the British Medical Association in regard to homœopathy and those members of our profession who practise homœopathically. Closely following the passage of these resolutions societies termed "medico-ethical" sprang into existence in all parts of the country, the *raison d'être* thereof was the binding of medical men not to practise homœopathy, and not to associate or consult professionally with any who did so.

Thus it came to pass for the first time in the history of medicine that to pursue a certain course of therapeutic investigations, to entertain, or at any rate to express, certain views of the mode in which medicines act in curing disease, was declared to be professionally immoral! To consult with a physician or surgeon in charge of a patient respecting the nature of that patient's disorder and the most suitable means for restoring him to health was, if that physician or surgeon practised homœopathy either wholly or partially, asserted to be an act of professional immorality!

Hence has arisen that schism in the ranks of the profession which is so much to be regretted. Hence it is that men earnest in their endeavours to widen the area of therapeutics have been diverted from their proper pursuits to the consideration of measures of self-defence. Hence it comes that against a number of medical men the avenues to the cultivation of professional knowledge have been closed, the doors of those societies where all recent observations in medicine and surgery are discussed and their values gauged have been shut.

That an exclusion of this kind should ever have been enforced is not only unjust to the individuals more immediately concerned, but it is one that is directly opposed to the interests of the public. It is so, in so far as it deprives men in active practice of the best means of promoting professional culture, and of becoming familiar with all modern improvements in that science the art of which they practise. These resolutions have proved themselves still further injurious to public welfare in that they have compelled consultants, both among physicians and surgeons, to refuse to patients under the care of a medical man practising homœopathy the benefit of that special information for the means of obtaining which they are largely indebted to public generosity. The hospitals whence they have gathered that experience, and where they have been enabled to make those observations, which have placed them in the rank of consultants have been provided by the public. The public have therefore a claim upon services they have contributed so largely

to providing. To make the dismissal of a medical attendant contingent upon giving a professional opinion upon any point, whether of diagnosis, prognosis, or treatment, is not only insulting to all concerned, but is both morally and professionally wrong.

These resolutions have been found to operate not only unjustly to individuals and detrimentally to public interests, but the course of conduct they have enforced upon all members of the association has had a demoralising influence on those who have pursued it.

As I mentioned a few minutes ago, there was a time in the history of homœopathy when all recoveries capable of being referred to homœopathic treatment were attributed to the strict and carefully regulated dietary believed to be enforced by medical men practising homœopathy. That in many instances this view was honestly entertained I have no doubt. This interpretation of the facts of homœopathy it was that gave rise to the expectant method of treatment—that plan which, abjuring the use of all medicines, relied solely on good nursing and careful feeding for the cure of disease. This method had its origin in Vienna, in that city where homœopathy had, through the exertions of Fleischmann, Wurmb, Watzke, and others, been brought so prominently before the profession. The eminent pathologists of that renowned school of medicine thought that they could cure disease as well as the homœopathists if they ceased to give medicine at all. Expectancy was the result. The recoveries which took place without the active drug medication of the preceding years were both more rapid and more complete than they had been with it. Nevertheless homœopathy maintained its pre-eminence. The recoveries of patients treated homœopathically were shown to be more rapid and more thorough than were those of cases where no medicine had been prescribed. This was true of acute disorders, but was much more marked in such as were chronic. Expectancy as compared with homœopathy has failed; and if we may be permitted to draw conclusions from the most recently published treatises on practical medicine issuing from Germany, we should infer

that expectancy has ceased to have any attractions for the physicians of that country.

The nihilistic view of homœopathy, whence came the expectant method, has been clinically proved to be untenable. It was a mere hypothesis, and, however plausible at first sight, would not bear the test of experience.

Out of the ashes of expectancy arose a revival of faith in the beneficial action of drugs. A number of earnest and highly cultivated English physicians determined on making it clear that in some way or other drugs could be rendered helpful in the cure of disease. New medicines, new preparations of old ones, and new methods of administration, were introduced to the profession. By the relief of pain and toning of the system it was sought to conduct a patient through his illness. These ends it was thought drugs could accomplish at any rate. Narcotics and stimulants were freely used. Their ultimate disadvantages were obscured by the temporary relief they afforded.

That the action of drugs might be more fully understood, proposals were made to experiment with them upon the lower animals, and more lately still upon human beings. Foremost in undertaking the performance of these experiments, the original of which formed the very basis of homœopathy, was the British Medical Association. This body voted a small sum of money, almost the only sum ever applied by it to scientific purposes, to an investigation of the action of mercury upon healthy livers. These experiments were undertaken by Dr. Hughes Bennett, who so surprised old-fashioned practitioners with his results as almost to give the *coup de grâce* to this method of investigation, at any rate in their estimation. For what did he prove? He showed that mercury, which in certain forms of disease increased the flow of bile, in health rather retarded it! That these experiments were but crude and imperfect imitations of those performed by Hahnemann and his disciples was obvious enough to all who were acquainted with the history of homœopathy. The task of studying medicines after this manner was, however, expensive, painful, and tedious. A method at once easier and more rapid was

necessary to satisfy the desires which existed for better and more certain modes of prescribing drugs. Experience, empiricism, now came to the front in therapeutics. Let us learn what is good in this disease, and what will cure that, was the principle upon which all who desired to see progress in drug therapeutics were urged to act. But where was this experience to be derived from? Traditional modes of prescribing, the calomel and opium pill, the saline draught, the expectorant mixture, the tonic combination, the blue pill and its black corrective, venesection, leeching, and counter-irritation, comprised the bulk of the experience of the past. Preparations and measures of this order had been repeatedly tried as remedies, and had been found wanting. The results which followed their use in disease compared very unfavourably with those obtained from homœopathically selected medicines. Then why not try such remedies as, to use the phraseology of the *Lancet*, "appear to be explicable only on a homœopathic hypothesis"? "Why"—adapting Rowland Hill's query to the circumstances of his own position—"why," said Dr. Wilks, "should the devil have all the *best* tunes?" Why, that is, should the homœopathists have all the best remedies? The admission conveyed in this interrogatory of Dr. Wilks' is at least a gratifying one. The reason why is simple, if it has not proved convincing. To practise homœopathy, either wholly or partially, is "heterodox." The British Medical Association has so declared it. The anathema has gone forth; the consequences of the curse have been declared and in some instances have been experienced. Let it but be known that you practise homœopathically, either wholly or partially, and your professor's chair will slip from under you, your hospital appointment unquestionably lapses, your consultation fees will sink into insignificance, your weight and influence in the profession shall disappear. "Who is sufficient for these things?" A very simple process sufficed to cut the Gordian knot wherewith the British Medical Association had bound an unswerving opposition to homœopathy to the chariot wheels of professional respectability. Here it is. Dip into

homœopathic literature, read Hughes's *Pharmacodynamics,* and pass off your gleanings as recent discoveries, do no more than state the facts, give no explanations, no authorities. Above all, know nothing about homœopathy; never mention the word unassociated with an opprobrious epithet; on the contrary, always represent it as "fraud and folly." Should you ever hear of a homœopath giving anything but globules to his patients, denounce him as a dishonest fellow. Should you happen to know of one who has ordered a dose of morphia, or a purgative pill, or fifteen or twenty grains of chloral, declare at once that all homœopathists have deserted the principles of therapeutics they have contended for. If it comes to your knowledge that one or more of them have protested against the supposition that their view of the practice of medicine consists in an exclusive adherence to homœopathically selected medicines in every case and under all circumstances, from compression of the brain down to a fretting corn, tell the world that they have given the death-blow to homœopathy, that the bubble has burst, that homœopathy has at last been demonstrated by its most devoted adherents to be a thing of naught.

Such, gentlemen, is the course that has been pursued by the cultivators of therapeutics outside the ranks of homœopathy during the last ten years or so. That it has been a dishonourable course cannot be questioned. That it has been followed in consequence of the attitude of the great majority of the profession towards homœopathy is certain. And that this attitude has been assumed in obedience to the instructions issued by the British Medical Association in 1851 is, I think, equally sure. I cannot believe that those who have acted in the manner I have described would have done so had they been free, had they felt that in honestly acknowledging the sources whence they drew the therapeutic facts they palmed off as novelties, and as original matter, their professional positions would have been uninjured.

That men who in all other relations of life are animated by the keenest sense of honour can have been so influenced

by these resolutions shows, I think, as clearly as anything can do, their demoralising tendency.

Finally, while these resolutions have been found unjust to individuals, injurious to the interests of the public, and demoralising to those who have come under their influence, they must also bear the reproach of having given rise to an amount of inhumanity which none would have supposed that any member of our profession could have been guilty of.

Instances of physicians and surgeons refusing to express an opinion on the nature of a difficult or dangerous case, solely because the medical attendant was known to practise homœopathically, have abounded. The friends of dying persons, who have sought to learn from men of large experience whether their anxieties might not be groundless, have been repulsed by consulting physicians with a rudeness and coarseness scarcely conceivable, simply because they refused to dismiss from his attendance one who had kindly, carefully, and satisfactorily ministered to their medical necessities through many years. "I wouldn't pass a catheter for the patient of a homœopath even if his life depended upon its being passed," said a provincial to a metropolitan surgeon not many years ago. The following illustration of obedience to the resolutions of the British Medical Association was brought within my knowledge some ten years back:—A man sustained a severe accident. He was at once removed to a neighbouring hospital, the medical officer of which was a well-known and much-esteemed member of our society. At the moment he was engaged in professional duty elsewhere. His assistant, feeling himself scarcely equal to the emergency he was called upon to meet, requested that surgical help might be procured for him. A surgeon was found. He came within a short distance of the hospital and then halted. He was, he said, prepared to render what assistance he could, but the injured man must be brought out to him, for enter a homœopathic hospital he would not. The manager of the works where the accident had occurred begged him to go inside, assuring him that fatal consequences might arise were the man to be removed. But no; the patient might die, but enter

a homœopathic hospital this unworthy son of Æsculapius, but staunch member of the British Medical Association, would not, neither did he. While this disreputable scene was proceeding in the street the assistant succeeded in doing all that was necessary for the patient's relief, and the member of the British Medical Association was able to return home without having crossed the threshold of a homœopathic hospital and without having incurred the ignominy, he did so much to court, of having sacrificed the life of a fellow-creature in deference to the laws of his society.

Instances of this kind are, I regret to say, by no means singular. They prove but too truly that men may perish and women may weep rather than that consulting physicians, surgeons and obstetricians should help those members of their profession who practise homœopathically to save their lives or mitigate their sorrows. Let me not be misunderstood. I do not for one moment suppose, still less would I wish to assert, that *all* consulting physicians, surgeons, and obstetricians would in similar circumstances conduct themselves in the same manner. To such as are prepared to sacrifice everything to their prejudices against homœopathy, there are, I rejoice to know, many honorable exceptions in the highest rank of the profession—men whose anxiety to do good rides paramount over the obligations that have been imposed upon them by their societies. What I would have you remember is this—that the lack of humanity, the absence of Christian feeling, the abandonment of professional duty, which characterise such cases as those I have alluded to, and many others which will be within the recollection of each one of you, are the results of the influence of the enactments of the British Medical and similar associations. Consultants have been compelled to act as they have done or submit to be deprived of their positions and their fees. Deeply to their dishonour they have, in many instances, repeatedly sacrificed their professional duty to their anxiety for professional gains.

The organised opposition to homœopathy I have endeavoured to describe was formed in ignorance of the subject it was instituted to extinguish and without adequate know-

ledge of the character of the men it set out to crush. Those who originated this organisation asserted as being at variance with the experience of the profession a method of drug selection which has for all practical purposes been endorsed as true, to a large extent at any rate, by the experience of a very considerable number of those who profess to be opposed to it. Hence this method cannot now be said to be at variance with the experience of the profession; while the mode of studying the action of drugs which in condemning homœopathy the resolutions I have quoted also condemned has been openly acted upon by the very association that carried them.

A further effect of this organised opposition to homœopathy has been to deprive some three hundred British practitioners of medicine of their professional birthright—a deprivation which has excluded them from the most legitimate means of increasing their professional knowledge and of profiting as fully as they might have done by the experience of their professional brethren.

This organisation has, also, been the direct cause of an amount of plagiarism, of the grossest and most palpable type, unknown in any other department of science. The hatred of homœopathy it has created and nourished has led men otherwise upright and honorable to make statements notoriously untrue, and to perform acts which in any other relation of life they would have scorned to be even remotely connected with.

Finally, this organisation has been assigned as the reason, as the excuse, for much heartless and unprofessional conduct on the part of men who, of all others, ought to have set an example of those Christian virtues for the practice of which members of our profession have in all generations been distinguished.

Such are some at least of the injurious results which have followed the operation of the uncalled-for and utterly unjustifiable resolutions which formed the basis of this organisation. Neither can I detect any good that has accrued from them. They present not one single redeeming feature. Not one iota of advantage have they conferred

upon the profession, view them from what point we will. No one, either within or without the profession, has ever been one whit the better for them.

So long as they remain unrepealed, they are a standing reproach to that toleration of opinion in scientific pursuits without which scientific progress is impossible. So long as they remain unrepealed, they are a barrier to the development of that benevolence which ought to be the boast of our profession. So long as they remain unrepealed, they operate as a powerful incentive to dishonorable and degrading courses of conduct. Why, then, are such resolutions allowed to remain on the minutes of an association so large and powerful as is the British Medical? No apology can be offered for them. The value of medicines the action of which is explicable on a homœopathic hypothesis is no longer, whatever it may have been five-and-twenty years ago, at variance with the experience of the profession. In what way it becomes derogatory to the honour of one medical man to assist another in saving life, in assuaging grief, or in administering consolation, simply because these two gentlemen may differ more or less on some points of practice—points which, in some instances at least, would never present themselves for discussion—never has been stated. The idea of a surgeon refusing to sound for the stone, because the sufferer is the patient of a physician who believes that the law of similars is the best therapeutic principle known, is monstrous; it would indeed be equally so were this principle a mere hypothesis without a ray of evidence to support it. No less preposterous is it for a physician, whose opinion is regarded as exceptionally valuable in the diagnosis of some form of disease, to decline to examine that patient's condition because his medical attendant practises homœopathically. In what possible way can it be derogatory to the honour of a distinguished obstetrician to assist a homœopathist in completing a difficult or complicated delivery? On the contrary, it is the refusal to render the required aid that is derogatory to the honour of the consultant. It lays him open to the charge of

being regardless of the life or suffering of his fellow creatures.

A feeling that these resolutions are unjust and that their influence has been and is injurious to the highest interests of the profession is, I have reason to believe, on the increase. So carefully are all circumstances expressing it kept out of the medical press that it is impossible to estimate its extent by the contents of their columns. The recent meetings at Birmingham in connection with the Medical Institute of that town have proved its existence. The admirable speech of Dr. Heslop, the excellent letter of Dr. Johnstone, and the *apologia* of Mr. Crompton, gave evidence of its growth. That it should not seem to spread so widely as it has done the *Lancet*—the correspondence in which appears under the motto *Audi alteram partem*—refused to publish the letter of Mr. Clarkson, extracts from which are given in the last number of the *Homœopathic Review*. The same journal also declined to permit the appearance of a letter on the same side from a physician whose contributions to the *Practitioner* have proved his high professional culture and his devotion to scientific medicine. This feeling is not of recent origin. It had an existence in the minds of a few of the most highly cultivated physicians as far back as 1858, when these resolutions had only been in force seven years, as the following extract from a speech by the late Dr. Conolly at the Edinburgh meeting of the association in 1858 will show:

"Dr. Conolly regretted exceedingly to see this great association attacking a small professional sect who professed certain doctrines, although he (Dr. Conolly) did not approve of or believe in these doctrines. There seemed to him to be no more reason for the proceeding recommended by Mr. May against homœopathists than there was for making a demonstration against a set of men who should make a real discovery in science which should be unacceptable to the profession generally.

"If it were a delusion, it would die away; if there were any truth in it, they should give it the chance of developing itself.

"They had no right to say that what they thought was right, and that that which was not in unison with their opinions was false. He feared he was in a small minority, but he could not refrain from expressing what he felt on this subject. Nothing which had ever occurred in the association had filled him with so much disgust as the tumultuous meeting at Brighton when homœopathy was denounced. He hoped there was to be no repetition of that scene."

Surely, if in 1858 Dr. Conolly could express himself in such terms as these, there must after the experience of the last few years be many, even less elevated, less liberal, than he was, who would willingly assist in the removal of all impediments in the way of freedom of opinion and liberty of action among members of the medical profession.

In promoting the withdrawal of these resolutions, we can, beyond pointing out clearly and fully their injustice and the evils which arise from them, do nothing. In the taking of steps to speed the advent of the time when all invidious distinctions between one physician and another shall disappear we as homœopathists can bear no active part. It is for those who have imposed these restrictions, or rather perhaps I should say for their successors, to remove them. It is for those who have fulminated their anathema against the advocates of certain therapeutic views to dissolve the ban they have pronounced.

It is impossible that any body of men, however powerful, however bitterly prejudiced they may be, can for any great length of time obscure the great principle which lies at the bottom of all specific medication—that principle which has brought to light, or at any rate explained, the *modus operandi* of all the most valuable curative remedies in use at the present day—that principle which will direct the use of all that will prove most serviceable in the cure of disease in time to come.

To be in opposition to many with whom it would be a constant source of pleasure to work in harmony may be painful; to be excluded from many professional privileges may be disappointing and wearisome; to be shut off from

professional help in a difficult or dangerous case may add to our anxieties, materially increase our cares, and render professional life less enjoyable than it otherwise would be. But we must remember that we are pioneers in scientific therapeutics—that we are the vanguard of practical medicine; and we must with the honours of our position accept its dangers, it difficulties, and its responsibilities. And well may we do so! Surely we have already accomplished much! We have seen the extinction of nearly all those methods of treatment against which many years ago we so earnestly protested. One of our positions—the mode of studying the action of drugs—has been accepted as true by the very body that has branded us as unworthy of our profession. The principle of drug selection for the truth of which we especially contended has been admitted as an hypothesis capable of explaining the action of an increasingly considerable number of remedies; while we have also witnessed the great diminution of the dose in cases in which such remedies are prescribed.

Therefore, gentlemen, it is that I would urge you to bear with dignity what remains of the insolence of an intolerant majority, and, earnestly cultivating scientific therapeutics, diligently adding to our resources in the treatment of disease, patiently to wait for the time when a juster sense of what is due to carefully considered and honestly expressed opinions in scientific matters shall for ever remove all existing restrictions upon freedom of thought in therapeutics, and all restraints upon professional intercourse and association. I do so in the full assurance that this time will come, and firm in the conviction that the day will arrive when those who endured so much of obloquy and reproach for their defence of homœopathy will, on the very ground of their having defended it and contributed to its scientific development, be regarded with especial honour as men who have done more to advance the science of therapeutics, to render disease more easily curable, than any other members of our profession.

THREE CASES OF EXOPHTHALMIC GOITRE (GRAVES' DISEASE) WITH OBSERVATIONS.

By H. Wheeler, L.R.C.P. Lond.

(Read before the British Homœopathic Society.)

Mr. President and Gentlemen,—I believe I am correct in stating that this is the first time that the subject of exophthalmic goitre has formed the topic for discussion at the meetings of this society; but having, within the last few months, had an opportunity of treating three well-marked cases of this singular and interesting disease, I made no apology for bringing them under your notice, but trust they will be found not only suitable, but profitable, and that the discussion to follow may elicit the opinion of members, both upon its nature and treatment.

Before reading the cases I wish to offer a few observations upon the nature and pathology of this disease, and first I will give a brief description of the more prominent symptoms.

The symptoms usually manifesting themselves in the earlier stages are those of great nervous debility and restlessness, then palpitation of the heart upon the least exertion, accompanied by rapid but feeble pulse, varying from 110 to 130 per minute.

Temperature usually quite normal.

Then follow more or less enlargement of the thyroid gland and pulsation in both carotids.

Some writers speak of pulsation in the thyroid gland itself; in none of my cases could I detect this symptom, still I have no doubt it is often present. After some time, varying from a few weeks to some months, an undue prominence of the eyeballs is observable, giving the patient an anxious, frightened expression.

Dr. Stokes relates a case where the protrusion was so great that the eyes could only be half closed. There is usually some loss of flesh, and in almost all cases consider-

able anæmia, accompanied by indisposition as well as inability for exertion.

A great number and variety of theories have been advanced to account for the pathological condition observable in this affection. I shall not take up your time further than to notice one or two of these, especially the one I think most in accordance with my own observation.

Some writers refer the whole phenomena to a vitiated condition of the blood itself, which, acting upon the cardiac nerves and exciting the heart to over-action, results in dilatation of the blood-vessels and structural degeneration.

This is the view of Dr. Begbie, but I think it can scarcely account for the whole of the changes observable, because we meet with many cases of anæmia and vitiated and impoverished blood which do not lead to exophthalmic goitre, and from my observation of the three cases I shall submit to your notice I think the anæmia followed as an effect rather than as a cause of the other symptoms. In this view I am also confirmed by M. Trousseau, who believes that the anæmia follows rather than precedes the other pathological changes. Without going further into the various and conflicting opinions upon the pathology of this disease I am inclined to agree with Professor Laycock, in his article in the 'British and Foreign Medico-Chirurgical Review' for January, 1864, where he thinks the symptoms are due to neurosis of several vaso-motor centres in the spinal cord, giving rise to lesion and paralysis of portions of the sympathetic nerve, thus producing dilatation of the vessels of the thyroid gland and enlargement of its substance.

All the opinions I have been able to consult (except that of Dr. Begbie, who thinks the vitiated condition of the blood itself the cause of the phenomena) lead to the conclusion that the malady is a result of some impairment of the nervous system as the primary cause, and from what I have observed I am inclined to agree with this opinion.

The enlarged thyroid gland is of course only one of the changes indicative of this disease; but if the cause of this

be what I have stated, probably the unnatural protrusion of the eyeballs, the irregularity, palpitation, and ofttimes dilatation of the heart, are due to the same semi-paralytic condition of the sympathetic nerve. In one of the cases treated by me I have no doubt whatever that there is considerable hypertrophy and dilatation of the heart.

In all three of my cases there was great anæmia, in one case very marked, in the other two not so marked.

The prognosis of this singular disease seems to me to be very doubtful, and to depend very much upon the length of time the malady has been in existence.

In recent cases, as in my third case, I think the prognosis very favourable. Amendment set in at once, and the improvement continued until my patient could be pronounced quite well. The gland diminished in size, the action of the heart became quite regular and normal, the eyeballs receded within the orbit, and in fact all the abnormal symptoms disappeared.

On the other hand, cases No. 1 and No. 2 I cannot say are cured to this day. It is true they are both much improved, but the irritability of the heart recurs on the least derangement of the general health or after much exertion, and the enlargement of the gland does not wholly disappear, neither do the eyeballs quite lose their undue prominence. I have no doubt this depends upon organic changes in the structure of the heart, due to the length of time the patients have been suffering. It is very rarely the case that this disease proves fatal, except as a result of organic heart disease or some other serious complication.

In all the recorded cases of post-mortem examination the heart and large blood-vessels supplying the thyroid gland were found enormously dilated, as of course we should naturally expect from the symptoms manifested during life.

It will thus be seen, from the foregoing remarks, that although this disease is called exophthalmic or pulsating bronchocele, yet the enlargement of the thyroid gland, from which it takes this name, is only one of many symptoms which make up the sum of the phenomena,

and that no name fully describes the whole morbid condition.

We come lastly to treatment. This may be spoken of as hygienic and medicinal, and must be based upon removing all exciting causes, if any exist, lessening the irritability of the heart and blood-vessels, and improving as far as possible the condition of the blood itself. I shall speak here only of the hygienic treatment, as the medicinal will appear during the narration of the cases. In the first place I would enjoin rest and quietude both of mind and body, the avoidance of all excitement, moderate exercise, good air, and nourishing but unstimulating diet.

In some cases a moderate allowance of wine may be necessary, but of course each case must be treated upon its own merits.

Case 1.—Miss B—, æt. 47. First came under observation in February, 1872. Was then suffering from general debility, leucorrhœa, and the usual symptoms accompanying the climacteric period. The most marked symptom at that time was great irritability of the conjunctivæ and photophobia, but there was no swelling of the thyroid gland observable. She continued under treatment until September, when cardiac symptoms manifested themselves in the form of palpitation and great irregularity of the pulse, which at this time was so rapid I could not count it. Dyspnœa on the least exertion, low spirits, accompanied with great restlessness. The eyes at this period were much inflamed, the photophobia intense, and the eyeballs prominent. The thyroid gland had now become much larger, about three or four times its normal size, the right lobe being larger than the left.

I gave her now, October 2nd, *Digitalis* 2^x gtt. iij, at mid-day; *Ferri perchlor.* gtt. iij, night and morning.

This was continued with some benefit until November 19th, when I gave her *Cactus* 2^x gtt. iij, night and morning; *Ferri pyrophos.* gr. ss, at mid-day.

This treatment was persevered in, with slight variation to meet other ailments supervening, until the end of the

year, with very marked effect upon all the symptoms. The heart became more regular in its action, the pulse coming down to about 90, and the general health manifestly improving.

I have seen my patient at various times since, and, although I cannot say she is quite cured, she now enjoys a fair share of health. The thyroid swelling has nearly disappeared, and the eyeballs, instead of being unduly prominent, are quite natural, although still weak and liable to attacks of inflammation. I may say that in this case there was not much anæmia, although there were evident signs of malnutrition, and even now there is great cardiac weakness.

Case 2.—Miss H—, æt. 32. First came under observation about three years ago. She had been staying in the Isle of Wight for some months, on account of a gradual decline in her general health, which was generally thought the result of phthisis.

When I first saw her she was suffering from intense nervous irritability and restlessness, low spirits and dejection, and all the symptoms of complete disorder of the nervous system.

Her appearance was decidedly anæmic, and there was considerable loss of flesh. The least physical exertion gave her great suffering and pain at the heart, with palpitation and dyspnœa. Catamenia regular, but profuse and painful.

On examination I found the action of the heart so turbulent and irregular that I could not count the pulse with certainty, but should say it was at least 130. There was no bruit either at the base or apex of the heart, but a loud systolic bruit over both carotids.

The thyroid gland was considerably enlarged in both lobes. Both eyeballs were very prominent, giving the idea that they were much too large for the sockets, but were in no degree painful, and the sight was perfectly good.

I have not kept a minute record of this case, but I commenced the treatment with *Spigelia* 1^x gtt. ij, every four

hours. This was continued for a few days, until the pain in the heart had somewhat subsided, when I gave *Ferri pyrophos.* gr. ss, at mid-day; *Cactus* 1^{x} gtt. iij, morning and night.

This treatment was persevered in for some time with very marked benefit; the only change I made was gradually to increase the dose of the *Iron.* The irregularity and palpitation of the heart became much less and the consequent dyspnœa relieved; she continued to gain flesh and strength, the thyroid gland diminished to about half the size, and the eyeballs became much less prominent. In about six weeks or two months I could count the pulse easily, when it was about 110. And *now,* instead of being a complete invalid, she can walk a considerable distance without distress.

I saw my patient to-day, April 23rd, 1875, and find her to all outward appearance well. There is no swelling of the thyroid noticeable; the eyeballs are quite natural in their appearance; she can walk without fatigue; and while there is still some irregularity of the heart's action, she is not distressed by it.

I have no doubt at all that in this case there is some amount of hypertrophy and probably dilatation, fully accounted for by the length of time she has been ill. She still has at times attacks of palpitation if she over-exerts herself, but these attacks *Cactus* never fails to relieve.

The next case is one of more recent accession. I have known the patient for over four years, and she has enjoyed very fair health up to the time of consulting me, viz. January 6th, 1875.

Case 3.—Miss H—, æt. 25. Began to fail in health about a month before seeing me. Languor and debility were amongst the earliest manifest symptoms, producing great discomfort to herself when making the least exertion.

Complains of dyspnœa and palpitation of the heart, fulness and choking sensation in the throat, with some precordial pain; has lost flesh rapidly; slight cough, but no expectoration.

On examination the heart's action is turbulent and irregular; pulse about 120, strong at the carotids, but weak at the wrists. No bruit at the base or apex of the heart, but loud systolic murmur over the carotid arteries.

The right lobe of the thyroid gland is increased to about three times its natural size, the left lobe not much enlarged. Eyeballs staring and prominent, and an anxious, nervous expression pervades the whole features.

Appetite very poor; sleep restless and disturbed; catamenia too frequent, but scanty.

I commenced the treatment with *Cactus* 1^x gtt. v, night and morning; *Ferri pyrophos.* gr. ss, at 10 a.m. and 3 p.m.; light, nourishing food, and two glasses of good Burgundy per day.

February 10th.—Feels a little stronger; less palpitation; but in other respects much the same. Continue medicine.

17th.—Still gaining strength; heart's action much more regular; pulse still 120; eyeballs much less prominent; *Digitalis* 1^x gtt. iij, night and morning. Continue *Ferri pyrophos.* gr. j, twice a day.

March 2nd.—Very much improved; heart's action quite regular, pulse 96, of good tone, and pulse at the wrist quite strong; eyes almost natural; thyroid tumour very materially decreased in size. General health greatly better; in fact, she pronounces herself "quite well." She can walk or run upstairs without fatigue. There is no bruit or thrill to be felt either in the carotids or in the thyroid gland. Continue *Digitalis* and *Ferrum.*

I have not seen my patient for some weeks, but I understand from her friends that she continues to keep quite well.

Discussion on Dr. H. Wheeler's paper.

Dr. R. Hughes thought the paper he had just heard one of the most interesting and practical ever brought before the society. He could not agree with Dr. Wheeler in his hypothesis of the cardiac origin of the disorder; and for this reason, that the symptoms of the heart were by no means always the first to

appear. Goitre, protruded eyeballs, palpitation—they seemed to him neither historically nor physiologically the cause one of another, but the joint product of a common cause. Nor could he find this in vitiation of the blood. He could only understand it as some central nervous derangement, involving the nervous supply of the three organs deranged. Having discussed the physiology of the matter, he proceeded to say that he had seen four cases of the disease, but had only been able to follow up to any extent two of these. One was cured by *Belladonna* 1st dec.; the other, where the constitutional symptoms were such as to simulate phthisis, recovered to a very great extent under *Natrum muriaticum* 12 and 30. He thought Dr. Wheeler's treatment very rational—involving as it did the use of *Iron* to nourish the muscular coats of the blood-vessels, and of *Cactus* and *Digitalis* to calm the excited action of the heart. But he hoped that we should yet find a single medicine which should prove a true *simile* and remedy for this very constant form of disease; and at present he thought the most hopeful outlook to be in the direction of *Belladonna*.

Dr. Kitching remarked that he had only seen one case, and that occurred during pregnancy. The patient was a plethoric woman, of 30, who had miscarried four times at three or four months. On two occasions this had been preceded by convulsions. On each occasion she suffered from the following symptoms, viz. violent heart-beating, much-enlarged thyroid, throbbing headache, prominent staring eyes, and great constipation, which had only been relieved by the constant use of aperients. In this the fifth pregnancy the old series of troubles had begun, and which resembled the case of exophthalmic goitre recorded by Dr. Kidd; he therefore gave *Bellad.* 1^{x} three times a day. This was followed by steady improvement, especially in the constipation, no more aperients being needed. The heart beat more quietly, the thyroid gland was much smaller, the eyes lost their stare, and the headache was greatly lessened. At seven months she reported, by letter, œdema of the legs; this was considered to be the mechanical result of pregnancy. At eight months she had pain in the loins; and the urine, when boiled, contained three quarters of its bulk of albumen. A week later she was prematurely confined, without convulsions, after which she lost all signs of illness.

Dr. Yeldham said he had not intended to take any part in the discussion; but like the Irish member who said he could not give a silent vote without expressing his reasons for it, so he, Dr. Yeldham, could not allow the general expression of approval of the author's paper to pass *sub silentio* without adding his meed of praise. Now that he was on his legs he would refer to a case of the disease under discussion that had just recurred to his memory. It was that of a plump, round, and rather fat young lady, of about twenty-six years of age, or perhaps a little more.

She had a doughy complexion, and *suffered* most from violent palpitation of the heart, and dyspnœa. There was slight goitre, but the eyes were frightfully prominent; her look was quite horrid; you instinctively shunned it. The apparent prominence of the eyeball was aggravated by an unnatural retraction of the eyelids. In this case there was suppression of the menses; and he (Dr. Yeldham) was led to believe, from his observation, that in most cases of this disease there was a good deal of sympathy with abnormal uterine function—a kind of chlorosis. [At the time of the meeting Dr. Yeldham thought that he had prescribed only *Belladonna* in three drops of the mother tincture three times a day. On subsequent reference to the notes of the case he found that he commenced, and for some time continued, the treatment with *Ferri sulph.* 1^{x}, and then *Belladonna* as above named.] The patient got perfectly well. In reply to a remark that had been made that stout persons could not be said to suffer from anæmia, he would remark that the two conditions were quite consistent and often coexisted in chlorosis, the deposit of fat being a totally different thing from nutrition.

Dr. Bayes said that his experience in the treatment of exophthalmic goitre was not very extensive, but that he had seen some few cases of this very disfiguring disease. One very pronounced case occurred in his Cambridge practice. The patient was extremely thin, almost atrophied, but still she was not anæmic. In her case the heart disease was very marked, and her condition was greatly aggravated by two circumstances, intemperate habits and domestic trouble of a severe and continued character. No good result was to be expected from medicine in such a case. In all the other cases Dr. Bayes had seen he could fully corroborate the view taken by Dr. Wheeler, that the treatment of the heart symptoms was an essential and possibly the prominent indication for successful treatment. He doubted Dr. Hale's assertion that the prominence of the eyeball was due in these cases to a deposition of fat behind the eyeball, but, as he had made no post-mortems of cases afflicted with the disease, he was unable to deny the proposition. Still, it seemed very unlikely that such would be the case in such a case of extreme emaciation as that above mentioned. Glandular affection and heart disturbance appeared to him to be the causes of this disease. The left ventricle has been dilated in each case coming under his (Dr. Bayes') experience. Dr. Bayes' later treatment of this disease has been very fairly successful. In addition to giving such medicines as most closely correspond to the symptoms—generally *Spongia, Spigelia, Arnica, Silicea, Conium,* or *Iodine,* and occasionally *Digitalis*—he has sent his patient to the seaside and ordered a course of twenty-one sea baths at a temperature of 84° or thereabouts, according to the temperament of the patient—the first bath five minutes; the second, ten; afterwards, twenty minutes. At first to be taken every second day,

then every day. After the bath he recommends the patient to go home and lie quiet for an hour or two. In two cases rapid and complete cure resulted; in two others great amelioration, although the whole course prescribed was not carried out. Dr. Bayes has no experience of the effect of *Cactus* on this disease, but is glad to add it to his list on Dr. Wheeler's authority. Dr. Bayes doubts whether the disease owes its origin to the quality of the water or of the soil. He has lived and practised in several different localities, and in both mountainous and level countries, and his belief is that continuous strain on the heart has much to do in causing the disease. This strain may be caused by the exertion of continued up-and-down-hill work acting on a weak frame, or may equally be caused by the continued strain of hard work in a dead-level country. Hence goitre is found both in the hill country of Derbyshire and of Switzerland, and equally almost in the fens of Cambridgeshire, where labourers live often miles away from their work, and have to trudge there early and home late, and their wives and daughters very generally also labour in the fields.

Dr. Flint, of Scarborough, writes, "In reference to the B. H. S. meeting in May, I have had several cases of exophthalmic goitre more or less under my treatment, but I cannot affirm any good results. I have had a case of exophthalmos (without goitre) attended with much palpitation of the heart, disturbed sleep, excessive nervousness, and great debility, in which *Bell.* θ gtt. ij or iij, three times a day, gave great relief to the symptoms and improved the condition of the eyes."

Dr. Dudgeon, V.P., agreed with the favourable opinions that had been expressed relative to Dr. Wheeler's paper. He had only had under his care three cases of exophthalmic goitre. In two of these he had not been able to watch the cases to the end, as they had not been under his care long enough. The third case was that of an unmarried lady, about sixty years of age. She had injured herself considerably by close attendance on a sick brother. Her legs became œdematously swollen to a great extent, and she had to take a long rest before she recovered her usual health. About a year after this she called him in, and he found her a fully developed case of exophthalmic goitre. The prominence of the eyes was very striking, and there was great congestion of the conjunctivæ. The goitre was considerable; there was tumultuous action of the heart and a distinct bruit; pulse very rapid. Her whole appearance indicated anæmia. Under *Digitalis*, *Tinct. Ferri muriatici*, and *Arsenic* she got well. The eyes assumed their normal appearance, the pulse fell to 80 and lower, the goitre disappeared, and the bruit at the heart ceased. She lived some ten or twelve years after this, and died of some other ailment. He was glad to find his treatment of so long ago confirmed by Dr. Wheeler's more recent experience.

Dr. Wheeler, in reply, said he thought he was especially

fortunate in having had three such typical cases of this disease, and having treated them throughout their course. In reply to Dr. Blake he said that no doubt the heart was the primary cause of the disease as far as objective symptoms go, but we must go a little further back to trace the true cause, and this was doubtless to be found in an impaired nervous condition; and in this view he quite agreed with Dr. Hughes. Dr. Wheeler could not agree with Dr. Hale that the prominent eyeballs were due to an excessive fatty deposit, because the rapid accession of the disease seems to make this very doubtful, and, in addition to this, the short time that the disease lasted makes it more probable that the prominence is due to a serous deposit. Dr. Wheeler thought that the whole discussion went to show that the pathology of this disease was due to some impairment of the nervous system, the precise nature of which would doubtless appear as investigations were carried out. Dr. Wheeler thanked the members generally for the manner in which his paper had been received, and for the favorable criticism of the treatment, but announced his intention of trying *Belladonna* in the next case, as it had been so favourably spoken of by Dr. Hughes.

A CASE OF AGUE (CHAGRES FEVER), AND WHAT WE LEARN FROM IT.

By Robert Cooper, M.D. Trin. Col., Dub.

Gentlemen,—In accordance with instructions from Dr. Drury I find myself limited to ten or fifteen minutes for the reading of this paper, and I greatly regret that I am so limited, for I am convinced, in regard to the subject of ague and its allied diseases, I have important facts to communicate, very few of which I can dwell upon in so short a space of time.

Upon the evening of the 5th of August, 1872, a man came into the prescribing room of the Southampton Homœopathic Dispensary, looking thin and worn and as pale almost as death. He had had a very severe paroxysm of

ague that day. On inquiring of him these particulars were elicited:

John N—, æt. 19, a trimmer to a fireman on board one of the West India Mail Company's steamers. His ague was contracted in the West Indies a year ago; came on with severe feverish symptoms commonly known in the West Indies as Chagres fever.

The last four days he has had attacks of ague every day; before this had it every other day. Has been in England for the last three years; was without fever for two or three days after coming ashore, and had been five days free from it before landing. Has been employed on board between this port (Southampton) and Jamaica for the last year, and has never until now had ague when at home; it has hitherto always left him just before arriving in England, but seizes him again on the outward voyage.

Febrile attacks come on about 9 or 10 o'clock every morning, generally about ten or fifteen minutes later each day; paroxysm comes with tremendous shivering and *chill*, which lasts ten or fifteen minutes longer or shorter according to whether he is well rolled up in blankets or not.

Then comes the *hot stage*, which lasts two hours, and then he sweats.

The hot stage is accompanied with vertigo, and thirst, and cough. The cough is peculiar; he coughs twice, and twice only—a heavy straining cough which strains the pit of the chest, and a light hacking cough which seems to come from the pit of the chest.

Perspiration lasts half an hour; does not sweat very freely, but the sweating depends simply upon whether he is well wrapped up or not.

Thirst is greater with the hot stage than with the sweat. The entire paroxysm ends at about 4 o'clock and leaves him in a state of complete prostration.

The bowels are sometimes confined, sometimes very loose. To-day is having diarrhœa; the looseness generally comes on after breakfast; stools digested, sometimes undigested.

It is very necessary to give as full a description as possible of the symptoms, as otherwise we should lose sight of the important symptoms *Sulphur* cures; and besides, Chagres fever is not met with every day. We are dealing, therefore, with two subjects, both of which are little known—the ague symptoms of *Sulphur*, and Chagres fever.

Chagres fever is *the most* obstinate, certainly *one* of the most obstinate, of known forms of intermittent fever. It takes the name Chagres from a town at the Isthmus of Panama, but Chagres fever is the general appellation among seamen for the ague of the West Indies.

I gave this patient *Sulphur* ϕ, five drops to two drachms of water, and five drops in a dessert-spoonful of water, three times a day.

By the following Monday he had improved wonderfully, but yesterday had had a chilly attack, and a second one to-day somewhat stronger and which lasted an hour; his appetite is still very bad, and his bowels are confined. Bear in mind, then, he began the *Sulphur* on Monday night, and steadily improved till on Friday and Saturday he was without fits; then, on Sunday, there was slight chilliness, and on Monday stronger aguish symptoms.

On the third Monday he attended looking quite a changed man; he had not had a paroxysm for a week; he looks infinitely stouter and stronger, and his complexion, from being pale and clayey, now assumes a healthy browned appearance.

I wish, gentlemen, you could have seen this patient before and after treatment; you would then, I feel sure, agree with me in thinking that this man's life was saved by the timely administration of a few doses of *Sulphur*; this most certainly is my belief, and, having seen the patient, I am in a position to express a decided opinion.

This man had taken a great deal of medicine on board ship, whether *Quinine* or not he could not tell me, as his medicines were dispensed by the ship's surgeon; at any rate, they did him no good, and he is sure of this, that since he came ashore he has had a great quantity of

Quinine without in any way mitigating the severity of the paroxysms.

We learn from this case that *Sulphur* has a most wonderful power, when given in appropriate cases, over the nervous system; it must act most powerfully upon both the cerebro-spinal and sympathetic systems of nerves, especially the former, in order to exert controlling power over paroxysms so severe as these were. This is the fact that since the year 1868 I have endeavoured to impress upon your minds, and do not, I beseech of you, join with Dr. Lal Sircar in throwing cold water upon such an important conclusion. In my pamphlet on *Sulphur*, published in 1869, I mentioned *Phosphorus* also as probably possessing a decided action upon intermittent diseases, and how far I was right subsequent events have amply proved. That *Phosphorus* was in intimate relationship with the nervous system was, of course, well known; where we erred was in neglecting to define the extent and character of this relationship. If we do not work out the actions of our remedies so that their symptoms and effects will be plain and palpable, not misty and obscured, as too many of them now are, the work will be done for us by others, and the credit, which but for apathy and carelessness ought to have been ours, will be handed over to opponents. This is the true way to rectify our false position in the profession—to place ourselves upon a level much higher than that upon which they stand.

If my experience is worth anything, the everyday prescription of *Sulphur* since then, and I have had a good deal of experience in these tropical diseases, ought to enable me to pronounce very decidedly upon this question, and my decision is that *Sulphur* is in most intimate relationship with aguish diseases; that it is, in fact, a most powerful antiperiodic.

Ague is not so amenable to homœopathic treatment that we can afford to throw into the shade such an often-indicated remedy as *Sulphur*, and, had I time to show you, *Sulphuric acid* as well. Read what Jahr, in his Forty Years' Experience of homœopathic treatment says:—"For this reason"

[the difficulty in distinguishing an essential from a non-essential symptom] "we are not astonished at the statement of an old and well-known homœopath in Belgium, that, in spite of the late Dr. Von Bœnninghausen's valuable work, he had never yet succeeded in curing a case of fever and ague homœopathically." This surely is a most damaging admission against the system of symptom-covering *when dissociated from practical acquaintance with the physiological properties of drugs.*

Gentlemen, believe me, that distinguished divine, John Wesley, counselled well when he gave as advice to the poor ague-stricken mortal—"Before, yea, in the midst of the fit take twenty drops of *Spirit of Sulphur* in a pint of cold water."

What is the indication for *Sulphur?* I might give you many, nay, I believe it would be possible to keep on till to-morrow morning enumerating indications for *Sulphur* in periodic affections, but a full description of its indications is obviously not the purpose of this paper.

The grand indication for *Sulphur* is undoubtedly periodicity; this you will see is a very loose statement, but time does not permit of my entering more fully into details. We learn how valuable even this indication is from the case reported.

If there be any truth in the law of similarity, such peculiarity ought to be revealed by our provings; and according to the Vienna provings we find that Dr. Arneth, one of the provers, after taking ten grains of crude *Sulphur* on 25th and 28th April, and twenty grains on the 30th April, got on the 30th "violent digging pains in a healthy right molar tooth; strong pressure on the tooth diminished the pain; cold and heat had no effect upon it." Then we learn that "the prover was interrupted by an attack of intermittent fever (first rigor with thirst, then long-continued heat without thirst, but with great rush of blood to the head), which came on in the beginning of May;" and then we are favoured by the prover with the following expression of opinion:—"Whether this fever, which lasted for six weeks and then left me *extremely weakened,* and whether the dis-

agreeable circumstance that I, who previously had always had good teeth, got five carious teeth about the beginning of September, one of which (a wisdom tooth) I was forced to have extracted on account of the violence of the pain, was owing to the *Sulphur* I had taken, I am unable to decide."

My experience with *Sulphur* as a remedy for ague enables me to decide what Dr. Arneth could not, namely, that the intermittent fever *was* due to the *Sulphur*. In addition to the ague and preceding it we have toothache, in this instance probably due to involvement of the dental pulp. Toothache as a symptom by itself is very characteristic of *Sulphur*, and this as an indication is rendered more pointed by its not being markedly affected by extremes of temperature. In this short quotation, then, we get these indications for *Sulphur*, and which I myself have verified by practical experience:—Marked periodicity, association of the ague with toothache (or other forms of neuralgia), the toothache (neuralgic affection) not being affected by extremes of temperature.

I am the more concerned as to the pathogenetic action of *Sulphur*, as some assume a defect in the provings in consequence of *Sulphur* exerting curative properties in ague. I wish, before statements so damaging to our principles were made, the provings could be studied a little more closely. I have by me Jourdan's celebrated French translation of Hahnemann's provings, dated 1828, and there you will find this symptom:

"In the morning, at about 10 o'clock, chill, which lasts an hour; then cessation until 3 o'clock in the afternoon; then heat for two hours in the head and in the hands, with thirst for beer; this attack returns for many days following."

"*Le matin, vers dix heures, frisson pendant une heure; puis repos jusqu'à trois heures après minuit;* ensuite chaleur*

* Evidently a misprint: "*minuit*" should be *midi;* in Hempel's translation the meaning is obscured, and an even more inaccurate rendering given. Hempel puts it—"Chilliness for one hour in the forenoon, followed by a two hours' heat in the head and hands at three o'clock in the afternoon," &c. So

pendant deux heures dans la tête et dans les mains, avec soif de bière; état que se renouvelle plusieurs jours de suite."

In the proving of *Sulphur* in Hempel's edition of the *Chronic Diseases* the symptoms are so distorted and jumbled together as to make it impossible to obtain from it a true picture of the pathogenetic action; but Hahnemann's earlier provings and those instituted at Vienna are very satisfactory.

My brother-in-law and a brother officer of his returned from India invalided. The systems of both were thoroughly impregnated with malarious poison. The one came to me for treatment, the other went to a very well-informed allopath. My patient on arrival began by having ague-fits every day, I gave him *Sulphur*, and immediately they ceased, never to return during the whole year of his stay in England. His brother officer got worse and worse, and soon was in his grave. It would be unmitigated presumption for me to say that *Sulphur* would have had an equally beneficial effect with the other patient, but, gentlemen, I cannot prevent a feeling that it would have conduced towards this recovery as well. *Sulphuric acid* possesses a power, it would seem to me, even greater than *Sulphur* over ague and neuralgia.

To give an instance: a little boy, aged six years, living in this district (Notting Hill) had had ague-fits, probably owing to the dampness of the house in which he lives, for three weeks, was brought to me by his mother; he was evidently much pulled down by the ague, as he looked pale and drawn and was rather emaciated. His appetite, too, was very bad. The attacks were coming on every second day.

Without going minutely into the symptoms, I gave him, for reasons I cannot stop to explain, *Oxide of Iron* 1st decimal trituration, five grains for a dose night and morning. This was on the 11th of May, 1875. On the 18th his

that we are left in uncertainty as to the precise hour in the forenoon at which the attack commenced, also as to whether the second stage began or ended at three o'clock in the afternoon, while, lastly, the characteristic "thirst for beer" is altogether omitted.

mother returned with him; the fits were appearing every day, but were not quite so strong as they were before he took the *Iron*. He does not shiver so much as he did, but turns "goose-skinny" and very cold. The paroxysms come on about 10 o'clock a.m.; he turns very cold, but does not shiver; this lasts two hours, then he gets hot and his head aches, but no perspiration follows. The hot stage lasts about two hours; to-day, however, it lasted much longer, and ended for the first time by vomiting.

Tongue is clear; bowels inclined to be confined.

It is quite plain that this patient was distinctly worse than he had been before he took the *Iron*, for the attacks were coming on every day instead of every second day, and the last one was worse than any previous one.

I now changed to *Sulphuric acid*, first decimal, three drops to three ounces of water, a teaspoonful to be taken three times a day.

Next week, the 25th May, he had no return of the ague since Saturday; Friday's attack was much slighter, and Saturday's slighter still; he has not had one since, and his appetite and general health have much improved.

Next week, the 1st of this month (June), quite well in every respect.

Had I but time I could give you case after case of the most violent forms of periodic affections cured with *Sulphur* and also with *Sulphuric acid*, and if you want the distinguishing features between these remedies, I have only to refer you to my previous papers published in the *British Journal of Homœopathy* and to ask you to examine the provings. My province, for the present at all events, is to establish the fact that *Sulphur* has a decided power over periodic affections; this, then, is the grand lesson I would have learnt from "a case of ague."

Discussion on Dr. Robert T. Cooper's paper.

Dr. Wyld in twenty-five years' practice in the West of London had seen only one case of true malarious ague. The case was that of his own brother, who, being wrecked on a desert

island in the Southern Pacific, returned to Scotland, shortly after which ague became fully developed. This proves that all forms of acute ague are not cured by passing out of the infected district. This case was treated in Scotland in the ordinary way by *Quinine* for about two months with very little effect. The patient then removed to London and placed himself under Dr. Wyld, who treated the cold stage with *Arsenic*, the hot and delirious stage with *Aconite* and *Belladonna*, and the intervals with *small* doses of *Quinine*. These medicines had a good effect, but the chief part of the treatment consisted in giving the lamp bath in the cold stage, the wet sheet pack in the hot stage, and warm sponge baths with vinegar and water in the sweating stage. The lamp bath greatly relieved the misery of the cold stage, the wet-sheet pack soothed the hot stage and generally produced sleep, and the warm sponging was a great comfort in the sweating stage. Under this treatment the patient made a rapid recovery. The great danger of ague is the congestion of the internal viscera which takes place in the cold stage, and the lamp bath by directing the blood from the internal to the external surface of the body is a perfectly rational and successful treatment. With regard to Dr. Blackley's observations on *Quinine* and its sporule-destroying power Dr. Wyld thought the suggestions interesting. He had cured at once a form of intense hay fever with most obstinate sneezing and plugging of the nostrils by *Quinine* after all his other remedies had failed for weeks. These attacks had a tendency to return annually, but they had at once given way to a solution of one grain of *Quinine* to six ounces of water sniffed up through the nostrils from time to time.

Dr. Bayes had listened with great interest to the paper in which Dr. Cooper claimed an anti-periodic action for *Sulphur*. The question to be decided is, whether *Sulphur* has any real action on ague? or whether the curative result, in the cases detailed by Dr. Cooper, had not occurred from the action of *Sulphur* in relieving the organs which remained congested after the suppression of the true ague. The late Dr. Golding Bird in his work on *Urinary Diseases* relates many cases of "dumb ague" which were cured by eliminants. Those he used were *Mercury* and some neutral salt of *Potash*, the acetate or the citrate. He (Dr. Bayes) always looked on the cases of (so-called) dumb ague (of which he had seen many in Cambridge) as cases of medicinal disease, chiefly congestions of the abdominal organs from the over-action of large doses of *Quinine* or of *Arsenic*. Most of the cases of ague coming to this country from India or America or South America had already been saturated with *Quinine* or *Arsenic* before coming under our hands, and in such cases *Sulphur* would doubtless do much to promote a cure by neutralising these medicinal poisonings. It is to be regretted that Dr. Cooper has brought so small a number of cases before us, as a far larger experience must be required in corroboration

of his thesis before we can accept its conclusions. There is one point we must always bear in mind in cases of long-standing ague, and that is, the power of habit. The tendency to the return of the paroxysm is much increased by the expectation of its return by the patient. A French physician attributed the disease to habit, and to prove his point adduced that, being in the habit of standing up to his neck in a cold running river at a given hour every day for a week, he experienced (on leaving this bath off) a recurrence of the chill for some days at the accustomed hour followed by the reaction of heat. Now, in aguish countries hot days are usually succeeded by chilly sunsets, and these alternations of heat and cold may have much to do with the causation of ague independently of any miasm. In the agues of Cambridgeshire there was always a tendency in cases apparently cured to recur on the eighth day. If this day was tided over without a paroxysm the patient usually remained well. Far more lengthened experience is required before we can say positively that *Sulphur* is an anti-periodic. Dr. Bayes found in Cambridgeshire that a close following of the symptoms was needed to make good and rapid cures. In one case, refusing to yield to *Quinine* or *Arsenic*, in which profuse sweating was a marked symptom, *Phosphoric acid* 3x speedily and permanently cured the patient in the same house in which she had taken the ague, and she remained cured, needing no change of air. Other cases, with exact recurrence of the paroxysm as to time, were well cured with *Cedron* 3x.

Dr. R. Hughes said that it fell to his lot some years ago to review a pamphlet of Dr. Cooper's beginning with a very similar case, and having the same thesis for its subject-matter. He had then to come to the conclusion that Dr. Cooper had not made out the claim of *Sulphur* to be an anti-periodic; and he could not feel that anything he had read since or heard to-night had altered his judgment. By an "anti-periodic" he apprehended we meant medicines like *Quinine* and *Arsenic*, either of which in ninety-nine cases out of a hundred will break up a recent ague. He knew of no evidence to prove that *Sulphur* could be relied upon in like manner. But that this drug might be a valuable medicine in chronic intermittents he had no doubt; and in pressing its claims here Dr. Cooper had done good service to therapeutics. In these cases it was not the paroxysms we had to treat, but the cachexia; and he was ready to admit *Sulphur* as a potent anti-malarial remedy, though he could not assent to its being classed as anti-periodic.

Dr. Roth while practising in Hungary from 1840 till 1849 had frequent occasion to treat intermittent fevers. The most frequent type was the "febris tertiana," less frequent the "quotidian," and still rarer the "quartan." In recent cases small quantities of *Quinine* acted very well. Although his colleagues gave doses of five to ten grains every two or three hours he used

the following formula:—*Sulph. Quininæ* granum, *Acidi sulphurici* guttam, *Aq. destill.* drachmam, five to eight drops to be given every two hours in a dessert-spoonful of water. The alternate use of *Tinct. of Ipecacuanha* and of *Nux* in doses of three to four drops was also very useful in recent cases; in chronic cases with swelling of the liver and spleen, with tendency to œdema in the face, feet, and abdomen *Nux* and cold compresses round the abdomen had a good effect. He mentioned also, in confirmation of Dr. Bayes' remarks, that the patients got into the habit of having the intermittent, and were waiting for the exact time when the paroxysm usually began. He stated that in some cases the hours or the timepieces have been changed in order to retard the expected paroxysm, and it happened that when the patient found that the usual hour had passed no paroxysm occurred. Amongst the popular remedies he mentioned the solution of eggshells in red wine, for which purpose an egg was placed for forty-eight or more hours in a quantity of red wine sufficient to cover the egg; also hot strong black coffee alone or weak lemon juice was used successfully in single cases by the people, especially in chronic cases and where *Quinine* had not had any effect. He confirmed the use of hydropathic treatment in intermittents, and mentioned that in the cold stage he made use of the vapour produced by hot, and even red hot, stones or bricks enveloped in cloths dipped in cold water, which have been placed near the feet and sides of the patient, while sponging with cold water was made during the hot stage. This procedure was very pleasant to the patient, shortened both the cold and hot stages, and perspiration set in much sooner. He had also occasion to observe *marked* intermittent fever under the form of a blue nose, of very cold hands with the blue tinge, and also intermittent ophthalmia of about twenty-four hours' duration. Anti-periodic medicines, especially *Sulph. quinine*, had a curative effect in these marked forms of ague.

Dr. Leadam had had several cases of ague, although it was rare in London, and had treated them with *Ipecac.* and *China* 30, *Capsicum*, and *Sulphur*. The last case was caught in Brittany. A lady was visiting there, and sat out sketching. The district was aguish, and she got a chill. Ague was caught, and suppressed by taking *Quinine* in a fortnight, but on returning to London it attacked her again instantly. It was quotidian, and very severe and marked by excessive perspiration, and the paroxysm recurred in the morning, lasting several hours. Her complexion was sallow. *Sulphur* was the principal remedy, used in the 5th and 30th dilution. She was three months in the illness before she recovered, but she recovered perfectly.

Dr. Watson, when residing in the fen country, found the medicines most useful in the treatment of ague were *Quinine*, *Arsenicum*, *Ipecacuanha*, *Bryonia*, and *Nux vomica*. In town, however, he could only call to mind two or three cases of genuine

ague. The first, that of a fine young man just home from India, was, he believed, contracted when out tiger shooting in the jungles of Bengal. The case resisted every homœopathic medicine given in infinitesimal doses, and was only cured at last by *Quinine* in ten-grain doses. The second, that of his father, a man well advanced in years, a slow lingering tertian, which Dr. Madden saw in consultation, yielded at length to *Antimonium crudum* 6x. Dr. Watson thought Dr. Cooper had opened up a grand mine of thought in bringing so prominently forward before the Society the claims to notice of *Sulphur* in the treatment of ague, for if there was one thing that struck us in the provings of *Sulphur* it was its great power to produce *venous congestion* of every organ of the body. On the other hand, nothing was better established than the influence of the malarious poison in causing venous congestion of the nervous centres, the liver and the spleen, as witness the bluish lips, the blanched face, the leaden hue of skin, the lustreless eyes, and languid gait of the dwellers in fenny districts, which Dr. Bayes would be able to abundantly confirm. Here, then, the analogy might hold good, but would be still further borne out by the observation that neuralgia not unfrequently masks some form of ague, and that intermittent fever itself often tapers away into some neuralgia of periodic type, just those cases where Dr. Cooper had already shown *Sulphur* to have a decidedly beneficial effect. Add to this the cases mentioned by Dr. Leadam and Dr. Hale of chronic ague and intestinal flux cured by *Sulphur*, and it appeared to Dr. Watson that there had been set forth an amount of evidence which, perhaps, only needed the provings Dr. Cooper had detailed to be carried out *more extensively* to establish the fact of its anti-periodic power, and leave no reasonable doubt of its value as a remedy in chronic ague and the ague cachexia.

Dr. Dudgeon said that practitioners in London were not likely to see many cases of ague, as London had not a malarious soil capable of producing regular intermittent fever. The most of the cases seen in the metropolis were importations from marshy districts or from India. He did not think that the ague occurring to Dr. Arneth during his proving of *Sulphur* could be ascribed to the medicine. He doubted if there was any medicine in the Materia Medica that could cause periodical attacks of fever. There is great difficulty in testing the anti-periodic powers of a remedy, for if tested in a marshy district, the patient being continually exposed to the exciting cause of the disease, gave the medicine little chance, and if the patient were removed from the marshy district the disease, as Dr. Blackley had mentioned, has a tendency to cease spontaneously. Dr. Blackley had alluded to the opinion that ague depended on minute organisms in the blood. This opinion was held by many pathologists, especially in Germany, not only with respect to ague, but also with

respect to many acute infectious diseases. At the discussion on the subject lately held at the Pathological Society of London opinions were divided as to whether the minute organisms were cause or effect. He had lately seen good effects from *Eucalyptus* in a case of aguish symptoms in a patient who had long resided in India.

Mr. Pope (Vice-President) congratulated Dr. Cooper on having read a paper which had given rise to the best discussion of the session. He also, in the name of the Society, desired to thank Professor Talbot and Professor Ludlam, who had honoured them with their presence and gratified them by their speeches, for having given them the advantage of hearing the results of their large experience in the United States. From the remarks that had been made by different speakers it seemed clearly established that ague was no concrete disease to which one or two medicines were in all cases suitable, but that it was, in truth, many forms of disease grouped under one generic name. Ague, as occurring in Lincolnshire, Cambridgeshire, and in the marshes around Woolwich, differed from that occurring in Africa, in the West Indies, and in various parts of the United States. In each form of ague different medicines were required. This, borne out as it had been by Dr. Ludlam's remarks, explained what had often struck him as singular in reading the American homœopathic journals, viz. the great variety of medicines used by different medical men, all of which appeared to be followed by good results. These facts showed how important individualisation was in our treatment of this as in all diseases. Dr. Cooper had urged *Sulphur* upon their notice as a useful remedy in ague. Mr. Pope could not see that any evidence of importance had been adduced to show that it was likely to prove of service in the acute form of the disease, while in the *débris* of ague, in the chronic congestive cachexia which remained, *Sulphur* was unquestionably a medicine of the greatest importance. With regard to Dr. Blackley's remarks on the parasitic origin of ague he thought that Dr. Hughes, in his lecture on *Quinine* a few weeks ago, had completely demolished that theory, and had abundantly proved the homœopathicity of *Quina* to the form of ague most frequently met with in this country. Many other points well deserving extended notice had been raised during the discussion, but at that late hour he would not detain the meeting by alluding to them.

Dr. Cooper in reply, among other remarks, repudiated the idea of having brought forward *Sulphur* as an anti-periodic, if by anti-periodic we meant a remedy that could cure, "break up" if you will, ninety-nine cases of ague out of a hundred; if this were the meaning of the term "anti-periodic" all he could say was, that he knew of no drug worthy of the title; certainly *Arsenic* would not come up to this definition. But if by anti-periodic were understood a remedy whose symptoms manifested decided

periodicity in the proving and acted accordingly in disease, then he was proud to maintain that *Sulphur* stood high among such anti-periodics. The broad fact for which he contended was, that *Sulphur* is of material help to us in treating aguish diseases, and the inference follows that its wide-spread utility in curing diseases may be due more to its primary action upon the nervous system than to that, as asserted by Hahnemann, it exerts upon the skin.

ANNUAL GENERAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual General Meeting of the Governors and Subscribers was held on Tuesday, in the Board-room of the Hospital, 52, Great Ormond Street.

The Right Hon. Lord EBURY, Chairman of the Board of Management, presided, supported by JOHN BOODLE, Esq., Deputy Chairman, CHARLES TRUEMAN, Esq., Official Manager, J. B. CRAMPERN, Esq., Sub-Treasurer, the Rev. W. ALDER, A. E. CHAMBRE, Esq., Captain W. VAUGHAN MORGAN, A. R. PITE, Esq., F. ROSHER, Esq., the Rev. N. BROMLEY the Chaplain, Dr. DRURY, Dr. YELDHAM, Consulting Surgeon, Dr. HALE, &c.

The Rev. the CHAPLAIN having opened the proceedings with prayer,

The Clerk, Mr. JOHN R. WARREN, read the notice convening the meeting, and the minutes, which were confirmed.

Mr. C. TRUEMAN, Official Manager, then read the Twenty-fifth Report of the Board of Management.

The noble CHAIRMAN, in moving the adoption of the Report, said: Ladies and Gentlemen, I have often had the good fortune —indeed, for a series of years, I have been permitted to attend the annual meetings of the London Homœopathic Hospital, and on these occasions we have had sometimes to lay before you, in our Report, a state of things which was everything that was encouraging; while in others, owing to want of finances, or other reasons, we have been apprehensive of some damage to the hospital, and have been compelled to appeal to the public to enable us to carry on more vigorously this most useful and valuable institution. But I do not know that I ever rose to discharge the duty that devolves on me with a feeling of greater sorrow than I do to-day; and the reason, I need hardly say, for that is not the state of our finances, but that we have lost the services of our consulting physician, Dr. Quin. It is useless to

go into all the history of the facts which have led to that unfortunate result, but, at the same time, I can assure you that the Board did all that they possibly could do in order to prevent it. Of course, it is not the intention of the Board to cast any blame on Dr. Quin or his friends—(hear, hear)—in regard to the transactions in which they took part; but we can only repeat what is said in the Report, that we deeply regret that Dr. Quin did not consider it his duty to remain any longer the consulting physician to this hospital. As to the financial position of the hospital, we have every reason to be satisfied with it. Last year, as you will recollect, we were full of our approaching bazaar; many fears were felt on that subject, and, on the other hand, many bright anticipations of success were indulged in; but you had a bazaar, which was a great success, and which brought us in sufficient money to pay off our debts —(cheers)—to pay off the cost of the improvements that had been made in the hospital, so that we can now come before the public not only as an institution entirely free from debt, but with a hospital better fitted to remedy disease than at any former period of its existence. (Applause.) All it needs now is increased annual subscriptions, and if these be obtained, there is no reason to apprehend the failure of the hospital. We must endeavour to place the hospital in the condition we desire it to hold—that is, one of independence. The report does not mention one fact which we ought ever to keep before us, and that is, that we are endeavouring to keep the hospital independent by accumulating a large fund year by year. Our funded property now amounts to between £8000 and £9000, and, except last year, your money was invested every year. Now, I think it is rather hard on us that this very fact should be made an excuse by the Distribution Committee of the Metropolitan Hospital Sunday Fund for not giving us as much last year as they did before. They say you do not spend what you have got; but provident people are, as a rule, the people who are helped. (Hear, hear.) Well, we must do this justice to the Committee of Distribution, that they have the greatest difficulties to contend with, and are torn to death by conflicting interests, not always represented in the most gentle language. (Laughter.) So we should not, perhaps, blame them too much, though they have caught at this little straw for depriving us of a part of the somewhat homœopathic share—(laughter)—which we had from the Hospital Sunday in the two previous years. I do not believe that the resources of any hospital have been diminished in consequence of this fund, so that it is really an addition to the money expended every year in the best possible form. No doubt the Charity Organization Society has put all hospitals upon their mettle as regards their administration, on the question that a great deal of advice and medicine is given to people well able to pay for it. It has also called attention to

the large number of out-patients treated, on the ground that it is impossible that any medical man, whatever his physical powers, can give effective advice to so many persons. To run through a room and scarcely attend to the ailments of the number of persons collected there is no charity at all. I do not know that I have anything more to state here. It is probably known to most present that our unfortunate disagreement with Dr. Quin arose out of the election of Dr. Burwood, which was contested between Dr. Burwood and Dr. Carfrae. Now, I have received to-day a protest from Dr. Quin and two of his friends against our confirming the appointment of Dr. Matheson as one of the internal and external medical officers. But the fact is, that the election as between Dr. Burwood and Dr. Carfrae was a void one, and since then there has only been one candidate, for Dr. Burwood withdrew, and therefore we had no option whatever but to appoint, as we have done, Dr. Matheson, who has been approved of by the Medical Council as a perfectly fit and proper person, and declare him duly elected. In justice to Dr. Quin and his friends, I must, however, say that their protest is, as they state, in no way directed against Dr. Matheson personally—that they entertain no personal objection to Dr. Matheson. We shall, therefore, keep it as a protest against the election, which we shall ask you to confirm to-day. As we are now in a fair way to keep the hospital in good order, I hope that all will refrain from any remarks calculated to bring this matter obstrusively forward, lest it should engender bad blood. (Hear, hear.) The Board feel, deploring the result, as all must do, we must redouble our exertions in order to secure the comforts of the patients and the success of this valuable Institution. (Loud applause.)

Mr. G. Rosher seconded the motion, which was carried unanimously.

Dr. Yeldham, in moving a vote of thanks to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, said that, even after the slight remarks which had been made by his lordship on the differences between Dr. Quin and the Board of Management, it must be apparent to all that the past year must have been of grave anxiety to the latter, who had held many extraordinary meetings which, he had reason to know, had been fully attended, on the subject. He would act on his lordship's suggestion, and would not further allude to this unfortunate misunderstanding, nor express any opinion on the subject; but of one thing all must be assured—namely, that the Board having no personal interests to serve—("hear, hear," from the Chairman) had but one object in view—the good of the hospital, and the satisfaction of all concerned. (Applause.) The present satisfactory condition of the hospital—and it was never more satisfactory—was due to the Board. Space had been utilised, and two good wards had been made out of it; the

wards were in admirable condition, they were clean and neat, and almost pretty and homelike, so that it might be hoped that the residence of the patients in the hospital would have a good effect in this respect on their minds. (Hear, hear.) The number of patients last year had not been so great as usual, but the success of the treatment was, no doubt, quite up to the mark. The nursing, which was so excellent under Miss Bendall, had been thoroughly kept up by the present Lady Superintendent, Miss Brew. (Hear, hear.) But the question of the greatest importance connected with the hospital was the financial question. In an amusing speech reported in *The Times* of the previous day, made by the Chancellor of the Exchequer at a dinner given by the Board of Works, the right hon. gentleman, alluding to the fact that he had no surplus to dispose of this year, said that his state was one of happiness compared with that of a Chancellor of the Exchequer who had a large surplus; for instead of having, as he would in that case, a thousand persons clamouring for it, his position was one of peace. (Laughter.) Now, the treasurer of that hospital, although he had not a large surplus, did not show a deficiency, but could boast of a happy equilibrium—(hear, hear, and laughter)—and when they saw other charities languishing for want of aid, and some hospitals partly closed for want of funds, he thought they should be well satisfied if they could keep their heads above water without touching their reserve. (Hear, hear.) They had lost the services, as treasurer, of Mr. Henry Rosher, who had ever been one of the most energetic friends and liberal supporters of the hospital. (Applause.) Mr. Rosher had been led to relinquish his office from advancing age and increasing deafness, but in every other way the institution would still have his warm interest and support. (Applause.) They were fortunate in having secured so good a successor to their late treasurer as Captain Vaughan Morgan, who had been connected with the hospital for many years, and for some years had been an active member of the Board, and whose knowledge of business and active zeal would render him a worthy successor of Mr. Rosher. (Applause.) The House Committee were the gentlemen who attended to the working of the institution, and through whose hands all its details passed, so that much of the success of the hospital was due to their constant supervision and attention. (Hear, hear.) Their warm thanks were also due to their sub-treasurer, Mr. Crampern. The Board of Management and these gentlemen devoted their time and attention to the hospital, with no other reward than the knowledge that they were doing their duty, and he was sure all would join in thanking them for their kind exertions.

Dr. Mackechnie seconded the motion, which was cordially carried.

Captain W. Vaughan Morgan acknowledged the compli-

ment, observing that, as Dr. Yeldham had said, last year had been a most difficult year with the Board, but except as regarded the matter alluded to by the Chairman, it had been a most quiet year, their principal trouble having been the illness of Mr. Trueman, who was really the pivot of that Institution. (Applause.)

Dr. HALE, in proposing the next resolution, said it was obvious that whatever might be the zeal shown by the medical staff in ministering to the sufferings of the patients, their labours unless they were supported by the Board of Management and the House Committee, must fall far short of the good they endeavoured and hoped to effect. (Hear, hear.) He had to move "the re-election of those members of the Board of Management who retired by rotation—viz., the Rev. W. Alder, Mr. Crampern, Mr. Crassweller, and Mr. Slater." In bringing forward that motion it would be invidious to select any name for pleasing remarks; but he might say that whenever he was brought into communication with these gentlemen, or any other members of the Board, he received from them every courtesy, and all that could render the duties of a medical man agreeable. (Hear, hear.) It was, therefore, with the greatest pleasure that he proposed the re-election of the gentlemen named.

Mr. WYBURN seconded the resolution, which was carried *nem. con.*

Mr. PITE moved "a vote of thanks to those ladies who very kindly held stalls at the recent Bazaar." He said the hospital stood free and liberated from debt that day through the energetic exertions made by these ladies and others last year under most extraordinary difficulties—(hear, hear)—and when it was remembered how their funds had mounted up through the untiring exertions made for months previous to the Bazaar, it would be admitted that these ladies merited an unqualified and distinct vote of thanks from every subscriber to that Hospital. (Applause.) As to the award of the Hospital Sunday Fund last year, it had perplexed the Board as the distribution had perplexed other hospitals also; but he was compelled to come to this conclusion, that when they gave too much, as they said, to the institution the year before, they were acting on their own principle, and gave them allopathic doses; whereas last year they had repaid them in their own coin by giving a homœopathic dose—(laughter)—to the only hospital in existence which promoted the noble principle of homœopathy. (Applause.) He hoped Mr. Trueman would be preserved to them for many years, and as to the exertions of the medical staff, they were beyond all praise. The reason why the annual meetings of the hospital were so small was that the subscribers had confidence in its Management, for when it was in debt they came there to contribute to it; but now that it was out of debt they would feel they had a right to come there to grumble if there were cause

for it. (Hear, hear, and laughter.) As to the smaller number of patients received last year, the beds had not been reduced so much as might have been reasonably anticipated, from the heavy nature of the alterations and repairs, and it was most satisfactory to learn that the patients invariably expressed their satisfaction and gratitude for the skill and kindnesss with which they were treated. With regard to homœopathy, he had never been in better health than since he had adopted that mode of treatment, but he would admit it was a bad thing for the doctors, as it did so much good. (Laughter.) He might say the same as regarded his family—they were fitted with nerves before, but now they were all muscle. (Laughter and applause.) He regarded the hospital as the great means of convincing the world of the soundness of the homœopathic principle. (Hear, hear.)

The motion having been seconded by Mr. F. Rosher, and carried,

Mr. Chambre moved "the confirmation of the appointment of Captain W. Vaughan Morgan as Treasurer, and Mr. A. R. Pite as one of the Trustees, in consequence of the resignation of those appointments by Mr. Henry Rosher." He was restrained by the natural modesty of two of his friends from saying all he otherwise would about them, so they must take it that what was said in the resolution, doubled and trebled by his own feelings, covered the sense of the meeting of their services. As to the retirement of Mr. Rosher, he might say that his sole cause for retiring from his position of Treasurer was his deafness, which prevented him from following the deliberations of the Board to his own satisfaction, although he ever did so to theirs. (Hear, hear.)

Mr. Crampern seconded the resolution, which was carried.

Dr. Drury next moved a cordial vote of thanks to Mr. Henry Rosher, for his valuable services. It was a common thing to say we were very much indebted to a person—for instance, if he told them he was about to make a short speech, they would probably say, "We are very much indebted to you, Dr. Drury." (Laughter.) But it was a very different thing to say they were very much indebted to the Treasurer, for it meant that he was now ready to advance £200 or £300 to meet any deficiency, and although the hospital was out of debt now, it could not be out of debt to Mr. Rosher (applause), who, he might add, was a staunch homœopathist, as are also his children, and it was to be hoped his grandchildren would be. They owed a deep debt of gratitude to Mr. Rosher, and he hoped they would long have the pleasure of seeing him at the hospital. (Applause.)

Mr. Trueman (Official Manager) seconded the motion, and, as a member of the Board, wished to bear testimony to the untiring constant kindness shown by their late Treasurer to

every member of that body. (Hear, hear.) Mr. Rosher had many opportunities of being useful to the hospital in a variety of ways, and he never missed those opportunities. (Hear, hear.) He had the assurance of Mr. Rosher that his relations with the hospital would continue as they had been, barring his filling the office of Treasurer. (Applause.) The true reason for his retiring had been stated, and they might certainly depend on him for doing the same good to the hospital that he ever had. (Renewed applause.) As to the Hospital Sunday Fund, the noble lord in the Chair had said that it was a hard thing that the fact of their having a reserve fund should be thrown in their teeth; but, in addition to that, it had been complained of by the Committee of Distribution that the management expenses of the hospital were disproportionate to the number of patients relieved. If they expended £500 a year more, they would receive more than they did from the Hospital Sunday Fund. The nursing of the hospital did not cost a penny, for although the item appeared under that head in the accounts, they were recouped by the payments received by the nurses they sent out in private nursing; but if that item were included in the management expenses of the hospital, it would be better off from the Hospital Sunday Fund, which was certainly not administered satisfactorily to the Board of that hospital, whatever it might be to others. (Hear, hear.)

The resolution having been put and carried, it was resolved, on the motion of Mr. Pite, seconded by Mr. Boodle (Deputy-Chairman), "that the appointment of Dr. Duncan Matheson, as one of the internal and external medical officers in charge of diseases of women, in place of Dr. Burwood, resigned, and of Dr. Wardale to the external staff in the place of Dr. Blackley, be confirmed."

Captain Vaughan Morgan then proposed a vote of thanks to the medical staff and the lady visitors. It had, he observed, been truly said by the Board of Management that they were very grateful to the ladies, and the same might be said as regarded the medical officers. The hospital was unfortunate in this respect, but it had not a medical school, and they could not, therefore, radiate its influence on the general public like some other hospitals. They should be, therefore, much obliged to the medical men who came there and filled the breach. He might express his regret that other homœopathic medical practitioners did not come there and attend their meetings. They ought to have a much larger number of annual subscribers than they had—they might see he was looking out already in the treasury department—(hear, hear, and laughter)—and he thought the subscriptions might be doubled if medical men took a greater interest in the hospital. (Hear, hear.) As to the ladies, the good they did could not be over-estimated. (Hear, hear.)

Dr. YELDHAM seconded the motion, which was carried.

Dr. HALE observed, in reference to the remarks made by Captain Vaughan Morgan, that many medical men did visit the hospital and see its practice, and that some also attended the lectures.

The noble CHAIRMAN having explained that Captain Vaughan Morgan had applied his observations to homœopathic medical men, and not to the profession in general, put the motion, adding, that he gave most unhesitating testimony to the invaluable services of the medical staff. (Hear, hear.)

The resolution was then carried.

The Rev. W. ALDER moved the concluding resolution, a vote of thanks to Lord Ebury for presiding. He said that the noble lord devoted his time and his talents to that good work—to that best of all hospitals. Lord Ebury was always there, encouraging them by his presence, and assisting them with his counsel. He, therefore, called upon them to give their best thanks to Lord Ebury for all his kindness—past, present, and to come. (Applause.)

The Rev. the CHAPLAIN seconded the motion, admitting that he was not a homœopathist himself, for he had never been ill since he was seven years of age. (Laughter.) He was dining with some friends the other day, and said he had some conscientious doubts whether he could conscientiously act as chaplain to the hospital; but they said it was a very good thing, so the prejudice against homœopathy appeared to be dying away. Another gentleman had said to him, "I would be a homœopathist, but I am a married man, and married men are not always independent"—(laughter)—to which he had replied, "I perceive not, Sir."—(Renewed laughter.) He cordially seconded the resolution.

The motion having been put by the Deputy-Chairman (Mr. BOODLE), and carried with applause.

The noble CHAIRMAN, in responding, said: It is with much pleasure that I acknowledge the kind reception which you always accord me on these occasions. All the remarks I have to make is that greatly as I regret Mr. Rosher's inability to continue his valuable services, yet it is admitted that a change now and again is advantageous, and I think the saying that "a new broom sweeps clean" is apt to be fulfilled by Captain Vaughan Morgan—(laughter)—who, if we may judge from his energetic remarks to-day, is likely to prove a most enterprising and valuable Treasurer. (Applause.) The statement just made by Dr. Hale, that allopathic medical men do come to this hospital, is very encouraging, and our excellent chaplain tells us that the prejudices against homœopathy are dying away. Mr. Pite also tells us that, ever since he adopted homœopathic principles, he and his family have enjoyed excellent health. Now, it would be a very good thing if everybody could say the

same, for all the ills in this world are said to arise from a bad digestion—(laughter)—for people are induced to do things which they would not do if the liver properly discharged its functions. But, speaking for myself, I may say that at the age of 37 I was considered to be a permanent invalid. Who will be kind enough to multiply 37 by 2—(laughter)—who will do that for me? [Mr. TRUEMAN, It might not be polite, my Lord.] (Laughter.) Very well, but I do not think that as I now address you I exhibit any deplorably sick appearance—(laughter and applause) —and I trust, with the aid of homœopathy, to be spared for another year to fill the chair which I have now the pleasure to occupy. (Loud applause.)

The meeting then separated.

REVIEWS.

The Encyclopædia of Pure Materia Materia; a Record of the positive effects of drugs upon the healthy human organism. Edited by TIMOTHY F. ALLEN, M.D.; with contributions from Drs. HUGHES, HERING, CARROLL DUNHAM, LIPPE and others. Vol. II. *Aurum to Carduus marianus.*

WITH most commendable rapidity the second volume of this great undertaking has followed the first in less than six months. A glance at it is sufficient to show the student of homœopathic Materia Medica the treasures it brings to his hand. Here are Molin's provings of *Aurum*, Hesse's of *Berberis*, and the Austrian ones of *Bryonia* for the first time made accessible, in their complete form, to the English reader. Here is abundance of fresh material for the physiological knowledge of *Belladonna*, *Bismuth*, *Borax*, *Camphor*, *Cannabis*, *Cantharis*, and the salts of *Lime*. Here is, for the first time, a full and intelligible pathogenesis of *Bromine*, of *Cannabis Indica*, and of *Carbolic acid*. We have all this, moreover, with the assurance that there has been careful translation, thoughtful arrangement, annotation from practical use, and comparison of cited symptoms with their originals. The gift is invaluable; we can but again tender to Dr. Allen our grateful appreciation of his labours.

Descending now to criticism, we are glad to note an improvement in several points on which we had to find fault with the previous volume. In the first place, "clinical

symptoms" are abolished. The retention of these, to however limited an extent, made the title of the work a misnomer. We were not alone in our protest against them; and we rejoice in their disappearance. There is no preface to the present volume; but in the *Hahnemannian Monthly* for June Dr. Allen writes—"Now and then some one finds an omission of clinical symptoms. Please remind such that in future *no* symptoms will be admitted unless they have been obtained by proving the drug." This is as it should be, and will enhance the confidence with which the work will be used.

Secondly, more care has been taken in the specification of the "authorities," so that the number affixed to each symptom shall refer to all attainable information as to its production. Provings by the same person with the crude drug and with its potencies are distinguished by separate figures; as also are, in *Belladonna*, the several patients on whom Greding observed effects from the drug. This is a most satisfactory feature of the book; and gives a sense of reality in its use which is wanting in that of Jahr, and even, to a great extent, in that of Hahnemann himself.

We have only yet to desiderate references between the component elements of natural groups of symptoms in the several places where they occur. This has been done for Hahnemann's cited symptoms, where the originals were accessible; it would be a great improvement if, wherever practicable, it could be done for all. We should then have full materials, not only for *à posteriori* reference, but for *à priori* study of each drug.

We may give an idea of the wealth of pathogenetic knowledge supplied by Dr. Allen, by taking a single medicine from his second volume by way of example. Let it be *Camphor*. The list of authorities comprises 71 separate sources of information, or subjects of its action. First come Hahnemann and his fellow-provers, 6 in all. Next we have the authors cited by Hahnemann, 21 in number. Of these 16 have been accessible in their original; and we learn the nature of their observations—doses, subjects, circumstances, and so forth. Then follow—Nos. 28 to 33—

the provings of Jörg and his pupils; then—Nos. 34 to 42—other experiments on the healthy. Finally, there are twenty-nine miscellaneous records of the effects of poisoning or overdosing, collected from books and journals, with their distinctive features specified. The result is a list of 916 symptoms, carefully arranged in classes, and easily referred to their respective sources.

When we consider that such information as this is given us concerning 74 medicines, including among them some of the most important we possess, some estimate can be formed of the value of the present volume. We can only say that any one who can afford to buy it, and neglects to do so, is failing in his duty to perfect himself in the knowledge necessary to practise the art of healing after the homœopathic method.

Materia Medica and Special Therapeutics of the New Remedies. By E. M. Hale, M.D. Fourth edition, revised and enlarged. Vol. I, Special Symptomatology. Boericke and Tafel.

Dr. Hale tells us that he has, in this fourth edition, cast the material of his 'New Remedies' into two forms. The first, consisting of a list of pathogenetic and curative symptoms *à la* Jahr, appears in the present volume. The second, a collection of his own and others' experience under the title of 'Therapeutics,' is to be published forthwith. We propose to defer our judgment of the work until it is completed, hoping that the second volume may supply some of the deficiencies of the first. Were we to review this 'Special Symptomatology' at the present time, we should have nothing but regret to express at the putting forth of such unsatisfactory work by one who has shown himself capable of better things.

A Manual of Pharmacodynamics. By RICHARD HUGHES, L.R.C.P. Third edition, mostly re-written. Part I. *The Acids—Guaiacum.* London: Henry Turner and Co. 1875.

ALL we can do by way of notice of this book is to say that it consists of the lectures lately delivered by the author at the London Homœopathic Hospital—the minor medicines there omitted being introduced; and to give a specimen to show of what kind the "re-writing" is. We will select *Cannabis sativa.* On one side is the last edition; on the other the present.

Second Edition.

Cannabis sativa.

A tincture is prepared from the flowering tops and upper leaflets.

Hemp was proved by Hahnemann, and its pathogenesis appears in the 'Materia Medica Pura.' See also an account of its morbid anatomy from Morgagni in the 'Brit. Journ. of Hom., vol. vi, p. 507.

From the symptoms produced three groups have led to practical results—those of the urinary organs, the eyes, and the lungs.

1. Cannabis appears to produce excessive irritation of the mucous membrane of the bladder and urethra, including the prepuce. The latter is dark red, hot, and inflamed; there is much burning in the urethra, painful and difficult micturition, chordee, and mucous discharge.

Third Edition.

Cannabis sativa.

Our tincture is prepared from the flowering tops and upper leaflets.

A proving of hemp, by Hahnemann and eight others, appears in the first volume of the *Reine Arzneimittellehre.* It contains 330 symptoms, 47 of which, however, are from authors. The severity of some of these is puzzling, when we consider how mild a poison the plant is. But the mystery is explained when we examine the originals of the two principal groups—those of Morgagni and of Ramazzini. The former consists of cases of disease recorded in various part of his *De sedibus et causis morborum,* and mentioned as occurring in hemp-dressers; but rarely traced or traceable to their occupation. The latter are symptoms occur-

In one often cited instance observed by Morgagni, the urine had to be drawn off by the catheter; but afterwards could not even then be evacuated, on account of the instrument becoming clogged with mucus and pus. These effects have led to the successful employment of Cannabis in many similar urinary disorders, but especially in *gonorrhœa.* I have the highest opinion of it as a remedy for this disease, after acute inflammatory symptoms (if present) have been subdued by Aconite.

2. Cannabis is credited by Hahnemann with the production of a pellicle upon the cornea. Whether this symptom be a true one or not, it is certain that the medicine has some effect in removing such specks when left behind by strumous ophthalmia.

3. Another somewhat questionable effect of Cannabis is "inflammation of the lungs, with delirium and vomiting of green bile." It is recommended by Dr. P. P. Wells in cases presenting these complications, to promote absorption of exudation limited to the lower portion of either or both lungs. The cough is frequent, teasing, hard, sometimes dry, sometimes even incessant.

Besides these affections, Dr. ring in workers in hemp and *linseed*—the connexion, as well as the nature of the phenomena, showing that they are mere local effects of the dust. These, therefore, must be eliminated from the pathogenesis of the drug. But in their place we have five more recent provings to put, all instituted with substantial doses, which are duly incorporated with Hahnemann's by Dr. Allen. There is an interesting study of the drug by the late Dr. Norton in the ninth volume of the *British Journal of Homœopathy.*

It would appear, from Hahnemann's preface to his provings, that Cannabis was in common use at his day as a remedy for acute gonorrhœa. It was supposed to act as a "demulcent;" but he is well warranted in saying that its curative powers depend upon the faculty it possesses of producing a similar morbid condition in the urinary organs. Its pathogenesis shows excessive irritation of the mucous membrane of the bladder and urethra, and of the prepuce. The latter is dark red, hot, and inflamed; there is much burning in the urethra, painful and difficult micturition, chordee, and mucous discharge. It has been customary to add the observation of Morgagni, in

Quin once cured with Cannabis a neuralgia of long standing, sympathetic of uterine disorder showing itself in menorrhagia. Taking the hint, I have lately given it with much relief in a case of menstrual headache.

The first-named action of Cannabis assimilates it to Apis, Cantharis, Copaiba, and Terebinthina; the second to Euphrasia; the third to Sulphur, Phosphorus, and perhaps Lachesis.

It is generally agreed that for gonorrhœa the mother-tincture of Cannabis is required, in frequent doses of from one to ten drops. In other affections the high dilutions seem efficacious.

which the urine was so full of mucus and pus that the catheter became clogged, and failed in its office. This, however, is not to the point, as the case was one of paraplegia from spinal disease, and the state of the bladder (noted eight days before death) was only that incident to such affections. But there is amply sufficient evidence besides this to prove the homœopathicity of Cannabis to urinary inflammations; and it continues to be in the school of Hahnemann the favourite remedy for gonorrhœa after the most urgent symptoms have been subdued by Aconite and Cantharis.

A good deal of use has been made of Cannabis in affections of the eyes, owing to the symptoms in Hahnemann's pathogenesis — "The cornea becomes opaque; pellicle before the eyes" and "cataract." For the first he himself vouches; and though one would have liked to know under what circumstances it occurred, we cannot but accept it, and it is certain that the medicine has some effect in removing corneal opacities left behind after strumous ophthalmia. The symptom "cataract" is referred to Neuhold. This author is recording effects of the effluvia of hemp before drying, so that his symptoms are valid enough. Nor is there any doubt that his "suffusiones oculorum," which Hahnemann renders cataract, may mean this. Celsus (vii, 7, 14) uses the phrase in this sense: and we cannot but remember Milton's

> "So thick a drop serene hath quenched their orbs
> Or *dim suffusion* veiled."

At the same time, when we find the phrase occurring in a list of the observed effects of hemp without special mention or warrant,

it becomes very unlikely that the author meant to hazard in this manner so startling an assertion as that the herb can cause cataract. We must wait for further information on this head.

Hahnemann's pathogenesis further credits Cannabis with a power of causing inflammation of the lungs with delirium and vomiting of green bile. Some recommendations and applications of it in pneumonia have followed, but I think without warrant. The observations in question are cited from Morgagni; and he is evidently speaking of the irritating effect of inhaling the hemp-dust on the workers in it.

In the fourth volume of the *British Journal of Homœopathy* Dr. Quin has recorded an excellent case of hemicrania cured by Cannabis. It was primarily coincident with the catamenia, which were far too copious. I think I have seen the medicine useful in menstrual headache.

The action of Cannabis on the urinary tract assimilates it to *Apis, Cantharis, Copaiba,* and *Terebinthina;* that on the eyes to *Euphrasia.*

There is a general agreement that for gonorrhœa the mother-tincture of Cannabis is required, in frequent doses of from one to ten drops. In the other affections mentioned the medium dilutions have been efficacious.

The second and concluding part is promised early next spring.

NOTICE.—A press of matter has compelled us to defer our review of the journals of this quarter until our January number.

CLINICAL RECORD.

On the Treatment of Boils and Carbuncles by Lime Water.

By George Wyld, M.D.

It is fourteen years since *Muriate of Lime* in the form of a lotion was recommended as an external treatment of boils.

About this time a patient applied to me for the treatment of boils. The man was a carpenter, about forty-five years of age, and presented a decayed and haggard appearance. He had been affected with a continual succession of boils for a year on all parts of the body.

During this period he had been constantly under the club doctor and had taken advice elsewhere. The club doctor, the club, and the man himself, were exhausted by the long continuance of the disease.

In this case it struck me that I would order the ordinary lime water of the shops as being more convenient than the muriate of lime. I directed him to soak pads of linen in lime water, and apply these to the most painful boils, covering the pads with oiled silk. He took also *Silicea* 6. The result far exceeded my expectations. In a week the man presented himself in a most improved condition, and expressed himself very grateful. The second week he was better still, and at the third week he was nearly well. The lime water quickly healed the otherwise indolent sores, and it seemed to cut short and abort the active boils as they appeared. They appeared to be at once arrested, and they disappeared without pain; in short, they seemed to die quickly before pus or cores could be formed.

This case produced a profound effect on the man's club, and a deputation from the Committee waited upon me shortly afterwards, stating that the members were about 400 in number, and were willing to appoint me their doctor at 5s. a head, or £100 a year.

In a provincial town or in a suburb this would have been the nucleus of a doctor's fortune; but as the men lived in all directions far and wide, I declined the offer with much regret, as I could not *visit* them on these terms in acute disease.

Silicea was given in the above case, but I know from experience that this does not cure such cases rapidly, and since the above case occurred I have had many other cases of boils all responding equally well to lime water only.

CASE 2. *Carbuncle.*—10th January, 1875. Mr. W—, a gentleman in extensive business in the City, and in his seventieth year, presented himself.

He had a redness on the back of his neck; there was no pain, only stiffness. I ordered him to apply lime-water compresses.

13th.—There is increased redness and swelling and a small pimple in the centre and heat. Continue lime water and take *Belladonna* every three hours.

15th.—Swelling, pain, and hardness increased, but the lime water has concentrated the inflammation. Continue lime water and *Bell.*

17th.—Still increased swelling, but inflammation not more than one and a half inches in diameter.

19th.—Swelling increasing; not much pain; redness still concentrated; skin begins to crack. Continue lime water and take *Aconite.*

20th.—Patient complains of the lime water burning him and declines to continue it. I should have diluted it with oil or water, but, the patient being afraid of the lime water, I applied linseed-meal poultices and gave *Hepar sulph.* 3 every four hours.

21st.—Inflammation extended to three inches diameter. Continue *Hepar* and poultices, and rub the hard tumefaction with *Arnica* and oil three times a day, first fomenting with hot water.

22nd.—The *Arnica* and oil rubbing gives much comfort, but the inflammatory action is extended to six inches diameter. Continue as above.

22nd.—The friends of the patient had a retired East India surgeon occasionally looking at the case as a *friend.* He laughed to scorn homœopathic treatment, and said he had treated hundreds of such cases, and that the knife, quinine, and port wine were the only remedies. This day I took Mr. Ayerst to see the case, and he on gly advised cutting. I begged for two days' delay. The

patient, pressed by his friends, had taken a glass of port wine, which gave him a restless night. Continue as before.

24th.—Over-persuaded again to take a glass of champagne, which increased his restlessness, but this morning the pus began freely to discharge by three apertures.

25th.—A large amount of pus discharged by poultices and by pressure; patient much relieved; tumour begins to get boggy. Continue *Hepar*.

26th.—Is much better; there is much discharge. Continue *Hepar* and water dressing.

27th and 30th.—Rapidly gaining ground.

31st.—Went to Brighton feeling almost well.

This was to me an anxious and interesting case. The patient was an intimate personal friend, and we had a large circle of common friends, and he occupied an important civic position. As before mentioned, sceptics were watching him, and many were urging surgical interference.

I made a mistake in discontinuing the lime water, as shown by the result; the inflammation and infiltration of pus, at first confined to one and a half inches diameter, at once extended to three and then to six inches diameter, extending up the back of the head, on the lime water being discontinued. My experience of lime water is that it contracts the circumference of the inflammation in such cases, and the early application of lime water evidently controlled and modified the case.

At seventy years of age carbuncle on the back of the neck is a very dangerous disease. As many as 400 have died of carbuncle in one year in England, and a few days after my friend's convalescence a gentleman known to him by name sank under carbuncle in the hands of first-rate surgeons.

The knife, quinine, port wine, mercury, and opium, is the "*scientific*" practice in carbuncle, and Dr. Cooper in his *Medical Dictionary* says carbuncle ends in a dark slough and leaves a deep ulcerated cavity.

I feared in the above case there might have been a slough of the skin and a cavity about the size of a crown piece, but no such result followed. The pus was easily discharged by gentle pressure, and the skin rapidly became quite healthy. The diet from the beginning to the end of the acute symptoms was exclusively bread and milk.

Judging by the bad effects produced by a single glass of port wine, it is reasonable to conclude that had the case been treated by the knife, quinine, port wine, and opium, a very different result might have followed. The case illustrates the fact that in surgery, as in medicine, what nature demands is *gentle* specific treatment.

I do not say that the knife can be always dispensed with. If the tumefaction were dense, creating pressure on the brain and delirium, the knife might be necessary, but I do not believe that in one carbuncle in ten treated by lime water the knife would be called for.

An ordinary abscess can be easily and immediately relieved by the knife, but the pus of carbuncle is diffused, and entangled by the meshes of the cellular tissue, and cannot be at once liberated by the knife.

The operation is very painful; it is often insufficient. It may be slow to heal, and it leaves a big ugly scar.

Cases. By J. C. Burnett, M.B.

Case 1.—Mary J—, æt. 30, a teacher, came under my care on June 10th, 1874. She complains of diarrhœa these twelve months. This was speedily cured by *Nux* and *Sulphur*. The interesting part of her case is, however, the following, viz. two years and a half ago she met with an accident, a fall, for the effect of which she was some time under medical treatment. Ever since this accident she has had the following peculiar sensation:—Whenever she goes out of doors she experiences a *sensation as if she had cold wet cloths applied to three different parts of the anterior wall of the thorax,* viz. *in both infraclavicular fossæ and just under the left breast.* She has had this feeling nowhere else, and *only when she goes out of doors.* Indoors she never feels it, but she cannot go out without getting it at once. She calls it her *cold-water feeling.* It is constant as long as she is out of doors and disappears immediately on going into the house. Walking about in the house never brings it on. She says it makes her life a perfect misery, and prevents her even from conversing with any one who may happen to be out with her. On studying the Materia Medica I find in the proving of

Ranunculus bulbosus that many symptoms occur "in the open air" "and walking in the open air;" and the last sentence under *Chest* reads—"*Unusual chilliness of the outer parts of the chest when walking in the open air.*" I therefore concluded that *Ranunculus bulbosus* was a simile of the case.

June 18th.—She reports that two days after beginning to take the medicine the cold-water feeling under the clavicles and under the left breast ceased entirely.

July 6th—The cold-water feeling has not reappeared; our patient's general health is much improved.

CASE 2. *Phlegmasia alba dolens.*—Mrs. Sarah W—, æt. 34. Has had six children. Was confined last Christmas. Came to me June 24th, 1874. At her last confinement she had a bad time of it; it was a cross-birth. She was twelve weeks in bed after it with the white leg; first the left leg became affected and then the right one.

Status præsens.—The left leg is very much swollen in its whole extent; it does not pit, but the least pressure causes great pain. The leg has been in this condition for months past, getting neither better nor worse. Patient complains also of intolerable pain across the forehead, along the vertex and thence down the occiput; this pain always starts from the left temple, goes right across the forehead to the right temple, from here to the vertex, and then over to the right side of the occiput. She has this head-pain ever since the confinement, and it begins in the morning as soon as she puts her foot to the floor, lasts all day until 4 or 5 p.m., when it begins to abate. It never abates till 4 o'clock. A severe attack will sometimes last till 5.30 p.m. After the pain is gone the parts remain very sore.

Patient complains that the affected leg "smarts all the while like nettles."

Patient is very nervous and subject to cold chills; the chills come on quite suddenly; at night, as soon as she gets into bed, she begins to shake and holds on to the bedstead to steady herself; this shaking lasts the greater part of the night, and then she goes hot, but does not sweat. These chills always commence in the evening, but she always feels chilly—"is starved to death," as she puts it. She is worse in wet weather. Her urine is scanty and pale. She has pain in the small of the back. Menses suppressed. Very considerable leucorrhœa, which is yellowish and purulent. Radial

pulse weak. Eyes blue. Hair brown. The local practitioner gave her up; the clergyman's wife undertook her, gave her some bottles of quinine, and then gave her up also. She is now brought to me. She presents a veritable picture of misery. She is unable to walk, but manages to get across the room with the help of a stick.

Any one conversant with the writings of von Grauvogl will at once perceive that this patient is a perfect type of his *Hydrogenoid Constitution, i. e.* the *patient's blood is hygroscopic.*

I do not know any medicine that will produce a white-swelled painful leg, and I quite despair of finding a simile to the case. Hence my gratitude to v. Grauvogl's genial generalisation.

In von Grauvogl's *Lehrbuch der Homöopathie,* vol. ii, p. 239, we read—

"Ist es wahr, dass es eine *hydrogenoide* Körperconstitution giebt, so müssen bei ihr diejenigen Stoffe heilbringend sein, welche den Einfluss des Wassers auf das Blut verhindern, und hierher zähle ich vor Allem das Glaubersalz."

I therefore prescribed this *Sal mirabile,* giving it in the sixth and third dilutions in alternation several times a day. This was on June 24th.

On July 11th the same prescription.

July 25th.—Patient is very much better; she can now bear pressure on the leg; the swelling has almost entirely disappeared, there being only a little swelling of the dorsum of the foot; she urinates pretty freely; the head-pains are nearly gone; the chills have entirely ceased—"I never feel anything of it now," are her words. She can now walk quite well; the menses have reappeared; the leucorrhœa is now quite insignificant. Prescription repeated.

September 5th.—Has not consulted me again, but from others I learn that she is now quite well.

Now, one is at first somewhat inclined to doubt the sufficiency of the homœopathic principle in a case like this. How on earth are we to produce a condition at all like phlegmasia alba dolens? The very idea is preposterous. But supposing we take the leading subjective symptoms, and see if a simile of these can be found in the Materia Medica.

Patient's Symptoms.	*Symptoms of Nat. sul.*
Intolerable *pain* across the *forehead,* along the *vertex,* and thence down the *occiput.*	*Pain* in the *forehead.* Violent *pain* in the *vertex.* Boring in the *occiput,*

This pain always starts from the *left temple*, goes right across the forehead to the *right temple*, from here to the *vertex*, and then over to the right side of the *occiput*.	Pressure in the right side of head. Pressure in the forehead. Tearing in the right temple extending to the vertex. Stitches in the left side of head on exerting the arms. Tearing in the right side of occiput.
After the pain is gone the parts remain very sore.	Sensitiveness of the scalp, the hair is painful.
She is very nervous and subject to chills; the chills come on quite suddenly; at night, as soon as she gets into bed, she begins to shake and holds on to the bedstead; this shaking lasts the greater part of the night.	Ill-humoured, taciturn, low-spirited, &c. At night chilliness in the back with shaking of the body and chattering of teeth; this continues the whole night.
Her urine is scanty and pale.	Rare emission of scanty portions of urine (afterwards).
Very considerable leucorrhœa.	Leucorrhœa.
Pain in small of back.	Pain in small of back.
The left leg smarts like nettles.	Burning heat of the legs. Pricking here and there with burning.
General Symptoms.	*General Symptoms.*
Coldness, chills, shiverings.	Coldness, chilliness, shiverings.
Gets hot, but does not sweat.	Frequent flushes of heat, dry heat.

That *Natrum sulphuricum* presents in its pathogenesis symptoms very similar to those of this patient must be obvious from a glance at the foregoing tabulation. And notwithstanding the fact that the principal pathological figure of the disease-picture is absolutely wanting in the drug-proving, we may yet consider the latter as *similar* to the former.

Case 3.—Miss H. P—, æt. 12, was suffering from *pertussis*. She had it not very severely, but it was characterised as follows:

She coughed a good deal at night *in her sleep;* and although she coughed violently and disturbed her bed-fellows, and continually

roused her nurse from her sleep, yet the *little patient herself did not wake, but slept on through the entire paroxysm.*

Agaricus muscarius has—"at night spasmodic cough from an irritation in the larynx soon after going to sleep;" "dry cough after dinner, disturbing the siesta." In the former of these two symptoms it is not stated whether the prover awoke or not. In the latter symptom it is probable that he did, as his siesta was disturbed. The difficulty of the matter is increased by the fact that drug-provers who cough in their sleep have not usually an overlooker to make a note of it. Knowing no better drug, I prescribed *Agaric. musc.* 3 gtt. 4, This took *an almost immediate effect, and entirely cured the nocturnal cough within a week.* Some slight diurnal coughing with whoop yielded in less than a fortnight to *Ledum.*

MISCELLANEOUS.

The Water Cure a Natural Ally of Homœopathy.

To the Editors of the 'British Journal of Homœopathy.'

Gentlemen,—Some years ago I purchased a little book by a medical writer (if I remember, Walter Johnson, of Malvern) which seemed to me especially calculated to draw the attention of thoughtful and trained minds to the true aspect of the water cure, most absurdly (but now incurably) entitled "hydropathy," or "hydropathic treatment."*

The author, instead of extolling water as a panacea, takes the more reasonable course of assigning to it the place and rôle actually belonging to it on scientific grounds. He contends that *every* thing of a remedial or otherwise salutary nature is liable, if applied in excess, to produce injurious and even distinctive effects upon the human frame; and by assuming A and Z as the symbols respectively of good and evil, he formulates physiological phenomena dependent on the predominance of one or the other in a way calculated to conciliate the algebraic mind. On this showing, homœopathy is, without straining a point, exhibited, not as an exceptional and incredible, or even improbable thing, but only as a particular case of a principle pervading all nature, so that it could not be *un*true without forming a solitary exception to the con-

* If the inventor of that convenient name had been questioned as to his motives, I believe the temptation of a rhyme with the already celebrated Homœo*pathy* outweighed, in his innocence of Greek, every other consideration. Just as rational was the conduct of that shoemaker who, when his indignant rival set up the motto "Mens conscia recti," thought to surpass him by announcing "Men's *and women's* conscia recti!" If the schoolmaster is really *abroad*, would that he knew how sadly he is wanted *at home*.

current evidence of creation wherever the subject admitted of scientific interrogation on the point in question; and also, with no more force than that of right reasoning, is it made to appear that the water cure, rightly understood, is calculated to be the handmaid of homœopathy, not only because it cannot clash with any part of the Pharmacopœia, but because it belongs passively, in right of a common principle, to the same physical category. If my recollection of this remarkable little treatise be correct, I wonder the light it throws upon a subject of so much doubt, and controversy, and contumely has not been in the long interim so far and wide diffused as the silly remarks one hears to this day from intelligent people—silly remarks to the effect that Hahnemann's doctrine is contrary to all experience and to common sense, utterly irrational on the face of it! Perhaps the algebraic form of the argument, though acceptably satisfying to the educated, was the very reason why that book has made so little impression on the masses in England. In likewise every elementary work or lecture on spectrum analysis makes it clear that an "infinitesimal" quantity of matter (soda for instance) produces a chemical (actinic) effect which can be demonstrated in glowing colours, to the naked eye, wherever the given substance is present; so that several new elements, discoverable by no other test, have been added to chemistry by means of that refined analysis, whilst other known substances (as lithium) are detected, *hic et ubique*, where their presence had been, owing to their minute proportion, previously unsuspected. One would have thought that a new discovery of such general interest and deserved popularity would have dissipated at the first hearing, once for all and for ever, the confident assertions (sufficiently unphilosophical even *à priori*) of the utter impossibility of substances inappreciable by our senses or by the ordinary chemical tests having any remedial influence upon the human frame. But no! the senseless outcry, though contradicted by ocular demonstration at every shilling lecture on "The Constitution of the Sun and the Fixed Stars," is repeated with undiminished pertinacity by the party whose forlorn-hope motto seems to be—

> "Once more unto the breach, dear friends, once more;"

to which "a voice" might well add—

> "Or close the wall up with *our English dead.*"

I confess that when I first heard Dr. John Edwards (so much

missed in Liverpool) describing the palpable effect on the spectrum of a millionth of a grain of the basis of our old friend *Kali carbonicum*, the obvious bearing of the fact (displayed as it was on the screen) upon the great medical controversy on *similia similibus* took the precedence, in my astonished intellect, of all considerations regarding the chemical elements of the solar system, the nebulæ, meteorites, et siqua *similia*. But the *sodium* ray, observe, is *green*, and my romantic expectations that Messrs. Frauenhofer and Bunsen had finally silenced the clamour against small doses partook of the like chlorotic hue. We often hear of a "green old age."

Dr. (or Mr.?) Walter Johnson's mathematical representation of "hydropathy," which I had hitherto seen in little better than caricature, quite won me over to a sober examination of its merits; and in due time I received, in my own personal observation of results at Ben Rhydding and Matlock, indisputable evidence of the efficiency of water treatment in its own proper, not very limited sphere. But, at last, all I had seen or heard was far surpassed by the beneficial effects experienced in my own person in time of real need. Those who have felt a touch of sciatica can judge of the effects of an attack which, commencing very suddenly, kept me in bed for two months with frequent paroxysms so excruciating as to produce, instantaneously, death-like pallor with inability to restrain loud outcries from pain. As soon as I could be moved, I betook myself to hydropathy once more, though despairing of material benefit and in so helpless a condition that I could only mount an easy staircase with great difficulty, holding the banister with both hands. The remedy specially selected for my case was the Seaweed Bath, to which the name "ozone" has become so inseparably attached that its retention, *as a synonym*, may be pardoned as a professional necessity. About a wheelbarrowful of fresh seaweed, Fucus vesiculosus, F. serratus, or any succulent species, is first thrown into the bath, and a little hot *fresh* water added, which extracts the virtue more effectually. When this has "drawn enough," as tea-makers express it, the bath is filled up with sea water, 100° Fahrenheit, and "then for use." During ten, fifteen, or twenty minutes the comfort of this semi-cataplasm is more easily felt than described. Bunches of the fucus may be rubbed on the parts affected with benefit, and if the water be thus cooled below the temperature prescribed, a réchauffage may be effected by a discreet application of the seaweed *en masse* to the hot tap for a moment. Leaving the question of

ozone to transcendental investigators, I have no doubt that *iodine* is diffused through the bath, which is also rendered so gelatinous that a film, soon formed on the skin by exposure to warm air, might enhance the medicinal benefits, but for the risk of disproportionate injury from stoppage of the pores. It has been finely observed that "You can't have everything."

Whatever may be the *latens processus* of cure, within a week I was able to mount the stairs without using either hand; and by the end of the second week, *on the run*. Having been strongly urged by an allopathic medical friend not to come away too soon, I remained from April 1st till July, often varying my baths with the Turkish, Russian, &c., &c., all of which were at hand, till I finished with walking seven miles before breakfast and climbing some of the steepest ground in North Wales, a stranger to pain and not easily fatigued. This I cannot but acknowledge as a great and unlooked-for mercy at the age of 70 after much previous wear and tear. But that *all* the benefit was due to hydropathy *alone* cannot be supposed, seeing that I never omitted, unless through forgetfulness, suitable, *i. e.* homœopathic, medicines; that I was within a parish of my native sea-air (at Llandudno), with enchanting scenery and a variety of resources to tempt outdoor rambling; that excursions were frequent by sea or land, in agreeable society; and that, in short, all circumstances, moral and physical, were favourable to the restoration of general health. Still I believe it may be safely inferred that, for the local neuralgic affection, "hydropathy" in general, and the "seaweed or ozone" bath in particular, were the principal means of my recovery, through the blessing of God.

Yours faithfully,

JOHN PRICE.

CHESTER; *March 8th*, 1875.

Dysentery and Ipecacuanha. Cases under the care of Dr. CHARLES R. DRYSDALE, Metropolitan Free Hospital.

RICHARD L—, æt. 34, formerly in the Bombay army, contracted dysentery in Poonah in 1866. He was in hospital for two months with the disease, and was invalided to England in

1871 for this disease and liver disease. There is a scar at the edges of the ribs, at the level of 2nd, below xiphoid cartilage, through which blood and matter issued on board ship returning home. After getting to Netley the dysentery was cured, and he had no more attacks until four months back; but he has had it ever since then. Had perhaps a dozen stools in twenty-four hours, slightly tinged with blood, and often entirely composed of blood and slime.

March 17th.—To take five-grain doses of powdered *Ipecacuanha* four times a day.

31st.—Returns to say he has only four motions a day, in the twenty-four hours; no blood; no straining; tongue white, furred. The medicine does not make him sick now; it did at first. He was soon quite well.

Isabella J—, aged 54, has been a widow for eighteen years. In the year 1868 she had cholera, and was eight weeks in St. Mark's Hospital. She has since that time continually suffered in the abdomen; had blood in the motions, and also matter. She came to the Metropolitan Hospital in April, 1874, complaining of great relaxation of the bowels. Five grains of *Ipecacuanha* powder were prescribed, to be taken occasionally. The patient came on the 14th April and said she was very much better; she said she could not tell the comfort she had; was better the first powder she took. Motions are now regular—one a day. The last powder made her sick.—*The Lancet.*

Homœopathy in South Africa.

[We have received the following letter from a member of a Church of England sisterhood in the Orange Free State, South Africa, giving information interesting to those requiring change of climate.—Eds.]

"The Bishop has for some time past been very anxious to establish a Convalescent Home here for consumptive patients. He has in vain asked the Government to sell him land for a site on which to build a hospital for that purpose, but now he has succeeded in

purchasing a small house, which will do to begin with. All the houses here are built on the ground; I mean there is no up-stairs at all, no storeys above. The absence of stairs, by-the-bye, will be rather good for invalids. The house which is bought is quite nice, and it has, I think, about seven rooms. There is a nice garden attached, and it is pleasantly situated. The price, also, is reasonable for this part of the world—£1400, £400 to be paid at once and six per cent. for the £1000 for ten years. We want £500 at once for repairs and furnishing, and we venture to hope that the physicians of England and others who may be interested in such an institution will give us liberal assistance in the form of donations. When it is once repaired and furnished no further help will be required, excepting, perhaps, to pay off the £1000, for we expect it to be self-supporting. We must charge our patients not less than £10 per month, and extra wine and laundry expenses. The ordinary terms for board here are £8 per month, but of course in the hospital we must keep a liberal table and give the patients every procurable comfort. All food excepting meat is double and treble the price it is in England, and the meat is not nearly so nourishing as what we get in England. Labour is very expensive too, for we pay a carpenter 17s. a day, when we want anything done. The climate is delightful; at present we are having cold nights; the whole Veldt is covered with beautiful hoar-frost, but the sun is so beautifully bright, the sky such a deep blue. We have only had three cloudy days since we arrived, and two days only of rain, and one last week of sleet and hail. Delicate people have to be very careful not to be out after sunset, and to have comforts in the way of fire. Persons become quite well here who I suppose would not live elsewhere, that is, provided they do not come too late, when pulmonary disease has made progress. They journey up from Port Elizabeth by sea, because it makes the land journey shorter. Those who are very weak and ill should come up slowly by bullock waggon. We came by a conveyance called "Cobb and Co." from the name of the owners. It is a kind of coach which would be very comfortable if not over-crowded. We left Port Elizabeth on Monday, April 13th, and arrived at Philippopolis in the Free State on Sunday at noon. We had to get up every day between 2 and 3 o'clock but had to wait a long time before starting because the horses had strayed. "Cobb and Co." goes on to the Diamond Fields, so we stayed at Philipoppolis till the "Bishop's waggon" arrived to bring us on, and

this is about three days from Philipoppolis in a waggon drawn by horses. The whole journey from Southampton to Bloemfontein costs between £50 and £60. We left Southampton on March 5th, and arrived here on April 25th. We spent five days at Cape Town and a whole day at Port Elizabeth, nearly three days at Philipoppolis, and one day and two nights at Fancesmith on the way up. There is a homœopathic doctor in Bloemfontein, but I have not made his acquaintance yet. Our work here at present is a school. We had before the holidays eighteen boarder and ten scholars, and are to have more when we begin again, and we have another day school in the town. There is a boarding school for boys in connection with the cathedral. A few weeks ago two or three boys came out from Edinburgh in charge of a tutor to go to this school. They suffer from asthma so much that they are sent here, the climate having already acquired such a good reputation."

(Signed) SISTER E—.

Case of Rodent Ulcer, and a new antiseptic dressing suitable for such cases. By Professor LISTER.

THE ulcer was of large size, on the face of a man forty years of age, and presented the clinical characters of smoothness of the surface of the sore, with scantiness of discharge, and a definite but very narrow border of surrounding induration, free from inflammatory appearance, with painlessness, perfect general health of the patient, and absence of any affection of the lymphatic glands, although the disease had existed for eight years. The sore having been removed by the knife, presented on section an indurated base, from $\frac{1}{20}$ to $\frac{1}{8}$ inch in thickness, of pink homogeneous aspect, and destitute of the ordinary appearances of epithelioma, but presenting in a well-marked form the "prickle cells" of Max Schultz, which indicated that, in this instance at least, the rodent ulcer was a variety of epithelioma. As in the case of epithelioma generally, the cells presented their characters in an exaggerated form; and specimens of the "prickle cells" with large nuclei and interdigitating processes, locking cell to cell, were exhibited under the microscope.

The disease involving a large extent of the cheek, both eyelids, both nostrils, a considerable portion of the upper lip and part of the lower one, it was impossible to cover the raw surface by a plastic operation. It was therefore of importance that efficient antiseptic means should be employed; for there is no more simple or more striking illustration of the value of this principle of treatment than the entire absence of inflammatory disturbance around an open wound when putrefaction is really prevented from taking place in it, the "stimulus of necessity" of John Hunter being, in truth, simply the stimulus of putrefying substances, so that the danger which usually attends open wounds is entirely avoided by efficient antiseptic measures. But the antiseptic dressing usually employed, consisting of gauze impregnated with carbolic acid, and a layer of prepared oiled silk interposed to protect the raw surface from the irritation of the acid, would have been unsuitable here, because putrefaction would have spread from the mouth and nostrils beneath the "protective," which, while it includes the irritation of carbolic acid, prevents in equal degree the penetration of its antiseptic virtue. In cases like the present, where causes of putrefaction cannot fail to gain access to some part of the wound, the antiseptic must be applied directly to the divided tissues, while at the same time it is desirable that it should be as little irritating as possible, so as not to interfere with cicatrization. These conditions were fulfilled very satisfactorily by means of an ointment, composed as follows:

Boracic acid in fine powder one part, white wax one part, paraffin two parts, almond oil two parts. The ingredients, after being mixed by melting the wax and paraffin, are stirred in a warm mortar till the mass thickens, and then set aside to cool, after which the firm substance is reduced in a cool mortar, in successive portions, to a uniform soft ointment. This is spread thin in fine rag; and when the almond-oil leaves it, as it soon does through capillary attraction of the porous external dressings, a smooth layer remains, consisting of blended wax and paraffin, together with the boracic acid, which comes off from the skin without leaving any greasy substance adhering, and does not at all confine the discharge, which, while freely shed, is perpetually supplied with a sufficient quantity of the boracic acid to ensure absence of putrefaction, while not preventing cicatrisation. Such

was the dressing employed in the present case, and it was beautiful to see the large raw surface, though involving such sensitive structures, yet perfectly free from surrounding redness or puffiness, while the patient, except for a short time during the day of the operation, experienced no uneasiness whatever.

It may not be out of place to mention here that a still better application for cases of this kind is presented by an ointment composed like that above described, except that instead of one part of boracic acid it contains half the quantity of salicylic acid, the antiseptic virtues of which have been quite recently discovered by Professor Kolbe, of Leipzig, who has also found out a method of manufacturing it cheaply. (Vide *Journal für Praktische Chemie*, 1874.) Messrs. Macfarlan and Co., of this city, by slightly modifying Professor Kolbe's process, are now prepared to supply the acid in a state of perfect purity at a very moderate price. Salicylic acid, while possessing very remarkable antiseptic power, is even less irritating than boracic acid.—*Edin. Med. Journal, Sept.*, 1874.

Dr. Dixon's cases of Dropsy with Copaiba.

In the *Practitioner* for February, 1875, there are two very interesting articles upon the use of *Copaiba* as a diuretic, and the treatment of rheumatism and gout with trimethylamine, which is continued through the March number of this Journal. Three clinical cases are given showing the successful use of *Copaiba* after other treatment had failed, the first being a case of ascites arising from cirrhosis jecoris, and the other two being cases of morbus cordis followed by ascites and anasarca.

In the first case the patient went through the usual orthodox treatment, but with no benefit until three Durant's *Copaiba* capsules were given night and morning, when in three days the urine increased from fourteen and a half to sixty-five ounces. In little more than a month the patient was discharged as cured, and as he had been a heavy drinker was warned to avoid all stimulants for the future.

The second case was one of morbus cordis, emphysema and œdema pulmonum, anasarca.

Again the patient underwent the usual allopathic punishment by means of hydragogue purgatives such as *Pulv. Jalap comp.*, *Spirits of Nitre*, &c., but with no alleviation until, three *Copaiba* capsules being administered night and morning, the urine began to increase steadily, the œdema being the first to disappear, and soon after the anasarcous condition.

The third case was one of morbus cordis, albuminuria, ascites, anasarca, and was remarkable owing to the sudden and great increase of the urine, and also the rapid diminution of the albumen.

On the 22nd of May the patient passed twenty ounces of urine, and on the following day fifty-four ounces—almost treble the quantity; likewise by the 9th June merely a trace of albumen was discoverable, and he was discharged from the infirmary quite cured by the 16th June. Two capsules were given every night.

These cases occurred in the practice of Dr. Dixon of the Preston Infirmary and are highly satisfactory in their way, it being only necessary to observe that in the second and third cases the action of the *Copaiba* was probably homœopathic.

Abstract of Dr. Spencer's cases with Trimethylamine.

Dr. Spencer, of the Bristol Royal Infirmary, brings forward in the *Practitioner* some cases to prove the great success attending the treatment of rheumatism and gout with trimethylamine.

Trimethylamine is prepared from herring-brine by distillation with soda-lime, and the products condensed.

The alkaline distillate is treated with Hydrochloric acid and evaporated, the residue being treated with absolute alcohol, whereby ammonium chloride is separated. The alcohol is driven off, what remains is distilled with caustic lime or potash, and the products are condensed in cold water.

The solution in water goes by the name of "propylamine," but

if rectification is pursued still further the products are condensed in hydrochloric acid.

This acid solution is evaporated to dryness, the residue again treated with absolute alcohol and again distilled with lime, this last process being repeated until the product is uniform. So much for the preparation of the medicine, and now as to the cases. The first case narrated by Dr. Spencer occurred in a coachman, and was evidently a severe attack of inflammatory gout affecting several joints.

Two minims of *Trimethylamine* were prescribed every four hours, and in a few days he was quite free of pain and able to walk easily, when *Quinine* was substituted, which Dr. Spencer nearly always gives after *Trimethylamine.*

Two points in this case deserve notice, (1) the appetite returned in less than three days, and (2) the recovery of strength was rapid and marked.

The next two were cases of chronic rheumatism, and a perfect cure was effected, so that practitioners will be encouraged to give this medicine a fair trial, as chronic rheumatism is a very irksome complaint to deal with satisfactorily.

The fourth case was one of acute rheumatism, and a speedy cure resulted; but in the fifth case given the medicine did not act well, as it was one of gonorrhœal origin, although temporary relief ensued after its administration. In the sixth case given by Dr. Spencer the patient had suffered three previous attacks of rheumatism, and a mitral bruit, judged to be old standing, was detected.

What strikes us in this case is that, although it did well, nervous symptoms were developed as soon as the dose was increased in frequency and strength, showing clearly that the medicine was only of good when kept within the curative and not pushed to the physiological sphere.

The next three cases were treated by the *Chloride of Trimethylamine,* and were satisfactory as showing a certain amount of power in the chloride over the precordial pains, but the tenth case, occurring in a broken-down old man, is not quite so encouraging, yet shows the physiological effects of *Trimethylamine.* This patient went on very well for some time, but complained of considerable colic and diarrhœa, accompanied with sickness and pain at the epigastrium, especially after food,

This subsided under *Quinine* and *Opium*, and he was now ordered six mimims of *Chloride of Trimethylamine*, with *Quinine* three times a day.

The pain at the epigastrium described by him as "burning" again returned, and he was very tremulous and out of spirits. The *Quinine* and *Opium* were resumed.

The gastric symptoms abated, but he was attacked with sudden syncope, and before the house-surgeon could reach him he died. At the post-mortem examination the lungs were found to be healthy, the left ventricle hypertrophied, the kidneys small and granular, and there were deposits of urates in the great toe-joints. The liver was not healthy.

The stomach was much injected, and gave evidence of recent inflammatory action.

In cases 12 and 13 the chloride had to be given up and *Trimethylamine* substituted, although it evidently had a decided effect on the cardiac symptoms.

Case 15 is worthy of note owing to the rapid subsidence of all symptoms, including a cardiac complication, on the sixth day from the commencement of the treatment, and a relapse which occurred was cured in five days. The first attack was treated with the chloride and the second by *Trimethylamine*, and Dr. Spencer makes a practical remark which may be of some use, viz. that *Trimethylamine* appears to act quicker in the sanguine than the phlegmatic temperament.

In case 16 the patient had been subject to rheumatism for some years, was cachectic and had cardiac complication, yet made a most satisfactory and permanent recovery.

She was treated both by the chloride and *Trimethylamine*, and this case shows also the power of this drug to cause sloughing. Slight sores had appeared on the nose and coccyx, which rapidly passed into a carbuncular condition, and in another case mentioned by Dr. Spencer a bubo went on to suppuration, and suppurated deeply and in sinuses to an unusual degree. On stopping the medicine and giving *Quinine* and the syrup of the *Iodide of Iron* the bubo rapidly healed.

Cases 17 and 18 (of gout) did very well under *Trimethylamine*, and Dr. Spencer remarks that as we have in rheumatism and gout an arrest of the retrograde metamorphoses of nitrogenous constituents of the tissues with accumulation of acid products, it

may be conceived that in exhibiting such a substance as we know *Trimethylamine* chemically to be, we furnish conditions for the transformation of these acid products to the state of amides and their further elimination from the body in proper form.

Cases 19 and 20 (of acute rheumatism) were treated by the chloride, which seemed to act well in the cardiac complication, and it may be observed that a great and sudden increase of urine with a diminution of urea is one of the physiological effects produced by the administration ef *Trimethylamine.*

The next two cases, the last of the series, were rheumatic of a chronic type, and progressed very favorably under *Trimethylamine*, and we would now make a few observations regarding this drug and its success in rheumatism and gout.

The practitioner always hails with delight any fresh medicine calculated to alleviate human suffering, and the cases here given are of a most encouraging nature.

In reading these cases we were almost persuaded that we were perusing a homœopathic journal, finding that the success of the cases depended so much on the specific action and proper dose of the drug. The rapidity of the cures appeared to be homœopathic, and showed that massive doses are not always necessary to effect a brilliant cure.

There are several points in these cases worthy of observation, but any detailed analysis is by no means necessary, as a great similarity exists in a number of the cases here quoted.

The first point that strikes us in these cases is (1) the rapid cure, and (2) the speedy return of the appetite, and (3) the power of the chloride over the cardiac complications of rheumatism.

Any gastric symptoms during the giving of the chloride must be well watched, as the case of the old man proved the power of the drug to produce inflammatory action in the stomach.

Again, *Trimethylamine* has the power of causing any slight sores to pass into a carbuncular condition of a very destructive character.

It appears to act better in the sanguine than phlegmatic temperament, and if pushed too far, brings on various nervous symptoms.

We must also note the great increase of urine with the dimi-

nution of the urea, but it cannot be said to reduce the fever as *Acon.* is so well known to do.

It does not appear to have any effect on gonorrhœal rheumatism, but as an adjunct to homœopathic medicines it may yet prove of some value.

The comparatively small dose is also striking, and shows that Dr. Spencer is verging on the true keynote of scientific treatment of disease, and we may yet hope that he may be enabled to pierce the dark clouds of allopathic empiricism and stand forward as a true homœopath, than which we can wish him no better.

Notes on the Nitrite of Amyl.

By J. Crichton Browne, M.D., F.R.S.E., Medical Director, West Riding Asylum.

"In June, 1873, when administering the *Nitrite of Amyl* to a girl who was in the *status epilepticus*, and had been unconscious for some hours, I was much struck by the fact that in about a minute after the inhalation was commenced there was what may be called an attack of yawning. The patient yawned profoundly and repeatedly. Never having before witnessed yawning during a state of coma, it at once occurred to me that modification of respiration in this case must have been induced by the *Nitrite of Amyl*, which always, when inhaled, hastens and deepens breathing. That inference I was able to corroborate forthwith. Whenever the inhalation was interrupted the yawning ceased, whenever it was resumed the yawning was recommenced. In another case of the *status epilepticus*, which occurred about a month afterwards, similar phenomena were observed. The patient, although so completely comatose that no responsive movements followed upon tickling the soles of the feet or pricking the toes, immediately yawned in the most ordinary way, as if just upon the verge of much needed sleep, whenever a piece of lint, soaked in *Nitrite of Amyl*, was held before the nose and mouth. When that was done two or three full inspirations were succeeded by one of extreme depth, accompanied by depression of the lower jaw and

elevation of the ribs and scapulæ. The experiment was repeated many times, until it was quite evident that the crowning expression of drowsiness was induced by the *Nitrite of Amyl.*"

Some other observations to the same effect are then given, and the author proceeds:—" Dr. Merson, my colleague, was administering the *Nitrite of Amyl* to a retriever dog that had been in continuous convulsions for some hours, when he was much surprised to notice in it precisely the same movements that he had seen in one of the above cases. Whenever the amyl was held before the nostrils of the animal which, at the time, was quite unconscious, it beat the ground with its fore paws, and opened and closed its mouth with rhythmic regularity. To make quite sure that these movements were not accidental or due to some other cause, Dr. Merson interrupted and resumed the inhalation many times. He found that invariably when it was resumed after an interruption, these movements occurred, and that they were not induced by other kinds of stimulation." . . . . " That the yawning was due to some specific effect of the *Nitrite of Amyl* and not to a mere general stimulation of the pulmonary mucous membrane under certain conditions, is deducible from the fact that other stimulants under like conditions do not produce the same effect. Thus, chloroform, ether, and ammonia, given by inhalations in state of coma, do not bring on yawning as the *Nitrite of Amyl* does. . . .

" In all the observations there were movements of the mouth. The movements were exceedingly various, the most common, however, being a short munching movement of the lower jaw, which was depressed and elevated as if in the act of chewing. The next most common movement was a smacking of the lips as if in the act of tasting.

. . . . " As the result of these observations it appears that *Nitrite of Amyl*, when inhaled during a state of unconsciousness, has a specific action on the motor centre of the mouth, and calls into action, by preference, the muscles of the lips and lower jaws. The mode in which it performs this action, whether reflexly or through the agency of the vaso-motor apparatus, is as yet only a subject of speculation. The fact that the movements which it evokes are consentaneous with the appearance of flushing of the face, gives probability to the latter hypothesis; while, on the other hand, one observation, that when administered hypodermi-

cally, the nitrite failed to induce yawning in a case in which it had induced it when inhaled, seems favorable to the other view. But whatever may be the explanation of the action in question, there can be no doubt that it is a significant fact, and worthy of further investigation."—*Practitioner.*

Dr. Allen's Encyclopædia.

In the *United States Medical Investigator* for August 2nd, Dr. Allen has the following intimation:

"A list of errata to Vols. I and II will be published at the end of Vol. III. It is regretted that a *single* error should be found, but even repeated revision fails to make a work of this scope and magnitude *absolutely perfect.* The editor now calls upon any one to point out an error or omission, or to criticise a translation, or suggest any item, however small, that would render this work more accurate. Let such notes be communicated to the editor, or published in the journals, in order that we may possess a perfectly reliable foundation for our therapeutics."

We hope that our readers will respond to Dr. Allen's call.

Epilepsy: Cocculus indicus.

Planat *on Picrotoxine as a remedy for epilepsy.*—To M. Felix Planat's work on this subject has been awarded one of the premiums under the foundation of the Prix Barbier at the disposal of the Paris Academy of Medicine. M. Planat's researches, as recorded in his *Recherches physiologiques et thérapeutiques sur la Picrotoxine*, have been directed to the endeavour to find some remedy for epilepsy. To this end he proposes, not as a specific, but as a really useful medicine, *Picrotoxine*, the active principle of *Cocculus indicus.* He administers it in the following way:—*Cocculus indicus* 200 grammes, *Alcohol* 1000 grammes, allowed to macerate for three weeks. Give two to three drops of the alcoholic tincture, increasing from two drops daily, then diminishing.

The treatment should be prolonged for several months, or even a year. According to M. Planat, the anatomical seat of epilepsy is in the spinal marrow; the contraction of the sanguineous capillaries brings on bulbar ischæmia, and this ischæmia in its turn produces convulsions. The *Picrotoxine* acts on the bulb; it is a convulsant poison; therefore, in accordance with the axiom "similia similibus," it will cure epileptic convulsions.

The commission appointed to adjudge the Barbier prize, however, neither guaranteed M. Planat's theory nor his experiments, although he asserts that he has by the administration of *Picrotoxine* brought on convulsions, with foam at the mouth, in a rabbit, a kitten, and in animals of a lower organisation, as frogs, crabs, and even in snails and slugs. Neither does the commission guarantee the veracity of the numerous cures with which M. Planat credits himself. The Academy, however, has shown its estimation of meritorious work carried on through twelve years by the award of a premium of five hundred francs to M. Planat. —*London Medical Record.*

Poisoning with Arnica.

In the *Berliner Centralblatt für die medicinischen Wissenschaften* for 14th November, 1874, is a case of poisoning with *Tincture of Arnica.* A healthy labourer drank between 60 and 80 cubic centimètres of the officinal *Arnica* tincture at a draught. Violent burning in the stomach came on soon, and afterwards griping, and he died thirty-eight hours after swallowing the tincture, without other notable symptoms.

The sectio showed strongly marked gastro-enteritis. The author, Dr. Wilms, evaporated 30 grammes of the tincture, and the extract of the residue by chloroform was a yellowish-green substance which, applied to the upper arms on oiled silk, produced a papular eruption in a few days. A similar quantity of tincture prepared from pure flores arnicæ, treated in the same way, gave a similar result, and in this last case a blister rose on the fourth day, just like cantharides. An extract of the contents of the stomach of the above case produced also the same effect.

Wilms concludes that the arnicin of Walz ($C_{20} H_{30} O_4$), an amorphous yellow body, is the poisonous principle of *Arnica.* [From this it would seem that the *Arnica* rash is not the result of a qualitatively peculiar idiosyncracy in certain individuals, but that it is the normal effect in all cases where the dose is sufficiently concentrated and the idiosyncracy lies in unusually developed susceptibility of the skin to this.—Eds.]

Some observations of the local action of Ipecacuanha.

By Dr. Noël Gueneau de Mussy.

The root of *Ipecacuanha* has been for several centuries reputed one of the best remedies in many cases of acute dysentery, and, indeed, such faith has been put in it that the name of *Radix anti-dysenterica* was one of its first appellations.

When *Ipecacuanha* is given for dysentery, the method called Brazilian is the mode of administration which prevails generally. They give it in small doses boiled or infused in hot water.

In many cases, and more especially when dysentery is complicated with gastric symptoms, which is very commonly to be observed, I have found it useful to begin with liberal doses so as to obtain the effect of an emetic; and it is not till later that I give it according to the Brazilian method, in the form of decoction or of *Ipecac.* syrup, one teaspoonful of the latter every two or three hours.

Lastly, I had under my care an American gentleman, who, in a very severe attack of dysentery, was not relieved after six or seven days' use of decoction of the root mixed with *Opium,* according to the prescription of a naval surgeon. Other kinds of treatment had also proved ineffectual, and though I found him very weak and exhausted by protracted dysentery, as he complained of nausea, and as his tongue was thickly furred, I prescribed *Ipecacuanha* as an emetic, to be followed after vomiting by small doses of the syrup. This was attended by immediate relief, and the patient's health was soon restored.

In chronic dysentery, and even in chronic diarrhœa, injections

of decoction of *Ipecacuanha* into the intestines are a common practice in Peru and other countries of South America.

I have used this method with success in some cases of diarrhœa unchecked by other means. My formula is this:—*Ipecac. root* ʒj, boil for ten minutes in water ℥v. Let it infuse for one or two hours, strain off, and make use of the decoction as an enema.

Habitually, the enema is wonderfully well tolerated. No painful sensation, no irritation of the bowel, attends these injections in the greater number of cases. They can be retained for several hours without any difficulty, and even, occasionally, with a feeling of comfort and relief. This successful result of the local application of the decoction in enteritis induced me to try it in some other inflammatory affections of mucous membranes.

In the beginning of the year 1872 I received into my wards a female infant, eighteen days old. She looked very poorly fed, was thin and wan, and her limbs were cold and blue, though no anomaly could be detected in the central circulation. From the red, closed, and swollen eyelids oozed a muco-purulent matter, which flowing on the cheek irritated by its contact the skin around the eyes and the naso-labial grooves.

The eyelids could only be raised with great difficulty, and in doing so the mucous lining would protrude outwards—scarlet-coloured, swollen, velvet-like—between the streams of purulent matter which escaped from the surface of the eyeball.

The left cornea was dull, rough, deprived of its brightness and transparency. A small ulceration of the size of a millet seed occupied the centre part of it. A light, whitish cloud darkened all the surface of the right cornea.

The child's mother was weak, anæmic, but free from any venereal contamination.

I prescribed the treatment which for more than thirty years I have scarcely ever found to fail in purulent ophthalmia of new-born children. An injection was ordered to be made every hour with a solution of two grains of *Nitrate of Silver* in three and a half ounces of distilled water; four times a day a stronger solution, containing the same quantity of the nitrate to one ounce only of water, was to be instilled.

The state of the eyes greatly improved, and the acute symptoms subsided. The purulent secretion was almost entirely

dried up, but the inflammatory process was not quite extinguished. The conjunctiva remained swollen, red, and slightly granulated. The cornea presented the same appearance. I touched it with a crayon composed of equal portions of *Nitrate of Silver* and *Potash*, but no change took place in the condition of the affected parts. The ulceration and the opacity of both corneæ remained unmodified.

After four days of useless application of this remedy it occurred to my mind that decoctions of *Ipecacuanha*, which had proved so useful in subacute inflammation of the bowels, might be useful in this case. So I prescribed four times daily an instillation to be made into both eyes with the following decoction:—*Ipecac. root* ʒss, water ℥v; boil for ten minutes, and when cool strain off.

The application of this topic (*sic*) seemed at first rather painful; the child winked, frowned, and cried after each instillation; but it soon got accustomed to them, and the affected parts were speedily modified. After twelve days the granular appearance had disappeared; the conjunctiva recovered its natural colour; the right cornea was quite healthy, only slight opacity was to be observed in the left; and after some days the baby left the Hôtel-Dieu entirely cured.

I related the observation to my learned friend Dr. Galezowsky, who tried the remedy in the same conditions of *subacute* inflammation, and in several cases with success.—*Practitioner.*

Homœopathy in Colombia.

A LETTER lately received from Señor Domingo de la Peña of Bogota (United States of Colombia), mentions that he has translated a considerable portion of Dr. Dudgeon's address at the Homœopathic Congress, in a newspaper entitled *El Diario de Candenamarea.* He also says that he has been making experiments with several native medicinal substances, and gives some notes respecting some of those which are of greater or less interest.

1. *La Otoba*, a vegetable tallow, produced from a native tree.

It cures itch, *carate* (whatever that may be), and herpes, and is said to be useful in elephantiasis.

2. The kernel of a nut used in food. It is an infallible remedy in worms, and does not produce the disagreeable effects of other vermifuges.

3. *El Amacei.* The oil of a tree that grows in the forests. An antidote to all serpent bites, also useful in rheumatism.

4. *El Paico,* a remedy for smallpox, syphilis, and worms; it is also soporific.

5. Another remedy (name not given) for hæmorrhage and smallpox.

6. A medicine (name not given) that causes clairvoyant somnambulism. It dilates the pupils. Antidote, belladonna.

7. *El Vejuco del Muerto,* a vegetable that produces effects similar to those of the hashish, intoxicating the senses and causing fantastic dreams.

8. *El Guaco—el Mikcamio Guaco.* A vine, the juice of which, when inoculated, acts as a prophylactic against the bites of serpents. Persons so inoculated will not be bitten by serpents, or if bitten the bite is innocuous. It is said also to cure leprosy, asthma, rheumatism, smallpox, &c.

9. *El Ariza,* a powerful hæmostatic.

10. A tree which may be called "the tree of surgery." It is hæmostatic, antiphlogistic, and a local anæsthetic. The powdered leaves applied to a part render it insensible to pain; it may be cut into without causing the slightest sensation. It wards off inflammation from wounds.

11. *El Cedron.* This is already known to homœopathy, as a remedy in intermittent fever.

12. *El Boldo.* The seed of this tree is useful in liver complaints.

13. *El Veruelo.* A shrub so called on account of its efficacy in smallpox. It is said to prevent all marks of the pustules.

Billroth's remedy for the fœtor of open cancer.

In a case of open mammary cancer in which the fœtor was intolerable and resisted all ordinary surgical remedies, the friends

of the patient requested the trial of a domestic remedy, viz. a poultice of dried figs boiled in milk. The success of this was astonishing and all fœtor vanished in three days, and was kept off till the patient's death six months afterwards. By the use of these poultices the patient's life was made comparatively comfortabe, and she could even go to the theatre, as the smell remained away for some hours after the use of the poultice.—Billroth, *Coccobacteria Septica*, p. 1.

OBITUARY.

Dr. J. G. JAHR.

A partisan of homœopathy, a friend and disciple of Hahnemann, an indefatigable worker, a voluminous writer, Jahr, whose name has for many years occupied a position in homœopathy second only in point of notoriety to that of Hahnemann himself, departed this life at Brussels on the 11th July last.

Johann Gottlieb Jahr was born at Neudietendorf, a small town in Saxony, in the year 1800. His youthful studies were made at a Moravian college, where he so distinguished himself that when his education was complete he was offered a professorship in the college, which he accepted. This was in 1825. How he became acquainted with Hahnemann about this time is not known to us, but it is certain that he was employed by the master to assist him in arranging his pathogeneses. Hahnemann judged that Jahr's utility would be much increased if he had a medical education, so he sent him to the University of Bonn, where Jahr completed his medical studies and took his degree. During all the period of his studies he kept up a lively correspondence with Hahnemann and helped in the work of the Materia Medica. When he quitted Bonn he went to Liege to practise, but when

Hahnemann left Coethen for Paris his faithful disciple and useful assistant followed the master to the French metropolis, where he continued until on the outbreak of the late war in 1870 he was forced to quit Paris and the practice he had acquired there after upwards of thirty years' residence. He took refuge in the neighbouring kingdom of Belgium, going first to Liege, then to Ghent, and finally to Brussels, where he endeavoured to obtain practice and delivered a course of lectures at the homœopathic dispensary. But not having a Belgian diploma he was prohibited from practising in Belgium. It is thought that this prohibition —which, in fact, deprived him of his livelihood—weighed so much on his spirits that it accelerated his death, the immediate apparent cause of which was two large carbuncles. His colleagues in Belgium entered on a subscription to make up for his loss of professional income; but though this relieved his pressing necessities it was unable to avert the fatal issue of his malady.

The works of Jahr are almost too well known to require us to enumerate them here. His chief work, the *Symptomen Codex* and its abridgments, which have been translated into every European language, will cause him to be gratefully remembered by all practitioners of homœopathy. Some of his other writings are also of considerable practical value—such as his treatises on cholera, on cutaneous maladies, on venereal affections, on diseases of the digestion, his pharmacopœia, and his *Forty Years of Practice.*

Though not a scientific physician Jahr was a hard-working compiler and a painstaking practitioner, and his death, though at a ripe age, will be much regretted by all practitioners of homœopathy.

BOOKS RECEIVED.

Special Report on a Plan for the more Thorough and Proper Proving of Remedies. By J. P. DAKE, M.D., Nashville, Tenn.

Credulity and Incredulity affecting Progress and Certainty in Medicine. By J. P. DAKE, M.D.

Sixteenth Annual Announcement of the New York Homœopathic Medical College. Session 1874-5.

Spinal Affections. By EDWARD A. MURPHY, M.D.

Ling's Educational and Curative Exercises. By M. J. CHAPMAN, M.A. Cantab., M.D. Edin. 4th Edit. Edited by A. GEORGII. London: Renshaw.

Taking Cold. By J. HAYWARD, M.D. 5th Edit. London: Turner, 1875.

The Constitutional and only Successful Treatment of Cancer. By Dr. JOHN PATTISON. (A Pamphlet addressed to the Public.)

The Medical Enquirer, No. 1.

Revue Homœopathique Belge.

The Dublin Journal of Medical Science.

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.

Compendio di Materia Medica Pura. Par Dr. B. DADEA.

The Homœopathic Times.

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almost immediately a nausea and a great flow of saliva from the mouth. Within twenty-four hours he began to vomit. He continued to vomit at intervals for eight days, and at times it was almost incessant for hours, and in the highest degree distressing. He threw up his food and some bile; but much of the time he was troubled with vain retchings. About the fifth day he had three very offensive and copious stools which were uncommonly green. He derived some relief from these evacuations. He often complained of pain in the abdomen, which seemed to be in the umbilical region. The first solid food which he retained was in the night of the eighth day. He then awoke and called for brown bread, and continued to demand it with great vehemence till he had eaten three large slices. He retained them all and from that time was convalescent. For several weeks he experienced nausea whenever he attempted to swallow animal food, though he chewed it abundantly. Hot water fomentations to the epigastrium relieved him.

61. *Boston Medical and Surgical Journal*, 1829, vol. ii, p. 305. Cases of poisoning by milk containing *Subacetate of Copper*, by Dr. F. J. Higginson.

May 21st, at 11 a.m., was called to see the patients—four in number—the *lady* of the family, her *child* (a girl aged 4 or 5), a *young servant woman*, and a *little girl* (servant). About 9 a.m., two hours after breakfast, in quick succession and with little warning, they were taken with nausea and vomiting. All except the last had taken *Ipec.*, which by 11 a.m. had produced its full effect. At 11 a.m. the *lady* was complaining of violent pain in stomach, which had come on a few minutes before, the vomiting having previously ceased. Her countenance was very pale, her skin cool and moist, and her pulse feeble, though not extremely so. She was soon put into bed. Her *child* was lying in the lap, quiet, and unwilling to be disturbed, but not in much apparent suffering. She was very pale, lips slightly livid, skin cool and moist, pulse feeble. She had vomited a great deal and was still occasionally retching. The *young woman* was the worst; her countenance was deadly pale, lips and eyelids sublivid, her expression wild. As I entered she was tossing her arms about and stamping violently on the floor. She was, however, soon calmed, the fits being evidently of an hysteric character.

She had continual and violent retchings, and complained of severe pain at stomach. The *little girl* was apparently more easy. Soon after her attack she had a slight dejection which relieved her for some time. Soon afterwards the master of the house, who had come home, was seized in the same manner. Soon after this two other male members of the family came home sick from their place of business. *Opium* and *Comp. infus. sennæ* were given with relief. In one or two cases the coldness of the surface increased; in the *child* it became extreme, and for some time there was no pulse at the wrist; she came to, however, under the use of paregoric and warm water. Next day a good deal of weakness was the only symptom.

62. *Boston Medical and Surgical Journal*, 1856, vol. lv, p. 124.

Reported by Dr. Salter, to the *Boston Society for Medical Improvement.*

A man, æt. 27, arrived in Boston in November, 1855, and engaged himself to a coppersmith as general hand. About the middle of March, 1856, he first noticed a deviation from his uniformly good state of health. For some time previous to this period th had occasionally noticed a peculiar sweetish taste in his mouth, and a slight constriction in fauces, with a slight sense of nausea. The symptoms of which he complained were a peculiar sense of weight, weakness, and oppression in the epigastric region, a disagreeable and nauseous taste in mouth, diminution of his usual appetite, which at length entirely failed, constipation, which ultimately became very obstinate, general languor and prostration. These symptoms were soon followed by cardialgia, morbid sensibility of the epigastric and hypochondriac regions, epigastric sinking, a disposition to remove some offending substance from his stomach, unaccompanied by nausea, for the ejection of which he would frequently irritate the fauces with his finger, and epigastric palpitation. These were soon followed by neuralgic pains in various parts of his body, stomach, intestines, hips, and lower extremities, chest, head, superior extremities, the paroxysms varying in intensity and duration, more persistent in head and hips than elsewhere; great weakness of hips and lower extremities; giddiness, numbness of different parts of upper and lower extremities, which under certain circumstances was attended by intense

pricking pains in various parts of the body; a peculiar sensation of right hand and forearm, consisting in a sense of constriction of the different parts and of great increase of size—it seeming to him at times to be larger than his whole body, and its motions not fully under the control of his will; also a difficulty in urinating, consisting in a painful inability, requiring considerable time and effort to relieve the bladder. Shortness of breath, occasional paroxysms of coughing, unattended with any physical signs of disease of the lungs; great wakefulness; profuse night sweats; rapid emaciation and great depression of spirits. When first seen on May 17th last he presented no striking indications of illness except some paleness and thinness of face, but he detailed the above symptoms. His tongue was coated with a light brown or cream-coloured fur, except the edges and tip, which were clean and of a pale red colour, the whole tongue being moist. Gums were lax and spongy for about $\frac{3}{16}$ inch from the teeth, through nearly their whole extent, and for the same extent their edges were withdrawn from the teeth; he had occasionally spit blood from the mouth, especially on rising from bed in morning. Pupils abnormally dilated, insensible to a strong light. Pulse ranged from 58 to 62, was rather slow, moderately full and regular but weak. The edge of the gums was retracted or drawn from its natural contact with the teeth in such a way as to give the appearance of a very narrow bevelled surface throughout their whole extent. On this bevelled surface there was a delicate shade of red purple.

Corrigan's cases are also referred to. See original above.

63. *New Sydenham Society's Publications*, vol. xxxii, pp. 437, 438. (*Biennial Retrospect* for 1865-6.)

Taylor's cases quoted from *Guy's Hospital Reports*. See above.

64. *New Sydenham Society's Publications*, vol xxv, p. 430.

A case reported by Chevallier in *Journ. de Chim. Med.*, vol. ix, p. 401, is referred to, but no symptoms given.

65. *New Sydenham Society's Publications*, vol. xxiii, pp. 414, 415.

Two cases of colic in boys working in copper are quoted from the *Bull. de Thér.*, vol. lxv, p. 80. The pain was attended with slight constipation. The black line on the gums was distinct in

each case, and in one the gums were also swollen and ulcerated at their edges.

66. *New Sydenham Society's Publications*, vol. x, p. 451.

This case is evidently a mere abridgment. Oppolzer relates in the *Deut. Klinik*, No. 19, 1859, several cases of chronic poisoning in copper workmen. There was colic in some cases followed by a paralysis of the upper limbs not distinguishable from that of lead. There was greenish-yellow tinge of countenance, and diarrhœa alternating with constipation.

67. *New Sydenham Society's Publications*, vol. xv, p. 418.

Case reported in *Nass. Med. Jahrbuch*, vols. xv, xvi, p. 743. *Schmidt*, vol. iii, p. 24.

A robust man took an ounce of a *Solution of Copper*. He at once had intense abdominal pain, with vomiting and purging of green matter, which continued till the third day, when the author was called in. He was then much emaciated, complexion leaden, extreme muscular weakness, foul dry tongue, excessive thirst, abdominal tenderness on pressure, and abundant salivation. On sixth day he became jaundiced. The bowels not having been relieved, *Castor oil* was given, which produced free evacuations containing traces of green matter. From eighth day he became gradually weaker and died on sixteenth day.

68. *Southern Journal of Medicine and Pharmacy* (Charleston) 1847, vol. ii, p. 356.

Case quoted from *Chemist*, 1847. New Series, vol. v, p. 91. See original below.

69. *American Journal of Medical Sciences*, 1862, vol. xliii. New Series, p. 278.

Perron's cases quoted from *Med. Times and Gazette*. See above.

70. *London Medical Gazette*, 1842-3. New Series, vol. i, p. 495.

Poisoning by *Carbonate of Copper* reported by Dégrange in *Journal de Médicine Pratiques de Bordeaux*.

A man, Aug. 8th, complained of suffering much; on the

previous day he had vomited several times and been unwilling to eat. The same day be was found about 11 o'clock stretched almost without consciousness in the yard of his house. He died at 4, having passed the intervening time in a comatose state, neither answering questions nor giving any signs of intelligence. (He had apparently, after having drunk the poison, fallen out of a window, as there were several contusions on his head.) Face was pale, eyes turned upwards, breathing free but hurried, upper and lower extremities of icy coldness, and covered with a cold sweat, swallowing was painful, no stool or vomiting, abdomen not sensitive to pressure.

Post-mortem.—Very decided sanguineous congestion over brain; mucous lining membrane of cheeks discoloured. Mucous membrane of œsophagus offered several marked arborisations. Stomach had a diffused green colour (? from the greenish poison), a decided vascularity towards the greater curvature, and seven or eight points of ulceration in the great curvature which had eaten through the whole thickness of the mucous membrane. The entire mass of intestines had a greenish tint (? from the green poison); in several parts of them ecchymoses were to be seen with blackish spots and vascular ramifications, with softening of the mucous membrane, which were more apparent in the first half of the duodenum; none in the ileum. Large intestines and rectum were filled with ash-coloured fæces. Heart was filled with black clotted blood, and its lining membrane was of a bright red.

71. *The Chemist*, 1840, vol. i, p. 380. Reported by Dr. J. P. Simon.

Effect of inhaling the vapour of a hot aqueous solution of sulphate of copper and dipping the hands in it.

I began to feel uneasiness between the shoulders, with headaches, shivering, and occasional pain in the epigastric region. I became pale, had vertigo with prostration of strength and dim sight; the nervous papillæ of the tongue became tumefied and horribly annoying; I first thought that I had scalded my tongue with hot broth, but the symptoms increased, the tongue became ulcerated in the centre, and considerably swollen on each side, and it was furred as if a "tartine" of spermaceti ointment had been nicely spread over it; the fauces also became tumefied and

inflamed, while the soft palate or roof of mouth became coated with petechiæ, resembling measles, with tumefied gums and slight ptyalism.

I was obliged to discontinue my experiments. After a time I renewed them, although I had often felt a copperish cold subacid taste, particularly on opening my mouth to inhale fresh air, and although after having washed my hands three or four times the water became blue from the sulphate of copper absorbed into the system. I accordingly dissolved two or three pounds of the sulphate in the usual way, and on the second day of my experiments began to feel headache, and uneasiness about the fauces and soft palate; first the affection showed itself on the tip of the tongue, but now it showed itself as above. There was considerable itchiness and sudden feeling as if I was going to faint. I looked in my mouth and *felt* and *saw* that the symptoms were fast returning.

72. *The Chemist*, 1842, vol. iii, p. 253. Copied from *Journal de Chimie Medicale*, Jan., 1842.

A young man drank some wine which had been drawn into a copper vessel; he was almost immediately seized with violent pains in the digestive organs; he immediately vomited violently and threw up all the poison.

Three other cases of poisoning are referred to, but no symptoms given.

73. *Braithwaite's Retrospect of Medicine*, 1854, vol. xxx, p. 433.

Corrigan's cases referred to from *Dublin Hospital Gazette*, 1854, p. 232. See original above.

74. *Chemist*, 1855, 3rd series, vol. ii, p. 570.

Experiments by Scharder on rabbits with *Acetate of Copper*, from the *Deutsche Klinik*, 1855, No. 4, are mentioned.

75. *Dublin Medical Press*, 1856, vol. xxxv, p. 119.

Extract from *Journal de Médicine et de Chirurgie Pratiques*, February, 1856, p. 92, and *Bulletin de Thérapeutique*, where the original account seems to have been given. Case is reported by Stanislas Martin of a man who worked in copper for five months, whose hair changed from white to green.

76. *Lancet*, 1836-7, vol. ii, pp. 566, 641.

Lectures on Medical Jurisprudence by Dr. A. T. Thomson.

In 1781, twenty friars in Paris were poisoned by fish boiled with vinegar in a copper vessel. (See above, No. 33.) Dupuytren mentions poisoning by lobsters boiled in a similar manner. Fodère mentions a case which occurred at Aoste in 1790. In 1592, at Berne, at a great meeting of the senate, wine was drank which had been put into copper vessels; in a few days many were seized with colics, vomitings, and purgings, and several died.

Thomson next gives the ordinary symptoms of copper poisoning. On swallowing it there is an aridity of the tongue and a styptic taste in the mouth. The other symptoms generally occur in the night; the person wakes with a violent headache, with sensation of great debility in the limbs, painful cramps; after a short time there is colic, with nausea and vomiting, first of *ingesta*, then of bilious matters. The colic increases in severity; tremblings of the limbs with copious sweats accompany it; the pulse is small, unequal, and very frequent; diarrhœa or constant and ineffectual desire to evacuate the bowels follows, with swelling and tenderness of abdomen; stools are blackish-green or green, rarely tinged with blood; suppression of urine; respiration disturbed; heart's action weak; pulse small and irregular. Convulsions, paralysis, occasionally tetanus with great rigidity of limbs, vertigo and syncope, deep yellow colour of skin like jaundice, and a singular tinge of blue round eyes. (The above symptoms were compiled from various cases of poisoning and not one single case.)

Pyl's case of poisoning referred to.

Percival's case quoted. See original above.

Thomson's remarks on the post-mortem appearances (compiled from various sources). The skin yellow like jaundice; gullet constricted; lungs inflamed, and the blood in the pulmonary vessels black and fluid, but sometimes coagulated. Mucous membrane of the alimentary canal exhibits in various spots a greenish hue. Inflammation and even ulceration and gangrene occupy it also, in detached spots, both in the stomach and intestines. The smaller intestines are more affected than the larger, and sometimes perforated.

77. *Lancet*, 1837-8, vol. i, p. 930. Lectures by Dr. G. G. Sigmond.

Case quoted from Orfila. A jeweller's workman swallowed half an ounce of verdigris in water. In fifteen minutes he was attacked with colic pains and profuse vomiting and purging. Eight hours afterwards there was not much vomiting, but frequent eructation of a fluid containing verdigris, some salivation; a small pulse; blueness about the eyes. In sixteen hours jaundice began to appear. In the course of the night he was much relieved from the colic pains by three stools; next morning he had ceased to vomit, and the pain had gone, but he complained of a taste of copper in his mouth, and jaundice had increased. On fourth day he was well.

Sigmond's own remarks.—When the poisoning ends fatally, convulsions and paralysis occur, occasionally tetanus with great rigidity of limbs.

Percival's case referred to. See above.

Portal's case referred to.

Sigmond's own remarks.—*Sulphate of Copper* is an emetic, and often leaves behind it a state of nausea from which the stomach does not very speedily recover itself. Pain in throat and stomach often remain some time after recovery, as is exemplified by a case of Dr. Marcet.

78. *Medico-Chirurgical Review and Journal of Medical Science*, 1820, vol. i, p. 158.

Case by Dr. Saurel from *Journal General de Medicine.*

A man ate some peas which had stood in a copper vessel. He was seized with violent pains in stomach and belly, with vomiting, purging, and tenesmus.

79. *British and Foreign Medical Review*, 1844, vol. xviii, pp. 549—52.

Experiments of MM. Danger and Flandin in *Annales d'Hygiène*, vol. xxx, p. 449, referred to.

Case reported by *Guillo* quoted. See above.

Case of poisoning by the subchloride of copper quoted from Henke's *Zeitschrift der S.A.* for 1843-4; No. 1, 1844. A boy aged two or three swallowed the poison in paint. Very soon afterwards he was attacked with vomiting and coldness of the ex-

tremities; he became worse and died. *Post-mortem*, slight congestion of cerebral vessels.

80. *Chemist*, 1843, vol. iv, p. 86.
Dégrange's case quoted. See original above.

81. *Chemist*, 1843, vol. iv, p. 331.
Case quoted from *Auxiliaire Breton*, from tapioca impregnated with copper (as the editor of the *Chemist* considers).

82. *Chemist*, 1845, vol. vi, p. 279.
Blandet's remarks quoted. See above.

83. *Chemist*, 1847, vol. viii, p. 91
Case of poisoning by *Sulphate of Copper*. See above.

84. *Chemist*, 1847, vol. viii, p. 179.
Remarks by Professor Sewell before the Royal Agricultural Society of England. The joint-bones of animals living within the influence of the effluvia from the copper mines at Swansea became diseased, by accumulations of irregular masses of bony matters concreting about the joint and by decay in the substance of the natural bone, similar to the effects of mercury.

85. *Medico-Chirurgical Review and Journal of Practical Medicine*, 1833, vol. xviii, p. 528.
Postel's experiments quoted from *Bulletin de Thérapeutique*.
Two dogs took a drachm of verdigris mixed with four oz. of water. In a few minutes both began to moan, vomited, and passed a stool which was tinged with blue. (These experiments are given very briefly and others are referred to. The original should be examined.)

86. *Medical Circular*, 1854, vol. v, p. 136.
Corrigan's cases referred to. See original above.

87. *The Doctor*, 1832, vol. i, p. 226.
Percival's case referred to. See original above.

88. *The Doctor*, 1832, vol. i, p. 230.
An editorial remark. The patients waste and decline; the frequent occurrence of palsies, nervous disorders, and complaints

of the stomach are probably in part owing to this and such-like causes.

Five monks out of thirteen on the Continent, who ate soup thus poisoned, died after excruciating pains in stomach and bowels.

89. *The Doctor*, 1835, vol. iii, p. 243.

Case quoted. See above.

90. *British and Foreign Medico-Chirurgical Review*, 1851, vol. vii, p. 282.

Review of a paper by MM. Chevallier and Boys de Loury. The only symptoms quoted are dyspnœa, dryness of the air-passages, a small filiform pulse, absence of transpiration, scarcity of urine, cephalalgia, and torpor; the characteristic symptoms are cardialgia with epigastric tenderness, and a neuralgic pain in the rectum; *pruritus ani* and constipation are usually present. See *Annales d'Hygiène*, vol. xliii, pp. 337-73, vol. xliv, pp. 27—48; and *Revue Medico-Chirurgicale*, vol. viii, p. 38.

91. *British and Foreign Medico-Chirurgical Review*, 1854, vol. xiii, p. 575.

Cases referred to from *Journal de Chimie Medicale*, January, and *Annales d'Hygiène*, January. No symptoms given.

92. *British and Foreign Medico-Chirurgical Review*, 1855, vol. xv, p. 295.

Corrigan's cases referred to. See original above.

Case by Dr. Reinhardt quoted from *Henke's Zeitschrift, dritter Vierteljahrschrift*, 1854.

A man, æt. 26, took one ounce and a half of verdigris at 1 p.m. In about half an hour he felt ill and vomited some of the poison. In about three quarters of an hour the vomiting returned; in the interval he had severe pain over the eyes and colic-like pain in the stomach, which was somewhat relieved by an oleaginous mixture. On his way to the hospital in the evening he vomited several times. On admission, he complained of pain in the head, a metallic taste in the mouth, and colic pains, with feeling of distension of the abdomen; the left hypochondrium was tender to pressure; pulse and temperature of skin normal. After treatment the symptoms abated, but recurred with increased severity at 3 a.m., with the addition of *ardor urinæ*. Patient recovered.

93. *British and Foreign Medico-Chirurgical Review*, 1856, vol. xvii, p. 520.

Experiments by Dr. Scharder in *Deutsche Klinik*, No. 4, 1855, referred to.

94. *British and Foreign Medico-Chirurgical Review*, 1861, vol. xxvii, p. 534.

Notice of an essay entitled *Accidents causés par de l'eau contenant un Composé de Cuivre*, by A. Devergie, Gobley and Robin. No symptoms given.

95. *Ranking's Half-yearly Abstract of the Medical Sciences*, 1845, vol. ii, p. 414.

Blandet's remarks on copper, quoted from *Gazette Medical de Paris*, February, 1845. See above.

96. *Ranking's Half-yearly Abstract of the Medical Sciences*, 1865, vol. xli, p. 31.

Review of a memoir by Dr. C. Maissonneuve from *Archives de Médicine Navale*, January, 1865. The only symptoms here quoted are the following: very intense dyspnœa with laryngeal and bronchial spasm. Colic, which may be accompanied by vomiting or diarrhœa. Pain in the upper and middle abdominal region, increased by pressure; in some cases it is limited to the pit of the stomach, in others it is seated a little lower down between the epigastrium and the umbilicus, somewhat about the position of the transverse colon. In all cases there is nausea, in some vomiting, in a very few diarrhœas. There is occasionally some fever. The attack is generally over by the next morning, rarely extending over two or three days.

97. *Transactions of the Provincial Medical and Surgical Association*, 1844, vol. xii, p. 130.

Dégrange's remarks quoted. See above.

98. *Transactions of the Provincial Medical and Surgical Association*, 1845, vol. xiii, p. 119.

Experiments of Flandin and Danger referred to. See above.

99. *Transactions of the Clinical Society of London*, 1870, vol. iii, p. 7. (Compare Nos. 7 and 29.)

By Dr. Edward Clapton.

CASE .—A sailor had had to drink for a long time lemon

juice which had been kept in a copper tank. He was a very thin miserable-looking man, suffering from chronic gastro-enteritis. The rest of the crew suffered similarly. His symptoms were frequent vomiting, purging, griping, a patchy tongue partly furred and partly morbidly red, a feeling of constriction in the throat, coldness and numbness of the extremities, a small frequent pulse, constant headache, and frequent cramp of legs. There was a most marked green line on the margin of the gums and for some little distance on the teeth.

CASE 2.—I noticed a similar appearance in the gums and teeth of a young woman who was employed in an artificial flower manufactory, where she inhaled the dust of verdigris and emerald green.

CASE 3.—The case of the workman at Deptford is given more completely elsewhere; but the following symptoms from various workmen are here added. There is a greenish colour of the hair in old workmen. Diuresis is not uncommon; one man passed five or six pints of urine daily, but there was no trace of sugar in it, nor was its sp. gr. ever above 1014.

Reference is made to a case reported in Erasmus Wilson's work on *Skin Diseases.*

100. *Asiatic Journal*, 1830, vol. iii, p. 87. (*New series.*)

Reported by Mr. Raleigh.

A man swallowed a quantity of *Acetate of Copper;* at 8 p.m. he was taken to the hospital in a highly apoplectic state. He was quite comatose, pupils dilated to their utmost extent, pulse slow, hard, and labouring, but not full, countenance bloated and purple, foam issuing from the mouth, skin warm, breath smelling of peppermint. All mental and voluntary powers were completely suspended. He was bled, the stomach washed out, and three drops of *Croton oil* placed on his tongue. Soon after the bleeding the pulse became small and soft but rapid; pupils contracted, and appeared slightly affected by the light of a candle; breathing became more natural. In twenty-five minutes the pulse fell to 100, and the body was covered with sweat. At 9 p.m. head was shaved, and thirty leeches applied. At 10 p.m. pulse was 154, pupils contracted, stationary, and unaffected by light of candle. At 8 a.m. he became perfectly sensible, and complained of headache, pain, and severe spasms of stomach, with unquenchable thirst,

and occasional cramps of the lower extremities. There was a peculiar state of languor. Soon after taking the poison the uneasiness of the œsophagus and stomach became so intolerable that he swallowed about an ounce of *Essential Oil of Peppermint* and became insensible.

101. *Philosophical Transactions*, 1758, vol. l, p. 19, and sequel in 1765, vol. liv, p. 15.

By Dr. James Mounsey.

Mr. Butler placed one quarter of an ounce of verdigris in a pot, and two leaves of false goldleaf in another, and poured on each about a spoonful of *Nitric acid*, and then stirred them very assiduously. Soon afterwards he felt a burning pain in the ring finger of the right hand; this increased every moment, and affected the whole hand with burning pain and swelling, which very soon subsided; but then it flew into the left hand, and a few minutes afterwards into the insides of his legs, as if scalding water had been thrown on them. His stockings being immediately pulled off, there appeared a great many red spots, as large as sixpences, somewhat raised above the skin, and all covered with very small blisters. In about two hours after the accident I first saw him; he was very uneasy, complaining of pain and great anxiety at the pit of the stomach, as if a burning hot iron was laid on it. His pulse was regular, but slower and weaker than natural; he had nausea, and complained of a very coppery taste and smell. I ordered some alkaline volatile medicines, and to drink small sack-whey. He vomited once and had four or five stools, and then his stomach grew easy. But the scene soon began again with lancing pain in left eye. He continued the same medicines, drank plentifully of whey, and was kept in a sweat, by which he found some ease at night; but whenever the sweating lessened, the burning pains returned in broad flakes, changing from one part of the body to the other; sometimes with shootings in the eye, and sometimes along the penis, but he had no heat of urine. Pulse continued regular but weak; and in several places of his body spots similar to those on his legs came out.

3rd day.—Morning after sleeping well, pulse was somewhat raised, and he continued easy till about 11 a.m., when the burning pains returned, shooting from place to place; but always so

superficial, that he could not distinguish whether it was in or under the skin. Rubbing the part affected with the hand gave ease; but when the sweating ceased, and the burnings and shootings became insufferable, I always put him into a bath of hot water with some wood ashes, which gave him great relief. This afternoon he felt violent burning pain in his great toes, and sometimes in his left hand, with shootings up to the shoulder. Once he cried out in great pain that his shoulder was burst, for he felt something fly out with a sort of explosion; but I found nothing particular on examining the part. He observed, when the flaky burnings began, they were as if they kindled from a point, and flashed like lightning. He was very often tormented with such pains on the pit of the stomach; and this evening had shootings through the back with a pain in the belly. He complained of a strong sulphurous suffocating smell, though his breathing seemed easy, and his lungs in no way affected. In the night he was seized with great pain about the heart, and cried out violently that his heart was on fire; but after taking a dose of nervous medicine, and being put into the bath, he was soon freed from this, and passed the rest of the night tolerably well. At the time of such violent attacks the pulse continued regular, but still slower and softer than usual.

4th day.—He complained most of his toes, and now and then burning pains in the forehead.

5th day.—This whole day it continued most in the left toes; but in the evening the pains in the stomach returned, which lanced to the left side with dartings inwardly. He had become so unwell and restless that I added *Opium* to his other medicines.

6th day.—The pains kept most in the left toes.

7th day.—Nothing particular except his feeling, with sharp pains, a spark (as he called it) fly out of his right cheek, in the same way, he said, as that which burst on his shoulder, but much less. He perceived no pain in that part before this; nor anything after besides a soreness which lasted some days.

9th day.—He began to get out of bed; but was often seized with glowing pains, suddenly affecting different parts of the body; they seldom continued an hour in one part, but shifted from place to place; he continued to be troubled with these in a less degree for a long time.

Sequel.—The patient recovered his health and strength, yet after this was often subject to nervous ailments, and became sensibly affected not only by the smell of paints, but even the handling of some kinds of metallic inodorous bodies gave him anxiety, tremor, faintings, and many other uneasy symptoms. The handling of verdigris, vitriol, and the like, threw him into these disorders, and he assured me that the handling copper or iron had the same effect.

One day he handled some lumps of *Cerussa* (*i.e.* white lead); in a few hours he was taken with anxiety, palpitation of the heart, and a sense of trembling and weakness of the whole body; he was obliged to go to bed; he took some *Spirits of Hartshorn*, sweated most plentifully, and next day recovered. The most extraordinary attack happened June 26th, 1758. He had handled with his right hand a mixture of blue vitriol, alum, quicklime, burnt alabaster, which had been boiled in water. In three hours he began to be uneasy, had pain in his arms, and especially in his right hand; he became sick at stomach, and felt a trembling over his whole body. He strove to get the better of this attack, and walked about slowly for some time, but turned pale, faint, and fell down. He soon recovered, and drank two or three glasses of wine which he vomited. This began at noon, and at 6 p.m. I found him in bed, frightened and sweating. His pulse was regular but quick; he was sick at stomach, with anxiety. I ordered him saline draughts, with plenty of thin warm liquors. In the night he slept indifferently; his complaints were not continual, but recurred by fits, with stretchings of the limbs, tremor, and starting of the tendons over the whole body, and when he began to slumber he was disturbed with frightful dreams of fire.

2nd day.—Early in the morning he observed many small purple spots on his hand. I found them just like purple petechiæ; the most on his right arm, and perceptible through the thick skin of the right palm. There was also some on the other arm and legs, and some of a deeper colour on the thighs, but very few on the rest of the body. About 4 p.m. he was again seized with great anxiety, and pricking burning pains in the feet; the toes were extraordinarily red, and he had frequent stretchings. These went almost off in a few hours.

3rd day.—Not so much troubled with the frequent returns of

his complaints; his pulse was quick, and the spots kept out with itching.

4th day.—Much the same as yesterday, only more cheerful in the intervals, and the spots appeared fewer. He got often out of bed, and walked about in the room.

5th day.—Attacks returned much seldomer; pulse still feverish. Many of the spots disappeared; most were grown pale, and some of a dun hue; those on the right palm were almost gone. He said the spots always grew fairer every time the fits returned, and then he felt pricking pain with great heat, especially on the inside of his arms and legs and in his feet and toes.

6th day.—Pulse still quick. Last night had been tolerably well. Spots pale and disappearing. Took a laxative, which operated.

7th day.—Rested fairly last night, but this morning the pricking and tremorous sensation over the whole body returned, but did not last long. Spots mostly gone. He observed that the pricking pains in his arms and legs, and in a large spot on his back (which troubled him in all his former accidents), came now only in the forenoon, and then almost ceased for the rest of the day.

8th day.—Much the same, but the attacks were lighter.

9th day.—Very little difference; only now and then he was troubled with a glowing painful sensation immediately under the skin, sometimes in one part of the body, sometimes in another, a spot about the size of a crown piece.

12th day.—Somewhat better. I now gave him a mixture containing *Peruvian bark, Orange, Ammoniacum, Myrrh, Sal Martis;* and as he was very sensitive to *Iron,* I gave scarcely two grains of *Sal Martis* for a dose.

13th day.—Took a dose this night, was very restless, and greatly affected with all the former symptoms.

14th day.—Took another dose early in morning. In less than three hours was again taken very ill with anxiety, a sense of trembling over the whole body, and as if prickling sparks were flying out everywhere.

15th day.—Ceased the medicine. Passed the night tolerably, and felt much better in the morning; but the complaints came by turns as before.

25*th day*.—The complaints have returned at intervals during this time. I gave him a dose of *Epsom salts*, which he had been used to take; it purged very well, but as soon as its action ceased great numbers of small red spots came out on his body, with a little heat in the skin.

26*th day*.—Spots almost gone.

27*th day*.—Took another dose of *Epsom salts;* the spots returned in the same way, more than before. After this he took more doses; the spots returned, but every time fewer appeared, and at last none appeared on taking the salts.

36*th day*.—The attacks have grown much less frequent and lighter; often feel in the night-time like the stroke of an electrifying body.

48*th day*.—Was awoke this night by pains as if burning irons had been clapped to the insides of his legs, with anxiety and a sense of tremor over the whole body. I found his pulse very quick, irregular, and small, but he was greatly better than when he sent for me. After this he had some smaller attacks, but in the night of 58*th day* was seized with a violent fit of the same sort, with stretchings, and as if prickling sparks were flying continually out of the skin. He had palpitation of the heart and complained of the want of breath; his left side turned cold and his right side grew hotter. When I came he was better, but the pulse still very small, frequent, and inordinate.

59*th day*.—He was again attacked in the same manner in the night, and it also went off in the same manner, but he now grew feverish and kept his bed some days.

By *stretchings* I mean the stretching of his body and limbs by a slow and gentle convulsion of the extensor muscles; I never observed the flexors affected. He often felt as if his left side, from head to waist, were empty, and that millions of small bodies were driven up and down with great velocity, which he compared to the shaking of peas in a bladder.

102. *The Medical Museum* (London), 1781, vol. i, p. 286 (2nd edition).

Water impregnated with verdigris brings on decay; many chronic diseases, especially the slow fever.

Reference is also made to M. Amy's *Treatise on Cisterns*, to which is added a thesis by Dr. Thierry.

103. *The Medical Museum*, 1781, vol. ii, p. 424 (2nd edition).
By Mr. Samuel More.

Case of a young man who lost the use of his hands from cleaning brass wire from the crust on it, which is performed by letting it lie in a mixture of water, sulphuric acid, alum, tartar, &c., and then striking it forcibly against the ground.

After working for some time at the wire, about August, 1759, the cuticle of the palms and the inside of the fingers became so hard and rigid that he could do no work. In August, 1760, the complaint having lasted a year without being benefited, I saw him. I found him with his hands quite stiff and incapable of doing any work; the skin of the palms (especially the right one) had the appearance of parchment, full of chaps; and when I endeavoured by force to straighten the fingers the blood started from every joint of them. He was cured.

104. *Philosophical Transactions*, vol. li, p. 936.
The above case quoted.

105. *Medical and Physical Journal*, 1830, vol. lxiii, p. 522.

An old woman took *Sulphate of Copper* (it is supposed two drachms); she soon vomited. In an hour she had severe pain in stomach and head; the vomiting continued, and next day she was nearly well.

106. *Narrative of the Efficacy of the Bath Waters in various kinds of Paralytic Disorders.* Published by the Bath Hospital, 1787; p. 31.

A man employed in pointing pins, which exposed him to the dust of the materials, was admitted with paralytic weakness of hands and wrists.

107. *Edinburgh Medical and Surgical Journal*, 1841, vol. lvi, p. 110.
By Dr. James Blake.

The injection of six grains of *Sulphate of Copper* into the veins gave rise to a quickened and fluttering action of the heart in ten minutes; in forty-five seconds more the pulsations became much slower; fifteen grains of the salt stopped the heart in twelve minutes. On opening the thorax at once the heart was motion-

less, excepting slight contractions of the intraventricular septum. Right side of heart contained a considerable quantity of dark blood; left cavities a smaller quantity, rather scarlet, but not so bright as arterial blood. Three grains caused efforts to vomit in two minutes. Four grains caused dyspnœa in fifteen seconds; the animal fell at once, but continued moving its legs, which were rather stiff; after lying on its side for four minutes it again rose on its legs during violent efforts to vomit, but soon fell down again. The action of heart was stopped by introducing six more grains; breathing ceased in forty-five seconds; the conjunctiva was sensible one minute after breathing had ceased. After breathing had stopped for two minutes it recommenced, and continued for a minute and a half.

108. *British Medical Journal*, 1872, vol. i, p. 154.

By Dr. W. A. Hollis.

A man, aged 35, who worked in metals (iron, brass, and steel *only*).

Dec. 10th, 3 a.m., suddenly woke and found he had lost use of right forearm and hand. The palsy affected the flexors and extensors. Some anæsthesia over back of forearm. Slight reddish-blue discoloration beneath left lower canine tooth.

Dec. 11.—Felt much better. Could extend fingers of right hand slightly. Bluish gum line rather more marked, and now extended beneath all lower incisors and canines. Gradually improved.

[Another similar case is given in which *lead* as well as brass was used; I have therefore omitted it as doubtful.—E. W. B.]

109. *British Medical Journal*, 1873, vol. i, p. 303.

By Dr. John Morgan.

A child, four years old, swallowed a penny. The face was swollen and discoloured, and she was constantly retching. The coin was removed from the throat. For two days afterwards the child was restless, constantly sick, and refused the breast. It recovered.

110. *Memoirs of Medical Society of London*, 1789, vol. ii, p. 224.

By Dr. Wm. Falconer.

Copper I have seen cause stiffness and rigidity, together with a

paralytic inability to open or contract the muscles of the fingers, but not that flabby texture of the muscles that *Lead* produces.

111. *London Medical Gazette*, 1838-9. New Series, vol. i, pp. 195 and 697.

By Mr. Gurney Turner.

Effects of working with "artificial gold."

CASE 1. July 17th.—J. O—, aged 19, complained of a most distressing itching of scrotum. It seemed relaxed and inflamed; the sebaceous follicles considerably enlarged; and round the roots of the hairs were small scabs, caused by his scratching the part to relieve the tingling sensation. The hair on scrotum and pubes was grass-green. The hair on head and in axillæ was of the same colour, and he had itching in these parts and about the wrists, though in a less degree, and the hair felt peculiarly harsh, dry, and matted. He stated that on the third day of having been employed he was seized with vomiting of a green fluid and a sensation of heat and constriction in œsophagus, with pain in stomach; this was followed by epistaxis, recurring at intervals, itching of the above-mentioned parts, especially of pubes and scrotum, tenderness of epigastrium and bowels, with loss of appetite and rest; bowels constipated. The eruption was much altered by scratching, but it seemed to have been primarily papular, subsequently becoming vesicular. By 26th was well, except as to the hair. Some of the workmen said the powder used caused deep ulcers on the genitals; others said it salivated them, and their jaws seemed slightly spongy. The workmen said beer relieved the sickness, and remained on the stomach when it rejected all solid food.

CASE 2.—Another workman complained of much soreness and dryness of throat, vomiting of a green fluid, general loss of appetite, great and continued irritability of stomach, sleeplessness, irritation about the genitals, wrists, and nose, and obstinate constipation. He said constipation was a general symptom among the workmen, as also was the greenness of hair. His own skin, as well as that of his fellow-workmen, turned greenish, and their sweat was the same colour. He thought it increased the quantity of urine. He added that it weakened the whole body, and especially the wrists, which trembled. Many had been thrown into violent fits from the irritation produced. Paullini says that copper miners have blue or green beards (see *Dictionnaire des*

Sciences Médicales, article *Barbes*). Haller makes the same remark. Patissier says the brass-workers have green complexions, eyes, tongue, hair, excretions, and even clothes.

Mr. G. Turner enumerates the symptoms produced thus, as constriction of œsophagus, tenderness of epigastrium and bowels, loss of appetite and rest, vomiting, constipation, and a general febrile state. He says that copper is the chief, if not the sole, ingredient of this powder.

112. *Half-yearly Abstract of Medical Sciences*, 1870, vol. li, p. 118.

Dr. Mapother's remarks quoted (see below).

113. *Medical Press and Circular*, 1870, vol. i, p. 465.

By Dr. E. D. Mapother.

J. M'D—, æt. 17, had been employed for two years and a half, in a Venetian blind factory, to mix Olympian green with turpentine and to remove the paint from old blinds with sand paper. This paint is finely powdered carbonate of copper. His skin has a pale, chlorotic look, and the gums round the incisors, canines, and bicuspids, especially of lower jaw, are a bright maroon colour. The gums are somewhat retracted and slightly ulcerated. Greatly emaciated and very weak, but no local palsy. For the last six months has been seized every three or four days with fits of fierce pain round the navel, relieved by pressure and disappearing by stool. For the last six months he only had one stool a week. When he had pain he had loathing of food and occasionally vomiting. He is distressed with a constant cough, but there is no evidence of tubercular or other disease in lungs. He suffers much from chilliness, almost amounting to ague fits, which sitting by the fire does not relieve, but it brings on weakening sweats.

The maroon colour of the gums appears only round those teeth which are exposed to light. In poisoning by lead, copper, and mercury the jaws ulcerate and the teeth get black and rough near the gums' edge.

114. *New York Journal of Medicine*. New Series, vol. xv, 1855, p. 292.

Corrigan's cases referred to (see above).

ARSENIC AND ITS COMPOUNDS.

1. *Lancet*, 1857, vol. i, p. 193.
Poisoning by paper coloured with *Scheele's green.*
By Dr. Hinds.
Dr. Hinds first used the room in the evening, sitting there and reading by gaslight. While thus engaged he was seized with severe depression, nausea, abdominal pain, and prostration. The same chain of symptoms ensued on every subsequent evening when he occupied the room.
A reference is also made to *Edinburgh Monthly Journal*, 1851, to Dr. Traill's case, reported below (Case 3).

2. *Lancet*, 1859, vol. i, p. 237.
Poisoning by *Arsenite of Copper.*
By Dr. H. Cooper Rose.
The child was nine months old, and had been suddenly taken ill. Dr. Rose found that the child had been violently vomiting and purging during the previous half hour. He was now cold and clammy to the touch, the pulse not perceptible at the wrist, and with all the symptoms of collapse arising from irritant poison.

3. *London and Edinburgh Journal of Medical Science*, 1851, vol. xiii (vol. iv of third series), p. 1.
By Dr. Thomas Stewart Traill.
A child, æt. 3, chewed some *Arsenite of Copper.* He had severe pains in abdomen, and vomited repeatedly. Vomiting returned at intervals with much severity, and the pain was violent. Pulse became feeble, extremities cold, and face livid. In about three hours the vomiting had somewhat abated; skin recovering its heat; pain in bowels still acute. Next day, after treatment, was convalescent. On 3rd day passed by stool some of the arsenical paper, and for a few days more did not take his food with his usual relish.

4. *American Journal of Medical Sciences*, New Series, 1846, vol. xi, p. 252.

M. Blandet's paper on *Scheele's green* from *Encyclop. des Sciences Médicales.*

It causes colics, prostration of strength, and headaches (these are common). The external application causes pustular eruptions on the skin, catarrh, and a painful swelling of scrotum; preceded by a puffiness of the countenance. This last is peculiar to this kind of poisoning. The internal inhalation causes bloody stools, vomitings, cramps, and delirium.

5. *Monthly Retrospect of Medical Sciences*, edited by Drs. Day, Fleming, Gairdner, 1849, vol ii, p. 22.

Report by Dr. Basedow on the effects of emanations from houses painted with *Scheele's green;* translated from Caspar's *Wochenschrift*, 27-29, 1848, in *Schmidt's Jahrbucher* No. 9, 1848.

Reference is made to an essay by Basedow in 1846, and to another paper in 1847. Physicians were invited to send in reports, and Dr. Schmidt, of Rosola, reports the following. Pseudo-rheumatic pains which come on and go without any other rheumatic phenomena and without regular crises, and are not removed by any well-established means; on the contrary, more frequently, even when the source of mischief is removed, they leave permanent impairment of the general health. The most common symptoms are flying neuralgic pains in head, throat, and breast; faintness, hoarseness, dry cough, general lassitude, and emaciation; paralytic states of individual organs, especially weak sight, and particularly marked eruptions. In such pseudo-rheumatic affections in adults the urine is always superabundant, pale, and watery, as in hysterical attacks. In children where dyspepsia commonly occurs the stools are sometimes fluid, sometimes very costive, and always deficient in bile. In older children the complaints which they make of various sorts of pains, especially in the legs, appear to depend on spinal irritation. They are capricious and in the intervals often placid; and when they are exposed to the vapours for years, they acquire remarkably old features. In chronic cases there is always an irritable state of mind.

6. *Medical Times*, 1849, vol. xix, p. 507
By Dr. F. A. Bulley.

Poisoning by *Arsenite of Copper.*

Two children, a girl æt. 4, and a boy æt. 2¾, were suddenly seized in the morning with violent sickness and vomiting of a light green substance like bile diluted with water. The second time they vomited the mother observed among that ejected fluid some hard particles which proved to be portions of an ornament containing *Arsenite of Copper* which they had eaten in the morning. They both continued vomiting the same green fluid every ten or fifteen minutes during the day, until what they brought up appeared to be clear bile, mixed with the copious draughts of water which they had taken in consequence of their intense thirst, as during the whole time they were constantly asking for drink. About noon they complained of pains in bowels, followed by copious but natural stools, after which the pains abated. About 4 p.m. each had a dose of *Castor oil*, which was almost at once rejected. About 5 p.m. *Ipecac.* was given with draughts of tepid water. This increased the vomiting for a time, the same bilious fluid being more copiously ejected. The hydrated *Peroxide of Iron* was given, after which they were sick a few times. For some time prior to this period the feet and legs of both were gradually becoming cold, the pulse faltering at the wrists, faces deathly pale. Hot water bottles were applied to the feet, and they were wrapped up in blankets; shortly after this they sank into a quiet and easy sleep, the vomiting having entirely ceased. They suffered much from thirst the following night, with slight flushings of the face, but next morning they seemed well, except that the girl complained of a headache, and the boy had a trifling reactive fever.

Reference is also made to some cases quoted in Taylor's work on *Poisons.*

7. *London Medical Gazette,* 1849. New Series, vol. viii, p. 304.

By Dr. Walter Fergus.

Poisoning by *Arsenite of Copper.*

About 1 p.m. a child æt. 5 was taken violently sick and vomited several times; he was also purged, having two stools in half an hour. I saw him about half an hour after he had been seized; he was pale and anxious, extremities very cold, lips of a bluish tinge, pulse extremely feeble and rapid. His sister aged 7,

and a younger brother, were at dinner at this time, but did not eat with their usual appetite; shortly afterwards they were attacked with vomiting. The vomiting continued in the two elder children, and the prostration of the boy was extreme; he remained cold and drowsy till 9 p.m., vomiting at intervals. He was then put into a warm bath, which restored warmth, after which he went to sleep and woke considerably better. Thirst was an urgent and distressing symptom in all the patients. In the morning they were much better, and recovered.

8. *British and Foreign Medical Review*, 1844, vol. xviii, pp. 549—52.

Three cases of poisoning by *Scheele's green*, reported by Dr. Taylor.

They suffered from violent vomiting, severe pains in stomach and bowels, and spasms in extremities. Three animals which ate the vomited matters had similar symptoms.

9. *American Journal of Medical Sciences.* New Series, 1844, vol. viii, pp. 261-3.

Poisoning by *Arsenite of Copper*, observed by Dr. Lewensten, of Berlin, referred to.

10. *Lancet*, 1827 (vol. xii), p. 501.

Poisoning case treated at St. Thomas's Hospital.

A woman, æt. 50, ate some *Arsenic.* In one hour and a half to two hours she was admitted with excessive prostration, expression of agony in the countenance, skin cold; lips livid; pulse almost imperceptible. Constant thirst; abdomen is exquisitely painful, that the slightest pressure could not be borne. Death in two hours after her admission.

Post-mortem.—Inner surface of stomach had several florid patches, especially at cardiac portion, evidently owing to ecchymosis, from a rupture of the vessels beneath the mucous membrane. No gangrenous spots; intestines much corrugated.

11. *Lancet*, 1828-9, vol. ii, p. 612.

By Dr. Thomas Wright.

Mrs. K— took an ounce of *White Arsenic.* She had little or no

pain for half an hour or more; vomiting was then produced by *Sulphate of Zinc*, &c. In an hour the poison reproduced vomiting for half an hour, to the extent of the greatest exhaustion, which was succeeded by a cessation of all the symptoms. She was now perfectly free from all pain, even on pressure; rather drowsy; answering all questions, though not freely, quite collectedly. Sat up in bed on being pressed to do so, and drank out of a vessel which she took into her hand; not thirsty; no fœtor of breath; pulse very feeble and rapid, could not be counted; surface bedewed with a cold clammy sweat; said she felt exceedingly weak, and begged to be let alone, as she wanted to sleep. In a very short time expressed a wish, from increasing weakness, to drink "something warming to the stomach;" peppermint water was given, and she fell into a sound sleep, and died four hours after the poison.

Post-mortem, after forty-one hours. Limbs rigid; skin of upper surface (as the body lay) sallow, under surface livid. Stomach—two spots of the peritoneal coat more coloured than the rest; a very few capillary vessels minutely injected; the same appearances on intestines. Heart—right ventricle extraordinarily flabby and soft, quite empty; left ventricle rather firm, perfectly fluid blood in it. Stomach, internally (examined next morning), contained about three pints of reddish fluid; pyloric orifice had two very small vascular spots and a minute ecchymosis; at the spots was a perceptible blush, and no more.

12. *Lancet*, 1829-30, vol. i, p. 195.

Poisoning case treated at Guy's Hospital.

A boy, æt. 14, ate some *Arsenic*. In a few hours he had pain in bowels; he vomited a little; bowels rather tympanitic. An emetic brought up a membranous substance, supposed to be a piece of the mucous membrane of the stomach; bowels confined. Died twenty-five hours after the poison.

Post-mortem.—Peritoneum on stomach, bowels and bladder inflamed; mucous membrane of stomach inflamed; towards pylorus rather softened and covered with a false membrane; small intestines contained a gelatinous substance; the solitary glands remarkably distinct; mucous membrane of bladder inflamed.

13. *Lancet*, 1831-2, vol. ii, p. 132-3.

By Dr. John Elliotson.

The local effects of *Arsenic* are—heat in region of stomach, sensation of burning and smarting there, tenderness on pressure, with nausea and sometimes vomiting. It causes gastritis and inflammation of the eyes, which become red and filled with water. It causes in many persons great heat, and possibly inflammation, of the throat, uvula, and soft palate. It will cause heat and redness of fingers. It causes œdema of various parts; in one case the legs were swollen, or one arm, or the face; the face particularly is disposed to swell.

Case of poisoning.—A whole family, of eight or more, were seized with nausea and vomiting, and every one had watery eyes. None had a pulse under 120, and in some it was 160. Tongues were red and foul. They had thirst, a feeling of heat of stomach, and general heat of body. All recovered, but after they appeared well they had pains in the limbs.

The cause was *Arsenite of Copper* in and about the house, to which the water had access, so that *Arseniuretted Hydrogen* was formed.

14. *Lancet*, 1833-4, vol. i, p. 670.

By Dr. Venables.

A woman, æt. 19 or 20, took some *Arsenic*. During the night she had violent vomiting, and tenderness on pressing on epigastrium. Died in twenty-eight hours.

15. *Lancet*, 1834-5, vol. i, p. 812.

By Dr. Greening.

Jan. 27th.—Mrs. —, aged 38, had taken two drachms of *Arsenic*. I found her in bed (7 p.m.), her head supported, and saliva flowing copiously from her mouth. She had vomited nearly a chamber-pot full of fluid. Face swollen, flushed, and covered with cold sweat; pulse 120, feeble, irregular; breathing very difficult; spasmodic contraction of œsophagus; the retching and vomiting nearly approached to convulsions. Gave soap and water and used stomach-pump. At 9 p.m. was more sensible, and complained of excruciating pains and burning sensation in throat and stomach. 10 p.m., still severe pain over abdomen, which is much swollen; vomiting still. *Magnesia.*

Jan 28th, 7 a.m.—More composed, but says she shall die. Vomiting throughout the night; pulse 95, small; great thirst; bowels have been moved four times, with excruciating pain and tenderness in epigastric region; *bleeding*, *Opium*, *blister* to stomach, and *Magnesia*. 1 p.m., feels somewhat easier; *bleeding* again ordered and *purgative enema*. 10 p.m., bowels open; less pain; animal spirits much depressed; still vomits; pulse 98; blood buffed; thirst; *Magnesia*.

29th, 9 a.m.—Some sleep; still burning of throat and stomach; still vomiting; *bleeding* again, *Opium*, and *enema*.

February 1st.—No vomiting since yesterday afternoon. Great pain in bowels and great thirst. Repeat *blister* and *mixture*.

2nd.—Bowels open; a large quantity of mucus mixed with fæces. Pulse 108, soft, and quick.

23rd.—Well.

16. *Lancet*, 1835-6, vol. i, p. 436.

Case by Dr. Elliotson.

A girl, æt. 22, swallowed an ounce of *Arsenic*. In ten minutes she became very sick. During the night there was much burning pain in stomach, but next morning was nearly free from pain. Next morning it appeared that she had had much burning pain in night, for which she was bled. She had some pain in stomach and bowels, and slight tenderness. She says her legs and arms feel as if something were gnawing them; more tenderness at the large end of stomach than at any other part of abdomen. Tongue much furred; pulse 100, and weak; no appetite. Recovered.

17. *Lancet*, 1837-8, vol. i, p. 400.

Dr. Sigmond's lectures.

Roux states that a girl applied arsenical paste to a cancerous breast; next day vomiting and violent colic occurred, and she died in two days.

Sir Astley Cooper mentions a case where fatal inflammation of stomach occurred from the application to a fungus of the eye. *Arsenic* causes pain in stomach, disordered state of bowels, œdematous swelling of face, hands, and feet, and inflamed eyes. If continued, it causes paralysis of lower limbs; blotches on surface of body which have a great tendency to become gangrenous. Dr. Walt was exposed in a closed chamber to the

vapour of six grains of *Arsenious acid.* The following night, after two hours' sleep, he woke with a dreadful sense of constriction of larynx, extreme anxiety, and cephalalgia; he then allowed the vapour to escape; again went to rest very much fatigued, and the following day had only headache.

18. *Lancet*, 1839-40, vol. ii, p. 275 (misprinted in "Index" 274).

Case by Orfila in *Archives Générales de Médecine.*

April, 1840. No symptoms here given.

19. *Lancet*, 1836-7, vol. ii, p. 901.

In *Comment. de Rebus*, Leipzig, 1793, tom. xxxv, and from *Metzger*, p. 390, we find the case of two women.

"Quibus per vaginam oxidum arsenici marito admotum est. Occubuere ambæ; harum una inopinato et perdurante horrore et urente vaginæ dolore correpta est, et post vomitus fere continuos et deliria, elapsis 28 horis ab applicatione veneni, mortua est. Sectio monstravit abdomen non tumidum, nullas in cute maculas, labia vulvæ magna paulum tumida et rubra; in vagina, patula flaccida pauce grana arsenici crystallini."

20. *Lancet*, 1836-7, vol. ii, pp. 449 and 497.

Lectures by Dr. A. T. Thomson.

References to Jager in his work *De Effectibus Arsenici.*

In a large dose the first effects are sickness and fainting; sometimes a pricking and burning sensation in the throat. In the case of Mr. Blandy, a burning in gullet followed each dose of poison. The next symptoms are, burning at stomach with extreme tenderness on pressure; vomiting and retching worse or excited by taking fluids. Often there is a sensation of dryness and constriction of the throat; great thirst; tightness of the skin of face and neck, and voice hoarse. The vomit is generally greenish or yellowish, sometimes streaked with blood. The burning as it increases extends all over abdomen.

Diarrhœa follows, but not always. Sometimes there is tenesmus without diarrhœa; the belly is occasionally drawn inwards at the navel; sometimes swollen or distended. When the purging is severe the anus is excoriated; cramps and convulsions supervene, and extend from the trunk to the extremi-

ties. The chest is often affected; the breathing becomes laborious, and occasionally there is palpitation of the heart. Pulse generally small, rapid, and feeble, sometimes slow. Skin cold and clammy, extremities livid. Painful micturition; often excoriations of the *labia pudendi*, sometimes total suppression of urine, sometimes *ardor urinæ*. By degrees the face becomes very anxious. Eyes red; delirium follows, with stupor and death.

Unwin's and Roget's cases referred to (see below).

Case by Professor Chaussier from *Archives Générales de Médecine*, vol. vii, p. 14.

A man swallowed a large quantity of *Arsenious Acid*, and died in a few hours. Great debility and tendency to fainting were almost the only symptoms.

Case by M. Laborde (? in *Journal de Médecine*, vol. lxv, p. 89).

A young woman swallowed some *Arsenious Acid*. Drinking caused vomiting, but without much uneasiness; in two hours her face was anxious, but she was tranquil; she gradually became drowsy, then remained calm for four or five hours; finally, on trying to sit up, complained of pain in stomach, and expired without a groan.

Case from *Ephemerides Curiosorum Naturæ*.

A solution of *Arsenic* was applied to the mucous membrane of nostrils; it caused profuse discharge from nostrils, followed by stupor approaching coma, weakness of sight, and defective memory after the sensibility returned. The person lingered in bad health for two years, fell into convulsions, and died.

Reference made to *Edin. Med. and Chir. Trans.* and *London Med. and Physical Journal*, also to *Archives de Médecine*, vol. vii, to *Morgagni*, and to *Journal de Médecine*, vol. lxx.

In other cases convulsions, like tetanus, hysteria, or epilepsy supervene. In two of those persons who suffered in Eliza Fenning's case one had epilepsy the first day; in the other the fits did not come on till the night after the first day, but they continued for fifteen days, recurring at the same hour, and after an intermission of eight days they again returned, and appeared frequently for many months.

Reference to *Edinb. Journal*, vol. xv (see below).

Palsy sometimes occurs, not unfrequently of a local kind; sometimes the hands, at others the whole arms, are affected; sometimes clonic contractions of the limbs take place. Mania has

occurred when there is an hereditary predisposition to it. In some cases there follow dyspepsia and emaciation.

Post-mortem appearances.—Occasionally livid spots on skin; in more than one instance a very offensive odour from body. Tongue inflamed and thickened; pharynx red and inflamed, and mucous membrane separated with ease. Sometimes ulceration of stomach, and a black fluid is found in the serous cavity. When there is no ulceration the stomach displays a deep red hue externally, while the villous coat is a bright red; and a brown, semi-opaque, thick fluid is found in its cavity.

Pyloric orifice sometimes gangrenous. Duodenum is sometimes dark purple, pulpy, and thickened; the internal coat easily separated and of a dark colour, sometimes eroded and perforated with holes having a ragged edge. Jejunum and ileum red in spots from inflammation. Lungs sometimes livid and inflated. Heart sometimes variegated with purple spots. Liver and spleen often gorged, and the former occasionally grey. Bladder almost always greatly contracted. Choroid plexus usually much injected.

Experiments.—Three grains of *Arsenious Acid* and six of *Subcarbonate of Magnesia* were given to a rabbit; it was almost immediately convulsed, and died in one minute. Stomach was slightly inflamed only at and near the cardiac portion.

A similar dose was given to another rabbit; in less than three quarters of an hour it became violently convulsed, uttered several piercing cries, and died. The stomach presented marks of high inflammation as high as the pyloric portion, where the redness suddenly terminated.

Extract from a case by Dr. Macleod, of North Uist, given. (See below).

21. *Lancet*, 1842-3, vol. i, p. 142.

Experiments on horses made in Paris. No symptoms given.

22. *Lancet*, 1842-3, vol. ii, p. 333.

Case from *Gazette des Hôpitaux* of poisoning by applying cerate containing *Arsenic* to blisters on the arms. The next day he was restless; arms inflamed and painful; tongue red and dry; thirst intense; pulse small, irregular, and frequent; headache; gripings; involuntary contraction of the muscles of legs and back; followed

by death. Similar symptoms, but not fatal, also occurred in a little girl who used the same cerate.

23. *Lancet*, 1840-1, vol. i, p. 882.

By Dr. M. D. Thompson.

Feb. 16th, 8.30 a.m.—Visited a lad, aged 18. He was cold, pulseless, restless, and complaining of cramp in upper and lower extremities; countenance sunken; anterior part of neck and chest livid; tongue nearly natural; abdomen seemed fuller than usual, but not tender on pressure. He had been attacked with vomiting and purging about 2 a.m.; the matter passed by stool was said to have been of a dark colour; the vomit was a dark green, thin fluid. In an hour and a half he was much worse, and died.

Post-mortem.—The integuments of neck and anterior part of chest, the arms as far as elbow, the lateral parts of chest bounded by the cartilages of false ribs, the whole of the back part of the body as far as the knees, except the *nates*, and opposite to dorsum of scapulæ, were copper-coloured. The colour was not in elevated spots, like secondary syphilis, but was diffused without any apparent elevation over the whole surface of the parts alluded to. The sinuses, membranes, vessels of brain, and brain itself, were gorged with black blood, generally coagulated. The brain itself was so much engorged that, when the upper part of each hemisphere was removed by a scalpel and the cineritious and medullary parts exposed, the medullary parts presented a spotted surface as if sprinkled over with black ink. The spots, on being removed with the blade of a scalpel, quickly returned. Lungs much engorged with black blood; inferior lobe of right lung completely consolidated. Stomach and small intestines contained a thin dark green fluid, the cæcum and the ascending and transverse parts of arch of colon a fluid like thick gruel. A bright redness, deeper in some parts than others, of the whole of the villous coat of the stomach, duodenum, and rectum. *Arsenic* was detected in the body.

24. *Lancet*, 1840-1, vol. ii, p. 305.

By Dr. Michael Foster.

A woman, æt. 37, took *White Arsenic*, and gave it to her two children, aged 2½ years and 5 months. It was taken between

9.30 a.m. and 11 a.m. The woman when seen shortly after 11 a.m. was sensible and confessed her crime; she was vomiting violently, and complained of a burning sensation in stomach-pit; constant tenesmus with mucous stools; pulse small and rapid; violent delirium soon followed by tetanic convulsions, requiring the utmost exertion of four persons to hold her in bed; conjunctiva intensely injected; pupils first minutely contracted, then exceedingly dilated; eyes fixed upwards; mouth drawn in all directions. This state lasted some minutes; calmness and repose followed, in which she died not more than three and a half hours after taking the poison.

Post-mortem.—Stomach, small intestines, and bladder on their peritoneal surface exhibited much inflammatory vascularity. Stomach contained a pint of thin glairy yellowish fluid; villous coat was in every part red and inflamed. Heart healthy; much dark blood on right side of it.

The elder child when seen was comatose. She had been sick and convulsed, and had had severe pain; now there was complete insensibility; face swollen and livid; pupils dilated; breathing difficult; extremities cold. She died not more than two hours after the poison.

Post-mortem.—Stomach contained 3 or 4 oz. of fluid; villous coat of a vermilion colour.

The infant was found after three hours in great agony, with severe bilious vomitings and convulsions; extremities cold, the lower ones retracted to the abdomen, which was swollen and tense; countenance pale, and pulse imperceptible. Died in six and a half hours after the poison.

Post-mortem.—The same as in the two preceding cases, except that the villous coat of stomach was in the highest state of inflammation, and in the greater part of its extent the redness was of the brightest scarlet colour; in patches there was an effusion of dark blood.

25. *Lancet*, 1838-9, vol. i, p. 54.

By Dr. John Murray, from *Calcutta Quarterly Journal*, December, 1837.

A man, æt. 22, was admitted on May 19th, at 11 a.m., with violent vomiting, and excessively acute pain on pressure over epigastrium. He had taken 15 grains of *White Arsenic* at 9 a.m.,

and at 10 a.m. commenced vomiting with purging; very much depressed; pulse 100, weak. Was bled and took *Antimony*.

1 p.m.—Pain in epigastrium excessively acute, extending more over the abdomen; several attempts at vomiting, and some tenesmus. Took *Tritoxide of Iron*.

4 p.m.—Pain more diffused; has retched several times. Repeat *Iron*.

7 p.m.—Pain much better; no vomiting; pulse 64; skin cold. Repeat *Iron* and take *Castor oil*.

11 p.m.—One copious stool; pain in abdomen more acute on pressure; slight cramps in legs; very low; pulse 48; skin cold. Repeat *Iron;* purgative enema, and blister to abdomen.

20th.—Slept a little; one dark brown stool; no vomiting; pain in abdomen better; thirsty; pulse 80; tongue furred; skin warm. *Castor oil* and effervescing draught.

Evening.—Four copious black liquid stools with slight tenesmus; slight pain in abdomen; pulse 80; tongue furred; skin cool; weak.

21st.—Slept pretty well; no stool; still tenderness on pressure over descending colon and in epigastrium; pulse 80, soft; tongue clean; skin cool. Repeat medicines.

22nd.—Four black stools.

24th.—Well.

26. *Lancet*, 1838-9, vol. i, p. 103.

By Dr. Rayner.

A girl took *Arsenic*. She was attacked with incessant vomiting, intense thirst, sensation of heat in throat and stomach, faintness, desire for stool. She continued thus for nearly twelve hours, when she died. During the day she drank several quarts of cold water.

27. *Lancet*, 1838-9, vol. i, p. 176.

By Dr. A. T. Thomson.

Experiments with *Iodide of Arsenic*.

At first appetite is increased, but after taking it for ten or twelve days pain is felt at epigastrium, with thirst, dry state of throat, slight fever, and sometimes diarrhœa and tenesmus; the skin also becomes dry, and the urine is increased in quantity. If it is continued the nervous system becomes extremely irritable, and wake-

fulness supervenes. It does not cause salivation as the *Arsenious acid* does.

Experiments on dogs:

(1.) One drachm dissolved in 4 oz. of water was given to a dog, and œsophagus tied. In five minutes it became sick and œsophagus burst.

(2.) The same dose given in the same manner. Symptoms of sickness in four minutes, followed by severe and almost unremitting efforts to vomit. The pain at stomach was evidently great, as the animal frequently pressed the abdomen on the floor, then hastily rose, and rapidly passed from one place to another as if seeking relief. The increased secretion of saliva, which was extremely viscid and difficult to be removed from the mouth, greatly annoyed the animal. In twelve minutes it had a fluid stool, chiefly of mucus; this was followed by another, which seemed to afford momentary relief; with the second a tapeworm was ejected. The heart was beating very irregularly; pulse extremely rapid and sharp; spasmodic twitching of the extremities. The efforts at vomiting, which had ceased for a few minutes, recommenced with increased severity, accompanied in the intervals with general tremor and an evident failure of muscular power in the limbs. In twenty minutes it fell on its side; as it lay the *left* fore leg and *right* hind leg were affected with continual twitchings, whilst the other two limbs remained at rest. In thirty-seven minutes the other legs were affected in the same manner; the muscles of the lower jaw were also convulsed. In five minutes more the convulsive twitchings became general, and the breathing was much embarrassed. Respirations were strong, deep, convulsive, and only twenty in a minute. In forty minutes its moanings indicated increased suffering; the intercostal muscles were spasmodically affected, whilst the general twitching continued. In one hour emprosthotonos supervened; the respirations were deeper and at longer intervals than before; the twitchings as before. The opposite legs, which had been first affected by the twitchings, now became paralysed, whilst the others continued in spasmodic motion. The sensibility was unimpaired; on pinching the ear it gave a cry, and the eyes closed when the fingers approached them. In eighty minutes the violence of the pain forced it upon its legs, but it instantly fell and never rose again. In eighty-two minutes the *right* hind leg became paralysed, but the *left* fore leg continued

twitching; the dog was still sensitive. In one and three-quarter hours all sensibility was lost except at the muzzle. In two hours it was still alive, though insensible. In two and a half hours it died.

Post-mortem.—The lining membrane of the œsophagus and stomach displayed a deep red colour, the result of strong inflammatory action; in the stomach the mucous coat was softened throughout, and thinned almost to the peritoneal coat in the cardiac portion. This thinning was not the result of ulceration, but seemed to have been produced by a change of the tissue, and its conversion into a gelatinized substance. The veins of the peritoneal covering of the stomach were excessively turgid, but this coat was not *decidedly* inflamed. The duodenum participated in the inflammatory state of the stomach, and in a diminished degree the redness extended through the whole length of the jejunum and ileum; the rectum also was particularly inflamed, and ecchymosed patches were dispersed over it, whilst the ridges of all the rugæ were of a deep red. Both sides of heart were turgid with *coagulated* blood; lungs were collapsed, but bore no traces of inflammation; they did not crepitate. Mucous membrane of trachea slightly inflamed. Vessels of brain and spinal cord more than usually turgid.

(3.) This experiment was similar to the former; similar results followed, only death was not so rapid.

(4.) Four grains of the *iodide* were given to a dog, but without tying the œsophagus. In four minutes he vomited a white frothy matter; the vomiting was repeated at intervals of a few minutes five times successively, after which it lapped some water, and then lay down and slept. Next morning well.

Eight grains were now given. It vomited in thirty minutes, and it was only once repeated. Next morning well.

Twelve grains were given next day with the same result as with 8 grains.

Next morning 20 grains were given. Vomiting occurred in two minutes, and was more often repeated than in the former experiments, otherwise the effect was similar. In two days more a scruple was given and the œsophagus tied. The symptoms were nearly the same as in the second experiment, but less violent, and the animal died during the following night.

Post-mortem.—Stomach less red than in the second experiment,

but more extensively softened, and ulcerated in several places. Upon two spots a quantity of coagulable lymph was deposited, and adhered firmly to the coat beneath it. The vessels on the peritoneal covering were much injected. The inflammation was not considerable in the duodenum, and became less and less until it disappeared in the small intestines. In the portion of the ileum approaching the *caput coli* streaks of red again displayed themselves; these increased in the rectum, upon the summits of the rugæ of which were many ecchymosed spots. The lungs, heart, liver, spleen, and brain presented the same appearances as in the second experiment.

(5.) Half a drachm of *iodide* in 4 oz. of water was injected into the abdomen of a bitch. In ten minutes vomiting came on, and was repeated three times in two minutes, when it fell on its side; the breathing suddenly stopped, and in half a minute more the heart stopped; a few seconds before death violent spasmodic twitchings affected the back.

Post-mortem.—Peritoneum highly inflamed; neither the peristaltic nor vermicular motion of intestines evident; lungs greatly congested and red; right side of heart turgid with blood; left nearly empty.

(6.) Half a drachm of the *iodide* in 4 oz. of water was injected into the right side of thorax of a dog. In five minutes the animal fell on its side, and displayed violent tetanic convulsions; breathing extremely slow, and altogether abdominal. In ten minutes, heart's action still slower and intermittent; in eleven minutes the forelegs were affected with violent movements, and the whole body suffered under tetanic spasms; in fifteen minutes, death.

Post-mortem.—Lungs collapsed; no crepitation; whitish brown. Diaphragm could not be excited by pinching or irritating the phrenic nerves. The heart was turgid with blood on both sides; it was completely insensible to stimuli, either mechanical or chemical; but the fibres of the system exhibited a tremulous movement which lasted ten minutes. Right pleura slightly reddened; left natural. Stomach much thickened and inflamed; traces of inflammation in duodenum.

(7.) Two scruples of the *iodide* were inserted into a wound made in the back of a dog. It caused great pain in the wound at once. In fifteen minutes, much frothy saliva flowed from the mouth. In forty-three minutes, twitchings of the skin supervened, and the

action of the heart became too rapid to be counted. In seventy-six minutes the animal became dull, laying the head on the ground, and was affected with general tremors. In eighty-six minutes the tremors continued, and he remained in a stupid condition. In three and a half hours an opaque dirty white discharge exuded from the wound. He died in the night.

Post-mortem.—Traces of inflammation in rectum. Vessels of brain more than usually turgid.

(8.) Two doses of five grains each were injected without effect into the jugular vein of a dog; fifteen grains stopped heart's action in twenty seconds.

Post-mortem.—Irritability of heart quite destroyed.

28. *Lancet*, 1838-9, vol. i, p. 230.

By Dr. Joseph Thomson.

Poisoning by *Oxide of Arsenic.*

Post-mortem.—(The hypertrophy of heart, and softening of thalami and corpora striata were supposed to have previously existed.) Sinuses of brain full of black blood; slight serous effusion into cavity of arachnoid and lateral ventricles, and a little also under the arachnoid, and at the upper part of posterior lobes of the cerebrum near the longitudinal fissures; this was more fibrinous in its character, and stationary, presenting an opaque appearance. The *pia mater* was so much congested that when separated from the brain and spread out it looked like a red membranous sheet. In some places the vessels had given way so as to form spots of extravasation; but these were not numerous, and were situated at the inferior surface of the posterior lobes of the cerebrum.

On making a section of the brain numerous large dark bloody points were perceived; the difference in colour between the cortical and medullary portions of the brain was very marked; the *thalami* and *corpora striata* were rather softer than natural; the *venæ Galeni* were distended with blood, as were also the arteries forming the circle of Willis; the cerebellum on being incised showed many bloody points; the *plexus choroides* was not so vascular as might have been expected from the state of the *pia mater*. Lungs extremely gorged with blood, particularly at the posterior thick border; the right adhered throughout its whole extent (except at the anterior border) to the parietes of the chest by an old adhesion,

in which towards the posterior border of the lungs there was found a calcareous concretion as large as a small nut; on separating the lung from the ribs, where the adhesion existed, it was accidentally torn, when much dark blood of a gelatinous consistence escaped from its textures. This shows the degree of pulmonary engorgement, which was quite as great on the left side, where there was not any adhesion.

The heart was hypertrophied, particularly the left side, which was full of dark scarcely coagulated blood, as was the aorta; the pulmonic cavities of the heart and the venæ cavæ were also filled with dark blood, and the auriculo-ventricular opening on this side was considerably dilated. Stomach was much distended, and contained about two pints of a brownish-red fluid, with large portions of viscid mucus entangling a quantity of white powder; some portions of mucus containing a similar powder adhered to the mucous membrane. The stomach was large and thick, which latter alteration seemed chiefly owing to the injected condition of the mucous membrane, for its vascularity was so great as to give it an uniform red appearance, except at the cardiac extremity opposite the great curvature, where there was a little portion of a bluish slaty colour, and a little to the right of this a good many small dark spots of extravasation, seated chiefly on the rugæ, giving the stomach at this part a mottled appearance; the mucous membrane was rather more easily separated than usual; the mucous membrane of duodenum was very vascular and contained a reddish fluid. The veins of mesentery were tinged with dark blood, and likewise those proceeding from the abdominal viscera generally. The probable amount of poison taken was half an ounce.

29. *Lancet*, 1838-9, vol. i, p. 324.

Case translated from the French of M. Deville, as read before the *Société Médicale de Paris*, by Dr. T. H. Burgess.

A young lady, æt. 19, took some *Arsenic* about midnight. At 1 a.m. there were several attempts at vomiting, and a feeling of burning heat in throat and region of stomach. Presently the violent pain excited cries. At 3 a.m. the pains in the epigastric region were not bearable; face red, swollen; cramps in calves. By 4 a.m. she had vomited three or four times. The pains in frontal region became now more intense, and were accompanied with vertigo; the face was extremely red; the eyes were greatly

swollen and shedding tears; she felt an excruciating heat and oppression in throat, as if burning and suffocating. Pulse strong, full, and bounding; excessive pain in stomach, forehead, and temples. Five and a half hours after the poison, about an ounce of *Tritoxide of Iron* was given, and continued every fifteen minutes till 8 a.m. It was then stopped, as it had caused several vomitings and two stools, and because the symptoms of poisoning were decreasing. She was from time to time attacked with such violent cramps, particularly in left leg, that it was necessary to hold her down to prevent her from throwing herself from the bed.

The pulse was full and bounding; the pains in epigastric region varied, at one time almost disappearing, and the next moment becoming insupportable. During the following and several succeeding days the fever persisted with most violent headache, which prevented her from a single moment of repose. In eleven days she was well. It was ascertained that she had taken and retained in stomach 56 grains of *Arsenious acid*. The poison she took was mixed with *Sulphate of Barium* in the proportions of 84 of *Arsenious acid* to 16 of the latter.

The researches of M. Lachese, junior, referred to.

30. *Lancet*, 1839-40, vol. i, p. 416.

By Dr. John Burne.

A young woman took some *Arsenious acid* for menorrhagia. Symptoms of inflammation of stomach came on, which after subsiding to some degree, recurred twice. On one occasion there was also delirium, palsied shaking of head, swimming of the eyes, and dangerous debility and exhaustion.

Dr. Addison said he had seen two cases of gastritis from the external application of arsenic.

31. *Lancet*, 1839-40, vol. i, p. 706.

Case by Dr. Robert Williams.

A woman, aged between 20 and 30, was admitted to St. Thomas's Hospital at midnight, January 17th, having taken a pennyworth of *White Arsenic*. In about two hours she had nausea, faintness, great thirst, considerable pain and burning heat in epigastric region, heat and dryness of fauces, and constant desire to swallow saliva. Took an emetic of *Antimonial wine*. Vomiting came on; the pain increased; voice became very hoarse, and on admission the pulse was

130, and small. Stomach pump was used, and olive oil and mucilage of acacia taken in the intervals of vomiting, which began to recur about every hour.

18th.—Morning; no great change, except more tenderness of abdomen. Breathing rather hurried; pulse 120, small; no stool. Took *Castor oil*, and sinapism to abdomen. Effervescing draughts. In evening, there was considerable distress from the vomiting, and *Hydrocyanic acid* was given.

19th.—Vomiting relieved; tenderness of abdomen more diffused, but less acute; breathing almost entirely carried on by diaphragm and thoracic muscles; could not take a deep inspiration without pain; obscure crepitation at lower parts of both lungs; pulse 130, contracted and very small; tongue red and dry at tip and edges, moister in centre, and coated with a light fur; bowels open, stools fœtid and dark; urine scanty. Continued *Hydrocyanic acid*, and applied blister to epigastrium.

20th.—Pain, tenderness, and vomiting, less urgent; pulse almost imperceptible; fluttering and irregular action of heart; tongue moister; less thirst; bowels open; breathing easier.

To take syrup of *White Poppies*.

21st.—Towards night extremities became cold; surface of body covered with clammy sweat; face livid, countenance anxious. Some irritation about urinary organs, and a good deal at anus. Action of heart became irregular, breathing difficult; pulse imperceptible, and she died next morning.

Post-mortem in eight hours.—Body very fat and still warm, and on being opened exhaled a most peculiarly offensive and sickening odour. Small quantity of serum in cavity of arachnoid. Some congestion of the vessels of *pia mater* and effusion into its cells. Heart healthy, except slight induration of mitral valve. No fluid in pericardium. Lungs heavy and dark; on section the cut surface appeared bright red, glossy and smooth; it resembled neither the granular appearance of pneumonic hepatization, nor the defined homogeneous structure of the clot in pulmonary apoplexy. It was perhaps the first stage of pneumonia, the appearance being produced by extensive engorgement or congestion of the pulmonary capillaries, no effusion having as yet taken place. There was evidently no *post-mortem* change, from the fresh state of the body, and as the change in the lung was uniform or nearly so. The shape of the lower lobe of left lung was altered, the surface being rendered irregular from the contraction of a large cicatrix in the substance of

the lobe. The mucous membrane of larynx and trachea was intensely red. Stomach appeared distended and white. It contained nearly a pint of dirty greenish matter. Mucous membrane somewhat softened, separating a little more readily than usual from the other coats. There was a good deal of dark vascular arborescence, principally confined to the lesser curvature. A small patch of ulceration near the cardiac extremity was covered by some extravasated blood. The mucous membrane of the great curvature was raised for a considerable extent by the presence of air in the submucous tissue. The small intestines contained a good deal of fœculent matter. Their mucous membrane throughout was unusually vascular, and covered in places by a viscid mucus. There were evidences both of former and recent peritonitis, in some slight effusion and vascularity, and in old adhesions. Liver enlarged, and presented a very singular and uniform structural change. It was softened and rendered of a yellow-fatty colour throughout its whole extent; it did not, however, resemble fatty degeneration; it was more like the cortical substance of the kidney in an advanced stage of Bright's disease. Both kidneys were diseased; the cortical substance thickened and very pale; on tearing off the peritoneal coat, the surface appeared granular and softened. A large number of cysts in one of the Fallopian tubes.

[The patient was a woman of bad character, and some of these *post-mortem* appearances may have been due to intemperance. —E. W. B.].

32. *Lancet*, 1842-3, vol. ii, p. 819.

By Erasmus Wilson.

Dr. Thomson says of the *Iodide of Arsenic*, its obvious effects are quickness and hardness of pulse, with slight puffiness of lower eyelids; heat of mouth and fauces, and anxiety of præcordia, with pains at epigastrium, or griping. Tension with uneasy stiff feeling around eyes and erythema of face, thirst, white tongue with the edges and tip of a florid red hue. Nausea, cough, vertigo, or salivation. An uneasy sensation of chest.

33. *Lancet*, 1842-3, vol. ii, p. 845-7.

By Dr. G. D. Hedley, of Bedford.

In a case of poisoning intussusception of bowels in two places occurred, as verified by *post-mortem* examination; also in another case observed by Mr. Harris, of Bedford, about the year 1842.

34. *Lancet*, 1842-3, vol ii, p. 897 [misprinted 987; this mistake was copied into my *Index*.—E. W. B.].

Case translated from *Gazette des Hôpitaux*, August 15th, 1843.

A young woman swallowed, as was supposed, about five drachms of *White Arsenic*. In two hours she had flushed face; eyes lachrymose; eyelids injected and half shut; some headache, but the intellectual faculties uninjured; thirst and disagreeable metallic taste in mouth; painful expectoration, but no constriction of throat. Had vomited twice, one vomit was said to have been liquid, colourless, and without any food; the second had been fluid and greenish. Abdomen was little sensitive to pressure; pulse rather frequent, full and quite regular; breathing easy and not quickened; no irritation or eruptions on skin, the temperature of which was somewhat exalted. *Tartar Emetic* was given, followed by vomiting of greenish liquid, and a little blood. She recovered under *Hydrated Peroxide of Iron*.

35. *Lancet*, 1844, vol. ii, p. 103.

By Samuel Argent.

A woman took half an ounce of *Arsenic* in the evening. Next day at 5 a.m. she was found violently vomiting and purging, the evacuations consisting of a watery fluid intermixed with lumps of green mucus. She had pain in stomach, heat in mouth and throat, with thirst. She had been in this state all night. She recovered.

36. *Lancet*, 1844, vol. i, p. 507.

Dr. Shipman's case copied from *American Journal of Medical Sciences;* see original below.

37. *Lancet*, 1842-3, vol ii, p. 285.

Post-mortem appearances in a woman, æt. 31, after poisoning by *Arsenious acid*.

By Dr. W. B. Herapath.

Lungs full and prominent, did not collapse on admitting air; not emphysematous; engorged with blood almost as if asphyxia had caused death; upon cutting into them it flowed out in quantities. The black pulmonary substance was deposited in its usual situation; two or three black bodies, as large as sparrow-shot, were seen in the interlobular fissures, probably enlarged lymphatic glands blackened by this substance. A small cretaceous tubercle, the size of a pea, in the base of lower left lobe.

Pericardium contained a teaspoonful of serum.

Heart large and flabby; right auricle and ventricle distended with black fluid blood; left cavities not so full; no coagula.

Pleuræ contained several ounces of serum.

Intestines.—Peritoneal surface of small intestines had a beautiful pink colour, similar to the hue of a maiden's blush-rose; several vessels very distinctly marked. Several bars of organised false membranes connected the small intestines with the uterus and each other; these bands were highly vascular and organised; the peritoneal disease was local, extending only to about the fifth or sixth inferior convolutions of the ileum, and was consequently found on the right side.

Stomach contained half a pint of this grumous yellowish-red fluid, some half-digested portions of food in it. The greater cul-de-sac of the mucous surface and a portion of the greater curvature had a dark livid red colour; a clot of blood was seen to have been effused upon its surface, and also beneath the mucous membrane. The rugæ were very distinctly marked, and many deeply injected and highly inflamed; its pyloric portions were scarcely affected, but the mucous follicles were enlarged, and numerous white specks were sprinkled over its surface. Upon raising the coagulum, the mucous surface was highly inflamed and much softened, being easily torn by the nail. Throughout every part of the stomach these white specks were seen, but they were numerous in the foveolæ or pits between the rugæ. Some *patches* of white matter were observed upon the coagulum; some were also scattered upon the surface of the lining membrane of the stomach; but a peculiar white shining apparently crystalline body was seen everywhere diffused.

Duodenum contained only a little fluid.

Jejunum contained some fluid and gas; one or two red spots upon its surface.

Liver gorged with blood.

Uterus connected to the ileum by false membranes.

Bladder empty.

Kidneys congested with blood, and the calyces contained some muco-purulent fluid, and apparently the mucous membrane was inflamed, as it was highly vascular (there was no evidence of gonorrhœa.)

Fallopian tubes both encysted, the fimbriated extremities being

adherent to the recto-uterine fold of peritoneum on the left, but to the enlarged ovary on the right. Their *ostea uterina* were obliterated; the adhesions were probably old, as they were organised. The right tube being opened, about two as three drachms of yellow serous fluid escaped; very little, scarcely a drachm, from the left. Left ovary contained several cavities; one seemed to communicate with the peritoneal cavity, as an opening was found having rounded edges and not appearing as if cut; this cavity would have lodged a pea; the internal surface was slightly yellow; all the sacs were empty and communicated; three or four were found.

On puncturing the right ovary, about two ounces of reddish serum (sero-sanguineous fluid) escaped, and a solid body with a shaggy surface was seen blocking up the orifice; this proved to be a coagulum of blood (?) homogeneous in texture, but yellowish within. The walls of this cyst were lined by a false membrane, upon the removal of which the serous shining surface of the cyst appeared. The whole ovary was as large as a tennis-ball. The walls of the ovary were $\frac{1}{16}$ inch thick, and none of the healthy structure remained. The peritoneal inflammation might have resulted from the rupture of a similar cyst in left ovary.

Her symptoms were as follow:—She was found very ill and groaning terribly; asked for water, and soon afterwards vomited a large quantity of white stringy fluid. Complained much to a medical man of her heart, and appeared in great agony, rolling and tossing in bed; she either would not or could not answer his questions.

Arsenic was found in the body.

38. *Lancet*, 1842-3, vol. ii, p. 801.

By Dr. G. D. Hedley.

October 23rd.—A man, æt. 24, was seized with vomiting, pains in stomach with slight tenderness on pressure, sense of constriction in throat, feeble pulse, clean tongue. Took saline mixture.

25th.—No great change; no stool; took an aperient.

26th.—Much better. His wife gave him a pill, and a girl, 14 years old, took one also to show him how easy it was to swallow them. About an hour afterwards both he and the girl became sick, vomited, and complained of pain in chest, and constriction of the throat. The girl remained ill for some days, but recovered without medicine. The matters vomited were emptied into a

yard where a pig was kept, and the next morning the pig was dead.

27th.—The man was better, but still complained of tightness of throat, which was relieved by leeches.

29th.—Better than ever before since his illness. At 9.30 p.m. his wife gave him a white powder in water. In about an hour he again became sick, retching violently, and complaining of heat and constriction of the throat, and thirst; this continued, the man becoming weaker, and the vomiting at last bloody, till he died at 5.30 a.m. on 30th.

Post-mortem 141 days after death.—Body very little decomposed. On anterior surface of stomach, of sigmoid flexure of colon, and one or two other parts of intestines, considerable redness of a bright florid hue was observed.

Stomach contained two and a half ounces of a dark reddish-brown fluid, having some white powder mixed with it. General redness of mucous membrane, of a deeper hue towards orifices. About cardiac orifice, and extending up the œsophagus, was an apparent abrasion of mucous membrane. On slitting up œsophagus, a small quantity of fluid mixed with blood escaped; the abrasion of the mucous membrane, with redness of a deep hue, extended along its whole surface, with the white powder adhering to it at parts. In the small intestines was found a dark fluid, of greater consistence than that contained in the stomach, assuming, as it descended the bowel, the appearance of thick mucus or jelly, having the white powder mixed with it. There was a redness of the mucous membrane, of a deeper hue as it approached the cœcum and stomach, and in parts the bowel was greatly contracted. About the middle of the small intestine was a small ulcerated opening through which some of the white powder had escaped, and had been observed adhering to its peritoneal surface before the parts were disturbed. Two or three round worms were found in the lower parts of the ileum. In the large intestines the traces of inflammation were not so strongly marked.

Arsenic was detected by analysis.

39. *Lancet*, 1844, vol. ii, p. 154.

By Dr. J. J. Kelso.

A girl, æt. 8, swallowed about ¼ oz. of *White Arsenic* at 11 a.m. The first symptom was vomiting on being given some food; she

then took a considerable quantity of melted butter, which excited rather free vomiting two or three times. In an hour and a half there was marked listlessness and indisposition to answer questions; pulse about 120, weak, rather unequal, with occasional indications of fluttering; respirations not irregular, but rather slow, and imperfectly performed; feeling of sickness or nausea, with inclination every now and then to vomit. Heat and pain in throat and stomach. Pain in epigastric region increased by the application of hand, and she then became fearful, and complained of the procedure. Pupils, especially the right, remarkably affected; alternate dilatations and contractions in rather rapid and extreme degree were noticed, which were increased on the presentation of a lighted candle or the tip of the forefinger motioning to and fro. Gave a teaspoonful of *Chalk* and *Magnesia* in milk every fifteen minutes.

4.30 p.m.—Much sickness at stomach and indisposition to action; had vomited two or three times rather copiously, and the exhaustion occasioned thereby was indicated by the countenance. The eyelids drooped languidly, concealing to some extent the eyeballs; the features generally were relaxed, so as to give the countenance a rather expressionless appearance; the involuntary movements of pupils had in a great measure disappeared. Pulse 130, weak and indistinct; epigastric region considerably distended and acutely painful on pressure; burning sensation in course of stomach and œsophagus. Some thirst, but no evacuations from bowels or bladder. Gave gum-water and a teaspoonful of hydrated *Peroxide of Iron* every forty minutes. In about three hours after this remedy, which with the exception of the second and third doses was well retained by the stomach, she became much better. In twelve hours more she was convalescent, having taken from three to four ounces of the *Iron*. The diarrhœa which supervened passed off in about forty-eight hours.

40. *Lancet*, 1845, vol. i, p. 413.

By Dr. W. Allison.

A girl, æt. 13, took a large teaspoonful of *Arsenic* before 4 p.m., December 2nd, and another dose before 5. Had violent spasmodic pain, according to the report, writhing, twisting about, moaning, and making strange faces. On arriving at the house found her vomiting and more free from pain, but with a sensation of burning heat in throat and stomach, feeble pulse, and cold skin. Gave her

hydrated *Peroxide of Iron.* In ten minutes effectual vomiting occurred. Repeated the dose; vomited freely, and took another dose. In half an hour took an ounce of *Castor oil,* and soon vomited.

3rd.—Several stools containing the *Iron.*

4th.—No stool during night; pulse more natural, pain slight. Repeat aperient mixture. Recovered.

41. *Lancet,* 1845, vol. i, p. 640.

By Dr. W. Woodcock.

Mrs. —— took one to one and a half teaspoonfuls of *Arsenic.* Within two hours she was found sitting up in a chair, tossing her arms about, apparently perfectly unconscious of surrounding objects and events. She seemed to be suffering from hysteria. In half an hour more she was able to speak, and said that vomiting had occurred fifteen minutes after taking it on an empty stomach. I gave *Tartar emetic, Peroxide of Iron,* and *Carbonate of Magnesia.* Dejections now became frequent and involuntary, and continued for some days, with great excoriation and pruritus. Vomiting did not cease till after forty-eight hours. Some of the contents of stomach were green, and before entirely subsiding appeared muco-sanguineous. Gums swelled much; mouth sore; œdema of face and feet; paralysis of hands and feet, with peculiar suffering in circulatory organs; remarkably small and indistinct pulse, with a spasmodic kind of catch in breathing, and sensation in head as if a carpenter was at work with hammer and chisel; gritty feel in eyes, which she was continually rubbing. After eight or nine days she was able to leave her bed, complaining only of boils in different parts of the body, costiveness, conjunctivitis, lameness in walking, with loss of feeling in hands and feet.

42. *Lancet,* 1846, vol. i, p. 693.

Poisoning cases at Norfolk referred to. No particulars given.

43. *Lancet,* 1843-4, vol. i, p. 98.

Report of Medical Society of London.

By Dr. B. G. Bird.

A man, æt. 44, was exposed to the vapour of *Arsenious acid,* evolved from fusing a mixture of 4½ lbs. of *Oxide of Tin* and *Carbonate of Lead* with 3 or 4 oz. of *Arsenious acid.* He soon had extreme dryness of throat, much constriction of fauces, and general uneasi-

ness. He slept for a few hours, but on waking found his symptoms increased. He had uneasiness of stomach, with nausea, occasional vomiting, colicky feeling in bowels, and difficulty of breathing.

These symptoms persisted and increased, and in three or four days profuse *melæna* came on, and he vomited blood, and his sputa were tinged with it. On 12th day Dr. Bird found him with symptoms very similar to those of fever, but without cerebral depression or heaviness. The skin was very hot; eyes retracted; face pale, with a flush on each cheek; tongue furred, with a red streak down middle and redness of tip; pulse throbbing and hard; pain at *scrobiculus cordis;* the last stool had been free from blood, though it was pitch-like. No vomiting for last few days. Posterior lobes of both lungs were found on auscultation to be affected with pneumonia, and the lower lobes on both sides partially consolidated. On 13th day the peculiar pneumonic sputa appeared. Dr. Bird had no doubt of these symptoms being the effect of *Arsenic,* as they resembled the symptoms from the use of *Arsenical* candles, though more severe. Dr. Bird mentioned the case of a woman who was admitted into Guy's Hospital after swallowing half an ounce of *Arsenious acid.* On the 2nd day the gastritis was at its height; the skin became covered with a pale papular eruption, about the size of half a split mustard-seed, somewhat resembling *prurigo mitis,* only larger. (A model of this eruption is in the museum at Guy's.)

In another case the eruption appeared on 3rd day. The German writers mention squamous eruptions as the effects of *Arsenic.*

(2) Dr. Theophilus Thompson said that blistering of the feet had been noticed from *Arsenic* taken as a poison or in large doses. In one case he gave *Arsenic* for a long time until it caused nausea and blistering of the feet. In some cases of psoriasis and eczema, after three or four days' use of *Arsenic,* the eyelids became stiff, with other symptoms.

44. *Lancet,* 1846, vol. ii, p. 216.

By Dr. J. H. Houghton.

Mrs. B— took half an ounce of *Arsenic.* In three quarters of an hour she was seen in a state of considerable mental excitement, but no other symptoms. Had stomach-pump applied, and

Albumen, *Sulphate of Zinc*, and *Hydrated Peroxide of Iron* given. In three quarters of an hour more she became composed, and was put to bed, almost free from pain, but had occasional gentle fits of bilious vomiting. Pulse was rather feeble, and she soon seemed disposed to doze. In about two hours more her bowels were moved, with some tenesmus, which kept her on the night-chair for half an hour. In four hours and a half after taking the poison she was found in a state of collapse, from which she never rallied, but remained quiet, dozing during the time, but perfectly calm and collected till she died at midnight, thirteen hours and a half after the poison. She had no gastric symptoms except occasional mild vomiting, and whatever the stomach received was soon rejected.

Post mortem.—Stomach only examined. At pyloric end, on posterior surface of the organ, there was a bright-red patch, nearly the size of the palm of the hand. On the posterior part of the stomach several black streaks, about half an inch wide, running from above downwards, but slanting from cardiac to pyloric end, were observed. Where the black colour was less intense a pinkish blush could be observed through it, and on washing the black deposit away, which was done with difficulty, the mucous membrane beneath was found to be considerably inflamed. This black deposit was left wherever the mucous membrane was inflamed, excepting on the red patch near pylorus, and nowhere else; it was most copious where the inflammation had been most severe. Stomach contained about three quarters of a pint of darkish-green fluid, the consistence of thickish soup. Small red vascular patches were seen in small intestines as they lay *in situ*.

45. *Lancet*, 1845, vol. ii, p. 269.

Experiments quoted from *Medico-Chirurgical Review*, 1845, p. 236. See below.

46. *Lancet*, 1837-8, vol. ii, p. 625-6.

Cases from *Journal de Pharmacie*, July 1838.

Several families drank water impregnated with *Arsenic*. They had pain in head, constant colic, diarrhœa, swelling of limbs, &c.; and many died, from time to time, with the above symptoms.

47. *Lancet*, 1847, vol. i, p. 44.

By Dr. Letheby, read before the *Pathological Society of London.*

A girl, æt, 19, took at night two ounces of fly water, containing two and a half grains of *White Arsenic.* Some restlessness during night followed, with watchfulness, and slight pain in stomach. In morning she became sick and complained of great thirst; the pain in stomach had become much more intense. During the day sickness increased, and she was repeatedly purged; countenance looked pinched, and extremities cold. From this state she soon rallied, and next night (Wednesday) she became cheerful and slept comfortably, though she was distressed once or twice by the thirst, which still affected her. Thursday morning she was worse, being cold and drowsy; she was sent off to hospital, but was evidently dying; face pale and anxious; extremities cold and bedewed with clammy sweat; pulse hardly perceptible; and she lay in a state of incipient coma. When roused she spoke of what she had done, and seemed conscious of her danger. From this time (9 o'clock) she became more and more comatose, and gradually sank at 12, dying thirty-six hours after the poison.

Post-mortem, twenty-one hours after death.—*Brain* very much congested, and lateral ventricles filled with half-coagulated blood. *Lungs* natural. *Heart* flabby, and distended with dark jelly-like blood. On the endocardial membrane, especially where it covered the auriculo-ventricular valves, there appeared a number of hæmorrhagic spots. The *abdominal viscera* were somewhat congested, particularly towards the region of the pelvis. *Stomach* pale, nearly empty, and its mucous coat raised by a number of vesicles containing air.

48. *Lancet*, 1849, vol. ii, p. 651.

By Dr. Robert Barnes.

Nine persons ate a pudding containing *Arsenic;* all were seized with nausea or vomiting during the meal.

They were seen a little after 2.30 p.m. All complained of a feeling of sickness, and all vomited immediately after eating the pudding except the father, who vomited in about twenty or thirty minutes. The infant, aged 17 months, was in a state of collapse. In a short time the patients all complained of more or less pain

in stomach, and burning in throat; "dryness" was their own expression. [Then why did the reporter alter it to "burning?"—E. W. B.] Copious vomiting continued, followed by incessant thirst and great prostration of strength. The father exhibited great anxiety of countenance. They then took a mixture of white of egg, flour and milk, which was almost immediately rejected by all the patients. The prostration increased. At 4.30 p.m. there were the following symptoms:

The father, æt. 33, was pale, with great prostration and anxiety of countenance, and, though not unconscious, had some degree of stupor; some pain (not great) in stomach; pulse quick, and depressed in character. The mother and sister did not exhibit any great prostration; the pulse in both was quick, but pretty strong. The mother was flushed in the face, and did not complain of much pain. The eldest boy, æt. 12, was a little flushed. The five remaining children, all under 9 years of age, were all greatly prostrated; their countenances pallid and anxious; pulses scarcely perceptible, and their extremities cold. James æt. 9, had in addition severe pain in stomach and bowels, and drew up his legs. The infant was profoundly collapsed; the pupils acted under alternations of light and shade. They all took *Ipecacuanha* and *Sulphate of Zinc*, which made them vomit freely; then they took *Hydrated Peroxide of Iron*.

After this the vomiting continued at intervals, and to counteract the increasing prostration, stimulants were given.

James, æt. 9, sunk into perfect collapse, with blue lips, cold extremities, and no pulse, and died at 6 p.m.

John, æt. 3, died similarly at 7.30 p.m.

Henry, æt. 17 months, died convulsed at 9 p.m.

Mary Ann, æt. 4 years and 10 months, died, as did James, at 10.30 p.m.

Harriet, æt. 6 years, died at 11.30 p.m.

Next day, 9 a.m., the father had fallen into greater prostration; pulse scarcely perceptible; body generally cold and clammy; hands and feet very cold; did not complain of much pain; had been freely purged; the vomiting abated about midnight, after which time he retained fluids.

The two women did not appear to suffer much; tongues red and clean at the points and round margins, with slight white creamy fur in middle. The sister complained of headache; was

flushed; pulse 100, rather strong; skin warm and moist; thirsty; had passed no water; had been purged; some tea taken in the morning remained on stomach. The mother was less feverish than sister; had passed water.

The man died at noon, no vomiting having occurred; he retained his consciousness to the last.

The eldest boy had no remarkable symptoms.

On third day, at 8 a.m., the sister still complained of headache; sometimes violent throbbing in stomach; pulse full, 90; face flushed; had passed urine, scanty and very red. Recovered in a few days.

The mother and eldest boy were well on third day.

Post-mortem appearances.—(1) Thomas, æt. 33, survived twenty-two hours; autopsy nineteen hours after death. *Stomach.*—Intense arborescent and punctate injection generally; large end shows extensive *post-mortem* blackening, and solution of mucous membrane. *Duodenum.*—Injected striæ. *Jejunum.*—General intense injection. *Colon.*—Patches of injection. *Rectum.*—Arborescent and punctate injection in points, appearing ecchymosed. *Heart.*—Several distinct points of extravasated blood under lining membrane of left ventricle. One drachm of fluid blood in left ventricle; loose, tarry coagula in right; blood generally fluid. *Lungs* natural; of a deep indigo colour in front as well as behind. *Kidneys* congested; bladder empty.

(2) James, æt. 9, survived four hours; autopsy thirty-seven hours after death. *Stomach.*—General minute injection, especially along lesser curvature. *Duodenum.*—Arborescent punctate injection in patches. *Jejunum* injected throughout (also the *ileum*).

(3) John, æt. 3, survived five hours and a half; autopsy fifty-eight hours after death. *Œsophagus* slightly rosy inferiorly. *Stomach* rosy, but no marked injection. *Jejunum* slightly injected. *Ileum.*—Strongly marked injection at termination. *Colon.*—Slight parches of arborescent injection, more marked at sigmoid flexure. *Rectum.*—Slight arborescence. *Heart.*—One or two slight petechial points under lining membrane; left ventricle contained one drachm of black, tarry blood; right ventricle same; blood generally fluid. *Kidneys* congested; *Bladder* empty.

(4) Mary Ann, æt. 4 years and 10 months, survived eight hours

and a half; autopsy fifty-eight hours after death. *Œsophagus* rosy, but not injected. *Stomach* rosy, and arborescent injection in patches, most along small curvature; some greenish discoloration and softening. *Duodenum* intensely injected, fading away towards end. *Jejunum* pale (also *ileum*). *Colon.*—Patches of arborescent injection at commencement. *Heart.*—In left ventricle and auricle, small quantity of slightly coagulated black blood; in right ventricle and auricle, fibrinous concretion; blood generally fluid. *Kidneys* and *liver* congested.

(5) Henry, æt. 17 months, survived seven hours; autopsy fifty-seven hours after death. *Œsophagus* rosy, not injected. *Stomach* rosy, especially at pyloric end. *Duodenum* minutely injected. *Jejunum.*—Upper part more vascular than natural. *Ileum* slightly rosy at commencement. *Colon* injected at commencement; arborescent injection marked at sigmoid flexure. *Heart.*—Left ventricle empty; left auricle contained loosely coagulated blood; right veutricle contained a little thin fluid blood; right auricle filled with loose coagula. *Kidneys* slightly coagulated; *Bladder* empty.

(6) Harriet, æt. 6, survived nine hours and a half; autopsy fifty-four hours after death. *Œsophagus* pale. *Stomach.*—Arborescent injection in patches, very marked; greenish discoloration and softening at large end. *Duodenum.*—General intense injection. *Jejunum.*—Arborescent injection in places. *Ileum* pale. *Colon.*—Injected patches at end. *Heart.*—Left ventricle and auricle contained one drachm of black, tarry blood; right ventricle and auricle, firm fibrinous concretions; blood generally fluid. *Bladder* empty.

The stomach of four of the children exhibited enlargement of the glands.

Additional symptoms.—All preserved consciousness to the last, except the infant; the pupils continued to act, and in all cases were dilated at death. The infant died convulsed; and one showed contraction of the fingers with the thumbs turned inwards after death.

49. *Lancet*, 1848, vol. ii, p. 503-4.

(1) Case by Dr. L. Owen Fox.

A man, æt. 21, took a teaspoonful of *Arsenious acid* at 6 a.m. He took emetics, which acted. No symptoms of poisoning till

noon, when diarrhœa suddenly came on; he vomited also two or three times yellowish fluid. He was found sitting by the fire in a drowsy state, but easily roused; countenance sunken and livid; pulse rapid and extremely feeble; surface of body cold, and watery, greenish, involuntary stools. Answered questions rationally, and had no pain. Went to bed, had brandy and water, and hot water to feet. He rallied and got out of bed, when he complained of dimness of sight, lay down, and died in a few minutes.

Case mentioned by Dr. Taylor in his *Medical Jurisprudence* referred to; see original.

(2) By Dr. Walter Clegg.

A girl took at noon a teaspoonful of *White Arsenic*. At 5 p.m. she was sitting in her chair, more asleep than awake. On rousing her she reeled about the room as if intoxicated. She vomited once after dinner, but there were no other symptoms till thirty minutes before she died, which was at noon the next day.

Her face was very pale, and she felt faint and giddy. Took *Sulphate of Zinc*, which caused vomiting, and *Peroxide of Iron*. At 11.30 a.m. next day she suddenly complained of an excruciating pain in body, with excessive prostration of strength. She went to lie down, and at noon was found dead kneeling by the bed.

Autopsy, forty-eight hours after death.—*Stomach* contained half a pint of a thin dirty-green fluid; the mucous coat was much corrugated, having a fungoid appearance, very soft, and so fragile that a touch of the finger tore it away. Three or four large reddish-brown patches were observed, and these extended into the intestine considerably beyond the duodenum.

50. *Lancet*, 1848, vol. ii, p. 648.

By Dr. Henry William Fuller.

Some partridges, having eaten *Arsenic*, were found dead, sitting with their heads erect and eyes open, instead of lying on their side as usual. Two were examined, and the œsophagus found highly inflamed throughout. Intestines remarkably empty and clean. A cat who ate some of one partridge began to vomit in half an hour, and continued to vomit almost incessantly for twelve hours with excessive pain.

51. *Lancet*, 1848, vol. ii, p. 697.

By Dr. Headland.

A child took some *Arsenic*. It was pale, faint, had vomited largely and purged frequently; pain in bowels. Stools were colourless, like thin gruel, here and there a bloody mark, then blood itself. The vomiting and purging continued for three days; after which the child was convalescent.

The same day another child was taken ill from the same cause; similar symptoms, but no pain; abdomen was slightly swollen.

The children had imbibed the poison from a toy which was covered with a fine white powder consisting of *Arsenic* and *Carbonate of Lead.*

52. *Lancet*, 1849, vol. i, p. 35.

By Dr. William Robert Cornish.

A girl and a man took one ounce of *Arsenic* each after 9 p.m., November 18th. Soon after 11 p.m. they were found lying down, apparently insensible. The man, on being roused, began to be sick. [No further report of his symptoms here given. —E. W. B.]

The girl was seen at 1.30 a.m., November 19th; she had then vomited two or three times half-digested food. She had severe burning pain in throat, stomach, and bowels. She was wild and excited, and had evidently been drinking freely.

Emetics were given, which acted, and *Peroxide of Iron*. The vomiting was kept up at intervals of a few minutes till 4 a.m., when she seemed much easier. At 5.30 a.m. the vomiting had ceased; she had no pain, and had dozed a little. Effervescing salines.

8 a.m.—Much better; slight pain in stomach.

11 a.m.—Not so well; more pain on pressure over stomach; is restless and anxious; severe headache; very thirsty; lips parched and dry; tongue moist; pulse 100, full, but compressible. Twelve leeches to stomach and poultice.

3 p.m.—No change.

7 p.m.—Pain less; very thirsty; burning heat at back of tongue and throat; pulse quick and fluttering; has had a little sleep.

November 20th, 10 a.m.—Passed a restless night; has had severe pain in stomach for three or four hours, but it is better this morning; very thirsty; tongue moist, covered with a white fur; pulse weak, about 80. Effervescing mixture,

10 p.m.—Not much change; headache; slight conjunctivitis with intolerance of light.

21st, 10 a.m.—Burning heat in throat and stomach; tongue moist with a white fur; pulse feeble, 78; no stool. Repeat medicine, and to take an enema, which acted.

22nd, 10 a.m.—Less thirst; feels quite well.

23rd, 10 a.m.—Severe pain in stomach for two or three hours during night, better this morning; thirsty; tongue moist and clean; no stool. Repeat enema; a saline mixture, and small doses of *Opium*.

10 p.m.—Attempted to get up, but could not stand; tingling and numbness in legs and arms; has had severe pain in stomach and bowels for two or three hours during day; very little thirst or fever.

24th.—No pain except on pressing stomach; pulse weak, but regular, 70; numbness and tingling still; no stool. Repeat medicine, and *Compound Colocynth* pill.

25th.—Better still, only slight uneasiness in stomach on pressure; very weak; no tingling; pulse weak, but regular; more appetite.

10 p.m.—Has been up all day; weak and tired, but seems otherwise well.

26th.—Not so well; restless last night, with severe pain in stomach and griping in bowels; thirsty and feverish; lips excoriated; gums and mouth feel sore; gums are inflamed and spongy, and bleed with the slightest touch; pulse 68, regular; severe headache; no appetite; no stool. Soon recovered, and on December 2nd became an out-patient.

53. *Lancet*, 1858, vol. i, p. 613.

By Dr. Gibb.

A lady took *Arsenic* for many years for an eruption. After death a trace of it was found in liver and bones. Seven months before her death she had a violent attack of neuralgia of the shoulder, which afterwards extended to both groins, the thorax, and back. This was relieved for a time, but continued with most agonizing severity. The abdomen became enormously tympanitic; muscular paraplegia slowly ensued, and she died.

Post mortem.—General enlargement of thoracic and abdominal glands, many of which had assumed the non-malignant form of

melanosis. The termination of the ileum was bound down by a fibrous band. Dr. Gibbs considered this disease due to the *Arsenic.*

54. *Lancet,* 1858, vol. ii, p. 462.

By Dr. George Waite.

Arsenic was applied to a decayed wisdom tooth for several days, when severe spasms, vomiting, and diarrhœa came on. Fever afterwards set in with delirium, and the patient's life was in danger. After the fever there was extreme debility, and the parotid and submaxillary glands continued much swollen. Abscesses of the jaws came on, the hair fell off, sores broke out over the head and neck, and after eighteen months he said he felt he would never recover from its effects.

55. *Lancet,* 1849, vol. ii, p. 1.

By Dr. George Anstice Knott.

A man swallowed half an ounce of *Arsenic.* At 10 a.m. found him in a state of temporary insanity, said to have been caused by indulgence in spirits for the past fortnight. Gave emetic and *Peroxide of Iron.* At 10.30 patient had vomited every three or four minutes since last visit. Repeat *Iron* and give *Prussic acid, Carbonate of Soda, &c.*

8 p.m.—Still vomiting, with pain in stomach-pit; great restlessness; pulse 100, full; mind more composed; readily swallows anything offered him; excessive thirst. Repeat medicine.

8 p.m.—Sickness much better; feels better; pain in stomach less, but fresh pain at pylorus, worse by pressure; pulse good. Blister over stomach.

11 p.m.—More comfortable; pulse 120, full; great pain over stomach; no sleep. Six leeches over pylorus, and continue mixture with *Opium.* Sickness less, but he suffers from flatus, which is frequently expelled upwards with force.

Second day, 3 a.m.—Great restlessness; pulse weaker, 120; tongue moist, with two circular ulcers at base; mind distressed; complains of great prostration. Beef-tea, arrowroot, and brandy. Sickness much better; less pain over stomach, but tenderness on pressure over great part of abdomen. Sucking ice relieves him. Continue mixture.

7 a.m.—Pulse more feeble; frequent sighings and mutterings expressive of grief at having committed the rash act; sickness

less and less; no pain; great restlessness; body warm; face covered with drops of sweat. Gave *Sulphuric Ether* and *Bark.* Remained the same during the day, and passed a comfortable night.

Third day, 7 a.m.—Seemed doing well; pulse 100, and with power. In two hours he had rapidly sunk; no pulse at wrist; extremities cold; not sensible, except when roused. Died at 4 p.m.

Post mortem.—Upper part of œsophagus vascular, terminating in a distinct line of demarcation, where commenced gangrene of the mucous and muscular coats, reducing it to a very thin tube, extending down to within an inch and a half of the cardiac orifice, where it again assumed a vascular character. An irregular patch of gangrene, black and smooth, with no attempt at separation from the living tissues, in the greater curvature of the stomach; and the pyloric extremity presented a similar appearance, blackened in its entire extent. Here and there in stomach slight patches of ecchymosis.

56. *Lancet,* 1849, vol. ii, p. 311.

By Dr. Michael McGee.

A girl, æt. 10, had taken ten grains or more of *Arsenic.* When seen, one hour afterwards, she was much excited and crying; no other symptoms. Gave emetics and *Peroxide of Iron.*

Being very much exhausted, she fell into a composed sleep for two hours. On waking she had great thirst; drink was immediately rejected; pulse very weak; spasms in legs. Two hours afterwards, pain in stomach; bowels griped and freely moved. Next night, no sleep; stools very numerous; thirst excessive; much better towards morning; tenderness of gums, with great loathing of stomach. Recovered.

57. *Lancet,* 1857, vol. ii, p. 114.

By Dr. Thomas Godfrey.

A middle-aged woman swallowed, in a fit of rage and jealousy, a dessert-spoonful of *Arsenic.* In an hour and a half took emetic of *Sulphate of Zinc;* afterwards *Peroxide of Iron,* which she did not retain longer than five minutes. At one time the prostration became alarming, pulse rapid and barely appreciable, features distorted, cold sweat of body, and severe rigor. In five hours after the *Arsenic* she refused to take more liquid; and as she had

rallied and seemed drowsy, she was allowed to sleep for seven hours, when she seemed quite recovered, except a slight epigastric tenderness, probably due to the vomiting.

58. *Lancet*, 1857, vol. ii, p. 127.

By Dr. Robert Crawford.

Those who wash sheep with *Arsenic* have various eruptions on the parts most exposed, chiefly arms and legs; sometimes the eruptions resemble eczema, but more frequently they are pustular, and large boils are not uncommon.

59. *Lancet*, 1857, vol. ii, p. 181. [Misprinted in "Index" 299.]

By Dr. Robert Crawford.

Severe eruptions, violent constitutional symptoms, and even death, have resulted from washing sheep with *Arsenic*.

60. *Lancet*, 1857, vol. ii, p. 281.

By Dr. Walter Watson.

On August 14th two shepherds were washing sheep (with *Arsenic*) for nine hours. Both were similarly affected the next day.

On 18th one seemed to have had his whole scrotum covered with *eczema rubrum*, and it now resembled the appearance of the dermis after vesication and separation of the cuticle in frequent patches. The vesicles had been closely aggregated; many of them were still discharging, while others were in an encrusted state. He lay on his back, and the motion of pelvis or thighs was almost intolerable. The pain seemed to be exquisite, though he was a man of great spirit and endurance. There had been vesicles on the thighs, while the eruption on the legs had more of the character of a stain, and lay chiefly at the roots of the hairs. There was slight febrile constitutional disturbance, but peculiarly intense thirst, which no drink could allay. He got well in a few days. The powder he used for the sheep was a mechanical mixture of *Oxide of Arsenic* and *Carbonate of Potash*, the quantity of the former much preponderating. He had often suffered from similar eruptions in a milder degree, but never after one day's dipping. Five other shepherds say that they never suffer from the use of *Tobacco infusion*, *Oil of Tar*, *Black Soap*, or *Sublimate*;

but several of them have suffered, after using *Arsenic*, from eruptions, chiefly on hands, forearms, scrotum, and thighs, and the suffering proves intense should they have chapped hands at the time. Almost all of them can relate cases of severe constitutional as well as local irritation.

61. *Lancet*, 1851, vol. i, p. 212.
Dr. Forget's case imperfectly quoted; see below.

62. *Lancet*, 1851, vol. i, p. 382.
Notice of a work called *The Use and Abuse of Arsenious Acid as an Agent for Destroying the Dental Pulp and Nerve, Curing the Toothache.* By A. C. Castle, M.D., surgeon-dentist, New York, folio, p. 7.
This work contains the effects of *Arsenic*, and should be examined.

63. *Lancet*, 1870, vol. ii, p. 356.
By Dr. H. Hicks.
A strong, healthy man, æt. 48, was poisoned by *Arsenite of Copper*, inhaled when pulling off a green wall-paper between 1 and 2 p.m. During the same afternoon he had dryness of throat and mouth, and thirst; afterwards also fulness of stomach, with tenderness and nausea. Early in evening he took Holloway's pills, and about 11 p.m. had loose stools with severe griping pains.
About 1 a.m., when on the stool (the bowels having now acted several times), he suddenly felt great difficulty in breathing, with cramp in the chest, hands, and arms. Immediately afterwards the cramp attacked both calves, and he became very cold all over and stiff, so that he became completely helpless, and had to be entirely lifted into bed. Violent vomiting very soon set in, and the cramp became more severe in the calves, though it did not again affect the chest and arms.
The breathing, however, continued to be much oppressed, and lasted so till he was seen about 3 a.m. He was by this time in a state of great prostration; countenance strangely anxious, and very restless; skin cold and clammy; pulse very feeble and frequent; eyes deeply sunken and surrounded with a well-marked dark border; lips and tongue parched, with great thirst; breath-

ing slow and much oppressed, sometimes sighing; burning pain in stomach, increased on pressure, and inclination to vomit; extremities icy cold, in spite of hot applications; has had severe vomiting, with griping pain in bowels, and purging; also cramps, first in chest and arms, and afterwards in calves. A few minutes after he was seen (3 a.m.) most violent cramps came on in both calves, causing intense suffering, and rendering the muscles hard and knotty. The cramp came on almost every fifteen minutes, lasting a few minutes each time. The slightest movement, such as turning in bed, seemed at once to excite the spasm. Violent vomiting of a greenish-yellow fluid also occurred at intervals. Brandy and all warm drinks were almost immediately rejected, but a little cold water was retained. Mustard plasters applied to the spine, chest, and calves, were scarcely felt by him; hot jars were applied.

By 5 a.m. there was more warmth, and he seemed easier; but the cramp still came on at intervals; the vomiting was less frequent. No stool since 3 a.m. At 8 a.m. cramps less severe; has retained a little arrowroot and milk; less burning in stomach; countenance somewhat less anxious, but still very restless; pulse small and hurried, 110; breathing less oppressed.

2 p.m.—Cramps almost gone; vomiting ceased. Rather feverish and thirsty, and has griping in bowels. Complete suppression of urine for twenty-four hours in all, and great weakness for several days. Recovered.

He had never before had cholera or cramp, nor was there cholera in the neighbourhood.

64. *Lancet*, 1851, vol. i, p. 410.

By Dr. W. B. Ryan.

A man, æt. 35, took half an ounce of *Arsenic* at 2 p.m., July 13th. He began to vomit at 11 p.m. He did not rise from bed till 7.30 a.m. next day (July 14th), and then did not complain. About 1 p.m. he was seen; he lay in bed on his back, vomiting frequently; extremities were cold; no pulse at wrist, slightly perceptible higher up; no pulse in dorsalis pedis, nor in posterior tibial, behind the inner ankle. He frequently raised himself on his elbow to vomit, and then fell back exhausted. Thirst intense; drank much during morning; burning pain down œsophagus; severe pain across epigastric region, more acute over region of

liver, much increased on pressure; pain over abdomen; restless and tossed about, ejaculating frequently. The vomit was sometimes yellow and sometimes very dark green. During the first visit he wandered a little; from first to last there was no attempt to rally. On Thursday night (July 15-16) the symptoms increased to intensity; he passed dark, bloody, very offensive stools.

July 16th, 10 a.m.—Pulse scarcely perceptible high up; restless; internal burning pain; spasms of extremities. Died convulsed at noon.

65. *Lancet*, 1851, vol. ii, p. 522.

Case referred to of a Mr. John Carr, published in the New York papers. Thirteen persons poisoned, but no symptoms given. These papers should be examined for it.

66. *Lancet*, 1851, vol. ii, p. 552.

By Dr. Henry Dermott.

A woman, æt. 23, took part of a tablespoonful of *Arsenic* in the morning of February 10th. In two hours she became sick, and continued to be so at intervals for some hours.

Feb. 11th, 3 p.m.—Was found lying in the road, almost lifeless; extremities cold; pulse scarcely perceptible at wrist; eyes bright and glistening; vessels of cornea much injected. Intense headache, increased by light and noise; was quite unable to raise herself without assistance; tongue dry and morbidly red, with papillæ considerably raised at tip; lips dry and covered with herpes; mucous membrane of mouth slightly abraded; face pallid and anxious; great pain in epigastric region in paroxysms, accompanied with general tremor of the entire frame. On the ground was a quantity of sputa, as if she had been retching for some while.

Warmth was applied, and brandy and water given; afterwards *Sulphate of Zinc*, which caused, in a few minutes, vomiting of a dark glutinous matter mixed with clots of coagulated blood; and after each effort at vomiting, about a teaspoonful of bright florid fluid blood was brought up. Had passed no urine since previous morning. Gave *Hydrated Peroxide of Iron*: a few minutes after each dose she was violently sick, and continued to bring up fluid blood. Gave white of egg, mucilaginous drinks, and *Castor oil*.

8 p.m.—Rigors still very severe, as also the pain on pressure in epigastrium. Also there is an annoying sensation of constriction in œsophageal region.

Feb. 12th, 8 a.m.—Intense pain about *scrobiculus cordis*, extending up œsophagus; great difficulty of swallowing even fluids; breathing hurried; face flushed and anxious; constantly asking for cold water; tongue dry and parched, with papillæ much raised; pulse 110, very small in volume; skin dry and harsh, emitting a pungent odour; violent throbbing headache. The bowels had been very freely relieved during the night of a quantity of dark-looking fæces. Ten leeches to the seat of pain, and sinapism to part of sternum. *Calomel*, *Acetate of Ammonia*, *Nitrous ether*, *Tartar emetic*, and *Camphor* were also given.

10 p.m.—Much better; breathing not so quick or hurried; face more natural; eyes less bright and glistening; slight pain still on pressure; pulse 90, small and compressible; slight smarting pain on swallowing fluids; three stools during day; urine very scanty and high-coloured.

13th, 8 a.m.—Tolerably good night; pain almost gone; skin cool; pulse a little quiet; tongue moist, papillæ less raised. Continue medicine.

10 p.m.—The pain has returned very severely, and sets in with paroxysm; it is more diffused towards the right hypochondrium; abdomen distended with flatus. Ten leeches, *Castor oil*, and hot fomentations.

14th.—Is now under the influence of the *Chloride of Mercury*, which has produced depression of the general system; pulse very small and weak; skin cool; lips clean and moist; tongue white and furred, but moist; passed during the night a large quantity of dark, bilious-looking fæces. To take beef-tea. Omit the *Mercury*. Repeat mixture, and *Castor oil*.

15th.—Is much better; face natural; urine highly charged with lithic acid; no thirst; slight griping pains in epigastrium. Repeat *Castor oil*.

16th.—Has a harsh dry cough, but no expectoration; it is apparently excited by irritation of fauces and stomach; relieved by *Prussic acid*. Repeat *Castor oil*.

17th.—No pain or tenderness; tongue cleaning at sides; desire for food.

18th.—Ate a mutton chop at her particular request. After