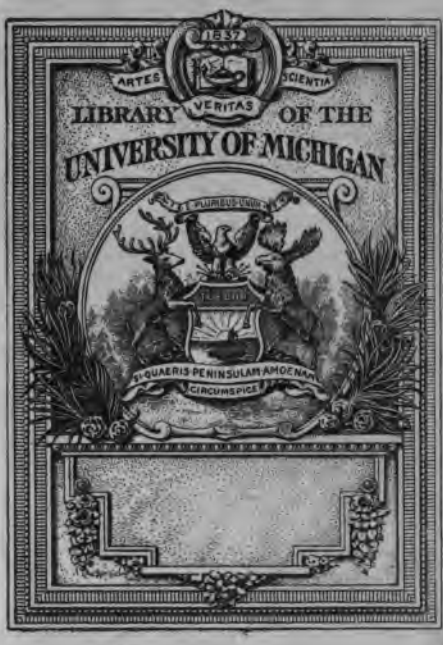
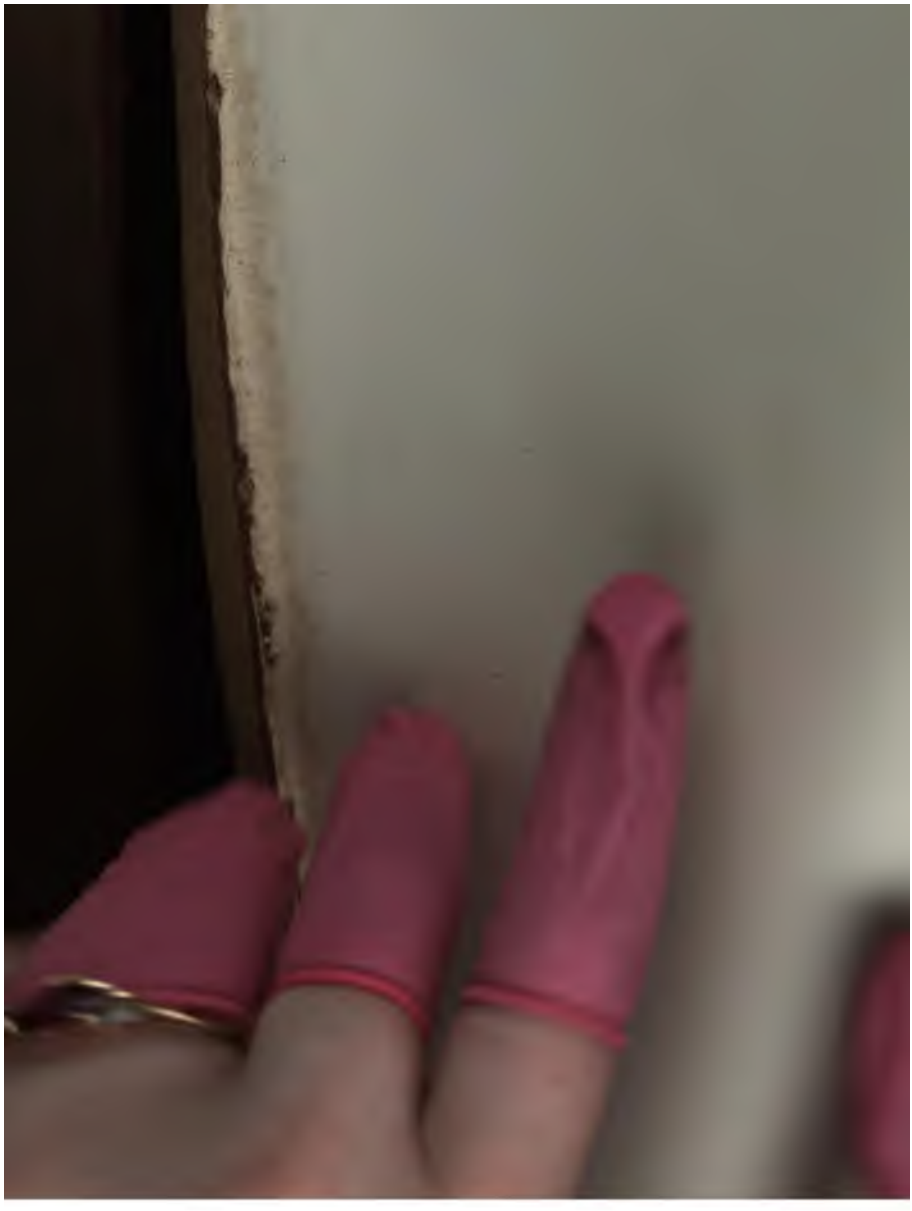

1837
ARTES
VERITAS
SCIENTIA
LIBRARY OF THE
UNIVERSITY OF MICHIGAN
SI QUAERIS PENINSULAM AMOENAM
CIRCUMSPICE



THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

EDITED BY

J. J. DRYSDALE, M.D., R. E. DUDGEON, M.D.
AND R. HUGHES, L.R.C.P.

VOL. XXI.

IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS.

LONDON:

H. TURNER & CO., 77, FLEET STREET, E.C.;
AND 106, NEW BOND STREET, W.
GROOMBRIDGE & SONS, 5, PATERNOSTER ROW.
EDINBURGH: J. C. POTTAGE, 99, PRINCES STREET;
NEW YORK: W. RADDE, 300, BROADWAY.

MDCCCLXIII.

PRINTED BY W. DAVY AND SON, GILBERT STREET, OXFORD STR

CONTENTS OF No. LXXXIII.

REVIEWS.

MISCELLANEOUS.

CONTENTS OF No. LXXXIV.

REVIEW.

MISCELLANEOUS.

CONTENTS OF No. LXXXV.

REVIEWS.

MISCELLANEOUS.

CONTENTS OF No. LXXXVI.

REVIEWS.

MISCELLANEOUS.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON MIGRAINE.

By Dr. Clotar Müller.*

If I designate this ailment as a female disorder, I must certainly add, at the same time, that it is not so in the strict sense of the word, inasmuch as men also suffer from it—not so very seldom either; and that in an intense degree. It is, however, the female sex that is particularly often visited with it, and sex thus constitutes a decided predisposition to the complaint.

I omit here, purposely, all pathological and symptomatic details: the latter, as sufficiently known to the readers of this periodical; the former, as hitherto entirely devoid of importance and result. Only I may be allowed to make some brief remarks on its nature and cause.

It seems to me an undoubted fact, that here, as probably in very many similar disorders, the causes and origin of the ailment are many and various. According to my view, it is very seldom, and with the lowest degree of probability, that organic changes of the brain and its membranes ought to be so considered, as some pathologists are inclined, out of partiality to materialistic views. The thickening of the arachnoid, profuse exudations from the glands of Pacchioni, adherence of the membrane, &c.,

* From the *Hom. Vierteljahrschrift*, 13th Year, Part III., p. 364.

where they really are found, and where their connection with migraine can be shewn, are much rather the consequences than the causes of the ailment. But, still oftener, these *post mortem* discoveries doubtless have no direct connection whatever with migraine; and, in fact, irrespective of other grounds, for this very reason, viz., that, notoriously, migraine in advanced age often abates or ceases entirely; which could hardly be the case if it were solely occasioned by these disorganizations in the brain, which not only continue, but always go on increasing, in advanced age.

Quite as unwarranted is the supposition that the migraine is a pure neuralgia of the trigeminus, or facial nerve; though the typical commencement, and (at least, in many cases) the very circumscribed localization of the pain on the supra-orbital or temporal region, might favour this theory. For, in the first place, it is only the far smaller number of cases that shew such a limitation of the pain to the parts in question, though the conditions are otherwise in strict accordance; and, in the second place, on closer inspection, there is still always presented a most essential difference between real attacks of trigeminal and facial neuralgia (tic-douloureux) and migraine, even when this also confines itself entirely to a circumscribed spot. The most probable and simplest theory, after all, is to look for the cause of migraine in the brain itself; and, in fact, in an exaltation of the central cerebro-spinal system (hyperæsthesia of the brain, cerebral irritation, cerebral neuralgia).

Such a state of abnormal excitability of the brain seems especially to arise from deficient nourishment of that organ and of the nervous system generally; above all things, in con sequence of anæmia or deterioration of the blood, and with sluggish circulation; again, from continued immoderate ment exertion (touching the intellect and feelings), as well as, last from excessive excitement of the sensorial and sensitive ne at their peripheral extremities, or even at any other poin their course (from dazzling light, powerful lenses, long ob tion of small and especially brilliant objects, strong ar agreeable smells, startling and unpleasant impressions ear, the action of excessive heat or cold, painful diseases,

and operations, higher degrees of electricity, &c.). Hence it happens, that for the most part women, especially the anæmic and hysterical, and, moreover, learned persons and recluses, suffer from migraine; thus evidently subjects with whom the three abovenamed classes of evil play an important part.

It is then natural that, in case of the predisposition arising in this manner (cerebral irritation), each attack of migraine is due to a special and exciting cause; and thus the real or apparent typical occurrence of the disorder is explained.

To these exciting causes, then, belong again, in part, the abovenamed violent excitements of the brain or nerves, as irritation, anger, straining of the head or eyes, &c. But, according to my view, indigestion and overloading of the stomach play an equally important part in the matter. Various observations and experiences that cannot be questioned, have taught me that such errors in diet as are in themselves by no means important, are sufficient to bring on attacks of migraine; that, in general, the stomach reacts, very sensitively and easily, upon the existing disposition to migraine, *i.e.*, the cerebral irritation, and must stand in a very specific relation to this disorder. However, the usual vomiting, that sets in mostly at the height, towards the end of the fit, is not to be brought into connexion with it, being almost always of a consecutive or secondary nature, *i.e.*, a reflex action of the brain upon the stomach, analogous to the vomiting in sea-sickness. In a good many cases, however, the outbursts of migraine may, beyond all doubt, be traced to errors in diet, without any necessity for always supposing the parties concerned must needs have a so-called "weak" or "deranged" stomach. These errors in diet, in general, are apt to be in themselves of a very innocent and unimportant nature, and sometimes resolve themselves probably into a mere idiosyncrasy of the stomach (or rather, of the brain) towards certain descriptions of food. Thus, for instance, I remember a perfectly healthy man, 35 years old, who for years had suffered a pretty severe migraine every fourth or sixth week, the exciting causes of which could not be found out, in spite of the closest attention. The patient lived with extreme moderation and regularity, and also enjoyed from the first a

good digestion and a stomach as sound as a rock. Even on the day of the migraine he had no trace of a disordered stomach, but on the contrary, a very good appetite, which he durst not fully satisfy, merely because he thought that he had found that with an empty stomach the pain came on less violently. It was so much the more evident that in his case the stomach had no share in bringing on the attacks, as he could now and then indulge with perfect impunity in the most heterogeneous and indigestible articles of food, which would probably have upset any other stomach. And for all that, even in his case the exciting cause was to be sought in the stomach, as was afterwards very clearly shown. In fact, he was accustomed from his youth to drink no coffee for breakfast, but milk, which he always relished, and which agreed with him. For all this, however, the milk was to blame for the migraine; for, from the very day that he took a cup of coffee instead of the milk, he has never once had migraine any more; and this was many years ago. One might, indeed, object that the milk had not been the evil, but that coffee was the remedy; only that there is opposed to this theory the observation that the patient has repeatedly, if he took a larger quantity of milk at supper, felt a slight touch of migraine next day, in spite of the breakfast coffee.

Such specific disorders of the stomach—or rather, gastric idiosyncrasies—would, however, be discovered to be more frequent exciting causes of migraine, if the majority of patients had a mind to be better observers, and more strict controllers of their palate and stomach.

Catching cold, moreover, which people are so fond of assigning as the exciting cause in other diseases, sometimes play part here also. Thus, for instance, I know a man who almost regularly suffers from attacks of migraine, if, with his thin hair and easily perspiring scalp, he is obliged to take off his hat in the cold air or in a draught, for a longer time than usual.

In general, as may be easily understood, the exciting causes of migraine are exceedingly numerous and various; through the notorious capriciousness of all nervous disorders, they are sometimes exceedingly strange and peculiar. Thus,

stance, a physician of my acquaintance is almost regularly attacked with migraine, if, on rising early, as usual, he sits down at once to write or read, without having previously enjoyed the fresh air at the window, or trifled about in some other way.

As to the treatment of migraine, both that of the individual attack as well as the radical treatment of the predisposition of the patient, it may well be conceived that so painful and disagreeable an ailment has called forth many methods and propositions to remedy it.

Of vaunted means of cure and alleviation, and otherwise good counsels, there is no lack whatever. Here, too, the rule holds good, that the more difficult and uncertain is the cure, the greater the number of prescribed remedies. Even in homœopathic literature, migraine is pretty abundantly supplied; there are many communications of cure or improvement, various kinds of prescriptions of definite medicines for definite kinds of migraine; nay, even some works and compilations on the special therapeutics of this disease. In spite of this, I must assume, without wishing on this account to detract at all from the value of the individual works and observations, that there is very little help to the homœopathic physician in any given case with all these elaborations; and that he will be almost always thrown upon himself, upon his own experience, and the specialization of the case before him. This evil lies partly in the nature of the case, in the difficulty of cure in general, and in the fabulous multiplicity of the causative influences; and on this account I am myself at the outset convinced that I shall not be able to modify or forward the matter to any considerable extent. I can, perhaps, only give individual hints and practical communications, which here and there may save one or an other the trouble of working through the whole subject from the commencement, and undertaking needless labour I must also emphatically state, that I by no means have in view here an exhaustive article on the therapeutics of migraine, or even a bare commencement of one; but that I merely wish to put together a few records from my own experience in this disorder.

As to the matter collected in our literature, this seems to me for the most part to be labouring in two directions, and those in fact perfectly opposite. First, it is too special, and offers too much; secondly, it is too general, and offers too little.

As a specimen of the first sort, I might, for instance, adduce Jahr's prescriptions in his *Clinical Instructions*. He displays a pretty large number of remedies, each with a considerable stock of individual symptoms, to serve as indications in the special case in point. I pity, however, the man who gives himself the fruitless trouble of hunting here for the right medicine in the case before him. I have often enough sought, but hardly ever found it. And the reason is this, as it seems to me, viz., that all these indication symptoms are compiled directly out of the Materia Medica, and without any guidance or judgment of individual experience. Hence one finds, for the most part, nothing but symptoms which are either far too general and trivial to be characteristic and decisive as to the selection of the remedy (because they occur in *every* headache or in *any* migraine), or else they are merely such as in reality (*i. e.*, in a given instance) are not at all, or at least only in case of extraordinary good luck, met with. Hence it may, indeed, very truly be said, "What we know not, that we use; and what we know, that we cannot use."

Just in contrast to Jahr, have others set to work, amongst whom Tietzer of Königsberg most prominently stands forth as leader. He has, in an article on Migraine (in B. 34 *Allg. Hom. Zeit.*, Nos. 1 and 2), treated of seven remedies, and set forth plausible indications for them; but has so widely departed from the solid ground constituted by the symptoms of the provings, that he falls into the sphere of break-neck theories and speculations which at times almost remind us of the late Sobernheim.*

Thus, for instance, he asserts respecting Bell. that a congestive inflammatory condition towards the periphery is inseparable from it, and that its peripheral inflammatory processes were merely the deposits of the hostile potencies which primarily

* See on this subject Kurtz, *Hygea*, new series, B. 1, H. 4, page 265.

tended to attack the cerebral-nervous system; so that no inflammation can be cured by Bell. unless the cerebral-nervous system is at the same time affected. Because migraine is, with him, generally a neuralgia of the fifth pair of nerves, he considers Bell. to be there especially indicated, when the ramus ophthalmicus, and especially the ramus nasalis, is affected. Even assuming the correctness of these assertions of Tietzer (but not granting them, for the experiments of Flourens, for instance, speak in tolerably direct opposition to a special affection of the trigeminus), to what point will such general theories lead the homœopath, and where is the limit to such individual views and arbitrary generalizations? According to Tietzer, Arsenic is said to be the pharmacodynamic opposite to Bell., because it always produces a congestive inflammatory state tending inwards; moreover, abdominal plethora, and the purely dynamic affections of the liver, are especially characteristic for this remedy. Nux vom. is said to be a remedy confined to the ganglionic nerves; Ignatia to those of the spinal chord; Calcarea acts specially on the white structures (cartilage, tendons, serous membranes), which are more nourished by lymph than blood; Sepia is suitable in passive congestion combined with dyscrasic sufferings, &c. Doubtless Tietzer has found for all these assertions some standing-points in the physiological symptoms of the remedies in question, and would probably be able to demonstrate his own views as tenable or probable; no doubt, also, a time will come when it will be possible not only to construct such anatomo-physiological principles and elementary indications, but also to establish them. However, to do this now, and to set it down as a basis for indications, is premature, and will lead to the most capricious and arbitrary treatment.

À priori, I have always been of opinion that the homœopathic remedy which has the power to cure or to alleviate an individual attack of migraine, must also be available and effectual for the radical cure of migraine; and in the main this has been verified throughout my practical experience. Briefly, I do not believe that one can strictly separate the homœopathic treatment of this disease into palliative and radical. Surely nothing is gained by it; though, perhaps, in an individual

attack, a remedy may be tried which only corresponds to occasional symptoms. On the whole, I believe we should take it as decided, that the remedy of a single fit will gradually become the remedy for the whole disease. Very frequently, to be sure, this cannot happen, for this reason, that even for the single fit a curative remedy is but seldom found; but, that it is so, I have certainly already observed more than once (*i. e.*, strictly speaking, twice), besides the much more frequent cases of material improvement (*i. e.*, alleviation, abridgment, and rarity of the fits induced).

In spite of the fact that none of my radically cured cases are indebted to Bell., yet I must acknowledge beforehand that I hold this remedy to be the most important and most frequently suitable in the treatment of migraine; also, I have seen improvement and rapid effects oftener from Bell. than from any one other medicine. In one case I remember, even by olfaction of the 6th dilution of Bell., immediate cessation of the intolerable pain was produced; and I brought about, by means of this feeble dose, a similar good result, continued during a longer time, (though certainly it became less effective with each new fit), in the case of an excitable and irritable lady aged 40. The fact that I have never seen a radical cure by Bell., by no means shakes my conviction that it is the main remedy in migraine, any more than that the remedy of the attack must also be that of the constitutional tendency; for my experience of radically cured migraine is unfortunately quite too limited for me to venture upon drawing conclusions and deductions. It is also an undoubted fact, that of just *the* two medicines by which I have seen radical cures effected (viz., Calc. and Verbascum), the latter at least will *very* seldom be suitable, and cannot by any means be a principal remedy.

In regard to the special indications of Bell. I can be tolerabl concise. They are just these, which are sufficiently known t every homœopathic physician, as clearly-marked Belladon symptoms—such as pressing, squeezing pain, generally l lateral, extending over the region of the eyebrows, quite int orbits and the nasal bones; reddened, sensitive, watering e determination of blood to the head; redness of the face; a

vation from all movement, exertion, &c., which, at the same time, are also in most cases the prominent symptoms of an attack of migraine. Hence, it is quite explicable that practical experience has led me to the employment of Bell. in every fresh attack of migraine, unless it offered unwonted phenomena and special characteristics for other remedies, and I have not to regret this practice, but earnestly recommend it to all beginners, for it is very seldom that, in such cases, this medicine is quite without favourable result, either in abridging or mitigating the pain, or in procuring sleep. Only I have been obliged candidly to remark that this favourable result, by-and-bye, does not continue equal in subsequent attacks, but diminishes, so that I might incline to a suspicion that Bell. is not the homœopathic cure for these cases, but merely calls forth a palliative sedative action in the way that Opium does, as is certainly the case with another remedy of which I purpose speaking presently. As to the dose in which I employ Bell I have already mentioned its striking efficacy by mere olfaction and generally weak doses, *i.e.*, higher attenuations are, according to my experience, more *à propos* in migraine than strong ones. Also, it is easy to comprehend, that in a malady with such great irritability of all the senses and nerves, which probably depends on a permanent or temporary hyperæsthesia of the brain itself, the sensitiveness and reaction to specific remedies also is extraordinarily exalted.

Next to Bell., of all other medicines perhaps, Nux vomica might promise most, as well with regard to the general character of its effects as its individual symptoms.

Comparatively, no great proportion of migraines present themselves whose symptoms are not "covered" by the Nux symptoms; and the character of the latter also correspond to this general irritability and hyperæsthesia which prevails in migraine. Also with respect to the special indications for Nux vomica, no one can easily be at a loss. They are too obvious and common to require my repeating them here in detail. The specific relation of the Nux to the ganglionic system, to hæmorrhoids, to abdominal plethora, to constipation, to choleric temperaments, to recluses, to the abuse of wine and coffee, to

morning sufferings, &c., is known to every one who is at all conversant with our literature. In spite of all this, however, I must honestly admit that I have not seen for myself any great effects of this medicine on migraine. For instance, improvement or abridgment of the individual attack, as in the case of Belladonna, I have *very* seldom seen effected by Nux, whilst, undoubtedly, I have sometimes by means of that medicine essentially ameliorated or even removed all the tendencies and dispositions lying at the root of the migraine, so that not only the attacks became less frequent and milder, but also many other sufferings standing in connection with the general morbid diathesis have given way too. Others also have evidently found better opportunities of proving the efficacy of Nux for migraine; for in our literature there occur several striking cures, which are reported in detail and scientifically, and deserve all credit from their vouchers. Thus, I cannot refrain from calling attention to the cures communicated by Knorre (*Allg. Hom. Ztg.*, V. 272), one of which I wish to extract here, as being quite characteristic of Nux.

A lively brunette, aged 40, was suffering for nine years from migraine, coming on in paroxysms every ten to fourteen days, beginning with a dull, pressing pain, including the whole head, but especially the crown and forehead, with vertigo; bewilderment of the head; severe pressure over the eyes, which are sensitive to light; increased lachrymal secretion; dimness of sight; darkening of the eyesight on gazing long at an object; humming in the ears; thereafter pale, distorted face; nausea; bitter acid taste; frequent bilious vomiting; asthmatic contraction of the chest; violent beating of the heart; then pain of the head raised to the highest pitch, with stupified sleep; frequent micturition, with scanty discharge of clear, colourless urine; chill and shivering of the whole body, especially the hands and feet; without thirst; on the cessation of headache, strong perspiration; general debility approaching to fainting; paralytic weakness; formication and dull pains in the right arm and leg; menstruation too early and in excess. In the interval—frequent, yet not intolerable headache; constant sensation of chill in the head; painfulness of the scalp;

sensitiveness to cold air all over the body; at times, pressure on the stomach; empty, and occasionally sour eructations; dryness of mouth and gullet; mental emotions—anger, joy, terror, or the approach of disagreeable persons will bring on the attacks at once. For five years she was treated allopathically to no purpose, but found complete relief from Nux vomica.

After all, I believe I can assert generally that Nux vomica will be especially suitable when no complete intermissions of perfect health occur; and actually the symptoms during the periods free from migraine will often furnish the surest indications for this remedy.

Very near to Nux vomica, in cases of this disease, stands Ignatia. Evidently this remedy has much that is in accordance and analogous with migraine, as the sensitive, excitable, hysterical character of the patient, the sanguineo-nervous temperament, the tender enthusiastic nature, the easy reaction to sorrow, vexation, terror, &c. Whether, as Tietzer will have it, there must needs be symptoms of affection of the spinal chord, especially clonic spasms, along with the migraine, when Ignatia ought to be beneficial, I know not. In the main, I have but little individual experience of the efficacy of Ignatia in migraine. I have seldom employed it, and have never seen one instance of its indubitable effects. It is, however, urgently recommended by several, especially for narrowly circumscribed seats of pain in the true *clavus hystericus*.

Ipec. might also find room here for a brief citation. It is surprising how very seldom, comparatively, it has been employed by homœopathic physicians, or, at least it has found no loud panegyrists. I fear this circumstance has arisen from theoretic grounds. For instance, because migraine proceeds idiopathically from the brain, and in particular the vomiting, retching, and nausea, and in general all participation on the part of the stomach is said to commence, or does commence, merely by sympathy, as secondary to the cerebral symptoms, therefore they have been induced to refrain from employing a medicine which, like Ipec., calls forth gastric symptoms directly and *in limine*. Even *à priori*, however, I must regard this

conclusion as not thoroughly tenable. For as it is an established fact that attacks of migraine are very frequently brought on by doing injury to the stomach (in all probability merely because the chronic irritation of the brain or disposition to migraine is set up, and aggravated to an overt attack by indigestion), so it is possible that an abatement of the excitement may be attained by the very same route in which the first injustice or aggravation ensued. But, *à posteriori* too, I have often observed the untenableness of that assumption; and this again gives a hint how cautious the homœopathists ought to be with even such apparently purely physiological conclusions and theories. Experience has not only taught me that Ipec. often alleviates and shortens considerably the individual attacks; but in a very severe and long-standing case in a man, 30 years old, I saw that, by the immediate employment of Ipec. on each appearance of migraine, it became constantly slighter, and subsequently never broke out at all—nay, at last six to twelve months elapsed without one single such manifestation; whereas, previously, strong fits used to occur every three or four weeks. To be sure, it may be that only those cases are specifically suitable for Ipec., in which the gastric symptoms are strikingly predominant, or at least where errors in diet form the exciting cause of the attack. However, even the physiological head-symptoms of this medicine have much that is characteristic of and analogous to the migraine symptoms, and certainly deserve not to be entirely overlooked.

Coffea has found many panegyrists, as a remedy, wonderfully rapid in curing migraine.* For instance, it is recommended by Hering and Tietzer for pain, like driving a nail into the skull, and for great mental excitement, and for so-called "intolerable" pains, driving the patient almost beside himself. Noack, however, that refined critic, says of it, that of all remedies this, with most certainty, shortens the attacks of migraine, but never radically cures it. And as a consequence of my experience, I am constrained still further to limit this conditional commendation of Noack's. Irrespective of the case

* *e. g.* Rückert, in his *Clinical Experiences*, i. 173.

already cited at the outset, in which the migraine continued radically banished after the exchange of milk for coffee (a result which, however, must be at least as much ascribed to the absence of the milk as to the positive effect of the coffee) I have as yet very seldom observed a palliative alleviating power in coffee, and never a radical cure of migraine. And, in fact, I am pretty firmly convinced that perhaps the coffee would much oftener exhibit its palliative efficacy if the majority of mankind were not so much habituated to it as a daily beverage. In the case of persons who are not accustomed to drink coffee daily, it might well prove sometimes curative, and surely not unfrequently an excellent palliative. But such persons are seldom, if ever, to be found now-a-days, at least in Leipsic. That a wonderfully soothing and palliative therapeutic power exists in coffee I have seen in other cases. For instance, in a case of emphysema in a lady, aged 50, who was sometimes attacked with the most fearful asthma, lasting for a day or two, and which, whilst all other medicines were useless, was always quickly relieved by a strong infusion of coffee. To be sure, the coffee had to be gradually made awfully strong, in order to be still effectual, inasmuch as to the very last it was of service, till she died, at the age of 59. Now one might perhaps say that coffee might be thus employed in migraine in a strong dose, with a necessity for constantly increasing the strength. To me, however, this at least seems certain, that by alleviating migraine with such powerful doses, we should in other respects do much more harm, and only aggravate the chronic tendency, or introduce fresh permanent evil. Besides, such a procedure would, according to my conviction, be in no way correct, and the less so, since, as I shall show by-and-bye, there is a different palliative for migraine, surer, and perhaps more harmless.

Arnica has hitherto, it seems, been little, or not at all employed in migraine, and yet it fully corresponds to many disorders of that kind, as well in individual symptoms as in the general character of its effects. The over-sensitiveness of the whole brain, or of individual parts of it, even quite circumscribed to localities—its susceptibility to every shock, movement, or exertion, and to reading and reflection; the unilateral

commencement of the pains; the easy and rapid transfer of the cerebral irritation to the stomach, ending in nausea, retching, and vomiting; even the favourite nail-driving pain, &c.—all these are symptoms which are quite proper and specific to Arnica.

I have myself (besides many very favourable curative results in severe and marked pains in the head, which, however, would not exactly be reckoned as migraine) met with one instance of true migraine, in which Arnica brings aid almost certainly, and pretty speedily too. It is the case, already cited at the outset, of a colleague who, early in the morning, durst not set about reading and working on first getting out of bed, without incurring an attack.

Calcarea counts pretty generally as one of the most important remedies for migraine; and also my experience leads me to support it—only one cannot venture to expect very speedy results from it. Tietzer recommends it exclusively for those constitutions which have had, and still have to contend much with disorder of the reproductive organs, and where a scrofulous habit is manifested. This may perhaps, in general, be a correct indication, only it should not be the only one. In the case of a lady, 40 years old, who for many years suffered from a very violent migraine, which had bid defiance to many remedies (homœopathic too), I have employed Calc. with radical good effect, though the alleged symptoms were not present, or at least could not have directed me to the choice. The patient was, at irregular periods of one to four weeks, attacked with migraine—sometimes without any assignable cause; at other times again, the partaking of indigestible or unusual food, or some mental irritation might be looked upon as the exciting cause. Immediately on rising, early in the morning, the attack became perceptible by slight confusion of the head, sour taste in the mouth, and strong eructations. Presently the digging pressive pain increased every hour, on a small spot on the right side of the forehead, with redness and lachrymation of the right eye, till in the afternoon retching and vomiting of sour fluid supervened. At the same time there was present a sensation of general chill, and also of emptiness and icy cold in the head, also sometimes there were single jerks in the right temple, or

through the whole brain, with a sensation as if the temporal bone was hewn in pieces. Hence the greatest stillness, and a horizontal posture in a dark room were necessary; every movement, every noise instantly aggravated the pain fearfully. In the evening, at lest, disturbed sleep set in, and next morning the attack was over, except general feebleness, and heaviness. The lady was otherwise healthy, though slight and sensitive; without children, but married happily. On both eyes there was an incipient capsular cataract.

Naturally, during individual attacks, this or that new symptom was present, but she never failed to experience the sour taste in her mouth; the sour eructations and retching; the cold sensation in the head, or the circumscribed one-sided pain. In the intervals, the head was free from pain, only sensitive to noise, strong light, and violent movements; digestion normal; only frequently there was a sour taste of all food, without any acid taste in the mouth; especially milk tasted sour, with subsequent aversion to it; much empty eructation, and tendency to costiveness.

By the systematic use of Calcarea (viz., Acet., 3rd trituration, twice a week, and immediately when attacked) I succeeded in making the attacks, at first, shorter and slighter, and after about four months, removing them entirely. Only after hard trials, sometimes a very slight attack would still come on; also the symptoms of gastric acidity were, in general, quite removed.

In other cases, too, of ordinary pains in the head, I have seen favourable effects of Calc., although not a second radical cure of migraine. Even in such cases, to a certain extent, the symptoms of gastric acidity, eructations, cold feel in the head, impaired, or much exhausted cerebral vitality, were prominent and characteristic.

Sepia, likewise, has the reputation of a chief remedy in migraine. Its symptoms certainly include an extraordinary number of indications, and also clinical experience confirms these, according to the unanimous testimony of very many, as *e.g.*, Hahnemann, Hering, Kreussler, Tietzer, &c. For my own part I have had fewer opportunities of directly proving the efficacy of this medicine in migraine, often as I have observed

the results of it in other disorders. No homœopath can properly be in much doubt about the indications for Sepia, as the sphere and character of its effects are sufficiently characteristic and characterised. Tietzer's assertion seems to me to be deserving of special attention, viz. (in his *Treatise on Migraine*), that the *sudor hystericus* (as he designates a peculiar fœtid perspiration, especially from the axilla and soles of the feet) furnish a perfectly certain indication for Sepia. Now, I have met with this symptom, not in migraine cases, but in other disorders, and have several times employed Sepia with happy results. Accordingly, I believe that in migraine too, it should be regarded as characteristic of Sepia, and I would hereby direct general attention to it. When, however, Tietzer further says, "Sepia acts on the nervous and circulating system, where a passive congestion is combined with dyscrasic sufferings, from these sources must all disorders be derived which are removed by Sepia," many a one who relies on this expression will be left in the lurch with regard to the case before him. Kreussler (*Allg. H. Zeit.*, xxix. 172) gives as specially characteristic of Sepia, intolerance of warmth. I would further attach special importance to the well known pale yellowish complexion, and the reddish-yellow spots on the skin, also on the heaviness and prominence of the abdomen, especially in the region of the liver.

Under Colocynth, our literature includes many very splendid cures of violent periodical headache. Thus, for instance, by Schindler, in *Thorer's Beiträgen*, ii., p. 10; by Attomyr, in *Archiv*, xi. 2-114; by Haustein, in the *Allg. H. Zeit.*, 276-293; by Gaspary, in the *Annal. der h. Kl.*, iii. 411; and besides, Hering, Tietzer, and Watzke, recommend it strongly as efficacious in certain circumstances. The two first, *e.g.*, find it indicated in attacks which commence in the afternoon or evening. Hering, especially if the perspiration smells of urine, when little, or very fetid urine passes; but during the pains, very abundant and quite clear. Also anger, exasperation, or grief, are brought forward as exciting causes. According to Watke, the Colocynth hemicraniæ have their seat in the track of the nervus frontalis, and their origin in a

purely functional disturbance of its sensorial fibres, and are occasioned by rheumatic, gouty, gastric, or congestive irritation of the trigeminus; also they are accompanied by severe pains in the eye, and alternate with neuralgia of the plexus cœliacus. Migraines which have their origin in thickening of the arachnoid, or of the other membranes of the brain, and other organic changes, ought, according to him, not to be cured by Colocynth. My own experience does not entitle me to give any special judgment on this remedy.

It is notorious that chlorotic and anæmic females not unfrequently suffer from migraine, and then evidently it seems to stand in the relation of effect with the constitution of the blood. It is accordingly quite a natural sequence that, in the treatment of such cases of migraine, special regard should be paid to the anæmia; for sometimes the migraine disappears, or gets better with the removal of the anæmia. Amongst other remedies, Puls. and Ferrum must in such cases be especially valuable. Thus, I have, in fact, several times seen important improvement of migraine from Pulsatilla, although I have never produced any rapid palliation in the attacks themselves, or thoroughly radical cure of the disorder by it. From Ferrum, however, I have observed one cure which was, at least, very instructive to myself. This relates to a plump and strong butcher's widow, aged 28, who was attacked occasionally with vertigo, and every fortnight, or thereabouts, by severe migraine. Menstruation, appetite, digestion, sleep, strength, were all in normal condition; no heart or lung disorders were present, nor did the vigorous, sprightly-looking dame feel any inconvenience from movement. For all that, no medicine would bring any relief or amelioration; on the contrary, her sufferings increased to such a degree that hardly for a single day was her head free from pain and giddiness. I thought so much the less of an anæmic source of her malady, because her blooming complexion contradicted the idea, and I had myself casually observed, several times, what a quantity of good flesh meat the patient used to consume daily, with a good appetite! She herself naturally thought and spoke of nothing but congestion and *excess* of blood. Nevertheless, at last I examined the

vessels of the neck, and found a pretty loud bruit du diable, also some paleness of the mucous membranes of the mouth and eyes. This circumstance, as well as the symptom of a hammering, pulsating headache, and ulcerative pain of the scalp, with loss of the hair, led me to select Ferrum, which also in a few weeks perfectly removed the disorder.

With regard to the indications of Puls., I can refer to the sufficiently well-known and strongly-marked character of its operation.

No painstaking student of therapeutics will easily mistake the cases where this remedy is suitable. According to Hering and Tietzer, the Pulsatilla migraine should be aggravated, especially in the evening, by hot air in a warm room, when the patient is sitting still, but alleviated by pressure or binding a cloth about the head. As to Ferrum, I have, in a previous volume of the *Vierteljahrschrift*,* published in extenso the indications for it, while speaking of its efficacy in chlorosis and tuberculosis. The same would be generally serviceable in migraine too. A special call for Ferrum would be the hammering, pulsating pain; humming in the ears; congestion of the head, with pale face; intolerance of all spirituous liquors; and dread of movement, with loss of muscular tone and debility.

Spigelia is always one of the chief remedies in periodical headaches, for which reason it ought not to be overlooked in migraine, although it seems to work more specifically in pure neuralgia (faceache), or in rheumatic and gouty headache. Hering calls attention especially to the aggravation of almost all head sufferings from stooping and movement, under this medicine, and also to the extension of the pain to the eyes and teeth, accompanied by paleness of the face. Next to these symptoms I would also take notice of the peculiar gastric and abdominal symptoms of Spigelia—as, for instance, canine hunger with nausea; distaste for coffee and tobacco; pressure on the stomach and abdomen, as if from a heavy, hard lump, &c. Moreover, of the various kinds of headache, viz., outward pressure in the forehead, as if the brain would burst out forwards, especially on stooping, or on removing for an instant

* *British Journal of Homœopathy*, vol. xviii. p. 76.

the pressure of the hand; and lastly, of the sensitiveness of the whole scalp, and even painfulness of the very hair when touched.

Almost the same holds good of Verbascum. This medicine, too, seems, in general, to correspond quite specifically, not so much to migraine as to certain forms of faceache. And yet it was just by Verbascum that I succeeded in making my second radical cure of migraine. A lady, aged 50, was suffering for about 20 years from migraine, which every second or fourth week took the form of an uncommonly severe fit. Bell., Nux, and other remedies had certainly appeared to produce temporary amendment, but, on the whole, had neither removed nor mitigated her sufferings. Verbascum at once, the first time it was employed during the attack, produced considerable alleviation and abridgment of the disorder, and after a few months, perfect cure, so that even after manifest injurious influences, which had previously always brought on an attack, a mere trace of transient confusion of the head was remarked after rising in the morning. The symptoms which directed me to Verbascum, consisted chiefly in a peculiar sympathetic affection of the ear of the side affected. At the height of the headache, which mainly consisted in pressure and pinching in the temple and zygoma, there commenced an intolerable drawing into the ear with a sensation as if something stopped up the ear. This sensation was also particularly aggravated by moving the jaw and masticating. The patient was, it is true, already arrived at a time of life when migraine often spontaneously gets milder, or entirely disappears, yet were the symptoms for Verbascum far too characteristic, and the recovery too rapid and too strikingly coincident with the employment of the Verbascum for me to hesitate about accepting the case as a real medical cure.

Sanguinaria, which Hering names as the best medicine for migraine, I have employed but seldom, and as yet without result. It is true, its indications are very slightly characteristic, and suit tolerably for any and every case. Possibly, too, the cases in America may be of a different nature from ours. Just as little have I employed Arsenicum for migraine, as far as I

know. Tietzer also mentions it as a very important medicine for migraine, only his indications are to me partly unintelligible, and partly nonsensical. This "aucta venositas," the "plethora abdominalis, which depending on an irritated state of the ganglionic system produces migraine, by a sympathetic affection of the trigeminus," and the "purely dynamic liver affection caused by Arsenic," are, in my opinion, modes of speaking which we might reasonably leave to others.

I come, finally, to some palliative and auxiliary medicines in the treatment of migraine. Before all, I must quote Paullinia. This remedy which, unfortunately, has been submitted to no physiological proving, has decidedly a very special effect in attacks of migraine. I have only used it myself on a few occasions, but regularly in half-an-hour or an hour complete cessation, or at least considerable amendment has been observed. Also, I have questioned a good many migraine patients who had taken the medicine at their own discretion, and almost always obtained confirmation of this striking result. To be candid, however, this remedy is said to exhibit no effect touching the return of the attacks, and what is still more unpleasant, gradually loses its effect by frequent use, as a patient assured me, who employed Paullinia for more than a year on every attack of migraine, and hitherto had always found benefit. In other respects, this medicine never in any way brings on any perceptible sequelæ or after sufferings, but acts in a truly surprising and beneficial way, but requires for that purpose a tolerably strong dose. Homœopathic attenuations, at least, are not employed in this instance, for even the 1st centesimal trituration no longer acts in this way, as I have several times convinced myself. However, it does not require a whole powder, such as are supplied by the trade in Paris, the fourth part of such a powder, according to my experience, succeeds perfectly.

Suppose, then, that Paullinia acts merely as a palliative, and that its employment in migraine rests merely on general, and not on homœopathic indications; at any rate, it is an important medicine which, in the present imperfect state of our knowledge and power, ought not to be disregarded. Even at present it offers, in cases where rapid improvement is, for

special reasons, desirable or necessary, a highly valuable and extremely convenient palliative, and it is to be expected that proper provings and exact experiments will convert it into an actual cure for certain definite cases.

As a further palliative remedy, I might here adduce the catheterizing (or, more properly speaking, *touching*) the membrana tympani. Notoriously Dr. Desterne (*Journal de la Soc. Gall. de Med. Hom.*, p. 644) at first called attention to the fact that a careful touching of the membrana tympani with a probe or catheter not unfrequently at once removes the pain by the sudden shock, in cases of toothache, headache, migraine, neuralgia, &c. I have in several cases of migraine employed this procedure, and sometimes saw very good results. Temporary amendment set in almost always; once, almost a perfect removal of the attack. If, moreover, the manipulation be undertaken cautiously, and a very blunt instrument employed, then even its frequent use can hardly be injurious to the membrane, and it seems to me always advisable in very painful cases to try this operation, which is so easy, and can be performed with any blunt needle, and which does not at all forbid the simultaneous employment of internal remedies. On the other hand, I have never seen even the slightest amelioration from the external use of chloroform; a circumstance which also seems to me to speak to the point that migraine is not a simple neuralgia, *i. e.*, is not a local affection of the nerves external to the cranium (the trigeminus, facialis, &c.), but a disorder of some internal portion of the brain. For, in true neuralgia of the supra or infra-orbital nerve, of the facialis, or even in toothache, I have hardly ever seen the external application of chloroform quite ineffectual, even though the alleviation was very transient, and for that reason the remedy must appear even in such pains of very little use.

Lastly, I will here mention a popular remedy. This consists in the continued carrying on the person of a lemon, which, after some time, when it becomes dry and scentless, must be exchanged for a fresh one. I know that by this means, in the case of a lady who suffered many years from migraine, which

set in regularly every third or fourth week, all attacks were completely prevented for a whole year. It is true that in another case this remedy seemed to exercise little or no influence.

CASE OF SOFTENING OF THE BRAIN AND HYDROCEPHALUS: WITH REMARKS.

By Dr. Bayes, of Cambridge.

W. H. F., æt. 6 months, was first seen by me on Oct. 6th, 1862.

Present state.—He is a fine, well-grown, and rather stout child, with a broad and well-developed chest. Has been ailing for about a week or ten days. It was supposed, at first, that he was teething. He has been frequently sick. For some time he has been restless and irritable, very intolerant of noise; at times slept heavily, would then wake suddenly, with a startled expression; more recently he has been dull and heavy, and had a great disinclination to move, or rather, a disinclination to be moved, or to move his whole body, and especially his head. His head is thrown backward, as if too heavy for his shoulders. He throws his right arm and leg about almost constantly, while awake and during his sleep; kicks off his clothes, so that he requires to be frequently watched and covered. Such was his condition when I first saw him. I afterwards elicited several facts bearing on the case, which I will detail in a supplementary form hereafter. On examination of the child's head, I found it rather hot, but not remarkably so; the fontanelles and sutures open. The head appeared somewhat larger than natural, but so little changed, that, until I drew their attention to it, it had not been remarked by either parents or nurse. He moved his right arm and leg freely about, but the left side was perfectly quiescent; and on examination, I found it was paralysed. This also had been unnoticed. The parents' and nurse's attention having been more directed to the frequent, and, as they supposed, convulsive movements of the right side, they had merely looked on the left side as being in a state of rest. The nurse thinks this paralysis had been present a day or two before I

saw the child. The tongue was brownish immediately after a long sleep; whitish, but not much furred, at other times. The pulse was very rapid, but soft and compressible; beyond 160. The general aspect was calm, the face plump and well coloured, the nose red, as if there were some stomach irritation; but the eyes were staring and wild-looking, and the forehead frowning, as if there were ever frontal headache. For some days there had been frequent vomiting of food. The bowels were open, but the evacuations were divers-coloured and very offensive. The gums were neither swollen nor hot. The skin was not hot, nor were there any symptoms of acute inflammation.

Treatment.—For several days the child had been treated domestically with Chamomilla, &c., without benefit. I ordered Aconite and Belladonna.

7th. The sickness had stayed; the evacuations were less offensive, and their colour more natural; but the child's general aspect was the same—the eyes wild and staring, yet meaningless; the forehead slightly frowning. There was great intolerance of any movement of the head; no intolerance of light or of noise. The left leg and arm were still paralysed; the right in constant but not rapid movement during wakefulness, tolerably quiet during sleep. No great heat in the head. Tongue and lips brown, and rather dry. Pulse from 180 to 200. The appetite almost ravenous, and the action of sucking and swallowing very hurried, as also was the respiration. There was a spasmodic tendency to straighten the spine, coming on at intervals.

Treatment.—Belladonna and Mercurius, alternately.

8th. The child still insensible. He lies on his back; his head thrown backwards, and never voluntarily moved. The right hand and foot almost constantly moving during wakefulness; the left still paralysed. The parents pointed out to me that there was some sensation and slight power of movement returning to the left side, as he withdrew either arm or foot on pinching the toe or finger hard. The tongue was moist, and all brown appearance of tongue and lips had disappeared. In other respects he appeared the same. He sleeps at intervals, perfectly quietly.

9th. There was but little change. He appeared to be gradually regaining the use of his side. The head rather larger. No consciousness. He has had all through, at times, a slight fretful moan, but no sharp or sudden cry.

Treatment.—Arnica and Mercurius.

10th. He passed a much better night. The nurse thinks he was conscious during the night, and he moved voluntarily, took his food well, and appeared to notice her. He also moves his left side, which is regaining its normal amount of power. But in the middle of the day he relapsed, after a quiet sleep, and appeared very restless; a great deal of spasmodic action of all the limbs, and straightening of the spine, with a forcing as if straining to pass a motion. Frequent doses of Arnica 1, (every quarter hour), soothe him. His head appears to be getting less, but is again motionless and thrown backwards. At times the respiration is blowing and stertorous for a little while, then is quiet again.

Treatment.—Arnica and Zinc. met.

11th. The same condition continued till the night of the 11th, when all the symptoms were aggravated. He had taken his food heartily, but soon after was seized with a great increase of the spinal spasms and of the clenching of the hands, and alternate flexion and extension of the limbs. The movement of the legs was like the action of swimming. The nurse said he often had a habit of doing this in a minor degree. His pulse was countless—over 200; there was constant muscular twitching and thrill; the head and face were flushed; the mouth closed, slight foam issuing from the lips; and the blowing respiration of apoplexy was present. The abdominal muscles were tense, and there was a constant straining, as in the effort to stool. His eyes were wide open; pupils insensible to light, and contracted. The left eye squinted, and was drawn inwards.

Treatment.—Put him in a hot bath, afterwards applied a mustard plaster over the abdomen. Gave him Opium, afterwards Cuprum. These having no effect, gave him Arnica and Belladonna, and lastly, an enema containing castor oil.

The enema was rejected with great force, and brought away little formed evacuation. After this he had a temporary lull

for a few minutes, and dropped off to sleep. He remained tolerably quiet for an hour and a half, but the muscular tension did not relax; the spine remained straight and stiff; the hands clenched and wrists firmly flexed; ankles turned inwards and toes stiffened; the limbs constantly moving about, and the breathing blowing and stertorous. During some short sleeps he appeared calm and slept placidly. The muscular tension relaxed during sleep.

12th. In the early morning of the 12th the father gave him a teaspoonful of castor oil, which acted freely and gave him a slight temporary relief, but after a short sleep he woke again with the same spasms. There was no evidence of conscious suffering in these attacks; no screams nor loud cries. His head always remained thrown back and motionless. His left eye now closed imperfectly, even during sleep, and had a filmy dead look about it.

The spasms returning with some violence on the 12th, I ordered him another hot bath. During the convulsions the limbs stiffened out straight, excepting the hands and wrists, which were firmly flexed, and the feet and ankles were turned inwards.

He relaxed slightly in the bath. I again put a mustard cataplasm over the abdomen; applied spirit lotion to the head; had his whole body, and especially his limbs, rubbed with an embrocation of chloroform and oil. I also attempted to mesmerise him, and with some success. He fell into a quiet sleep, and slept for two hours. But on waking he was in the same state as before—pulse over 200; mouth and tongue moist; perfectly insensible; head rather smaller; abdomen natural in size, but muscles fixed; straining respiration. He passed no water for more than twelve hours, but afterwards passed it freely.

Treatment.—Arnica and Hyoscyamus. The Arnica still seems the only medicine which produces any sensible effect, and this certainly quiets him.

On the 13th his general symptoms were the same. The nurse pointed out to me some vesicles behind his right ear, on his left hand and right knee; there were also a few spots on

the forehead, feeling like shot under the skin. On the 14th these spots presented the appearance of vesicles with a depressed centre, surrounded by a slightly reddened areola. They had the appearance of small-pox, and ran the usual course till the 17th, when they partially receded.

There was now no decided change in the little patient's condition till the 16th. For a short time, on the 13th, he moved his head and slept, inclining slightly to one side. He also seemed to like to be gently rocked in the nurse's arms. But he soon relapsed.

From this date he had symptoms of faintness at times, for which small quantities of brandy and port wine were given—5, 10, to 20 drops of brandy in a little water, well sweetened, or a little port wine and water; also a little chicken broth in milk. Since the 13th the strabismus disappeared.

On the 16th, in the evening, while I was watching him, and his father was rubbing his feet, which were rather cold, he suddenly opened his eyes to their greatest width, and shrieked out very loudly four or five times, then relapsed into the quiet insensibility again. The left eye remained, usually, wide open; the right eye was half closed. Except this, there was no distortion of features; and for some days the forehead had become smooth and placid.

During the night of the 16th he had three other of these startling attacks of shrieking; but they were neither long nor very violent, each consisting of four or five shrieks.

During the 17th he was evidently sinking. The convulsions were less violent; his eyes remained the same—the right almost closed, the left wide open; his head lay unmoved, the limbs *working* slightly; hands clenched and flexed firmly on the wrists, the rest of the arms rigidly extended; body stiffened and spine slightly curved, so that he rested on his buttocks and his shoulders; breathing straining; pulse uncountable; heart's action tumultuous; the spots retroceding; tongue moist; gums firmly clenched. He lasted through the night. He refused food; injections of broth were administered, but failing to remain, were tried only twice. On the morning of the 18th he died, without any fresh convulsion or suffering. During the

last few hours of his life, his throat and the lower part of his face and chin became swelled and puffy.

Post Mortem, Oct. 19th, 1862; *twenty-seven hours after death.*

The surface of the body presented an unusual amount of discoloration. All the dependent parts were *purple,* particularly where there were any folds of the skin, as behind the ears, at the back of the neck, between the nates, &c. The whole surface of the abomen was *green.* The body was rigid; the hands and wrists firmly *flexed,* and the arms rigidly extended; the feet drawn inwards; the knees rigidly extended.

Behind the right ear were four pock marks; on the right leg, three, near the knee; all of which had partially retroceded.

On denuding the scalp, the fontanelles were found very open, and the sutures separated to the extent of about one-fifth of an inch.

The skull-cap was very firmly attached to the dura mater, especially round the fontanelles and at the sutures, and was adherent (but less firmly) over the remaining portion.

The surface of the brain was injected. Four ounces of turbid serum escaped immediately the membranes were punctured.

The weight of the brain and cerebellum (independently of the serum) was 29½ ounces avoirdupois.

The whole brain was softer than natural, and spread itself out widely in the plate. With this exception, the whole of the left hemisphere appeared healthy.

The *right* hemisphere was *much* softer than natural in its whole extent. There was nothing unnatural in the colour. On the posterior and upper surface there was complete softening, to the consistence of thick cream, so that the finger passed without resistance into the lateral ventricle. On passing the handle of a knife into the lateral ventricle, it was readily passed upwards, without resistance, through the superincumbent brain, which was of the consistence of soft cream-cheese, while the upper part of the posterior lobe was semi-liquid and pultaceous. The greatest softening was on the upper surface of the brain, which became firmer as we reached the base.

The corpus callosum and fornix were completely softened.

The base of the brain appeared healthy, as was also the cerebellum.

The spinal cord, where severed, looked healthy, and was of firm consistence; there was some oozing of dark blood from the spinal canal.

There were no tubercles deposited on any of the membranes.

I was assisted in making the above *post mortem* by my friend and colleague Mr. Freeman. We afterwards examined the softened portion of the brain under the microscope, and found, in addition to blood-corpuscles, there were many exudation-corpuscles present, and a large number of the granules from which the exudation-corpuscles are formed.

Additional Particulars obtained since death.

In July the child had had measles, which the nurse says were well developed. He was so little ill from the measles, that no medical assistance was needed.

For several weeks before I saw him, he had been restless, easily startled, and irritable.

For some three months or more could not bear to be still. Sometimes when asleep would wake suddenly, and lie with his eyes unnaturally widely opened; would at times startle suddenly, as if alarmed; would often, when lying in the cradle, roll his head rapidly from side to side, and had done this for some four months to such an extent as to have rubbed off a considerable quantity of hair.

All his life, his stools have been intolerably offensive, and of mixed colours; they often appeared as if they were undigested food. His appetite was large; he had been chiefly brought up by hand. He had not been a lively child, and for some time was intolerant of noise. When sleeping had a habit of kicking a great deal, and required frequent watching to prevent his uncovering himself.

On September 3rd was vaccinated. On the following day vesicles rose; they increased one day, then remained about

the same, and disappeared on the fifth day. Ten days afterwards the vesicles again appeared, and increased for three or four days, surrounded with several little pimples; on the seventh or eighth day the pustules dried into a crust. The surgeon who vaccinated the child pronounced this second eruption true vaccine, and vaccinated another child from the matter, which child took the vaccine and *did well.*

On the 29th of September the child first showed decided signs of ill health, but for some days before had frequently vomited, and had had restless nights. Soon after his vaccination the nurse noticed that he had a habit of throwing and holding his head backwards.

Hereditary Predispositions.

There was no scrofulous or tuberculous taint traceable through the parents on either side.

The father has suffered for years from chronic bronchitis, and has also an encysted tumour in the cheek, shewing a sycosic tendency.

The mother, many years since, suffered from eczema, but is now perfectly well.

The child's eldest brother suffered from eczema when an infant, but is now, to all appearance, healthy.

Special Remarks.

1. This case is of some value, from the clear and definite history I was able to obtain. The nurse was a person of more than ordinary intelligence; the parents were both of very superior mind; and, in addition, a physician of some eminence, who was an intimate friend of the family, had, during frequent friendly visits, watched with some interest the child's development.

Hence, this case is very instructive, in showing how very insidious the approaches of this serious and fatal disease may be. Since its true nature was not prominently revealed till the 6th of October, on which day the little patient, was paralysed in his whole left side, and was almost, if not totally

insensible; yet, when the child's past symptoms are critically reviewed, the case developes itself lucidly before our mind.

Four months ago, the child had such a habit of rolling his head from side to side in his cradle, as to have rubbed off the greater part of the hair at the back of his head.

In the absence of other signs of severe illness this was looked on as a simple *habit*, or, at most, it was thought that he had some slight skin irritation, though none was visible.

All his life long his motions had been intolerably offensive, and of mixed colours—often consisting of undigested food. This was thought nothing of, as his appetite was large, and he grew rapidly and was plump, almost fat; but how strongly it points to mal-nutrition, almost certain to lead to *anæmia*.

Then his *restlessness and irritability*, and his *intolerance of noise*, together with his startings, *as if alarmed*, and his sudden *waking with staringly open eyes*, show the gradual progress of the brain disease; and following these symptoms come the *uneasy sleep*, in which he *kicks off the bed-clothes*. Yet all these pass almost unnoticed because the child takes his food well, is fat, and has no acute symptoms of disease. The nurse noticed that he was *not a lively child*—by which she meant that he had a listless, quiet way with him; he had no high spirits; was not a laughing, kicking, crowing child; but this merely negative symptom gave no alarm, it was supposed to be his disposition.

Lastly, *since his vaccination*, he had *restless nights and frequent vomitings*. These are attributed to the possibility of teething; while the *throwing and holding the head backwards* was also put down to a *habit*.

But at last the child looks so wild and peculiar that alarm is felt, though of a vague character, and the physician is summoned, only to find the case one of almost, if not quite a hopeless character.

2. Episodically, comes that curious vaccination. The vesicles first run an abnormally rapid course; die away, and in ten days recur. They then run an apparently regular course (so much so, that the surgeon vaccinates another child from the arm); again the vesicles die away, and then, about three weeks after,

small-pox appears in a few scattered vesicles, and the child dies with the swollen cheeks and throat, which so often betoken a suppressed eruptive fever. There were, too, a few little spots on the forehead, which had all the feeling of commencing small-pox pustules, giving the sensation of shots under the skin; but these rapidly receded.

The child had been exposed to no infection of small-pox—could it have been some modification of the vaccine virus?

I saw a little patient some weeks since, at our dispensary, covered with pustules exactly resembling small-pox of the seventh day. But this rash had been out for some weeks, and had appeared a week subsequently to the disappearance of the vaccine pustule. This disease yielded rapidly to Tartar emetic. I remember to have seen a few somewhat similar eruptions following vaccination. Does this arise from the vaccine virus wakening up some dormant skin disease, and giving it the peculiar shape? or has the vaccine lost its vaccinity, to some extent, in passing through several generations of children? and is the virus, then, in a transition state of return to small-pox?

It is a point of some importance to inquire whether we can transmit vaccination through an indefinite number of children, and find it still unchanged? or whether the small-pox matter, having been so wonderfully changed by its transmission through the cow, may not, by constant re-transmission through children, become in time *humanized* once more, and resume its own nature of *small-pox*?

3. A point of great interest in this case was the complete recovery from the paralysis of the arm and leg.

In *Watson's Practice of Physic* is related a case of Dr. Abercrombie's, of encysted abscess of the brain, in a girl of 11 years of age. In this case there were convulsions, followed by paralysis. The paralysis gave way, temporarily, under bleeding, purging, and cold applications to the head; but in a few days the paralysis returned, and death ensued.

Dr. Watson attributes the removal of the paralysis to the antiphlogistic treatment employed.

4. But we have seen that the same result followed the use of Arnica in the case above related.

In neither case was life saved by the means employed; but I would draw attention to the fact that, in the case in which antiphlogistic means were used, the paralysis returned; while in the case where Arnica was used, the paralysis did not recur.

I assume that the paralysis in either case was not the result of the *softening*, since the paralysis gave way, although *softening* was found on examination; but that it arose from congestion around the *softened*, or *softening* portion of the brain. The antiphlogistic means used in the one case temporarily relieved this condition, but reaction set in, and still greater congestion resulted, causing permanent paralysis. Whereas, in the other case the Arnica cured the congestion, and removed it altogether—hence, removing also the paralysis.

I would also observe, that the hydrocephalic condition was relieved, at the same time, the size of the head did remarkably diminish, and the *squint* disappeared; but the eye never regained its natural appearance.

5. It appears, from the foregoing remarks, that the child, for many months, had a proclivity to brain disease, and that this was wakened into activity by the vaccination, which through some accident really *induced* small-pox. The suppression of this eruption then induced the softened brain and hydrocephalus. In mentioning this cause of hydrocephalus, Watson says, "In these cases, the early symptoms are often but slightly marked, or do not take place at all; the sudden occurrence of convulsion or paralysis affording the first evidence that the brain is implicated. This is the most dangerous form of hydrocephalus."

6. But, perhaps, one of the most curious points was the soothing influence which mesmerism exerted over the child. I have briefly adverted to this in the history of the case, but forbore there to enlarge upon it, wishing to speak of its effects more fully than I could conveniently do there.

I discovered this influence accidentally. The child being very restless and convulsed, I had applied a spirit lotion to the

head. Wishing to produce the full effect of cold I fanned his head, taking care, as the eyes were wide open, to pass the fan continually *downwards*, over the head and face. In a short time he fell into a calm sleep. Thinking I had found an easy method of soothing him, I directed his attendants to pursue the same course when he awoke; but when I went next morning, I found that the success had been much less than I hoped. I again tried the plan myself, and with the best result. But on my next visit I found that I alone possessed any great power; the parents and nurse had but little. I therefore attributed it to mesmerism, and, discarding the fan, made passes with my hand, and with the same excellent result. Soon I went further, for I found that when I felt his pulse, if I held his wrist for any length of time, he would go off to sleep without any passes at all. After this, I frequently gave him a placid two or three hours' sleep, by putting my finger into his hand for a quarter-of-an-hour, or by holding his hand in mine. I record this as a curious fact, and offer no explanation. It was an experiment repeated three or four times a day for some days, and constantly with the same result. It was a matter of great regret to myself that I had not made this discovery till after the 12th.

I may mention, that after sending the child to sleep, I always felt considerable weakness for some time, and on one occasion I felt extremely faint for more than half-an-hour; the faintness was accompanied with a laboured and intermittent pulse.

7. *Pathological Remarks.*—The presence of exudation, corpuscles, and granules, is considered by Dr. Hughes Bennett, Mr. Solly, Dr. Peacock, and other pathologists, to prove the disease to have been *inflammatory softening*. But it is also believed that *white softening* is most frequently *non-inflammatory*, and the result of *maceration in serum*, or of decomposition.

This case was one of *white softening*, in which *exudation corpuscles* and granules were present *in large quantity;* but even had these not been present, the position of the softening (which was far greatest on the *surface* of the brain), as well as its partial seat, would have precluded the idea of its

having been due to *maceration*, while the time after death (twenty-seven hours) at which the *post mortem* was made, the weather at the time being cold, would have made it unlikely that it could have arisen from *decomposition*, and also in this case, the softening would have been *general*, not *partial*.

Dr. H. Bennett observes, that "in idiopathic inflammatory softening of the brain, contraction of one or more limbs is a common symptom." In this case there was contraction of the hands and wrists; but the limbs were, at times, flexible till death, and the whole contractions gave way during sleep.

8. *Treatment.*—I have little to remark upon the treatment. The only medicine which appeared to give *marked* relief was the Arnica, when given frequently, and rather in large doses (½ drop doses of Arnica, 1st centesimal, every quarter or half hour). This certainly quieted the child, cooled the head, and produced absorption of the fluid, and consequent diminution in the size of the head. It also removed the paralysis.

Brandy and port wine, too, in the later stage of the disease quieted the muscular twitchings and spasms for a time. Excepting this, I cannot say that any medicine appeared to influence him, though many were given. He always became worse if the Arnica was omitted for any length of time, or if the dilution was altered, which it was at one time to the 30th, and at another to the 12th.

General Remarks.

In the year 1857, I attended a little girl, aged 7, who, after about three weeks' illness, sank and died with every symptom of brain disease. A *post mortem* examination revealed in her case some slight effusion, and a considerable amount of softening in the left hemisphere of the brain, also greatest at the surface. In this case there was frequent delirium during the last few days of life; difficulty of deglutition and strabismus.

With these two exceptions I have seen no deaths from hydrocephalus, unless where it has been complicated with acute whooping-cough.

PULSATILLA I have found most valuable in the treatment of that insidious form of hydrocephalus, where the little patient has become weak and tottering bodily, and dull and stupid mentally, especially where it has occurred in children of phlegmatic temperament, and where there has been constipation of the bowels, accompanied with the white or yellowish deposit of urate of ammonia in the urine. There is usually great susceptibility to the action of pulsatilla in these cases, as evidenced by the rapid clearing of the urine. I have seen this produced by a single dose of the 30th. But the best general effects are produced by the lower dilutions cautiously administered.

BELLADONNA I have found more useful in the acuter form of the disease, when there is a flushed face, with sparkling eyes, general fever, great heat, and violent pain. Where the characteristic sudden waking out of sleep with a sharp shriek or scream is present, Aconite is indispensable in alternation with the Belladonna. I have found the 12th of Aconite exert a more soothing influence than either the higher or ower dilutions; but in these cases hitherto, I have found a *low* dilution of Belladonna act better than the higher.

About the same time that I was called to see the case first detailed, I was in attendance on a little girl, aged 3, who was suddenly attacked with acute encephalitis, coming on three weeks after a severe fall. The scar on the forehead, caused by the fall, had scarcely healed, and looked red and angry. The child had shown signs of great excitement for some days, and her nights had been disturbed by dreams and delirium. But on the night I was sent for, all the symptoms were intensified. The head and face were flushed and hot; pulse almost countless; breath very offensive; delirium at times violent, at others low and muttering. Arnica and Belladonna in half-drop doses of the 1st dilution, alternately, every half-hour, were followed by increasing calm, and in a few hours very profuse perspiration broke out over the whole head, giving full relief. Continuing these medicines at longer intervals, and in smaller doses, for a few days, ended in perfect and rapid recovery. In some cases of hydrocephalus, occurring in very young infants, diarrhœa and

vomiting are very prominent symptoms. The diarrhœa is urgent, and the dejections are expelled with great force.

BELLADONNA and MERCURIUS, in tolerably high dilutions, have proved most successful in my hands in these cases. The 12th and 18th dilutions have usually relieved the urgent straining and diarrhœa very satisfactorily. Where they fail to check the symptoms rapidly, I have given a low dilution of Bellad., 1st or 3rd dec., and the 6th of Mercurius sol.

CHAMOMILLA is, of course, our sheet-anchor when encephalitis threatens during teething, when the dejections are green; when the vomited food smells acid, and the child draws up the knees, as if in great pain in the abdomen.

These remarks are founded on a number of observations, extending over several years. I have not thought it needful to give them in detail.

The chief cause of hydrocephalus is, undoubtedly, a faulty constitution, inherited from one or other parent, or induced by insufficient or improper food.

Almost all, if not all, the hydrocephalic children coming under my care, have been the children of unhealthy parents, or had been brought up by hand.

This disease is one of the worst *named* in nosology, since it expresses the *results* of disease, and not the diseased condition which gives rise to the symptoms. Like *dropsy*, hydrocephalus is frequently only the *last stage* of long standing *unhealth*. Hence, *support* is always needed. The intensely hot head is usually accompanied by a pale face, and cold extremities. The rush of blood to the head, in these cases, is similar to that observed in parturient women after flooding. It requires *stimulants* for its relief, *externally* by means of spirit lotions, internally by small quantities of wine and water, or brandy and water. These, in my experience, always soothe the little patient and cool the head.

For the muscular pains which often accompany this disease, friction with the warm hand, or with a liniment, containing a drachm of Chloroform to two ounces of Olive oil, I have found give great relief.

The warm bath is occasionally of great service in convulsions, and the little patient should not be dried after the bath, but be at once wrapped in warm flannels.

Food ought not to be given in too large quantities at a time; an overloaded stomach in a convalescent from hydrocephalus, will frequently bring on a severe relapse of the convulsions, &c.

ON LEMON JUICE, AND ITS HOMŒOPATHIC ACTION IN DISEASE.

By Dr. J. KIDD.

"The first corruption of Law is exhibited in its not being developed according to its spirit, but *bound down* to its *literal meaning*."

IT is extremely interesting to us, as disciples of Hahnemann, to be able to show up the shortcomings and failure of the "*contraria contrariis*" rule, and to prove, that, not only in the finer investigation and treatment of disease from symptoms, but also in *treating the causes and products* of disease, the law of "*similia similibus*" is true, and practically the best.

It is also well to be able to show the adherents of the old system, that homœopathy is not based solely on symptoms, does not stand still over tinctures, triturations, pilules, or globules, but that it can apply its law of cure to the *cause of disease*, as well as *to the symptoms*.

The law of "*similia similibus curantur*" is as true and truly applicable as a medico-chemical law, in relation to causes, quite as much as medico-dynamic in relation to symptoms.

For many years, having seen much benefit from the use of lemon juice in disease, I am induced to lay my experience of it before the profession.

Little can be added to our knowledge of its efficacy in scurvy, in which the experience of medical men in all climates, and under the most varied circumstances, has been invariably favourable.

As illustrating the law of "*similia similibus curantur*," I will, however, narrate a singular case of scurvy that I watched

in St. Vincent's Hospital, Dublin, under Dr. Bellingham's care, in 1844. A youth, aged about 17 years, was sent into the hospital, from the country, in a state of total prostration from scurvy, with constant oozing of blood from the gums, and pallor of the complexion.

For three or four months he had been employed by a farmer to watch an orchard. To save his wages he bought little or no food, but lived altogether, or nearly so, on the fruit; his diet, in fact, consisting of little but apples for many months. From this, scurvy gradually arose, which proving intractable to the country doctors, he was sent into hospital. Notwithstanding the most careful treatment, by Lemon juice, Iron, generous diet, Tannin wash to mouth, the disease got worse and worse, and the boy died in the hospital.

The diseases in which I have found Lemon juice especially useful are—

1st. Dyspepsia, with acidity.

2nd. Lithic acid and Lithate of ammonia deposits in the urine.

3rd. Rheumatism.

Dyspepsia, with Acidity.—In many of the worst cases of dyspepsia, the most prominent symptom is *persistent acidity*, causing burning pains at the epigastrium, acid regurgitations, vomiting of sour fluid. In the natural state of the intestinal mucous membrane, the secretions are alkaline; but in this form of dyspepsia, the ill-digested food passes into the small intestine in a state of acidity, and sets up reflex irritation of brain, causing restless sleep, and morning headache. Through the spinal nerves, it also causes spasms and cramps. From the intestinal tract, acid products are absorbed into the blood, and set up blood disease.*

In the dyspepsia of the acid diathesis, after the unavailing use of well selected homœopathic medicines, I have found great and permanent relief from the use of Lemon juice.

It is especially useful for persons of dark complexion; bilious,

* Eczema is, I think, frequently caused by this state of blood. In many cases of this troublesome skin-disease, I have found the success of treatment turn upon the cure of acidity in the gastro-intestinal mucous membrane.

or bilious-lympatic temperament; also in those disposed to obesity.

The dose I generally prescribe is the juice of a Lemon (diluted with twice as much water) about two hours after meals, twice a day. In some cases it is best to begin with smaller doses—a teaspoonful once a day. Occasionally, it acts best when taken with the food at dinner. It soon arrests the tendency to nausea, acidity, and oppression after meals. When given towards the end of digestion, the Lemon juice mixes with the chyme, passing into the duodenum, as it is about to receive the admixture of bile and pancreatic fluid. At this stage of digestion, the effect of Lemon juice is well marked in quickening and perfecting the solution of albuminous substances. The patient generally finds speedy relief from the oppression about the epigastric region, and from the languor and drowsiness.

The action of the Lemon juice seems to be supplemental to that of the gastric juice and intestinal secretions.

It is absorbed through the portal circulation into the blood, as shown by its speedy action on the kidneys in the increase of urine.

In this form of dyspepsia, it is of great importance to regulate the diet carefully; to interdict the use of sugar, sweets, preserves, pastry, puddings, unripe fruit. Fresh meat should be taken freely, and vegetables rather sparingly. The use of tea is also objectionable, as well as of beer; but dry sherry or claret wine, in moderation, proves serviceable.

CASE 1.—Acidity of gastro-intestinal tract cured by Lemon juice, after unavailing use of homœopathic medicines and of alkalies.

J. L., aged 42, of a dark complexion, lymphatic-bilious temperament, had suffered for eight or ten years from obstinate acidity of stomach and bowels; frequently to such an extent as to cause violent attacks of painful spasms all over the abdomen. For years she had been taking homœopathic medicines of various sorts, in globules and in tinctures, without permanent benefit. In despair she then tried large doses of Bi-carbonate of soda, with temporary relief, but with the ultimate

result of the attacks becoming more frequent, and more obstinate.

After hearing this history, I prescribed the use of Lemon juice for a fortnight, viz., the juice of one lemon twice a-day, two hours after meals. The result was a permanent cure of the acidity and of the spasms, from which she remained free for many years.

CASE 2.—Dyspepsia, with acidity, of twenty years' duration, cured by Lemon juice.

Mr. C., aged 56, of a sanguine-lymphatic temperament, feeble constitution, for upwards of twenty years had suffered from obstinate dyspepsia, characterized by *acidity;* yellowish fur on the tongue; constant acidity and oppression after food; mouth covered with acid mucus; urine pale yellow colour, quickly depositing, on cooling, a light yellow deposit of acid Lithate of ammonia. For years he had been under the care of several of the most distinguished London physicians. During the space of about three months, I treated him with several medicines in succession, including Nux v., Bryonia, Merc. c., Puls., Nitric acid. He derived much general benefit, but little as regards *the persistent acidity* and mucous irritation, till Lemon juice was prescribed. After a few weeks' use of it, the result can best be described In his own words:—"I have derived more benefit from the Lemon juice, than from all the medicines I have taken the past twenty years."

CASE 3.—Congestive irritation of mucous membranes from cold, cured by Lemon juice.

Capt. T., after prolonged exposure to wet and cold on board ship, became affected with chronic irritation of the mucous membranes of the stomach, throat, eustachian tubes, nasal passages, eyelids.

After some weeks' use of Merc. c., Pulsatilla, Hepar s., he remained much the same till Lemon juice was prescribed in large doses, a wineglassful three times a-day. Soon after commencing this, marked improvement set in, and after a few weeks' use of it, he went to sea again completely relieved.

In this case there was no positive evidence of acidity; still

the effect of Lemon juice on the mucous membrane irritation was most rapid and satisfactory.

Lithic Acid and Lithate of Ammonia Deposits.—It has been often objected to homœopathic practice, that it is founded on an imperfect basis, viz., the study of symptoms alone. This objection is not a true one, except in the practice of a few indefatigable symptom-hunters.

In many diseases the study of symptoms is of little use as to *the curative treatment;* whereas a true knowledge of the cause and production of the disease leads the mind of the physician in a direction towards the cure. The symptoms of urinary deposits tell us little; whereas an accurate knowledge of their composition and of their production tells much towards cure.

Thus, to take the class of urinary deposits under consideration (Lithic acid and the Lithate of ammonia and soda), the most prominent symptoms are pain in the loins, aggravated by pressure or motion; frequency of urination, with pain and difficulty in passing water; flatulency; acidity and oppression after meals; constipation, &c. With benefit we may treat the symptoms of deranged digestion by medicines and careful regulation of diet; still, too often the cause remains—the deranged secondary assimilation, and the products also remain, viz., the acid state of blood, and the abnormal presence of acid in the urine. This is exactly the case where I have seen most good from the use of Lemon juice. The antipathic treatment treats the cause by the opposite of acidity, and endeavours to alkalinize the blood and urine. I have found the vegetable acid of the fresh Lemon juice * to cure permanently what the use of alkalies *only palliates.* I have repeatedly seen cases of lithic acid, where alkalies had been freely used, and the result was, that during the free use of the alkali, the lithic acid disappeared from the urine; but within a day or two of the cessation of the alkali, the deposit of lithic acid re-appeared. An *excellent illustration of palliation; not cure.*

* Lemon juice is said to supply oxygen to those elements which lead to the formation of uric acid, thereby inducing the formation of urea and carbonic acid, instead of uric acid.

The use of alkalies in such cases is not truly curative; it only palliates, seldom cures, and generally exasperates the tendency to the production of lithic acid. Directly the alkali is discontinued, the lithic acid re-appears in the urine as abundantly, or more so, than ever. I have seen cases of lithic acid gravel, after the entire system had been perfectly saturated with alkali, at Vichy,* to show the red gravel as abundantly as ever within a week or two after discontinuing the use of that mineral water.

Lemon juice, carefully administered, has an action of a totally opposite character. It sets up a true curative prevention, stops the production of lithic acid, and carries out of the system the acid already formed. Given towards the end of digestion (two or three hours after meals), the Lemon juice mixes with the chyme, as it is about to be changed into chyle, the character of which it alters; it is then absorbed into the blood, and cast out by the kidneys, causing a free diuretic action. It increases temporarily the deposits, but soon causes the urine to become clear, and arrests the production of abnormal acids.

The effect of Lemon juice seems to me two-fold:—first, Changing the secondary assimilation, it arrests the formation of acid; second, In a marked degree it increases the quantity of the urine, and at first also the deposit of lithates; thus tending to carry the "materies morbi" out of the system.

In cases of lithic acid deposits, the dose I have found most effectual is from one to two tablespoonfuls two or three times a-day, about one or two hours after meals; it is best taken diluted with as much water. Sometimes it causes pain in the stomach; but this is easily obviated by the use of hot water to dilute it, in place of cold.

From practical experience, I have also found that it is most useful in persons of a full habit, of sanguine, or bilious, or lymphatic temperaments; *in such there is often an instinctive craving for acids,* so that the Lemon juice is much relished. In persons of the nervous temperament it is much less useful.

* Let us not, however, undervalue the admirable effect of the Vichy waters in neutralising and displacing masses of gravel, or calculi, embedded in the vis of the kidneys, or in the ureters.

In such, also, the dose should not exceed a teaspoonful at first, gradually, however, it may be increased to a dessertspoonful, or even to a tablespoonful.

In most cases it is undesirable to continue the use of the Lemon juice beyond three or four weeks, as after that it is apt to cause a sense of "lowering." After an interval it may, however, be taken again with advantage.

The action of Lemon juice in the cure of lithic acid is interesting, as a precise illustration of the true idea of "*s. s. curantur*," viz., that it is not the same class of acid that cures; not an animal acid to cure an animal acid, but a similar, yet not identical—a vegetable acid to cure an animal, *similar as organic*; not dis-similar as a mineral to an organic acid.

Case 4.—Lithic acid gravel, bilious dyspepsia, much relieved by lemon juice.

Captain H., aged 45, of a torpid, lymphatic bilious temperament, consulted me in 1854.

For many years he had suffered from irritation of the kidneys, consequent on the passage of lithic acid in the urine. This was scanty, deep coloured, *highly acid*, on cooling, depositing a dense yellowish-red deposit of lithate of ammonia, mixed with crystals of lithic acid. He complained of languor, malaise, oppression after meals, aching in the loins, piles. For many years he had been under allopathic medical treatment, without any permanent benefit. For some months I treated him carefully with homœopathic medicines, without much relief, till I prescribed Lemon juice, when a most marked improvement resulted in the condition of digestion, and of the urine; the pains in the loins also became relieved.

Case 5.—Lithic acid gravel; marked effect of Lemon juice after the unavailing use of Potash, Soda, and of Lithia.

Mr. F., aged 53, florid, sanguine temperament, consulted me in June, 1862. For three years he had suffered from abundant deposits of lithic acid in the urine, for which he had taken large doses of Soda, under Mr. Coulson's treatment. Not finding any permanent improvement, he went under the care of the late Dr. Baly, who prescribed Bicarbonate of potash, without benefit. Dr. Baly then sent him to Dr. Garrod, who dieted him most

carefully, and prescribed Lithia, without any good result. Discouraged, he gave up all medical treatment; but not improving, he consulted me. The urine: Sp. gr. 1030, turbid and highly acid, contained an abundance of lozenge-shaped crystals of lithic acid. For three or four years he had suffered from aching pains across the loins, in the hips and the calves of the legs. All these pains were in a marked degree *aggravated after rest*, and *relieved by motion*. From this well marked indication I prescribed Rhus tox. (Smith's, of New York), but *without the slightest benefit*. After ten days' use of the Rhus, I discontinued all medicine, and ordered the juice of a lemon two hours after dinner and breakfast. The effect of this was most singularly rapid and beneficial. Week after week I could trace a diminution in the amount of the lithic acid. At the end of a month, all, or most of the pains had ceased, the urine became clear, and the lithic acid nearly, but not altogether disappeared.

Rheumatism.—In no disease has modern pathology and organic chemistry afforded the practical physician more aid than in rheumatism. The effect of lactic and of lithic acid in the blood has been most clearly traced in setting up rheumatism—an effort of Nature to cast out the "*materies morbi*" that is poisoning the blood and the nervous system. The effect of lactic acid in the blood has been very clearly demonstrated by Mr. Simon and Dr. Richardson to be the exciting cause of endocarditis. In rheumatic fever the production of this acid is, however, the true cause, and referrible to perverted function of the liver, stomach, and of the skin.

In the treatment of rheumatism, I think the contrast between the effects of an alkaline treatment in consonance with the rule "*contraria contrariis*," is a most marked failure in comparison to the treatment of this *acid-caused disease* by Lemon juice, in harmony with the law of "*s. s. curantur.*" The alkaline treatment I have repeatedly, all but uniformly, seen to be a palliative relief; seldom a permanent cure.

It has been in my experience a most convincing proof of the law of "*s. s. curantur*," that the cases of rheumatism in which I have found Lemon juice most useful, have been, as a

rule, those accompanied *with positive evidences of acidity of stomach; of acidity of urine; of acid perspiration; even acidity of mouth.* I have often prescribed Lemon juice for rheumatism without any benefit whatever, and most of those cases have had no positive evidences of acidity. There is little doubt but that rheumatism is often unaccompanied with symptoms of acidity, either of stomach or of blood.

In many cases of rheumatism the use of Lemon juice is permanently curative, especially in rheumatism affecting muscles and joints. I have seen most good when the urine is high coloured,* scanty, with or without the deep yellow, or red sediment (on cooling) of lithate of ammonia, or of uric acid crystals. In such cases the stomach is at fault; the food is imperfectly digested. In the last stage of secondary assimilation, abnormal acid products are formed, and absorbed into the blood. Here they set up irritation of the coats of the vessels, and Nature attempts their expulsion, by the joints and muscles, in the shape of lactate, or urate of soda; the exudation causing the pain called rheumatism.

Case 6.—Bilious dyspepsia; lithic acid gravel; rheumatism. Well marked contrast between the effects of Lemon juice and of alkalies.

Miss J., aged 43, of a feeble, lymphatic temperament, consulted me in 1858. For about four or five months she had suffered from depression of spirits; acidity of stomach; dull pain at the epigastric region; aching in the lumbar regions; shooting pains in the large joints, aggravated by movement. The urine was scanty, high coloured, intensely acid, containing an abundant deposit of lithic acid and lithate of ammonia. For four months she had been treated by alkalies, without the slightest relief to the rheumatic pains; and with the result of causing severe depression of pulse, of strength, and of spirits. The medical man in attendance assured her that she must per-

* In a condition of urine exactly the opposite of this, when pale coloured and of low specific gravity, the Lemon juice has an excellent effect, which it quickly shows, in *causing the urine to become turbid*, and throwing down a red deposit of lithate of ammonia, *to the great relief of the system*, quite as much so as when a dry, inactive skin is caused to perspire freely.

severe, *even at such an expenditure of strength.* After four months' trial of the alkalies, in despair she gave up his treatment, and consulted me.

For some months I treated her by Bryonia, with decided relief; then in addition to the Bryonia, she commenced to take Lemon juice, half-a-wineglassful three times a-day. This soon produced a marked effect; increased the quantity of urine, changed its character to a less deep colour. Speedily, also, it relieved the depression of spirits (which the alkaline treatment aggravated), the bilious dyspepsia, and the rheumatic pains.

The effect on the latter was in strong contrast to that of the alkalies, which never relieved her.

CASE 7.—Acid night perspirations, after rheumatic fever, cured by Lemon juice.

Master W., aged 7, had two attacks of rheumatic fever; both treated allopathically. Some months after the second attack, I was called in. All the signs and symptoms of hypertrophy of the heart and dilatation of the semi-lunar valves existed (from former endocardial disease). The most prominent symptom was profuse sour-smelling perspiration at night. This had persisted for two months—indeed, it was on account of this obstinate symptom that I was called in. I prescribed Lemon juice three times a-day, commencing with a dessertspoonful, and gradually increasing to a tablespoonful. The parents of the child watched the case with great interest, as it was their first experience of homœopathic treatment in their own family. Very soon after commencing the use of the Lemon juice, the perspiration lessened, and nearly disappeared in about a fortnight. It was then discontinued, when the perspiration increased, and the acidity became more decided. Upon resuming the Lemon juice, amendment again took place; and after three or four weeks further use of it, the perspiration quite disappeared.

Dr. Richardson's experiments showing the unmistakeable effects of lactic acid in the blood, as setting up endocarditis, should not lead homœopathists into erroneous views of treatment. It is necessary for us to keep before the attention of the profession, that the clearly demonstrated experiments of

Dr. Richardson do not in any way invalidate the law of "*s. s. curantur*," nor in any way prove that "*contraria contrariis*" is a law of cure.

In cases of rheumatic fever, where the presence of acid in the blood* threatens to set up heart disease, it may be good policy to palliate the disease for the time being, by the free administration of alkalies; but even whilst doing this, we should recollect that it is not cure; it is but a temporary palliative to escape a temporary danger, and that the cure of the acidity of blood must depend on the law of *s. s. curantur.*

When lithic acid has become deposited in the kidneys, the effect of Vichy water is sometimes most beneficial in dislodging and bringing away calculi, even after they have been for years embedded in the kidneys or ureters; but when calculus exists in the bladder, *the action of alkalies is injurious*, causing an increased deposit of earthy phosphates around the stone, and setting up increased irritation of bladder. A patient of mine, from Cheltenham, with a large uric acid calculus in the bladder, found that a teaspoonful of Lemon juice twice a-day very much relieved the irritation of bladder; whereas the use of Vichy water produced a well marked increase of suffering.

In bringing these remarks to a conclusion, let me not be misunderstood. I do not advise the use of Lemon juice for temporary, or occasional acidity of stomach, but for that *well-marked diathesis in which persistent acidity predominates* as the characteristic symptom, where, in fact, the gastro-intestinal mucous membrane is covered with acid mucus; where the blood is acid, the urine abnormally acid, the perspiration acid. My object is to show that where Materia Medica dynamica fails to cure, a different result may follow a more crude medication, founded on the *chemical* action of *similia similibus curantur.*

* Dr. Gull's expectant treatment seems to be quite as successful in preventing heart disease, in rheumatic fever, as the popular alkaline treatment, so much lauded by young hospital physicians, who have not compared the alkaline with the dietetic and hygienic treatment as Dr. Gull has. Great credit is due to the latter physician for his courage in resisting the popular abuse of alkalies, and in testing the comparison between a lowering medication and a simple dietetic treatment, in conjunction with the effects of a warm bed and perfect rest, &c.

ON THE PATHOGENESY OF ACONITE: WITH CLINICAL OBSERVATIONS.

By J. H. NANKIVELL, Surgeon, Penzance.

"Trahit quodcunque potest et addit acervulo."

(Continued from Vol. XX. page 369.)

PHARYNX AND ŒSOPHAGUS.—"Scraping in the throat, with difficulty of swallowing; stinging and choky feeling in the throat, especially when swallowing or talking; tingling in the fauces." These symptoms are found in the first stages of rheumatic angina, and are not unfrequently accompanied with pains in the limbs. They are often brought on by exposure to cold easterly winds, or to a damp atmosphere. One of the earliest conditions in such cases, is an arrest of the secretion of mucus which lubricates the fauces; and even as Aconite can bring back the normal state of the cutaneous vessels, and re-induce the ordinary perspiration, which may have been arrested by a chill, so will it, in like manner, have a beneficial effect in restoring the healthy secretions of the fauces. It would be mere waste of time to quote cases to prove this, as every homœopathic physician must have repeatedly seen its valuable operation in rheumatic angina.

* "Burning and stinging in the fauces, and astringent sensation; acute angina, with violent fever, also with dark redness of the parts (the fauces, velum palati, and tonsils); almost entire inability to swallow, and hoarseness."

This group would seem to point as much to Belladonna as to Aconite; and as these medicines behave so well, for the most part, when given in alternation, it is probable, that in cases like that which our text describes, most practitioners would administer these remedies in alternation. It would be more artistic, however, and more scientific and definite to give Aconite in the first instance, and observe if any, or all of the symptoms disappear, and should there be a residue which Aconite had not mastered, then to give Bell., on some other

remedy which would be homœopathic; for if medicines are given in rapid alternation, we have their combined effects in the system, much in the same manner as if they were given in a mixture.

It has been proved, that in that distressing disease, cynanche tonsillaris, the early recourse to Aconite will frequently cut short the attack; if, however, suppuration should take place, we still have resources by which we are enabled to bring the disease to a favourable termination. When I practised medicine according to the more prevalent method, I made it an invariable rule to lance the tonsil as soon as fluctuation could be discovered by the finger, or as soon as pointing of the matter could be seen. The operation is safe enough when carefully done, and, undoubtedly, it often saves the patient some hours of severe suffering; but amongst people in general there is a well-founded prejudice against lancing abscesses. They affirm that surgeons are too fond of the lancet, and that abscesses reform when opened prematurely. There is some degree of truth in the allegation; but every case must be decided on according to its own peculiar merits or conditions. I have never seen suppuration recur about a tonsil very shortly after surgical interference; nevertheless most of these cases would have done as well without chirurgical pottering.

O. Z.—"Sensation of swelling in the throat; constriction in the throat; sensation as of a body with sharp edges and points being lodged in the throat."

Such sensations might exist when the mucous membrane of the throat had become tumid, from hyperæmia. The "sharp edges and points" are analogous to the sensation of sand in the eye, in the first stage of conjunctivitis—in both cases our Napellus is indicated. Avicenna relates, that in a case of poisoning with Aconite, the person who partook of the drug was affected with swelling in the palate, uvula, gullet, and trachea, and dryness accompanied with swelling. In a few experiments which I have made, by taking full doses of the mother Tincture of aconite, I have found that one of the earliest effects is dryness and constriction on the fauces.

"Burning and feeling of dryness of the soft palate and

fauces, not even passing off after a meal, and frequently inducing empty deglutition; heat in the pharynx; transitory pressure and tension in the soft palate and fauces, as if these parts were swollen."

It is scarcely necessary to state that the feeling of dryness is an actual condition of the parts, even as in the nostrils in the first stage of coryza, there is a sense of dryness and burning from the air passing over an unlubricated membrane. The empty deglutition is an instinctive effort to render the parts moist, by spreading over them the mucus and saliva of the mouth. When Monkshood is given for these forms of disease, it will, in most cases, relieve them promptly; for by its homœopathic powers, it will induce a contraction of the dilated vessels, restore them to their normal condition, and consequently, the mucous structures will resume their functions. In some recent numbers of the *German Homœopathic Gazette*, Professor Hoppe gives the results of his experiments and investigations on the action of Belladonna. He therein shows how Belladonna, under certain circumstances, becomes, not a dilator, but a contractor of the pupil, or rather of the iris; and he argues that medicines of this class have the power both of dilating and contracting the capillary vessels. This is not the place for entering fully into the subject; but as an elaboration and confirmation of Hahnemann's immortal discoveries, it is full of interest.

"Dragging sensation in the right eustachian tube, obliging him to swallow; pricking, burning in the palate, throat, and along the track of the eustachian tube, with increased secretion of saliva. The saliva which he spits up is mixed with clear blood, accompanied with sweetish taste in the mouth."

The extension of disease from the fauces to adjoining organs is more frequent in measles, scarlatina, and diphtheria, than in pure anginæ of a rheumatic or catarrhal form. In severe or malignant scarlatina, especially when it attacks children of a strumous or powerless constitution, it is often noticed that the ear becomes implicated in the disease, *viâ* the eustachian tube. The consequences may be ulceration of membrana tympani, caries of some of the bones of the ear, and more or less of

deafness. Of late years scarlatina has not been prevalent in this country. During the last twelve months a few cases have come under homœopathic treatment in this town; in these the fever was of an acute type, and required Aconite to control it. In a family of six children who all took the disease, the complications were in some instances severe, and several other remedies were used besides Aconite. One of the children appeared to be in jeopardy, from inflammation of the mucous membrane of the fauces and nostrils. In this instance Mercurius seemed to have a noble effect. The protecting power of Belladonna was in these cases tried without any good effect. On the other hand, I may here record, *en passant*, that a few years since, scarlatina broke out in a grammar school in this country, in which there were about fifty boys resident. One of the boys was sent home as soon as he was attacked with the epidemic, and I was requested to attend him. He had six brothers in the house. They all took Belladonna, as a prophylactic, in the form of globule, and not one was affected with the disease. "Sub judice lis est." Scarlatina is a pervading, subtle disease; the anginous inflammation extends to the nostrils; the lachrymal canals become conduits of disorganizing mischief; and worst of all, the cervical glands become tumid, and soon a form of coma may set in, partly from the mechanical pressure on jugular veins, partly from blood poisoning; then, last of all, a fatal clicking is heard in the larynx, and death closes the scene. No disease which I have had to treat brings out in a more prominent manner the superiority of homœopathic treatment, above every other kind of medication, than does scarlatina.

About twenty years since, there was in some parts of this country a very fatal epidemic of scarlatina. No treatment which I was then acquainted with seemed to be of the least service. Most of the children who were attacked with the disease died at the end of ten days, or a fortnight; and if any recovered, they were probably not much indebted to medicine for their escape. The swelling in and around the cervical glands was enormous, and leeches and blisters (!) were applied to reduce the swelling, but in vain. In consultation with our

elders in the profession, we were induced to try the effect of powdered Nitrate of silver, blown into the fauces. It is very sad, even at this distance of time, to remember the struggles of the little patients to escape from the operation. Had I then known the thrice blessed effect of our homœopathic remedies, I feel convinced that many of these patients would have been carried safely through the disease. It has been sometimes remarked by myself and other surgeons, that during the progress of many diseases amongst young children, the parents did not send for the doctor until the patients were at the last gasp. When we have remonstrated about this neglect, or fatal delay, we have been met with this apology—"We did not like to have the children TORTURED." What a reflection on the kind of practice but too generally adopted! The use of so-called powerful remedies is undergoing some modification; but even now the human organism is but too frequently attacked *vi non arte.*

"Appetite and taste. *Bitter taste, or else putrid, flat, or taste as of fish or rotten eggs. Every thing which he eats or drinks tastes bitter, *except the water.*"

Peradventure, there are scarcely any cases of severe disease on record, in which the patients have refused fresh water. They naturally "crave cold comfort," and many a time have I heard persons relate how, about forty or fifty years since, the doctors would not allow patients in fevers to drink fresh spring water; and how the said patients had, when maddened with thirst, managed somehow or other to get at a delicious draught; and how, on the following visit of the doctor, he had been struck with the admirable working of his drugs; whereas the living water sparkling from the fountain had really been the effectual remedy. The other points are only worthy of observation as indications of that depraved state of the gustatory organs in febrile disorders generally.

"*Loss of appetite, with sourish taste in the mouth; or else with bitter taste, accompanied with pains in the chest, and under the short ribs."

Such a group of symptoms might unquestionably present itself during an attack of dyspepsia; but when, in the ordinary

course of continued fevers, there are pains felt in any part of the body, be it in the trunk or in the extremities, and these pains are accompanied by morbid manifestions in the senses of taste, smell, sight, or hearing, it will be very right to consider whether there is incipient mischief going on in the brain itself. The watchful physician will be on the look out for so grave a complication, and meet it with Aconite and other appropriate remedies, knowing that no organ perhaps suffers so severely in so short a time as the brain, and that delay of a few hours in combating such a state of things as we have referred to may be fatal. Most commonly, the congestions which take place in the thoracic, or abdominal viscera, in fevers, are less formidable, *i.e.*, are more remediable than those which take place in the brain.

"Aversion to food; food which he generally relished, and which has a strong taste, appears tasteless; taste in the mouth as of pepper."

Aconite is not a remedy which is much required in the class of disorders commonly designated "gastric affections"—that is to say, disorders of function not arising out of inflammatory condition of the digestive organs. The last sentence of the text points out a sensation which is closely related to the heat and burning of the mouth and throat—indeed, the pungent taste described has been felt by many provers, and by persons more or less under the poisonous influence of the drug. The whole passage above given is not, when taken by itself, of great importance, but the symptoms, when taken in relation with others of a more weighty character, may afford hints for treatment, in the way of corroboration. An aversion to food during the existence of severe disease is very commonly associated with much general *febrile* disturbance, and in so far would point to Aconite, but the utter absence of a desire for food is a less grave symptom than an opposite state of things; for an excessive craving for food, or canine hunger, is often a deadly sign. This manifestation is more common in the diseases of children than those of adults. Children will, in a state of extreme sickness, take food in a snappish, ravenous manner, and this, too, when they are within an hour or two of their

death. Certainly, in the state of exhaustion, after protracted illness, much caution is required in order to discover what diet should be given, and at what intervals, for without a happy combination of boldness, with circumspection, on the part of the physician, many a patient will at this crisis succumb, who, under more auspicious pilotage, might have weathered the storm.

In these, my jottings of medical experience, I record with much pleasure the termination of a case of fever, in which (from natural love and affection) I was intensely interested, and in which I had the pleasure of consulting from day to day with two of my oldest medical friends, albeit they were allopaths. But very little medicine was given—minute doses of Carbonate of ammonia, which, we were all agreed, was as "specific" as anything could well be. Our little patient was sorely smitten by the cruel disease; emaciated to the last degree; refusing every kind of liquid nourishment; and, as we feared, in a hopeless condition. As a last resort, we determined on trying if very underdone mutton chop could be taken into the mouth and sucked, and to our surprise and alarm, we found that it was greedily swallowed, without mastication. The meal was qualified by a little wine and water, and no inconvenience or distress followed. Being thus encouraged, we repeated the said doses of mutton and wine, and our patient slowly recovered. *Gratias Deo.*

Will the day ever come in which all the members of a so-called liberal profession will listen to the common dictates of humanity, and fling to the winds the trammels and shackles of party? in which every man will listen to the whisperings of his conscience, the urgings of benevolence, and cease to be influenced by cruel custom, and stern, unbending precedent?

I have related this example in dietetics, because it goes to prove that the stomach is capable of digesting solid animal food in the last stage of fever, although it will not do so at the onset of the disease. Whatever nervous power is left would seem to be concentrated, assembled as it were, in the digestive centres; a last struggle is made for life, and sometimes (but not always) it is a successful one.

The last sentence we have transcribed from the pathogenesy refers to the taste of pepper. It has been so often noticed that it may be well accepted as a reliable symptom; the sensation is nearly allied to some others, as, for instance, "heat and burning."

"*Burning, unquenchable thirst; sometimes he has a great desire for beer, which, however, is heavy upon the stomach."

In the majority of cases which have been recorded of poisoning by Aconite, one of the earliest symptoms has been burning and heat in the throat and stomach; such sensations would necessarily be accompanied by great thirst. Although the two following cases should more properly have appeared under the class of affections of the head, I have thought it right to introduce them here, as they have a certain amount of interest touching the administration of alcoholic drinks in disease.

CASE I.—About twenty years since, a farmer, aged 74, who had been a free drinker, suffered an attack of apoplexy. He rallied, but was hemiplegic on the left side. He was kept low, and had the usual allopathic treatment. At the end of three weeks his condition was not much changed: he appeared to be getting weaker; he took but very little food, and was only able to express his wants by signs; he was extremely irritable, and seemed to be much in want of something which he could not explain. Writing materials were placed before him, and he wrote thus—Beeeee. He was asked if it was beer. He signified his assent by the most lively and grotesque pantomime, and was soon supplied with a reasonable amount of his favourite beverage. No ill effects followed, but, on the contrary, he rapidly improved in health and strength, and was able to speak, although indistinctly. He survived two years; and then had a second apoplectic attack, which proved fatal.

CASE II.—A gentleman who had lived a very temperate life was seized with apoplexy in his 74th year. He was treated very actively, bled, purged, blistered, &c., but no impression was made on the profound coma in which he lay. He was thought to be dying; and his two medical attendants requested the opinion of a third practitioner. The last was an allopath, as were the others; but he was strong in his belief of the

advantage of support and stimulants in disease in general. He asked for a bottle of sherry, which was soon produced; and in a few hours the patient had taken the greater part of it. The brain was roused; the "sleeping of the blood" was overcome. The alcohol had proved to be truly homœopathic to the case. The capillary vessels, which had been probably dilated and engorged, now sprang back to their normal condition, and a rapid recovery took place, without a shadow or trace of paralysis.

A few years after this event the patient related to me his perfect relief from impending dissolution by means of a bottle of sherry, and gave utterance to the heartiest expressions of gratitude to and admiration of the man who, with hard common sense, had ventured to step out of the groove in which his associates were blindly proceeding.

O. Z.—"Nauseous disgusting taste in the mouth, better whilst eating, but returning after the meal. Intense feeling of hunger, which continues even after a meal. While eating, he experiences a violent pressure in the stomach, as if he had eaten something indigestible, accompanied with a feeling of warmth and sensitiveness in the pit of the stomach. [A number of abdominal symptoms abate after eating warm soup]."

The last symptom, which I have enclosed in brackets, seems scarcely of sufficient importance to be admitted into a Pathogenesy. The other effects of Aconite have their relations with natural disease, and afford a good picture of gastric disorder, accompanied by bulimia. In cases of poisoning by Aconite, cardialgia has been a prominent and early symptom; also anxiety and pressure on the præcordial region, with *diminished* appetite. These manifestations are so far confirmatory of the provings; but the *intense feeling of hunger* mentioned in the text is not, as far as I can learn, a common effect of Aconite, nor have I been able so satisfy myself that such a symptom has been often relieved by the drug.

Gastric Symptoms.—"Sensation as if the whole mouth filled itself with air and rotten eggs. Rising of sweetish water into the mouth, like waterbrash, sometimes accompanied with nausea. Scraping sensation from the pit of the stomach to the

throat, with nausea, qualmishness, and a sensation as if water would rise."

It may be presumed that such symptoms, when arising from natural disease, and calling for the administration of Aconite, would be accompanied with a certain degree of fever, and pain in the stomach; that, in other words, there would be vascular congestion, with depressed function in the alimentary organs. The evolution of offensive gases is in such conditions a common symptom. It sometimes happens that the nausea felt in the stomach gives rise, through nervous sympathy or reflex action, to that intensely disagreeable disorder termed waterbrash or waterpang. The sensation experienced when this misery is imminent is very peculiar, and exquisitely distressing and overpowering. It would seem that there is a sudden secretion of fluids from the mucous membrane of the mouth, throat, and stomach, and from all the salivary and mucous glands connected therewith, nay, it is highly probable, from the severe distress felt in the region of the pancreas, that this gland is also implicated in the circle of disorder. A considerable quantity of watery glairy fluid escapes from the mouth with temporary relief. These morbid conditions would seem to be analogous to those of mucous diarrhœa, except that the discharge of fluids is in an opposite direction. It is not unusual, indeed, to find waterbrash succeeded by severe purging; the whole intestinal canal taking up the same disordered action as the stomach itself. I have never had an opportunity of giving Aconite in such a group of symptoms as that above quoted.

"Singultus, especially in the morning, or else after eating or drinking. Empty eructations, or ineffectual desire to eructate."

It would appear that Aconite can both cause and cure such an excitement of the fibres of the pneumo-gastric nerve as manifests itself in a reflex manner through the action of the phrenic on the diaphragm. The stomach becomes, from some cause (and it is an organ subject to gross abuse), the seat of irritation, the impression of which is conveyed to the nervous centres, and very soon afterwards the diaphragm takes on a spasmodic convulsive action. Is this a kind of automatic instinctive effort of nature to remove offending matter from the stomach?

"Loathing, qualmishness, nausea, and inclination to vomit, especially in the *pit of the stomach* (afterwards it is sometimes experienced in the region of the sternum and in the throat); sometimes while walking, in the open air; sometimes those sensations are worse when sitting still, and abate again during a walk."

The œsophageal pain, or pain behind the sternum, is often thought by patients to be some affection of the chest; it is either felt behind the sternum or between the scapulæ, and may be mistaken for true pleurodynia. Such symptoms may arise in subacute forms of gastritis and gastralgia; and doubtless Aconite would be a noble remedy therein. I have seen a few marked instances of immediate and blessed relief in acute disorder of the stomach (which had been aggravated by emetics, calomel, and other allopathic enormites), from the administration of Aconite; but it would be jejune to give these cases in detail. Every homœopathic physician knows that this drug will, in a very short space of time—often in less than half an hour—remove some of the most grave forms of intestinal disease. As a general rule, all gastric affections are aggravated by exercise, and also by conversation: it would seem from the text that some of the Aconite gastric affections are alleviated by walking in the open air.

"Inclination to vomit, as after eating anything sweet or fat. *Vomiting with nausea, thirst*, general heat, profuse sweat, and enuresis. Vomiting of blood; of blood and mucus; of green bile; of lumbrici. The vomiting is accompanied with anxiety. Inclination to vomit, with violent diarrhœa."

In the first portion of this sentence we have the Aconite symptoms of thirst, heat, and sweating; but it is not often that we find enuresis accompanying sweating, as these conditions either antagonize each other or are found in alternation. The vomiting of blood, mucus, and bile, would, in a large proportion of instances, be occasioned by, or at all events associated with, severe congestive disorder of the gastric mucous membrane; the transudation of blood, and the outpouring of mucus, may then be the means whereby engorged vessels become relieved. The symptoms, moreover, bear a close resemblance to those of

the disease which is called by some writers gastritis erysipelatosa, and which are so exquisitely benefited by Aconite. It is easy to understand how the vomiting of green bile is induced by Aconite (and cured by it). From the vital relations of the liver with the stomach, the former might become excited to such an extent as to secrete a large quantity of green bile, which would regurgitate into the stomach. It is probable that bile is not found in the stomach at any time during health; but when vomiting is about to take place, the perverted contractions of the stomach become propagated to the duodenum, and thus the peristaltic action of the intestine, moving from below upwards, will convey bile to the stomach; the latter, thus receiving a fresh irritant, is stimulated to contract violently, and to reject its contents *viâ* the œsophagus. After such an attack, it is not at all unusual to find the alimentary canal affected throughout with "violent diarrhœa." The outcome of lumbrici is also another indication for our homoion. Aconite is not the least valuable in our list of vermifuge medicines.

° "A hysteric female was attacked with the following symptoms early in the morning, before breakfast: vomiting of mucus, with nausea and gagging (?); the attack was brought on again by eating or drinking, and was then accompanied with violent pain in the stomach and in the forehead and orbits. ° Vomiting of large quantities of dark red coagulated blood."

These clinical cases are worthy of observation, inasmuch as they are vivid types of disorder such as frequently come under the notice of every physician and surgeon. The vomiting of blood would most commonly be met with in cases of amenorrhœa; indeed, if we refer to the Uterine Symptoms indicating the administration of Aconite, we find—"° Suppression of the catamenia in lively, *plethoric young* girls, leading a sedentary life." The hæmatemesis in such cases is evidently of a vicarious nature, and although very alarming, is not commonly so severe as to endanger life. The following states are also mentioned under this section:—"° Complaints attendant on pregnancy. Vomiting and nausea, with pain in the stomach, after every meal, and headache." The resemblance between these symp-

toms and those arising in the hysterical condition, should be borne in mind.

O. Z. "Burning sensation, extending from the stomach as far as the mouth, through the entire tract of the œsophagus. Heartburn. Burning and oppressive pain along the tract of the œsophagus, as far as the pit of the stomach."

It would seem that in some instances the burning originates in the stomach and extends to the mouth, whereas in other cases it is first felt in the œsophagus, and afterwards in the pit of the stomach. The sensation of burning always leads one to think of Arsenicum, but this medicine does not give a counterpart of the pathogenetic effects of Aconite; we have, it is true, the following: "*Heat or burning* in the *stomach and pit of the stomach*, with pain to *oppression;* in the chest and stomach with tightness and oppression;" it is evident at a glance that there is a marked distinction between this and the sensations caused through the *tract of œsophagus*, &c., by Aconite.

In Reil's admirable monograph on Aconite we have again and again recorded the peculiar gastric symptoms as given in our pathogenesy. Thus, even by the absorption of juice of Aconite through a wound, there were caused cardialgia and internal heat. He mentions also as arising in other cases where Aconite had been swallowed in large doses: a pungent lancinating heat; burning sensation in the *throat* and belly; burning of the lips, *mouth and throat* which soon *extended to the stomach*, &c. &c. By physicians of the old school such symptoms (occurring in ordinary disease) as we have referred to, would be most commonly set down to the presence of bile in the stomach, and be got rid of for a time, at least, by blue pill and black draught; or, if supposed to be caused by acrid, acid secretions, relief would be sought in Carbonate of magnesia, or Carbonate of Soda. Such iatro-chemistry, in which the stomach is treated as a receiver in which acids and alkalies are made to neutralize each other, is convenient enough for the practitioner, but the only scientific and artistic treatment of disease is that which is to be acquired by a laborious study of the laws of similars whereby only we are enabled, I do not

say to understand the nature of disease, and all the secrets of its causation, but to meet it and antagonize it with something approaching to certainty, and without doing violence to any part of the most delicate organization.

"Nausea, which is relieved by eating; faint feeling, with feeling of qualmishness, without any particular nausea; vomiting of quantities of mucus. *He vomits a greenish gray watery liquid twice;* vomiting of greenish substances; bilious vomiting." The last three sentences may be taken together, and they depict such a regurgitation of bile as we have before referred to. The stomach may, it is true, in a few instances secrete a greenish mucus when in a state of great irritation, even as the bronchial membrane may do, but such instances are probably rare. "Vomiting quantities of mucus" may not always be an indication for Aconite. In the Bronchitis of adults I have known such large quantities of pulmonary mucus swallowed and accumulated in the stomach that vomiting has been induced. Such an event might also happen with young children. An error in diagnosis would scarcely be made if the most ordinary caution were exercised. Supposing such mucus is not vomited, it would pass through the intestinal canal without undergoing much change, there is just a possibility of one's conjecturing that a degree of muco-enteritis had set in along with the pulmonary affection.

The two first sentences are probably en rapport with many others in the proving, and only help to make out a picture of disease; as a general rule no one would give Aconite when there is tendency to faintness. I have in many instances seen Aconite of the 3rd decimal dilution produce great depression and debility in highly sensitive and impressible constitutions. Our noble and ever to be revered Master has taught that Aconite should be given with extreme caution in old age. Should not the same caution be observed in its administration to young children, nay, to persons of delicate constitutions at any age?

Stomach—"*Pressure as of a load or stone in the region of the stomach, and pit of the stomach* (with feeling of repletion), this pressure is sometimes increased to asthma, or it moves to the back, occasioning a crampy sensation in that part, and

accompanied with a feeling of stiffness as after having raised too heavy a load; continued sensation as of a cold stone lying in the stomach, notwithstanding frequent vomitings and frequent stools."

This is a good photograph of a very common form of stomach disorder: the pressure as of a stone does not arise from the presence of undigested food, it is purely a morbid sensation, and will not take its departure at the bidding of emetics and purges. The pressure going on to such a degree of intensity as to produce the feeling of asthma, merely shows the disordered function of the pneumo-gastric nerve involving the important viscera which it supplies. The victim of asthma dreads nothing so much as an attack of indigestion, as his sufferings become intensified to a terrible degree. As the converse of this I have seen pneumonia very early induce vomiting, and in one instance accompanied for the first day by exquisite pains of a quasi rheumatic, or rather neuralgic character throughout the body. The crampy, stiff feeling in the back is probably an œsophageal pain, in connection with the stone like sensation which is the most important symptom in the text, and the stand point as it were from which the others are to be regarded. It is probable that in our school some of us are too apt to regard Aconite as a medicine which is to be used only in cases which are marked by at least some degree of fever; a careful study of its pathogenesy will, however, afford abundant evidence that it is curative in many diseases in which there is neither a hot skin or a bounding pulse.

"Painful feeling of swelling in the pit of the stomach, accompanied with want of appetite, and paroxysms of shortness of breath; contraction in the stomach as of astringents. ♀ Violent pains in the stomach after eating or drinking. ♀ Inflammation of the stomach."—?

The pathogenetic symptoms in the above passage are manifestly those of Aconite, and the clinical cases are in harmony with them: we have want of appetite, and following this violent pain after eating. The older one gets, the more is one impressed with the vast importance of rational hygiene—oftimes the most tonic and healing regimen is to be found in

utter abstinence from food. One case of exquisite gastric disease occurs to my mind in which for many days nothing could be taken into the stomach without producing torture except a few teaspoonfuls of arrowroot. When will the simple truth be received that a diseased organ requires as much rest as possible? It is no trifling undertaking to watch disease, and, as far as may be in our power, to take care that it does not kill, to stand sentry over the vital organs and protect them from the attacks of the enemy, to place our heel (so to speak) upon a fire and extinguish it.

In some instances where there is a disorder with the *natural history* of which we are acquainted, and which we are sure must and will exist through a certain number of days, our duty is to keep watch and ward that it does no harm, and then allow it, (viz., *the disease*) *to die a natural death.* A case in most points like those described in this text came under treatment recently. The patient lived forty miles from hence, but wrote a graphic, short history of symptoms, and Aconite was sent in Sach. lactis by post: a few days after a note with lively expressions of gratitude reached me, and an assurance of the immediate relief which the medicine had given: but such cases are not rare, they are happily familiar to all persons who have seen homœopathic practice.

"Violent constriction, tightness, pressure, fulness and weight in the hypochondrium; tensive painful swelling under the ribs; shocks and pressure under the region of the liver, with oppression and arrest of breathing; acute hepatitis with violent fever; burning stinging pains in the region of the liver, and intense pain when touching it. Jaundice."

In this group again, the pathogenesy well corresponds with the clinical observations, and vividly pourtrays the most prominent symptoms which are manifested in inflammation or acute congestion of the liver. The drug symptoms are indeed so like the disease symptoms, that they just afford a distinction without much difference. Now Aconite is a noble remedy for hepatitis, more especially at the onset, *e.g.*, during the first twenty-four hours it may be, but Dr. Reil has shewn that severe inflammation of the liver has rarely ever been

relieved and cured by Aconite alone. Judging from an experience of a quarter of a century, I can affirm that cases of acute hepatitis are of rare occurrence in this part of England. I have seen many cases of organic disease of the liver induced by hard drinking; cases of exquisite agony from the passage of gall-stones; many cases of Jaundice in adults and children of all ages, not originating in inflammation; but very very few of pure idiopathic hepatitis. But there are some practitioners of medicine who see liver disease in every disorder of the digestive organs; and in every pain which is felt in the right hypochondrium. In the present day errors in diagnosis are perhaps not so common as they were fifty years ago, in consequence of the improvement in medical education, but they are sometimes made even now, not so much from the ignorance of medical men, but as the result of their carelessness and hasty off-hand manner of jumping at conclusions.

Let me give an example. Some ten or twelve years since, a young and very temperate husbandman consulted a surgeon, and stated that he had suffered from a severe attack of liver disease, for which he had been actively treated by his medical attendant. On examination of the abdomen, the *right hypochondrium* was found deeply scarred with pustules produced by antimonial ointment. As the man's breathing was still much oppressed, it was surmised that there might possibly be some mistake as to the nature of the disease. When questioned further on the history of the illness, the patient stated that he had been repeatedly told it was liver disease, and that nothing was ever said about his lung or lungs: he had taken a good deal of Mercury, but without ptyalism being produced. At the time we now speak of his skin was cool and his pulse small and compressible. The stethescope showed that the right lung was solidified throughout, nor was there any reason for supposing that there had been concurrent affection of the liver. With change of air, perfect rest and sufficient time to allow nature to repair the mischief which had been done to the lung, or rather to absorb the lymph which had been deposited, he made a perfect recovery. The medical treatment did not interfere with the conservative forces which were in useful operation

during the last stage of the disease, viz., the stage of recovery or convalescence. It is stated in books that from the proximity of the liver to the lower lobe of the lung, disease may extend from the latter to the former, and *vice versa:* all this is possible, but I venture to think that such occurrences are somewhat rare.

O. Z.—"Feeling of weight in the stomach with constriction in the throat, and nausea. Sensation as of the stomach swelling up and sinking again alternately; this alternate swelling and sinking being distinctly felt by the hand."

These supplementary provings do not appear to be of much value, the swelling and sinking of the stomach have not been often noticed at the bed-side; I have seen something analogous to it, when the outline of an over-distended or inflated colon was distinctly perceptible on the abdominal parietes.

"Prickings in the liver and bowels; constrictive pain in the region of the gall-bladder, arresting the breathing; stitches in the spleen when walking."

The pathological conditions giving rise to these symptoms are not perhaps of a very grave character, with the exception of that which is connected with *arrest of breathing*, and when there is such an embarrassing sensation it is very important that the physician should with perfect accuracy understand whether or not there is lung disease, or whether the liver or gall-bladder are at fault, indeed where the most intense disease is, and in what part of the organism it originated.

CASE — A. B., a married man, aged 40, had been much exposed to all weathers, and had *occasionally indulged to excess in spirit-drinking.* He often felt severe pain in his loins, chest and stomach, but not so badly as to interrupt his work. On one occasion he got wet, and for several days felt ill; he had pain in his right side; his breath was short; his appetite bad; and altogether he felt out of sorts, and very weak and poorly. He then sent for his doctor, who without making any physical examination, came to the conclusion that he had to treat *liver disease.* Leeches and afterwards a blister were applied to the

right hypochondrium, and some medicine was given which made the patient very sick. This sort of treatment went on for three days, at the end of which time the patient could not retain any food on his stomach, and was reduced to a state of extreme weakness. The poor fellow then consulted me. I found the patient pale and haggard; pulse 95, irritable and jerking; head "vapourish;" mild delirium at night, with much moaning. There was some cough and expectoration of frothy phlegm; when lying on the right side the cough was more severe, and accompanied with belching. Much pain was complained of in the lower and anterior part of the chest on *right* side; the respiration was catching and gasping; pain much increased by making a deep inspiration. Examination of the chest showed the very worst condition of pleuro-pneumonia; much pain on pressure between the ribs; *right* side of chest larger than the left by two inches; a puffy protruded appearance of the intercostal spaces; act of coughing produces vomiting; the patient is unable to turn in bed, except with much pain and distress. This man recovered under treatment to such an extent that he was enabled to leave his home for a change of air, but by and bye tubercles became deposited; a cavity formed in the apex of the LEFT lung, and the patient died. The medical attendant first employed had concluded that the liver was diseased, because the patient had been frequently intemperate: had he taken a little more pains in the first instance, it is certain that he could not have failed to discover the true nature of the affection. But "sometimes good Homer sleeps"—the jadings and fatigues of practice throw us off our guard; there is a press of work, some raging epidemic it may be which taxes our utmost energies, and thus such oversights as I have related are made.

QUEENSTOWN—CLIMATE FOR CONSUMPTION.

By Dr. TUTHILL MASSY.

OUR late lamented colleague Dr. Geo. Atkin, of Hull, published a very useful climate-table, and by it I learn that Queenstown,

seated on a lovely island in the Cove of Cork, ranks first among winter residences for the consumptive; and as the east winds of the month of March are the most trying for the sick at Brighton and Malvern—two of our most fashionable watering-places—I shall venture to put a few notes together for the benefit of those who are compelled to fly to other climes with more sheltered homes.

Queenstown has a mean *March* temperatue of 44·11, with the prevailing winds chiefly south-west and a warm atmosphere; a south-east occasionally. Both winds and rain are broken by the verdant hills and rising grounds which completely surround this chosen lake-like island. It is common to attribute Erin's emerald verdure to the rain-fall; but I find only ten rainy days at Queenstown, whereas, Clifton, Penzance, and London are marked thirteen, and Torquay twelve.

April is also an inviting month, with "*almost no frost or snow;*" wind south; whereas, in Rome, which is the best Italian climate for phthisis, the prevailing winds are north and north-west, with nine rainy days, or one less than Queenstown, which, together with Penzance, Torquay, and Clifton, are numbered with ten rainy days, and the three last places have a north-east as their prevailing wind. London, in April, blows south-west, with fourteen rainy days.

May is also an excellent month, and from the earliest part of it, patients of mine have bathed and swam in the Cove, and afterwards enjoyed out-of-door recreations; for here

> "The golden sun has colour'd all the woods;
> Fresh views succeed, each brighter than the last,
> There, barren rocks are channell'd by the floods;
> Here, Flora's beauties cannot be surpassed."

Cork harbour is the termination of the river Lee, which rises in Gougaune Barra and presents pictures in its winding course equal to the Rhine, and in many parts surpassing that river in wildness and grandeur, with rocks rent and torn from the severed mountains, and a stream clear and sparkling, like brilliants, for miles above Inchegeela; and thus the silver Lee goes murmuring its fairy music, and passing Mount Massy, continues to chaunt its unceasing song, inviting the many

coloured fish, which dive and plough against the curling waters until they reach the cradle of the Lee, in Gougaune Barra.

The river from Cork to Queenstown is full of life, with steamers plying up and down every hour, and frequently going to the back of the islands, and out to the mouth of the harbour and light-house, giving gentle sea-air and exercise, without sea-sickness, to the invalid. In no part of Europe are there better adapted, or more elegant steamers, combining cheapness with cleanliness and excellent accommodation; and for the consumptive, whose very life is air—pure, phosphoric, mild, out-of-door air—I know no watering-place, or winter residence, which offers so much and so many advantages as this "*noble sea-avenue to Cork,*" which has been compared to the Bosphorus, filled with classic tale and history; for within one of the land-locked lakes, Sir Francis Drake escaped from the Spanish fleet, and saved the English fleet within the enclosed hills and dense foliage of the wood-robed headland of Curraghbinny.

Close by, mouldering in mother-earth, is Wolffe, the author of the doubly-sweet verses on the death of Sir John Moore; and not far distant stands, in proud beauty, the grand round tower of Cloyne, and at its base, the cathedral and palace of the metaphysical Berkeley, who wrote, "There is no matter."

I felt so interested in Berkeley's life and writings, that I could not resist a visit to the palace gardens, and, to my regret, found no trace of the celebrated "*myrtle hedge,*" which had been removed some five-and-twenty years since, for the sake of the rich earth in which it had been imbedded; and strange to say, the traces of tarred hemp which encircled the roots were found, together with "*a few kegs of tar water;*" for the bishop had an idea that the water was improved, and made more curative by its having been placed in the earth for a few years. The disinterred kegs must be over 109 years buried, dating since 1753,* and the spirit-power or principle, was thereby

* George Berkeley, bishop of Cloyne (born 1684, died 1753), wrote his first essay on "Tar-water" in 1744, and his "Further Thoughts on Tar-water" in 1752, in which he developes his metaphysical views on the impossibility of matter, except in our own perceptions. How charmed would this

mellowed, as in old wine. Berkeley prescribed tar-water for lung and liver disease, and many are the cures I have heard recorded.*

The last Bishop of Cloyne (Brinkley) was equally remarkable for his vast mind and great acquirements; but as his mind was more heavenward, the stars were his constant study, and from the top of the round tower he had ample scope for astronomical observation.

The Queenstown regattas and yacht clubs form a source of great amusement to the invalid, together with the constant naval reserve and weekly arrivals and departures from and to America, on the broad Atlantic. One of my old schoolfellows, and a physician, had, some four years since, to leave Plymouth in a very hopeless state, with one lung almost useless, attended with that miserable gasping for breath of the consumptive. He settled in one of the Cove islands, and since, he has informed me that his health is greatly restored, which he attributes to the genial climate enabling him to sleep with his bedroom windows open, and the balmy breezes fanning his face through the night. Such a thing is not even thought of as a closed

"minute philosopher" have been, had he conceived the Hahnemann divisibility of philosophic medicine. The virtues of tar-water were made manifest to Berkeley's mind by curing him of colic, and the homœopathicity of tar-water, as prescribed by Dr. Berkeley, has been proved by Dr. Sharp, of Rugby. Anyway, the bishop made one grand step in medicine, by only giving the single remedy at a time, and noting its effects, as we read in "Siris." In a recent number of the *Homœopathic Review*, Petroleum Barbadense, or Barbadoes tar, is recommended in sea-sickness, and in some forms of skin disease, viz., *eczema*, *herpes*, *prurigo*.

* Formerly, it was fashionable to call all derangements of the digestive system, "Liver out of order;" but I believe the bishop was perfectly correct in some of his liver symptoms; for in all cases of *boils*, he viewed the liver as the chief source of derangement. Recently I have had two cases of marked liver disease, from India. One in an army surgeon, who became completely covered with blind, black boils, which produced a most painful death. The other, in a captain, from Calcutta, where an abscess made its way from the liver into the right lung, and was near producing suffocation. On a former occasion this gentleman suffered from liver disease, and with the regular symptoms of abscess, which then passed off through a series of boils on the right side, discharging matter similar to that now expelled by the lungs.

window at the hydropathic establishment in the south of Ireland; but in this climate, and on this soil, such indulgences are safe and successful, which, if adopted in an impure atmosphere, filled with fog, dampness, and malaria, I know not how soon the fate of such patients would be sealed.

Dr. Atkin has marked the mean monthly temperature of Queenstown for the month of June at 60·20; wind south; fall of rain, 2·215; whereas, the rain-fall at Penzance is marked 2·430.

The heat at Rome is 69 during this month, and at Madeira, 65, making both these climates *too* relaxing in June.

In *July*, the temperature is 61 at Queenstown, and 73 at Nice and Rome. The rainy days are 11 at Queenstown, 16 in London, 13 at Undercliff, and 12 at Hastings and Penzance.

Dry, warm weather prevails in *August* at Queenstown. Rain-fall less than in London, and by two-thirds less than in the Isle of Bute.

I have now before me a very interesting paper on the medical topography of Queenstown, from which I shall give an extract on seven years' meteorological observations.

Mean Temperature of the Seasons.

Winter, 42·6; Spring, 50·4; Summer, 61·8; Autumn, 52·5.

Suppose we compare this with London in the corresponding years, according to the authority of the *Athenæum*:—

Winter, 39·1; Spring, 46·7; Summer, 64·3; Autumn, 51·3.

Let us now examine the hygrometrical observations.

Mean State of Saturation of the Seasons.

	Winter.	Spring.	Summer.	Autumn.
Queenstown.....	·892	·753	·786	·881
London	·881	·812	·791	·881

Extremes of Dew Point.

	Highest Extreme.	Lowest Extreme.
Queenstown	68°	23°
London	70°	11°

The greater uniformity of climate in Queenstown than in London is evident; but suppose we take Exeter, where I resided for three years, and compare it with Queenstown, remembering at the same time the inland position of Exeter :—

Mean Dew Point.

	Winter.	Spring.	Summer.	Autumn
Queenstown.....	40·2	41·3	54·5	47·8
Exeter.....	39·2	43·6	54·1	46·9

My friend, Dr. Kingdon, of St. Thomas's Hospital, near Exeter, kept a book of hygrometric observations, made at 9 a.m., and when compared with those at Queenstown, were found to correspond in the mean dew point of air, and both are 45° ·9.

On this Dr. Knox remarks, in his review on the climate of Queenstown :—" So that notwithstanding at our feet is a capacious harbour, and a little further south, the Atlantic waves are visible, our dew point does not exceed that of a locality several miles removed from the coast." To this I can bring full testimony, for there is no venturing out in Devonshire almost at any season without a risk of rain ; whereas, in Ireland, on the south coast, there appears to be something more defined in the order of showers. Not the drizzly rain of Scotland, or " a juicy day in Wales " is there.

From the same review, by Dr. Knox, I shall now give the comparative quantity in grains of aqueous vapour which enters into a cubic foot of atmospheric air at Madeira and Queenstown :—

	Winter.	Spring.	Summer.	Autumn.
Madeira, 10 a.m.....	5·12	5·23	7·49	7·60
Queenstown, 9 a.m.,....	2·98	3·06	4·70	3·78

The distribution of our moisture is here remarkable when compared with the equability of our temperature. In autumn and winter the greatest quantity of rain falls, in spring the least. Here are the number of days on which rain falls in winter and spring in the following places :—

	Queenstwn.	Penzance.	Undercliffe.	Hastings.	Bute.	Exeter.	Clifton.	Rome.	Madeira.
Winter	32	50	43	37	44	42	46	35	38
Spring	27	40	19	26	32	36	34	30	11
Total	59	90	62	64	76	78	89	65	49

Dr. Scott, of Queenstown, has given a comparative Table of rainy days, which we subjoin:—

	Jan.	Feb.	Mar.	Apl.	May	Ju.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Queenstown....	11	10	12	7	8	9	11	10	10	10	12	11
Undercliff.....	16	16	8	4	7	10	13	7	16	11	19	10
Clifton	15	15	13	10	11	13	8	8	9	14	11	16
Exeter	12	11	12	12	12	13	13	15	13	14	14	17
Rome	13	9	11	9	10	7	5	5	8	14	12	13

During Sir John Forbes' residence at Penzance, he wrote a very able paper on the climate of Cornwall, by which we are enabled to make a comparison of the winds. The easterly winds at Penzance blow 34 days in winter, 44 in spring, 32 in summer, and 38 in autumn; whilst at Queenstown, they are 15 less in winter, 21 less in spring, 9 in summer, and 17 days less in autumn—thus making Queenstown a better winter and spring residence for chest complaints.

In the mildest parts of South Devon, the easterly winds are more frequent than at Queenstown, by 11 days in winter, and 12 in spring, which is a great desideratum for Indian officers and their families, who can scarce endure the raw, damp atmosphere of London.

The curative character of the climate of Queenstown gives it a superiority over many of the continental climates for skin and scrofulous complaints, and this is chiefly owing to its equability and purity with that beautiful arrangement of watery vapour to the temperature which is preserved and patented by the Kerry mountains, which catch the watery clouds from the Western Atlantic. The high lands which bound the harbour diminish the south-west gales; but, above all, is this lovely island protected from the north by the chain of Galtey

mountains, which extend in Alpine grandeur through Tipperary and close in the golden vale.

Snow and frost are very unusual visitors at Queenstown, and it may be as well to give a comparative Table of the number of nights the thermometer fell to, and below the freezing point in two months of one severe winter:—

	Queenstown.	Torquay.	Exeter.	London.
January	8	17	21	23
February	4	9	19	20

As a concluding proof of the excellency of this climate, I shall steal a few illustrations from the vegetable world. And first in blooming blossom is the delicate Myrtle, flourishing even on Christmas-day out of doors; and by its side is the Mesembryanthema in flower; and for the botanist (and who is not fond of botany?), we are told that there are 400 species of phanerogamic plants, and 186 of the cryptogamic species, exclusive of the fungi, and such like, which are a great source of pleasurable amusement—not to mention sea-weeds, or as they now wish to be called, "Flowers of the sea," *sine fine.*

During my visit I made a few geological observations, which demand our deepest study in the selection of a house, as well as climate, for the invalid; for I have known the geological position of one house produce the most sickening effects, which were totally removed by a residence in its semi-detached neighbour. However, here, almost the entire of Queenstown is built on the transition rock, called grauwacke; but this geology has passed through so many classifications from primary to secondary and tertiary epochs, into the palæozic and neozoic of Forbes, that it may be as well for me and my readers if I simply describe what I have seen in stone-cutter language; but here I find myself bereft of that descriptive power which the Cromarty quarry-man possessed—for Hugh Miller equalled the Paleontologic Owen.

From the heights of Queenstown to the water's edge I noticed four distinctive varieties of "brown stone," from that of a delicate soft, light brown, easily broken into shining flakes, to that of a hard, condensed, red-brown, and often closely resem-

bling the volcanic rocks of which the Malvern range are formed, and from this purple rock Queenstown gets its purest springs.

A limestone rock, rich in quartz, is on the north-west and south-west, extending into the Cove of Cork, and forming that fine naval citadel, Haulbowline, where the chief surgeon, Dr. Trousdell, pointed out to me the many advantages and comforts for officers and sailors in the Haulbowline hospital.

There is also a very fine marble, in the neighbourhood of which steps and pathways are made before many of the terraces, and these, together with the land-slopes, keep dry and clean walks for the invalid.

The features of the island of Queenstown, and its resources, have been written of by many, but the most elaborate sketch is by Dr. Scott, who begins with its latitude and longitude, its mountain ridges, and various other points which I would recommend for perusal and study on the spot.

Now for the concluding and real point at issue in this paper, viz., the utility and benefit which the invalid may expect from a sojourn in this southern clime. Several of the leading Dublin physicians thought highly of the Cove, and I believe it will be always found beneficial in the first climacteric of childhood, and the critical periods of womanhood.

Dr. Knox * advises a residence here in asthma, and moreover, in the following varieties—*First*, Asthma, the result of dry catarrh; *second*, Asthma, complicated with chronic bronchitis; *third*, Cardiac asthma, or that form of it dependent upon disease of the heart; *fourth*, Dyspeptic asthma, or that variety proceeding from deranged digestion, and where, by a translation of irritation, the bronchial membrane puts on a specific action."

For nervous asthma the highest terraces are the best and most suited, in particular those new residences which overhang the Esplanade and Yacht Club, and farther on to the south-west; the other varieties may take shelter.

The medicines which I have usually found to benefit those cases are—Arsenicum, Bryonia, Corallia rub., Chelidonium

* *Irish Watering Places.* By Alexander Knox, M.D.

majus. The diet ought to be simply nutritious, so as not at any time to overload the stomach. Sitz-baths, cold sponging, frictions, and walking exercise are also most useful helps. In young persons with florid complexion, a new milk diet is often formed most healthful and restorative.

Sir James Clark, Dr. Graves, Dr. Stokes, aud Dr. Williams, consider consumption curable by climate, and here I cannot do better than recommend Queenstown for the many reasons already stated.

Consumptive patients ought never to be kept within, and housed and clothed in flannel, as I have seen them in Devonshire, with a burning Arnot's stove, and two close rooms for a winter residence. How is it possible for such patients to hope for recovery in rooms poisoned with impure air—a nasty, close, sickening air, which produces nervous depression, gastric derangement, general muscular debility, and the development of tubercle? Look at the reverse treatment, in mountain breezes, with suitable clothing, and fresh purling streams to comfort and stimulate the stomach and skin, nerves, and membranes into healthful action.

I have seen patients under both systems. The former resembling vile old physic, with blue pills and black draught, or sickening cough mixture—perchance, that recent cure for everything, Cod-liver oil! The latter, fresh and blooming, bearing all the youthfulness of a reformed medicine, with the properties of health sought for in the genial properties of heaven's pure gifts—the sun's light and warmth; the electric life, which permeates fresh air; and in those other curative properties which are developed from herbs and minerals by chemical and mechanical processes before handing them to the sick. Further, the single medicine with the law of cure scarce ever fails to comfort, ifnot to cure.

For the homœopathic treatment of consumption, I cannot do better than recommend Dr. Hitchman's very useful book, where symptoms and medicines are carefully studied; but for those who have not time for the perusal of elaborate works, I may direct attention to a few of the best medicines which can be easily read over—such as Arsenicum, Calcarea carb.,

Phosphorus, and Sulphur; and if these remedies are duly selected, and given with other instructions as regards air, exercise, washing, and clothing, I think a consumptive patient can be made more happy and useful for themselves and others than they have hitherto been by that opposite course of unphilosophic and inelegant practice, with irritating blisters and warm plasters, together with sickening cough mixtures, and a host of other injurious prescriptions, which I hope will, ere long, be removed from the category of "*old physic.*"

NARCOTICS.

By Dr. McGilchrist.

Much as has been written on stimulants and narcotics, and nauseous as the subject has become when popularly or sectarianly treated in this country generally, room has been left for further exposition befitting the higher order of literary readers. This is evinced by an article which has appeared in the last or October number of the *North American Review*, of which we purpose to give here an epitome, with quotations. The *North American Review*, it may be scarcely necessary to tell our readers, is not a medical nor yet a professedly scientific journal; but the article in question is evidently the production of a medical man accustomed to general review-writing, and, it seems to us, one of the best of its kind—at once concise and pretty exhaustive—which has anywhere within our knowledge recently appeared, and therefore offers us at once convenient text and sermon.

It does not, indeed, contribute any decidedly original information to the subject, unless the notice it takes of the experiences conveyed in a curious work recently published in America, entitled "The Hasheesh Eater," be something of a fresh contribution to the physiological action of hemp. Opium, hemp, and tobacco, are the three narcotics of which exclusively it treats; and of these it naturally devotes most space to the first. As to hemp and tobacco, not a great deal has hitherto been known—and that vague testimony—regarding the effects

of the former, when habitually taken as a narcotic stimulant; while the range of tobacco's empire is so world-wide now, and its use has become so general, that, in most European countries at least, it has already come to be regarded as in some sort a masculine adjunct to what may be termed the *nervine dietetics* —such as tea, coffee, and, less properly, fermented liquors— although it is really a narcotic poison after its kind. Hemp, though its properties are on the whole less important to us than those of opium, since it is little used in Europe except "for external application," is invested with that kind of dreamy Oriental interest which floats over the Indian Archipelago and still circles half-hidden Japan. So is opium, certainly; but with opium we have become familiar. We may here remark, that in most of what has been written on tobacco, its use and abuse, much too little stress, it seems to us, has been laid on the general fact, that its effects are extremely various in men of different types of constitution. This fact greatly reduces the value of opinions founded on mere general observation of the action, whether temporary or cumulative, of tobacco, as used by smokers especially, in this country: crude statistics, or pre-arranged collections of cases, convey often little more on such subjects of enquiry than what may be gathered much more easily from the ascertained general physiological action of the drug in question. It were more interesting and more important to determine accurately, in what relation of susceptibility, as to kind and degree, this or that temperament, diathesis, or cachexia, stands to the particular drug-poison or narcotic stimulant called tobacco.

Why can one man use it as "a soother," without experiencing, apparently, either its first stimulating or its secondary depressing effects, whilst his neighbour cannot smoke with pleasure, by reason of the prominence in him of those primary and secondary effects, without using at the same time a counteracting alcoholic stimulant? Why does one literary man find in the pipe his calm inspiration and the full measure of his intellectual powers, whilst another dares not indulge in the mildest of Havannahs when his brain is at work, though he, too, may be a regular smoker in hours of idleness or conviviality?

The article from which we are about to quote takes no direct notice of such points, although in reference to opium, about which the fact is equally, or more notorious in its way, the writer, touching the intellectual exaltation irregularly producible by this drug, says: "One fact must be borne in mind by the would-be opium dreamer, viz., that opium will not give brains, but that the beauty, and above all the intellectual nature of all narcotic visions, depend on the mental power, even more than in the associations, of the subject." The writer, like most who have treated the subject, in making observations of this kind has a De Quincey or a Coleridge in his eye—the distinguished, as contradistinguished from the common opium-eaters—and does not allow himself to dwell, apparently, on the general bearing such a fact has on the physiology of his subject, so to speak. Rather he would fain explain in a generous way the habit of opium eating, as it obtains in men of high intellect. These, we have often elsewhere been told, do not resort to the drug as drunkards take to alcohol, to gratify a mere morbid appetite, but rather like poets or sages, waiting impatiently for the inspiration or the wisdom they feel themselves capable of, yet lack the force to utter forth without a certain kind of assistance, which visits them through the subtle influence of opium. This way of putting it, all very well in poetry or literature, is not very scientific; and it is rather nice than logical. The simpler and truer explanation of the whole matter we take to be this: that pain, uneasiness, or unrest in some shape—a more or less pronounced morbid state of the nervous system in general, or some functional disorder specially—is almost always the exciting cause of the vice of opium-eating, as it is of drinking. One exceptional cause there may be—that in which the *habit* has been formed artificially, so to say, through caprice or imitation. Snuff-taking is doubtless often established in this way; but with confirmed opium-eaters or drunkards this must be comparatively a very rare exciting cause; and we think there is no other exception to the physiological one just stated. And if this had been better insisted on, a great deal that has been written on stimulants and narcotics—their abuse especially—might have been spared us.

But this physiological principle, if it be applicable here, goes deeper. Admitting as we do with the ethical philosophers, that the desire for happiness is the mainspring of human conduct, the question arises, why do men pursue this happiness so variously, so mistakenly often, and by the way of vice? Well, the physiological answer is, that men are differently constituted *ab ovo*. The poet A, the philosopher B, and professor C, eat opium intellectually, while poor Bob Scamp never has a shilling in his uncontrolled possession without getting as drunk on gin or whisky as his means permit. Under the influence of his dose, A weaves some wierd and witching day-dream;—he sails out into space and loses himself amid the awful glories of the Milky-Way; or, dwelling the while in quaint Eastern cities and in gorgeous palaces and grand solemn temples, he gives an immortality to the unreal, by the word-pictures he dashes off during his fit of inspiration and happiness. B, too, is happy in his way;—under the influence of his dose, he proves—what he never was *quite* sure of in his uninspired hours—proves incontestibly, that there is no such thing as Matter, that the world we inhabit, seemingly, and the supposed familiar objects with which we are daily and hourly in contact, are mere appearances; and so well does he put it, that, possibly, he is afterwards astonished at himself, and not less so at the multitude of his disciples. And so with Professor C. He perhaps indites a first-rate article on the drug that gives him full command of all the scientific knowledge for which he is famous, in which he convinces himself, and those who believe in him, that the habitual use of it is no great abuse of it after all. Poor Bob Scamp escapes *via* whisky from his degradation and misery for a little; he makes himself very happy, too, in his way. His friends assert that he "makes a beast of himself;" but then *he* is not a man of intellect, and his father before him was famous for nothing but singing a good song and seeing every body under the table. It is vain to tell us that training, example, self-denial, and the force of Will, could convert any one of these men into any other. Within certain narrow limits, the force of circumstances would operate, assuredly did operate, in

moulding the character of each, but no further: they are differently constituted *ab ovo.*

We may safely assume, that no perfectly healthy and happy man would voluntarily addict himself to the practice of any hurtful indulgence or become the victim of any vice; but your man of *perfect* bodily and mental health is unfortunately, as yet, (though there may be near approaches) an ideal being; and we may hence conclude, that there is a relation of the kind subtending cause and effect between vice and bodily and mental imperfection generally; whilst as to the subject with which we are more immediately dealing here, narcotic and alcoholic excess is to be traced in great measure to misery, *malaise,* or unrest. The important question of hereditary taint or transmission, we can only just mention now. It has, we think, been far too little taken into account generally in the estimates hitherto formed of man's bodily and mental constitution.—Enough, however, of prefatory remark. In approaching our article more closely, we may just observe of the great narcotic with which it first deals—that the testimony borne by opium-eaters themselves, as well as that gathered by physicians or professed toxicologists, as to the usual effects of opium-eating and smoking, still remains very conflicting, and that this is greatly owing, doubtless, to the fact that, like tobacco, opium acts very differently on persons of different types of constitution.

Passing over the statistics with which the writer on "*Narcotics*" opens his article, we join him where he takes up the question: "Whence this universal passion for sedatives or narcotics?" By way of answer we have, in the form of a quotation for which no authority is given, the following ingenious "*rationale*" of this proclivity:—

"In ministering fully to his natural wants and cravings, man passes through three successive stages. First, the necessities of his material nature are provided for. Beef and bread represent the means by which, in every country, this end is attained. And among the many forms of animal and vegetable food a wonderful similarity of chemical composition prevails

Second, he seeks to assuage the cares of his mind, and to banish uneasy reflections. Fermented liquors are the agents by which this is effected. Third, he desires to multiply his enjoyments, intellectual and animal, and for the time to exalt them. This he attains by the aid of narcotics."

It will be seen how far this *rationale* agrees, and how far it squares not with the suggested physiology of the subject, as faintly conveyed in our previous remarks. It seems far from certain, however, or even perhaps likely, that in any stage of man's progress or history that we can call unmythical, he stuck to his beef and bread *simpliciter;* and, on the very next page, our writer goes on to show that, "the antiquity equals the universality of their (narcotics) employment among mankind." He does not, it is true, homologate the *rationale* entirely:—

"Be the reasoning as it may, the fact remains of an almost instinctive craving for narcotics, nervous stimulants, and sedatives, and of their consequent immense consumption and abuse by all races of men. Alcoholic stimulants will not satisfy this longing; and stimulants are not only inapplicable to many delicate female organizations, but they are openly employed (on moral grounds) by but a few. Tobacco supplies the needed sedative to very many; yet many also, among the tobacco consumers, peactically deny that it is enough by itself. In civilized countries, indeed, coffee and tea are largely used to fill the vacuum incident to the waste of nervous power, and its imperfect reparation by an enfeebled vitality and morbid habits of life. But coffee and tea are nervines, rather than narcotics; and the peculiar admixture of mild stimulative and sedative influences caused by coffee, tea, and tobacco differs in kind, as well as degree, from the effects produced by opium or hemp. It seems, indeed, as if man might be content with these gentler stimulants to his brain; and so, perhaps, the majority of civilized people are. But the number is immense who, from barbarous habits of thought, from tropical and sensuous imaginations, or even, as we are told of the Chinese, from mere want of occupation [better applicable this to the Turks than to the Chinese], lapse almost insensibly into the dangerous use of the true narcotics."

Why the poppy was sacred to Ceres, goddess of Corn, we never knew, till informed here that the seeds of the poppy were originally used, like the grains of wheat, as food. If this be true, it may become a question, whether mankind has not lost a good article of diet, as well as acquired a bad habit, by their dreamy behaviour in regard to this plant. There is nothing strange, however, in the harmlessness and nutritive property of the poppy seeds when eaten as food:—"The capsule enclosing the seeds contains the narcotic principle, and the seeds themselves hold stores of starch and gluten, like other vegetable germs. But the other name of the poppy *(Papaver somniferum)* proves that its narcotic properties were as well known as its nutritive. Under this title it was sacred to Somnus, the god of sleep. The properties of the tropical hemp, too, seem to have been fully understood"—as evinced by the notice Herodotus somewhere takes of it, or what seems to have been it. "It is thought probable that the *nepenthus* of Homer was Indian hemp. Undoubtedly it was either this or opium."

Then follow some ingenious speculations, which, however, are not original, as to the part played by hemp and opium in some of the ancient Oracular and Saturnalian ceremonies, and among the Eastern sects of Thugs, and the *Assassins* or *Haschischins;* and a notion advanced by the author of "The Hasheesh-Eater,"—a work specially noticed afterwards—to the effect that much of the luxuriousness of imagination and imagery of the Eastern writings generally, and of the Arabian Nights especially, was due to narcotic influences, is adopted as probable, and illustrated in this way:—"Those stories seem to every reader like the vast, interminable, and half connected imagery of a dream. Not that their style is obscure: on the contrary, it is eminently simple, clear, and direct, as to the language itself. But the inimitable tone of assured veracity in which the most improbable events and impossible incidents are narrated, is exactly like the process through which the mind passes in a dream,—seeing, believing, and connecting together experiences the most opposite in time, quality, and nature,—while all appears as vivid and true as the most simple event of the waking hours. Centuries of sleep and a thousand leagues

of distance are as a moment and a step in the plausible story of an Arabian; while, to the dreamer under hemp, a street is an endless journey, to be undertaken with any hope of completion only because a moment is an equally interminable length of time. That the normal brain is actually capable of this more than electric speed over the current of ideas is proved by the simple fact that a nap, so brief as to be literally only forty winks, or less than sixty seconds by the watch, has repeatedly spread out before a sleeper's dreaming mind a whole panorama of life-like scenes, which it would require hours of waking attention to review . . . . . But while all have admitted the wonderful and unflagging charm of these unequalled stories, and have been at a loss to account for the existence and mysterious anonymousness of so rare an author, no other theory has been advanced of their origin so plausible as that of a narcotic influence. No one who reads the confessions of an opium or hasheesh-eater can fail to be struck with the new ray of light which these forbidden visions impart to the subject. The matter is different, but the manner the same. We come to the conclusion, then, that these stories are the product of an Eastern mind under the influence of hemp probably, but perhaps of opium. This was no common mind, indeed, but one possessing a brain equal to De Quincey's for the narcotic to act on, and having, like him, the rare power of committing his narcotic visions to paper."

Most of what has been properly established as to the general physiological action of opium may be stated in a few lines; although it would occupy great space to detail the differences of opinion that individual observers—physicians included—and individual experimenters have expressed as to the peculiarities or idiosyncrasies of its behaviour, both as a drug therapeutically applied, and as a narcotic taken to intoxicate or to inspire. Regarding the latter, De Quincey's celebrated book has become a sort of popular authority. A passage or two from the "English Opium Eater" is here quoted, contradictory of the too commonly received opinions of the effects of opium—that the elevation of spirits first produced by it is necessarily followed by torpor and stagnation, bodily and mental; and secondly,

that the delirium of opium has more or less resemblance to alcoholic intoxication. Mr. De Quincey denies both of these very emphatically, asserting that "for ten years, during which he took opium at intervals, the day succeeding that on which he allowed himself the luxury was always a day of unusually good spirits." And he maintains "that it must be the fault of the opium-eater himself, if he does not so time his exhibition of the dose as that the whole weight of its narcotic influence may descend on his sleep"—thus escaping the weight of the after-depressing effects, if any. But Mr. De Quincey had himself to endure these effects in the end, as he eloquently details the fearful sufferings through which he passed whilst relinquishing, and that gradually (but it is understood, by those who knew most of his latter days, that he never entirely abandoned, though he heroically conquered excess in, the use of his enchanted drug), the habit of opium-eating.

The related personal experiences of Dr. Madden and others —not comparable, of course, to those of a confirmed opium-eater like De Quincey or Coleridge, but still decided as to these points—contradict Mr. De Quincey here, as to the after-depressing effects, even in the commencing opium-eater. But, in truth, the experiences of any one man we can never accept as authoritative in such matters, which involve considerations of individual idiosyncracy.

Physiologically, opium is a stimulant narcotic, increasing at first the force and frequency of the pulse, augmenting the temperature of the skin, invigorating the muscular system, quickening the senses, animating the spirits, and giving new energy to the intellectual faculties. This applies to its exhibition to healthy persons in moderate doses. Its functional affinity is for the brain; intoxication and delirium being among its occasional effects, in all kinds of doses in some persons, and under irregular circumstances. In complete narcotism, the full effect of the drug takes place in from half an hour to an hour after the exhibition of a full dose, and the soporific effect having lasted from eight to ten hours, it is generally succeeded by more or less nausea, headache, tremors, and other symptoms of irregular nervous action, which soon go off. It seems

probable, as to its mode of action, that the active principle of the drug is conveyed into the circulation, and operates on the brain, and upon the nervous system at large, by immediate contact, The effect, being primarily stimulant and secondarily narcotic, varies with the dose, and "it is the prolongation of the first effect, and the abbreviation of the second, which the opium-eater desires; and he obtains this result by graduating the dose." An important fact is, that opium, unlike certain metals and other poisons, is not a poison of a cumulative kind; hence the continued use of it renders larger and larger doses necessary to produce the characteristic effects, and it destroys its victim in the end, and only slowly and indirectly, through the nervous and functional irregularities and disturbance it brings on. One other remarkable property of opium seems to be well authenticated in the East, but not so well in Europe,—its power of replacing food, so to speak; a power it seems to share with some other narcotics:—

"Narcotics give the power of enduring long and exhausting physical labour to the body, as well as new and enlarged action to the mind. They sustain the strength longer than alcohol, and enable men to undergo fatigue under which they would otherwise sink. The native bearers in India, if provided with a small piece of opium in addition to their rice, perform almost incredible journeys. The Tartar couriers also travel for many days and nights continuously by the use of opium. With a few dates they will cross the desert amid privations which could be supported only under the influence of this drug. Travellers in the Ottoman dominions generally carry opium with them in the form of lozenges, or cakes, stamped with the Turkish legend, 'Mash Allah,' the gift of God. Even the horses in the East are sustained by it; and the rider shares his store of opium with his flagging steed, who thus accomplishes an incredible distance. Like properties are possessed [subject, we suspect, to the modifications of individual idiosyncrasy] by hemp, coca, and even arsenic. It seems probable that this is the secret of many of the wonderful feats of patient endurance performed by the Fakirs or jugglers of India, such as their seemingly

long suspension of the vital functions, simulating real death. Hemp is known to produce actual catalepsy."

The interesting analogy between the dreams of natural sleep and the waking visions produced by narcotics, is duly adverted to by the writer under review. He appears to have followed Dr. Carpenter in his *rationale* of dreaming, holding that it is a mark of imperfect sleep, and that in perfect or normal sleep the cerebrum, as well as the sensory ganglia, are in a state of complete functional inactivity. Touching the cerebrum, this may be, as it has been, disputed. It need not follow that, though we may, after sound sleep, be unable to recal them, there were no *ideas* floating about, so to speak, in that region of ideas, the cerebrum, whilst we were unconscious to external impressions. If the cerebrum be the organ concerned in the formation of ideas, and if its ganglionic cells are, as we have reason to believe, specially concerned in the elimination of mental processes, you must prove that these cells cease their otherwise ceaseless action, before you can show that the cerebrum is devoid of functional activity, to the paralysis of all formation of ideas, however vapoury, during deep sleep. Moreover, the total suspension of action in the ganglionic cells of the cerebrum would, perhaps, involve more, the brain being a highly complex organ, nicely and intricately related to other parts of the nervous system. If our latest analogical idea concerning the cerebral ganglia in particular, and the nervous system in general, be founded in fact,—if they constitute a great glandular apparatus which secretes from the blood, through the cells composing such glandular apparatus, the nerve-force, then it may be well held, in opposition to the view of Carpenter and the text-books, that the generation and transmission of this nerve-force, including the *mind-force* of the cerebrum, are never, however modified in action, wholly suspended, but that they must be, whether we can trace them or not, continuous and uninterrupted during life, like other secreting action. This is a digression, however.—The writer before us adopts the generally received view of dreaming:—

"We may consider that, in profound sleep, the functional

activity of the cerebrum and that of the sensory ganglia are alike suspended; that in dreaming, the cerebrum is partially active, and that the sensorium is in such a condition of recipiency for cerebral impressions, that the mind becomes directly conscious of them. It is, in fact, by their influence upon the current of *ideas*, and not by their power of exciting *sensations*, that we recognise their operation under such circumstances; and thus, if they are not recognised as proceeding from external objects, they may still affect the character of dreams. This is especially true of dreams produced by some narcotics, especially by hasheesh; for those who give themselves up to the *fantasia* caused by this drug are careful to withdraw themselves from all external circumstances, which could convey unpleasant impressions, and hence tinge the character of their dreams. It has been well remarked that nothing surprises us in dreams. All probabilities of time, and place, and environments, are violated; the dead pass before us alive and well; and occurrences, such as in our waking state would excite the strongest emotions, may be contemplated without the slightest feeling of pain or pleasure. It has been supposed that during sleep the vessels of the brain are more congested than during the waking hours; and that this passive congestion, varying in degree from various causes, has much influence in determining the character of dreams. It seems equally plausible that narcotics may act in the same way—through the circulation on the nervous tissues. There is one other morbid state which bears a very close analogy to the artificial excitement produced by hemp, and that is *mania*,—ranging all the way from hallucinations, illusions, and delirium, to sheer insanity. Those who wish will find more of interest on this subject in the treatise of M. Moreau—who personally experimented with hemp—*Du Haschish et de l'Aliénation Mentale, Etudes Psychologiques.*"

Before leaving Opium, there are just two more facts concerning Opium-eating, here and in the East, that we may notice. The first is this—It seems to be notoriously true of the Chinese Opium-smoker that, the practice having become habitual or inveterate, death is the penalty of abandoning

it.* Dr. Medhurst, among others, mentions instances of deaths which occurred under his observation, undoubtedly due to the deprivation—not sudden, but at last total—of the marvellous stimulus. This does not square with European experience; for however terrible the sufferings he may have to endure in relinquishing the habit, the Opium-eater here does not die, but lives all the better for giving it up. Hence a question suggests itself to us—the writer we are reviewing does not raise it—Is Opium-*smoking* a deadlier vice than Opium-*eating*? or, how far does the element of hereditary transmission enter into the Eastern, as differing from the English case?—the Eastern Opium-smoker having generally had an Opium-smoking father. The other alleged fact, which seems tolerably well authenticated, is that, both in Europe and the East, Opium-eating, if only indulged in with persistent *moderation*—which, of course, is the exceptional case—does not, however long continued, tend to shorten life. Finally, Opium-*drinking*, or the use of Laudanum, is very much on the increase in this country, in the great manufacturing, and in the fenny districts of England particularly, and among women especially.

Turn we now to Hemp, with the design mainly of quoting what our writer says about the strange work written recently by a gentleman who seems to be a kind of American De Quincey. The book called "The Hasheesh Eater" might have been entitled, appropriately enough, "The Confessions of an American Hemp Eater." First, however, we may state in a few words something, comprising all that is of consequence, of the intoxicating drug which is called *Hasheesh*. It is, of course, the product of the Hemp plant. The native and Indian Hemp are essentially the same plant, although the one is called *Cannabis sativa*, and the other, *Cannabis Indica*. Climate makes all the difference that really exists between them. The cold of its Northern habitats hardens its fibres into flax; the sun of the tropics ripens in it a fragrant green resin; and this is the powerful narcotic of which we have been speaking. Into the mode of its manufacture, &c., we cannot enter here; but as

* The same statement has been made of *Arsenic-eating*, as practised in the Tyrol and Styria.

some confusion of idea, probably, prevails respecting the relations of *Churrus*, *Gunjah*, *Bang*, and *Hasheesh*, which are all parts or preparations of the *Cannabis Indica*, we may mention that *Gunjah* means the whole plant gathered when in flower, and dried; *Bang* means the larger leaves (and seed capsules); *Churrus* means the resin in its crude state; and *Hasheesh* is a decoction prepared from the leaves and flowers, and evaporated to a thick syrup. In one or other of these forms Hemp is consumed on the plains of India, on the slopes of the Himalayas, in Persia, in Turkey, in Northern Africa, among the Moors, in Central and Southern Africa (under a different name in South Africa; *Docca* gives the sound, if not the correct spelling of the word, as used by the Dutch Boers and Hottentots at the Cape),* and also by the native Indians of Brazil.

Dr. Johnston's notice of it in his "Chemistry of Common Life," is held by the writer we are reviewing to be a good authority for the physiological properties of the extract of Hemp. According to him, its effects on the system differ a good deal from those of Opium, and chiefly in these respects:—"It does not occasion nausea, dryness of the tongue, constipation, or diminished secretions; and it is not usually followed by that melancholy state of depression to which the Opium-eater is subject. It differs also in causing dilatation of the pupil, and sometimes catalepsy (an effect, the last, which has been several times observed by competent investigators), in stilling pain less than Opium does; in less generally producing sleep; in the peculiar inebriating quality it possesses; in the phantasmata it awakens; and in its aphrodisiac effects.

Premising that our writer views the book called *The Hasheesh Eater*—which we have not seen—as a *bona fide* and most extraordinary experience, opening up a new world to English readers, in the psychology of narcotics; and that his notice of it is shorter than such an estimate of it might warrant, we proceed to quote part of it.

"The author of *The Hasheesh Eater* seems to first have in-

* This rests entirely on our authority however.

dulged in this narcotic while still in his youth, and a member of some American college. He continued for several years in the practice. He began cautiously to experiment with the new narcotic, and it was not till after some days of dallying that he took a dose large enough to produce any effect. The resinous extract of hemp is of very uncertain strength, and although one or two grains are enough for a beginner in the East, it took 30 grains seriously to affect our author. This quantity he swallowed one evening after tea, and remained until ten o'clock in the house of a friend. At that hour his strange sensations began.

"'I was in the power of the hasheesh influence. (It is the Hasheesh-eater who speaks.) No pain anywhere, not a twinge in any fibre; yet a cloud of unutterable strangeness was settling upon me, and wrapping me impenetrably in from all that was natural or familiar. Now, for the first time, I experienced that vast change which hasheesh makes in all measurements of time. The first word of the reply occupied a period sufficient for the action of a drama; the last left me in complete ignorance of any point far enough back in the past to date the commencement of the sentence. Its enunciation might have occupied years. I was not in the same life which held me when I heard it begun. And now, with time, space expanded also. At my friend's house, one particular arm-chair was always reserved for me. I was sitting in it, at a distance of hardly three feet from the table, round which the members of the family were grouped. Rapidly that distance widened. The whole atmosphere seemed ductile, and spun out endlessly into great spaces, surrounding me on every side. We were in a vast hall. The ceiling and walls ran upward with a gliding motion, as if vivified by a force of resistless growth. I advanced towards the central table. With every step its distance increased. I nerved myself for a long pedestrian journey. Still the lights, the faces, &c., receded. At last I reached them. It would be tedious to attempt to convey the idea of the time which my leave-taking consumed. Finally, I was in the street. Beyond me the view stretched endlessly away. It was a converging vista, whose nearest lamps seemed separated from me by leagues. I was

doomed to pass through a merciless stretch of space. A soul just disenthralled setting out for his flight beyond the farthest visible star, could not be more overwhelmed by his newly acquired conception of the sublimity of distance than I was then. Solemnly I began my infinite journey.'

"M. Moreau experienced very similar sensations under the influence of hemp. The *Passage de l'Opera*, familiar to him for years, expanded into like colossal proportions before him.

"After various (other) hallucinations, the Hasheesh Eater began (on the same occasion) to experience a sense of congestion of the brain, and an exaggerated consciousness, so to speak, of all the vital actions."

Our space does not permit of the quotation in which the Hasheesh Eater pourtrays these. But after various further hallucinations, including the recurrence of the enlargement of time and space, he went to bed, where he had "dreams alternately splendid and deliciously quiet all night. In the morning he awoke feeling no bad effects from the indulgence. Of course, what was first tried for experiment was repeated for pleasure, and he gradually became the slave of the habit. After a continued use he began to have pain, craving, and horrible visions, like those of the English Opium-eater, which rendered it almost impossible for him to discontinue the indulgence. He struggled hard, he tells us; renounced the habit, relapsed, and finally reformed altogether. He says, that there are only three ways of escape from the drug—insanity, death, or abandonment. If he succeeded in the last, he came very near the first. He seems more crazy in his visions than the Opium-eater. . . . . He is a scholar and a fine writer; but he has not the direct pathos, power, and pomp of diction of De Quincey."

On tobacco, with an exposition of which the article under review concludes, we do not propose to enter so fully. As our readers are aware, a great deal has been written of late years *pro* and *con* the use of this familiar narcotic, and some very extreme views advanced regarding its effects, on the smokers of it especially. Our writer combats, we think successfully, these extreme views, and shows, very rationally, "that the evil results of the use of tobacco are to be determined by its proved

physiological effects, and not by general arguments, based on the fact that it contains a poison." The fallacy of such arguments, which constitute the main staple of the jeremiads on this text, is readily demonstrable. The nicotine, or nicotina, which is the chemical essence of the plant, is a deadly poison; and it is also certain, that to this is due the narcotic, or sedative effects of every form of tobacco; but as it reaches moderate smokers its effects are not poisonous. Peaches owe their flavour to Prussic acid; the breath of Chlorine is deadly, but "wrapped in its poison-proof of Sodium, as common salt, we daily eat it with impunity; Carbonic-acid gas we take with our soda water, or champagne." The other common charge against tobacco—that it shatters the nervous system, and produces dyspepsia, is, like most charges of the kind, true of its use *idiosyncratically—i.e.*, applied to the use of tobacco by certain individuals; and it is true also of its *abuse* generally; but it is not otherwise true. Tobacco, it is to be suspected, has been made the scapegoat of other causes acting on and enfeebling the nervous system—as bad air, and want of rest and exercise. On the whole, that smokers, or "tobacco consumers, constitute so large a proportion of every people, and that nations still remain in normal health and vigour, is a strong point against any marked deleterious effects being produced by the ordinary use of tobacco."—The conclusions come to by Dr. Hammand, who instituted careful experiments with tobacco in his own person, as to the smoking of it, are two :—

"He found that—1st, Tobacco does not materially affect the excretion of carbonic acid through the lungs; but that it lessens the amount of aqueous vapour. 2nd, It diminishes the amount of the excretions, and, while lessening the quantity of urea and chlorine, it increases the sum of the uric, phosphoric, and sulphuric acids given off.

"The fact that the amount of carbonic acid was not diminished, would indicate that the consumption of the fat of the body is not lessened by the use of tabacco. The general metamorphosis of the tissues would seem to be retarded, seeing that both the urea and the chlorine excreted are diminished in amount; but as the phosphoric and sulphuric acids are increased,

we may explain the apparent inconsistency in these results only by assuming that there is an increased oxidation of the phosphorus and sulphur of the brain and the nervous tissues, although the metamorphosis of the other nitrogenous tissues is lessened.

"A writer of high authority (not mentioned) says of its physiological action:—'That its greatest and first effect is to assuage and allay, and soothe the system in general. That its lesser and second, or after effect, is to excite and invigorate, and at the same time give steadiness and fixity to the powers of thought. Either of these effects will predominate, we conceive, according to the intellectual state of the individual, as well as according to the amount used.'"

If it be true that, in these railway days, we waste faster than modern digestion well allows, it were scarcely wise to deprive us of our tea, our coffee, or our tobacco.

ON THE ACTION OF PHOSPHORUS UPON THE LIVER.

By Henry R. Madden, M.D.,
And Richard Hughes, L.R.C.P. Ed. (Exam.) M.R.C.S.

[The following article is an extract from a study of Phosphorus, which, together with corresponding studies of eleven other principal medicines, will be published in the course of the year.]

The action of Phosphorus upon the lungs, the nervous centres, the sexual organs, and the lower jaw has long been tolerably known and understood: and its use in disorders of these parts has been very extensive. Our knowledge of its action upon the liver, however, is of very recent date; too recent, indeed, to enable us to form an entire rationale of its nature. But the facts themselves are of abundant interest, and already warrant many plausible guesses as to their pathological expression and therapeutic indications.

As far as we know, the attention of homœopathic readers was

first called to this subject by a paper from the pen of our able American colleage, Dr. Holcombe. This paper was entitled "Phosphorus, a Pathogenetic Study:" and appeared in the *North American Journal of Homœopathy* for November, 1858. In it there are detailed three cases of poisoning by Phosphorus, taken from French medical journals. The characteristic feature of all these cases was the presence of *jaundice.* In the first, the conjunctiva on the seventh day after the poisoning (when the patient was first seen) had a deep yellow tint: on the eighth day the whole skin became intensely yellow, and death took place. In the second case, the yellowness of the conjunctiva began on the second day, and on the third had extended all over the body: death ensuing on the fourth. In the third case, "commencing jaundice" is noted on the second day, "decided jaundice" on the third, and death on the tenth. The character of the jaundice in all these cases was that form denominated "malignant" ("icterus gravis"); the blood giving evidence of its poisoned state by ecchymoses and extravasations, the nervous centres by delirium, convulsions and coma. When we turn to the liver for an explanation of these symptoms, we obtain the following results: In the first case, the state of this organ was ascertained neither during life nor after death. In the second, "sensibility to pressure in the right hypochondrium" was noticed during life, and after death the liver was found "a little more voluminous than natural, and presented a clear yellow colour, almost uniform, comparable to that of fatty liver. It did not, however, grease the scalpel, or offer any traces of fatty degeneration. Small ecchymoses were seen here and there: and there was remarkable augmentation of the consistence of the organ. The gall-bladder contained a little very thick bile; the ducts were not obstructed." In the third case, on the second day of the jaundice the liver was found "sensitive to pressure, projecting a very little beyond the false ribs." On the seventh day the report is "augmentation of hepatic pain. The liver very painful on pressure; extends two fingers' breadth beyond the false ribs." At the autopsy, the liver was found "larger than natural, of deep brown colour, and softened."

Next in order of time we read in the *Medical Times and Gazette* of October 19th, 1861, the following statement: "No less than six suicides by Phosphorus have occurred here (Berlin) this summer, of which, however, only three were successful. In no one of these did the death result from severe gastro-enteritis, but slight icterus, and a number of nervous symptoms were observed. Dr. Hellbert, who made the *post mortem* examination in the first of these cases, noticed considerable fatty metamorphosis of the liver, which was almost converted into detritus. He communicated the fact to the Medical Society of this place, and said he believed in a peculiar connexion of the general nervous symptoms which had preceded death with this acute degeneration of the liver. Two other cases, which were observed in the lunatic asylum and the medical wards of the same hospital, soon afterwards shewed the same combination of symptoms during life, and structural changes in the liver evidenced by the autopsy. With the exception of slight vomiting of a greenish matter at the commencement, there was scarcely another striking symptom indicating an affection of the bowels. On the second day there was great weakness, oppression and vertigo: on the third death ensued, preceded by great collapse. In both cases the liver was turgescent, yellow-reddish, marmorated, and on the cut appeared dirty and fatty. The microscopic examination of the acini shewed that they were filled with a large quantity of fat, were partly devoid of their normal structure, and destroyed. Dr. Tungel believes that these cases are similar to those which are designated 'icterus gravis,' and the causes of which, no doubt, are very various."

The year book of the New Sydenham Society supplies us with some examples of this form of Phosphorus poisoning. In the volume for 1860, Dr. Lewinsky records a case in which the symptoms during life were icterus and deep somnolence; while after death the liver was found large and lardaceous, and the blood wholly uncoagulated. In the volume for 1861, there is an account of a case observed by Dr. Zeidler. No jaundice is mentioned as occurring during life: but upon a *post mortem* examination, the liver was found "of firm consistence, and

exhibiting advanced fatty infiltration, with yellow colouring of the centres of the acini."

In the *Medical Times and Gazette* of May 3rd, 1862, occurs a still more important communication. "Dr. Lewin has recently directed the attention of the medical profession to the curious fact that there is an evident connexion between poisoning by Phosphorus and fatty degeneration of the liver. He was led to this discovery by finding in the published reports of cases of poisoning by Phosphorus, in which autopsies had been made, statements regarding an alteration of the liver. He then experimented upon dogs and rabbits, and found that we may, by administering small doses of Phosphorus, which do not immediately kill, cause fatty degeneration of the liver, with destruction of the acini, that is, a condition closely analogous to that which is found to exist in cases of acute atrophy of the liver. These physiological experiments were soon afterwards shown to be perfectly correct, by a case of poisoning by Phosphorus, which occurred in the clinique of Prof. Frerichs, in the Charité Hospital. A servant girl committed suicide by eating the tops of a thousand lucifers: when brought into the hospital she suffered from icterus and enlargement of the liver; the urine contained biliphilin and albumen. She died shortly afterwards without having had much pain, and no symptoms of a disturbance of the nervous system having been observed. The *post mortem* examination shewed the blood in a state of dissolution. The liver was greatly enlarged, and its edges blunt. On being examined by the microscope, the acini appeared to be filled with fat to bursting."

The last case we have to mention is one recorded by Dr. Peters, in the *North American Journal of Homœopathy*, vol. vii. In this, there were no hepatic symptoms or jaundice during life, but the liver was to some extent enlarged, fatty, and perfectly bloodless.

From the above facts we think ourselves justified in drawing the following conclusions:

1. Jaundice is a very frequent symptom of acute poisoning by Phosphorus.

2. This jaundice is of the character denominated "malignant

jaundice" or "icterus gravis," being associated with grave derangements of the functions of the nervous system, and of the composition of the blood.

3. The cause of the jaundice is not any obstruction of the biliary ducts, but an acute affection of the liver itself, suppressing its normal functions (acholia).

4. This affection is of an inflammatory character, as indicated by the pain and tenderness in the organ. Of the three forms of hepatitis described by Prof. Frerichs, the acute circumscribed, the hepatitis of tropical countries, ending in suppuration; the sub-acute, going on to induration and cirrhosis; and the diffuse, causing acholia; the latter is that induced by Phosphorus.

5. The peculiar characteristic of the Phosphorus hepatitis appears to be the rapid infiltration of the organ with fat, and the co-incident destruction of the secreting structure. This presence of fat distinguishes the affection from the acute yellow atrophy of the liver, which otherwise it strikingly resembles; and from all known idiopathic affections of the organ.

6. The neurotic and hæmatic symptoms in these cases probably depend—as in acute atrophy—upon the destruction of the secreting structure of the liver, and the consequent suspension of its functions. The blood appears first to become affected, and the nervous symptoms result from the poisoning of the blood (see chap. v. on Acholia, in Prof. Frerichs' "Clinical Account of Diseases of the Liver," trans. for the New Sydenham Society, vol. i.).

7. Albuminuria is frequently present in cases of Phosphorus poisoning where the liver is involved. Prof. Frerichs writes, "Diffuse inflammation of the liver is usually accompanied by a morbid condition of the kidneys. Their epithelium cells undergo fatty degeneration and become small, and in some cases large quantities of albumen pass off in the urine." (*Op. cit.* vol. ii. p. 9.)

Turning now to our therapeutic inferences, it would appear that the only affection of the liver to which Phosphorus is perfectly homœopathic, is an acute diffuse inflammation, causing rapid fatty infiltration, destruction of the acini, and acholia.

We are not aware that any case has been recorded, or any form of disease described, as possessing these precise characters. But the sphere and mode of the dynamic influence of the drug are sufficiently well-marked, to enable us to indicate many morbid conditions in which it is likely to be specifically curative.

1. The severer forms of "jaundice from suppression" are likely to find their best remedy in Phosphorus. We have had more than one case of this kind in which the use of the drug has more than answered our expectations. The pathognomonic sign of this form of jaundice is stated by Dr. Harley to be the absence of the biliary acids from the urine. (*British Medical Journal*, June 14th, 1862).

2. Phosphorus should be the remedy, *par excellence*, for acute diffuse hepatitis. Prof. Frerichs' clinical account of this disease, with his cases, will repay consultation. He says, "It is observed, in the first place, after violent mental emotions, where the disordered innervation appears to induce the disease; in the next place, it is particulary frequent in pregnant women: and lastly, it occurs in blood-poisonings resulting from typhus, pyæmia, and allied processes. Graves and Budd have observed symptoms indicative of a diffuse inflammation of the liver, tumefaction and tenderness of the gland, jaundice, &c., soon after the appearance of the eruption of scarlet-fever."

3. Dr. Holcombe suggests the use of Phosphorus in the jaundice which is characteristic of yellow-fever, and sometimes complicates the typhoid, remittent, intermittent, and recurrent forms. We can hardly adopt his suggestion, since the usual condition of the liver in these cases is not one of diffuse inflammation, and differs *toto cœlo* from that produced by Phosphorus. It is either simply congested, or anæmic, dry and small, while little or no destruction of the hepatic cells has taken place. We should ascribe the jaundice occurring in these cases either to circulatory disturbances caused through the medium of the vaso-motor nerves (indicating Quinine and Arsenic); or to arrested metamorphosis of the biliary acids in the blood, charging that fluid with pigment * (such as is caused by Arsenic and the snake-poisons).

* See Frerichs' *Op. cit.*

4. In the first stage of acute atrophy of the liver, the administration of Phosphorus would seem to hold out the best chance of success. When much atrophy has taken place, little benefit can be hoped for from any treatment: but even here Phosphorus is of all drugs most homœopathic to the morbid condition.

5. In simple fatty degeneration of the liver, the persevering use of Phosphorus, together with a regulated diet, might be fairly expected to check the morbid process.

6. Lastly, it is possible that the curative power of Phosphoric acid over diabetes may be connected with the influence of Phosphorus upon the liver. If so, it would be desirable to ascertain whether the base itself might not be a more powerful remedy in this disease than the acid.

The dilutions in which we use and recommend Phosphorus in the above affections are mainly the 2nd and 3rd decimal.

CASES FROM PRACTICE.

By R. MacLimont, M.D,, &c.,

Physician to the Bath Homœopathic Hospital.

The following cases from my own practice are presented to the readers of this Journal, in the belief that they possess some features of more than common interest, as also in the hope that they may not prove altogether uninstructive.

Case I.—*Cyanosis Neonatorum.*

About the end of July, 1857, I was called to attend Mrs. —— the wife of an eminent London solicitor, in her twelfth confinement. On questioning Mrs. ——, I ascertained—according to her reckoning, which from her large experience she was satisfied was correct, that she had just completed the eighth month of pregnancy. She quite expected to have gone her full time, and attributed what she regarded as her premature labour to an unusual degree of mental excitement and bodily fatigue undergone some days previously. The labour, although somewhat protracted, was perfectly natural, and was terminated by

the birth of a tolerably well-grown boy, who soon gave unmistakeable evidence of his advent into this nether world, by screaming vociferously. After attending to the mother my attention was suddenly drawn to the child, by the nurse saying "the baby is in a fit." This proved correct; the upper and lower extremities of the child being violently convulsed, and the trunk drawn quite to one side. The face was contorted and quite of a *blue* colour, the *lips especially so;* respiration was slow and laboured, indeed all the symptoms of immediate asphyxia were so imminent that I expected the child to die then and there. I administered appropriate homœopathic medicines, as also two drops of French brandy, cold affusion, &c., but without the slightest benefit. The child all this while was lying in the nurse's lap on its *left* side. I immediately took it from her, placed it on a bed on its *right* side in a slanting position, the head and trunk resting on a pillow. As if by magic, the child, who was all but dead, immediately rallied, the convulsive action ceased, the respiration became natural, and the blue look about the face, mouth and nails, began to disappear. A very short time sufficed to restore the little patient, and he continued natural and comfortable just so long as he was allowed to remain in the position I have described, any deviation from which was followed by an instant return of all the previous alarming symptoms.

It was of course very inconvenient to maintain such a posture for a considerable length of time, still I may say that this was imposed upon us as an absolute necessity during the first three weeks of the child's existence, when it was possible to set him upright and even to turn him on his left side, without a recurrence of the asphyxial symptoms. Day by day admitted of the child being more freely handled, until at the end of the month he could lie on either side without perceptible alteration in his appearance or breathing. I now ceased my attendance, and having left London for the purpose of engaging in the duties of a practice elsewhere, lost sight of the family till a short time back, when I was informed that my interesting little patient lived about eighteen months, when he sank under some ·scure affection of the brain.

Remarks.—On attentively considering this somewhat obscure case, it occurred to me to endeavour to *account* for the strange and abnormal condition of the child, and thus I was led to connect the outward and visible signs with an inward and pathological cause, incidental to the circumstances of the case, viz., the expulsion of an eight months' fœtus from its mother's womb.

We know that in fœtal life the blood aërated from the placenta passes through a patent foramen ovale, and by the systemic ventricle is pumped into the brain, and in due time is again returned to the placental tufts, there to be re-oxygenated. Now if the valve covering the foramen ovale does not close *simultaneously* with the establishment of respiratory life, black blood must be propelled into the capillaries of the encephalon, and asphyxia will be the result: further, should the foramen ovale remain even partially open after the establishment of respiration, it must still follow that venous blood passing through it into the left auricle will find its way to the brain, and so give rise to cyanosis; for if the due supply of oxygenated blood to the capillaries of the brain, and particularly to that part of it in which originate the filaments of the pneumogastric—the fourth ventricle, be in any way prevented, and in lieu of this aërated blood the respiratory sources are only supplied with venous blood, we must be prepared for the immediate manifestation of symptoms of asphyxia, more or less complete, according to the amount of the blood poison.

But as there is only an admixture of carbonized with oxygenated blood in cyanosis neonatorum, asphyxia is seldom or never complete but only partial, for the venous stream passing through an open foramen ovale is immediately *diluted* with the red blood of the left ventricle, and so deprived of some of its deadly properties. The amount of venous blood which may thus pass into the systemic circulation will of course depend upon the degree of patentcy of the foramen ovale.

Up to the moment of birth, then, the two auricles communicate.

At birth the valve is closed by the establishment of respiratory life.

But some accident, such as the premature expulsion of a fœtus whose respiratory apparatus may not be sufficiently perfected to admit of the due performance of respiratory function, may induce the current to follow its old fœtal course, viz., from auricle to auricle instead of from auricle to ventricle, and so cyanosis will be produced.

Now if this be so, it follows that if we can close and keep closed the valve of Botali, we prevent the escape of venous blood into the left auricle, and compel it to follow its natural course in extra-uterine existence, *i.e.*, from the auricle to the ventricle, and thus to the lungs, where it is duly de-carbonized by contact with the oxygen of the atmosphere. As therefore the valve covering the foramen ovale cannot resist the weight of a column of blood resting upon its free or left surface, it seemed but obedience to a simple mechanical law, so to place the child that this valve might be shut and kept shut, and this we effect by placing the child on its *right* side. I do not claim the merit of this discovery, though, so far as I know, I have been the first at least in England to apply it in practice, and in this the only case of cyanosis neonatorum which I have as yet met with, the plan certainly answered admirably.*

CASE II.—*Chronic Desquamative Nephritis, Morbus Brightii?*

I was requested to see a lady last July, who had just arrived in England from Italy and France, where she had been residing for a number of years. The patient was an unmarried woman of about 35 years of age, of a blonde complexion, and of a mixed temperament, rather fleshy, but apparently extremely weak; pulse 84, small and feeble; tongue pale and flabby, somewhat coated; face waxy and puffy; skin dry and rather rough; considerable thirst, not assuaged by drinking; bowels very torpid; urine rather abundant than otherwise. The patient complained of very severe pain of a cutting character occurring

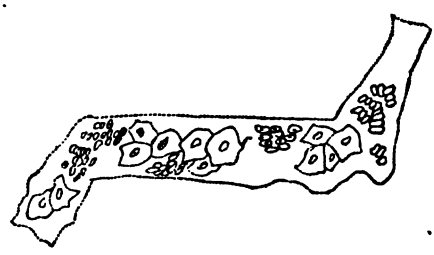
* I have searched the writings of most English accoucheurs, and I can find in them no mention of this mode of treating cyanosis neonatorum, and I am indebted to an eminent American obstetrician—the late Prof. Meigs of Philadelphia, for the hint.

in paroxysms, as well as constant wearing, dull, dragging pain over the region of the right kidney, extending, as she described it, "to the navel," but in all probability following the course of the ureter to the bladder. This pain was greatly increased by even the gentlest exercise, though little if at all increased by *pressure* over the region of the kidney. The patient had suffered from these symptoms for about eight months, and had been under the care of homœopathic practitioners both in Florence and Rome. She had also very recently consulted some one in Paris. Beyond a very little temporary relief she had received no lasting benefit from the treatment of those gentlemen, nor could I glean from my patient their diagnosis of the case. At first I was disposed to regard it as one of lithuria, occurring in a gouty or rheumatic diathesis, and I prescribed accordingly, at the same time directing the patient to take a warm bath, and to drink copiously of cold spring water—nature's grand solvent of most urinary deposits. This not only failed to give relief, but considerably increased her sufferings, a fact which threw some light on the case, for I have found that increased renal action increases pain in *diseased* kidney, whereas copious draughts of water relieve *gravel* pains.

Furnished with this slight clue to the unravelling of a somewhat obscure case, I proceeded to an examination of the urine, and for this purpose I was careful to procure that passed the first thing in the morning, before the patient had broken her fast, (*urina sanguinis.*) Sp. gr. 1018; reaction neutral or slightly alkaline; color pale and slightly smoky; odour faint and sickly, not unlike the smell of water in which raw meat had been washed. On boiling a little in a test tube a tolerably copious precipitate took place. Thinking that this might be due to the presence of phosphates, I added a few drops of Nitric acid, which not only failed to dissolve the deposit, but immediately formed it into a distinct and compact coagulum, thereby demonstrating the presence of albumen beyond any doubt.

My next step was to examine the urine microscopically,

which I did with one of Pillischer's excellent microscopes. The whole field of vision was covered with disintegrated epithelial scales, amorphous granular deposits, and broken down blood-discs. On making an examination of a fresh drop of urine, I found in addition to the above an epithelial cast entangling epithelial scales, granular matter, and altered blood discs. A tolerably correct representation of this cast is given in the wood-cut.



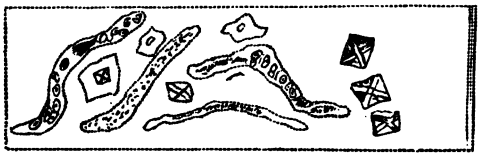
With this additional light on the case, I went the following day to see my patient, and found her worse in every respect. The pain in particular for which on the previous visit I had administered Cantharis 2 night and morning, had greatly increased, so much so that I was led to fear the Cantharis had possibly aggravated the disorder. I therefore ordered it to be discontinued, and brought away with me a portion of urine then and there passed. On submitting this to heat and Nitric acid I found a marked increase in the amount of albumen, and on looking at a drop of the urine through a good ¼-inch object glass, I was surprised to find an abundance of blood globules, indeed so abundant in hæmatosine was this particular specimen of urine, that I am inclined to think increased inflammatory action, and therefore increased exudation had followed the administration of the Cantharis: be this as it may, I had observed no trace of recent blood corpuscles in the previous examination, nor did I in any I made subsequently.

I now suspended all treatment, and simply gave Sacch. lact. for the next three days, when I found that the pain had greatly subsided: on examining the urine I could find no recent blood globules, but the amount of albumen was quite as great as before.

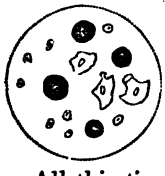
I now administered a few doses of Belladonna and Mercurius

sol., which had the effect of relieving pain and improving the general health. The amount of albumen, however, remained uninfluenced by these remedies.

On making a further microscopical examination I discovered several filaments, which at first I mistook for hairs, but which on closer examination I judged to be fibrinous casts of the tubuli uriniferi. The casts enclosed epithelial scales, altered blood discs, and octahedral crystals of oxalate of lime, although



I am unable to say whether these last were *enclosed* in the cast, or merely *adherent* to it, although I am inclined to think the latter. The wood-cut gives a rough representation of these casts. In addition I discovered several tolerably large and perfectly round, opaque bodies, resembling pus globules, only less organized and less granular on their surface than pus corpuscles. These globules were not numerous, and were considerably scattered over the field of vision, and as there was nothing in the condition of the urine to lead me to regard them as of mucoid or purulent origin, I



am disposed to think they may have been the exudation globules of Gluge, or the large organic globules of Dr. G. Johnson, which are often present in the first stage of Bright's disease. The wood-cut represents these granular bodies.

All this time the constitutional symptoms were increasing in severity, the debility in particular being so great as to unfit the patient for even passive exercise, whilst a new symptom had made its appearance in the form of a degree of lethargy or drowsiness which led me to suspect that the nitrogenised elements were not being properly eliminated by the kidneys, and that a degree of uræmic poisoning had taken place. Still there was no tenderness on pressure, no anasarca, no emaciation, so that but for the presence of granular casts and disintegrated epithelium in the urine, I shonld have been disposed to regard the case as one of simple albuminuria. Without further attempting to determine any more exactly this point in

the diagnosis, I proceeded to select a remedy which would cover most of the symptoms of the case, as well as bear specifically on the pathological condition from whence the symptoms sprung, be that condition simple chronic nephritis, or the first stage of Morbus Brightii. The medicine selected was Arsenicum 3 bis die, the effect of which was all that could be desired, for not only did the strength greatly return under its use, but the pain diminished, and what was of even greater importance, the amount of albumen in the urine was greatly lessened, though never entirely removed, nor did I ever succeed in finding any more *casts* subsequently to the administration of the Arsenicum. I ought however to say, that just at this time the patient was compelled to return to Italy, so that I had not an opportunity of following up this interesting case. I have heard however, that since she left England the former unfavorable symptoms have returned, and that she is now as ill as ever, so that I much fear the result will justify the diagnosis arrived at in my own mind, viz., that the patient is in the first stage of Bright's disease.

Case III.—*Gastro-Enteritis.*

At three o'clock on the morning of the 3rd of last October, I was summoned in great haste to see a lady who was not expected to live many hours. On reaching the house I was told by the friends that four of the allopathic medical men of this city had been in close attendance during two days, and had just left, stating that the case was a hopeless one, and that nothing further could be done. I felt sorry that I had been called to so desperate a case, for I was informed that one of the medical men in attendance, and who was moreover the patient's first cousin, had stated shortly before I made my visit that "nothing but a miracle could raise her up." On seeing the patient I certainly thought her medical advisers had good and sufficient grounds for giving so unfavorable a prognosis. She was almost speechless, pulseless, and without consciousness, apparently about 60 years of age, and of feeble and worn out constitution. She was vomiting incessantly, purging mu-

cus and blood in large quantities, constant and agonizing burning pain in the stomach and bowels, hiccup, extreme restlessness, great prostration, icy coldness of the extremities, severe cramps in the calves of the legs, together with the most distressing tenesmus at stool.

As the patient was evidently in a state of collapse I bethought me of brandy, but was informed that at least an imperial pint of this stimulant had been administered in the course of the day, but without any good effect. I therefore without further delay gave her a small powder of Arsenicum 2, dissolved in about a teaspoonful of water. This was instantly rejected; another dose in half the quantity of water was placed in the mouth and allowed to trickle down the throat: this was retained about five minutes. Doses were now given dry on the tongue at intervals of a quarter of an hour, and at the expiration of two hours there was a decided lull in the vomiting which had been all but incessant for forty-eight hours. By seven o'clock the following morning the patient was able to retain a teaspoonful of water arrow-root, and towards noon the retching only recurred at intervals of a couple of hours.

This treatment was continued all through that and the following day, when a wonderful alteration was found to have taken place. The vomiting had all but ceased, food of the lightest description and in the smallest quantities could be retained, the pulse which had been small, quick and wiry had become slower and acquired volume, the extremities were no longer cold—full reaction having taken place, and the pains, as well as the cramps, were not nearly so severe. The bloody stools however still continued as frequent as before—one or two in the course of every hour, and the tenesmus at stool was as distressing as ever.

Finding that the Arsenicum had so admirably allayed the irritability of stomach, but had not touched the enteric symptoms, I was led to abandon it, and to give in its place Mercurius corrosivus 3, a dose every two hours. Much to my surprise and disappointment, this medicine, which I had often found invaluable in similar cases, effected little or no improve-

ment, so I gave Colocynthis 1, a drop every two hours. The result was in every way highly satisfactory, for in the course of twelve hours the pain in the bowels, as also the blood in the motions had almost ceased. The patient however continued to pass most offensive stools, without a trace of bile in them, for some days. I now gave a few doses of Mercurius sol. 2, so as to induce the liver to secrete, but it was some days before this took place. The consecutive fever which set in was pronounced though not severe, and easily controlled by a few doses of Aconite. The patient had a rapid and highly satisfactory convalescence, in the course of which Nux and Sulph. were called for.

Such cases as the above are sufficiently frequent in homœopathic practice, to justify the assertion, that we are made the instruments of saving life which would inevitably be sacrificed under old-school treatment.

Remarks.—I have designated this case Gastro-enteritis, and perhaps it would be difficult to find a fitter nosological term for it; yet it must be regarded as a somewhat mixed case, partaking almost as much of dysentery as of English cholera: still, the absence of fixed pain and of tenderness on pressure, of dysuria, and of fever, would scarcely justify us in saying that this was a case of dysentery; whilst the urgent vomiting, the prostration, the collapse, the cramps in the calves of the legs, the burning pain in the stomach and bowels, especially after eating or drinking, all point to gastro-enteritis; we may therefore regard the case as such, complicated with dysenteric symptoms.

I am unable to account for the apparent failure of the Sublimate in this case, for there were not wanting many indications for its exhibition, such as putrid and bloody stools, ulceration of the mucous membrane of the intestines, as well as great tenesmus; indeed, but for the *absence* of dysuria, most of the dysenteric symptoms pointed to this drug. On the other hand Colocynth seemed to be indicated by some prominent symptoms, as the ineffectual efforts to vomit, the aggravation of all the pains *after stool,* the pains in the sacrum and hip joint,

muscular contractions, and cold hands and feet, &c.; nor was I disappointed in this remedy, the curative action of which very soon declared itself.

May I not say, that as the majority of the diseases we now meet with, are of a mixed and not purely of a specific nature, we must look for the remedy or remedies not in those so-called specific medicines which are often very arbitrarily selected with reference merely to the *name* of a disease, but in those which are specific merely to a single case, or a single symptom, or a group of symptoms? We can never say what remedy will answer best in any given case of disease, for in every case of disease there is so much of *individuality* as often to compel the practitioner to search for a remedy out of the beaten track, if he would prescribe successfully.

Case IV.—*Scarlatina with Diphtheritic Deposit.*

About a month ago a boy of nine years of age, was suddenly seized while at church, with severe pain at the left angle of the lower jaw and difficulty of swallowing. The patient passed a most restless night, and the following morning I was requested to see him. I found the child exceedingly depressed and prostrate, and almost comatose; pulse 130, small and weak; nausea and vomiting; face much flushed and the cervical, and particularly the submaxillary glands much swollen and sensitive to the touch; tonsils and uvula, fauces, soft palate and posterior wall of the pharynx were inflamed and tumid, but as yet free from any deposit. From the sopor and high pulse, I judged scarlatina to be impending, but as two members of the same family had died but a year before of malignant diphtheria, I confess I felt extremely anxious about the result; however, I simply prescribed Aconite and Belladonna alternately every two hours.

On making my next visit I was both surprised and alarmed at the change which had taken place in so short a time. A bright scarlet rash covered the face and neck, the glandular stiffness and enlargement had increased to a considerable extent, but what alarmed me most was a thick ichorous and highly offensive discharge from both nostrils. On examining

the mouth I saw a pale straw colored deposit on the posterior wall of the pharynx, and apparently creeping over the pillars of the fauces towards the tonsils. The odour of the breath, as also the discharge from the nostrils was very offensive and similar I believe to that of the other two children who had died, indeed so closely did this case resemble theirs in the same stage, that the parents stated their belief the disease was true diphtheria. I proceeded at once to detach the deposit, which I had very little difficulty in doing; I next sponged the throat carefully with a solution of Chlorate of Potash, gr. x. to the ounce, and I administered the Proto-iodide of Mercury $^{1}/_{100}$ every hour; strong beef tea and port wine were also given at short intervals; the enlarged glands were also carefully fomented with cloths wrung out of hot water.

On my next visit the improvement was quite manifest, for although the exudation had to some extent re-appeared on the old places, it had not spread, whilst the constitutional symptoms were much abated. The treatment was continued, the Chlorate of Potash being now used as a gargle every two hours; the wine and beef tea as before. Next day I found the patient improving; rash fading away on the chest, but fully out on the trunk and extremities; glands less swollen and painful; discharge from the nostrils nearly gone, and the throat free from deposit; tongue no longer dry and brown, but presenting the usual "strawberry" appearance peculiar to true scarlatina; pulse 100, full and soft. Ordered the Mercurius Iod. to be given every 3 hours, and the Chlorate of Potash to be used twice daily: nourishment as before, with the exception of the wine, which was now only to be taken in the calves' feet jelly.

The patient progressed favourably, and desquamation was completed by the end of the fourth week.

Remarks.—Some authors have attempted to draw a very rigid line of demarcation between Diphtheritis and Anginal Scarlatina, and they have laid down the differential diagnosis very clearly *in print*, but Scarlatina and Diphtheria are more closely connected, and much more frequently co-exist than these authors would have us suppose. I am quite willing

to admit that a diphtheroid exudation may occur in the course of simple Scarlatina, but may not such exudation if left to itself, or even in spite of treatment, assume the form of malignant diphtheria, and destroy the patient as surely and quickly as if it had been a case of uncomplicated diphtheria from the first? It would appear then that true malignant diphtheria is not often complicated with scarlatina, but that scarlatina is not unfrequently complicated with diphtheritic exudation, which, under certain circumstances, may assume all the unfavorable features of diphtheria maligna itself; and we can well understand that it should be so, when we remember, that both diseases, *i.e.* true diphtheria and scarlatina, are blood diseases, affect the same tissues, and are characterized by the same adynamic conditions.

Doubtless some of the readers of this Journal have met with instances in which an amaurotic and paralytic condition has appeared as the sequelæ of true diptheritis. I have lately noticed the occurrence of a still rarer phenomenon, viz., well marked cardiac disturbance as a sequel of scarlatina. The heart's action in the cases in question was not only highly irregular and intermittent, but there was—at least in one of them—a well marked *bruit*, something between a pericardial friction sound and an endocardial murmur. This may simply be caused by anæmia, but more probably it is produced by the stimulant action of the poisoned blood upon the heart itself.

As to the treatment of Diphtheria, I would just say that I have more confidence in the Proto-iodide and Bin-iodide of Mercury than any other remedies which I have had an opportunity of trying in the few cases of diphtheria I have met with in practice. These medicines I have given in the first centesimal, and at short intervals. Chlorate of Potash as a topical application I have much confidence in when used *early* in the disease. Muriated tincture of Iron, or even a solution of Argentum nitricum may occasionally be used, but in any case calling for external applications, we must not suppose that we get rid of the disease by getting rid of the exudation merely. Still, we ought by all means to endeavour to remove the deposit,

so as to enable the patient to take *nourishment*, and where this cannot be done by the mouth, we should never hesitate to administer strong beef-tea enemata.

REVIEWS.

Contributions to Practical Medicine. By JAMES BEGBIE, M.D., F.R.S.E., &c. Edinburgh: 1862.

The Renewal of Life; Chinical Lectures, Illustrative of the Restorative System of Medicine given at St. Mary's Hospital. By THOMAS K. CHAMBERS, M.D. London: 1862.

IT is much the fashion now-a-days for the followers, as well as the opponents of Hahnemann, to denounce as extravagant the language of censure he employed against the medicine which prevailed in his time. Those who do so forget or ignore the fact that the forty years that have elapsed since the Reformer was in his zenith, have seen a greater revolution in the practice of our art than perhaps any period of equal duration in its whole previous history. To make good our assertion, let us suppose ourselves accompanying one of the most distinguished physicians in Europe, about the year 1825, and copy his prescriptions for a case of pneumonia; they ran thus—"*Two pounds of blood* to be drawn from the arms, and eighteen grains of Digitalis to be given. On the third day, *eighteen ounces of blood* to be drawn, and twenty-four grains of Digitalis to be taken. *The same evening, other eighteen ounces of blood* to be drawn. On the fourth day, *eighteen ounces of blood* morning and evening, and thirty-six grains of Digitalis. On the fifth day, to be twice bled, and to have two scruples of Digitalis. On the sixth day, *a pound of blood* to be drawn, and two scruples of Digitalis to be taken. On the seventh day, the blood-letting and Digitalis to be repeated. On the ninth day, a pound of blood to be drawn." Here the patient died, after having lost fifteen pounds of blood and swallowed two hundred and twenty grains of Digitalis in fourteen days.

What comment would Professor Bennett, of Edinburgh make upon this treatment? We lately conversed with a recent graduate of that celebrated university, who informed us that, although he had diligently attended the Royal Infirmary for several sessions, and had acted as clinical clerk for six months, yet during the whole period of his attendance, he had never seen, or been called on to perform the operation of blood-letting *This* we owe to Hahnemann. For let it not be supposed, that had he never lived we should have had such a revolution. No. Here and there a sceptic in his quiet retreat might have been found "to hint a doubt, and hesitate dislike' of this heroic practice; but to deny the authority of custom' which had, with trifling interruption, swayed almost unchallenged the realm of practical medicine for 1500 years, required a mind fortified by a positive faith. Doubt is an excellent sharpener. But does not the process of giving a fine edge destroy the substance, and deprive the intellect of that robust character which is required even for an emphatic negation? If there had been no homœopathic statistics demonstrating the fact that pneumonia got well without bleeding, should we now have hospital physicians of the old school making the discovery, by peeping through microscopes?

While we cannot blame Hahnemann for denouncing the sanguinary misdeeds of his cotemporaries, it would be the greatest possible error if we were to apply his unmitigated censure to the practice of medicine, as it is now taught and exhibited by the physicians of our day. So far from finding in such works as those whose titles head this article matter for condemnation, we find them full of instruction, and we almost *fear* that the approximation of the dominant school towards homœopathy will be so great as to break down the fence of separation. *Fear*, we say, not *hope;* for although every enlarged and generous mind must gratefully anticipate a future, in which all sects shall disappear by the all-absorbing power of truth, yet, for a long time to come, it is for the advantage of medicine, as an art, that homœopathists should maintain their distinct position. If they were to merge into the general stream, then their special province—the ascertaining

the specific action of drugs, and their application to certain precisely defined morbid conditions—would soon be deserted for the much more captivating pursuits of a refined animal chemistry and therapeutic arrangements, directed by a sensible application of rules derived by pathology, and a general knowledge of what influences for good and evil the natural progress of disease. The union between modern allopathy and homœopathy would be pure gain to the former. We are not prepared to say it would be all loss to the latter; but we fully believe that we may derive all the benefit of such a union, by appropriating the fruits of its toil, without in any way compromising our own separate identity.

The first of the works which has given rise to these observations, consists of a series of papers upon subjects of practical interest, read before the Medico-chirurgical Society of Edinburgh, afterwards published in periodicals, and finally revised so as to give the latest results of the researches and reflections of its author. Dr. Begbie has long enjoyed a high place in the estimation both of the public and medical profession. He has written little, and what he writes is evidently not for display, but instruction.

The volume begins with an article "On gout and the gouty diathesis." In this there is not much to arrest our attention. That gout exhibits itself in an almost infinite variety of forms, and complicates the treatment of almost every malady that its subject is liable to, is a proposition familiar to all; nor less so, that among the medicines held of the greatest value by the profession at large, Colchicum takes the foremost place. We recollect a striking example of the action of this remedy in our own experience. We were sent for one night to see a lady of about sixty years of age, and found her suffering from what her medical attendant, a skilful homœopathic practitioner, considered an attack of pleurisy. The patient complained of very severe pain at the right side, below the region of the heart, shooting from behind forward; much worse on breathing, and attended with a rapid, sharp, irregular pulse, and considerable dyspnœa. She had taken Aconite and Bryonia for some twelve hours without relief. We could not detect any rubbing sound, or any

considerable dulness of the affected side. The patient had long suffered from rheumatic gout, and bore the traces of it in her enlarged and distorted finger-joints. We agreed that the case was one of gouty pleurodynia, and probably some affection of the diaphragm, and prescribed the 1st dilution of Colchicum, in drop doses every hour. The pain subsided rapidly under this treatment, and the attack passed off. "Quite allopathic except the dose!" Dr. Begbie would exclaim. To which impeachment we need make no reply at present, as we shall have our revenge before our interview closes.

The most interesting observation we encounter in the next essay, entitled, "On the Relation of Rheumatism and Chorea," is that "In the treatment of Chorea, I (Dr. Begbie) can only speak of the efficacy of one agent, having never had occasion to test the powers and properties of any other; and it deserves remark that this remedy, so available in chorea, is scarcely less so in chronic rheumatism. *Arsenic* is a most valuable and powerful remedy in these and in many other diseases, and it is much to be regretted that so many are deterred from employing it, in consequence of the sickness and griping which it is apt to produce, or from a fear of its poisonous effects on the constitution. In the experience of nearly thirty years, and in a large number of cases, I have never known Arsenic fail, and I have never witnessed the cachectic condition referred to. It has certainly in several instances disagreed, but I have not abandoned it on that account. Its use has been suspended for a few days, or even a week, and resumed, perhaps to be suspended again; but I have invariably found that the choreic jactitations have become more and more modified after every such intermission, till at last the disease has yielded entirely, and no permanent injury to the constitution has ever resulted from the employment of the remedy."

That a physician in the position of Dr. Begbie should say of any one remedy that it is so certain in such a well defined group of symptoms—however obscure the cause—as chorea, is very remarkable, and the contrast between his directions for the treatment of this troublesome and distressing complaint and those given by Homœopathic Manuals of Practice, is painfully

suggestive of the unsatisfactory character of the works of reference in our therapeutics. For example, Jahr tells us that, against chorea, the following medicines have been found efficacious—Belladonna, Causticum, Cocculus, Crocus, Cuprum, Hyoscyamus, Ignatia, Nux vomica, Stramonium, or Zincum sulphuricum, and *perhaps* also in some cases (how very encouraging!) Asarum, Arsenicum, China, Cicuta, Coffea, Dulcamara, Iodium, Pulsatilla, Sabina, Sepia, or Silica." The happy homœopath has a choice of *twenty-one* medicines, while the poverty-stricken allopath has the one without the twenty! If we turn to Dr. Laurie's work on the practice of physic to help us out of Jahr's *embarras des richesses*, we find that practical author ignores the disease altogether.

Whether Dr. Begbie succeeds in establishing the pathological connection between chorea and rheumatism must be left to the judgment of the readers of his essay. It is well that we should be reminded of the frequent coincidence of the former as well as the latter affection, with various morbid conditions of the heart, both functional and organic, and that the whole series of phenomena are held to take root in a rheumatic state of the blood, for which Arsenic is the antidote. The question naturally suggests itself, whether we can discover in the recorded symptoms of Arsenic any which bear a resemblance to chorea. The nearest approach to it is, "trembling throughout the whole body," and "spasms and convulsions."

Dr. Black, in a note to these symptoms, observes—"Hahnemann is to a certain degree right when he considers that the convulsions arising from Arsenic are of a secondary character and merely the precursors of death. But there are many cases on record, in which the convulsions may be justly viewed as primary and well-marked symptoms of Arsenic; they are observed generally after the appearance of inflammatory symptoms. The nervous affections vary. The most formidable and the rarest is coma; the slightest are imperfect palsy of the legs or arms, like that from lead; and between these are observed epileptic fits, tetanus, and an affection resembling hysteria."*

* *Hahnemann, Materia Medica*, p. 26.

The last clause of the paragraph just quoted is unfortunately rather vague. However, we may suppose that hysteria in connection with epilepsy and tetanus means hysterical convulsions, which have a close alliance with choreic jactitations. We have long been of opinion that Arsenic has been much more useful in idiopathic nervous affections than is generally supposed, and have seen the most decided benefit from its administration in two of the severest cases of convulsions—one of them, apparently, unconnected with either cerebral or abdominal disorder,—which we ever witnessed.

Whether Arsenic be strictly homœopathic to chorea, may admit of a doubt, but no one can question, that in almost all the other complaints against which Dr. Begbie recommends its use (in a subsequent essay in the volume under our notice), the similarity of the symptoms cured with those caused by this drug are so obvious that it is wonderful how so acute an observer and accurate a thinker should have failed to take notice of the coincidence. Rather, it *would be wonderful* did we not know that the essays were read before a society, which agreed to the expulsion of any one who prescribed such medicines as Dr. Begbie recommends, but gave a different explanation of their mode of action, and ordered them in doses less dangerous than those he employed! There is one sentence in this essay so remarkable that we should like to have an explanation of it from the author, viz., "It is worthy of remark that, in treating skin diseases with Arsenic, on the development of the first signs of its physiological operation, there is not unfrequently an aggravation of the eruption for a short time. *This circumstance should not deter, but on the contrary, encourage us persistently to maintain its use*" (p. 295).

In proof of the efficacy of Arsenic in ague, Dr. Begbie quotes the following sentence from M. Boudin, late physician-general of the French troops in Algeria:—"I have been able in a great number of cases, and by *very small doses* of Arsenious acid, to put an end in a short time to quotidian, tertian, and quartan fevers, contracted in latitudes the most various," &c. (*Traité des Fievres Intermittentes*, p. 276). Let us direct Dr. Begbie's attention to another sentence of the same work, and beg of him

to interpret the appearance of contradiction, which, no doubt, it has in his eyes;—

"M. Biott has observed on the rise of the pulse (under Arsenic) a sort of periodicity. For my part, *I saw an intermittent quotidian fever*, which I was compelled to combat with Quinine, *develope itself in one of my patients, who had taken twenty-four centigrammes of Arsenious acid for twelve days.* This intermittent appeared at a time when there were no similar cases in the town." From which, M. Boudin evidently implies that the inference he intends us to draw is that this particular case of quartan ague was *caused* by Arsenic.

In the fifth paper, "On Dyspepsia and Nervous Disorders in connection with the Oxalic Diathesis," there is a very graphic description of a troublesome, and frequently obstinate class of affections, illustrated by some striking examples of cure:—

"This class is composed chiefly of those in the prime of life, and includes more males than females. They are the subjects generally of the sanguine or melancholic temperament, more unaccustomed to laborious or active exertions, usually belonging to the upper classes, and accustomed to indulge in the good things, particuliarly *the sweets* of the table. They present themselves as sufferers from dyspepsia, from its mildest to some of its most aggravated forms; often with no disorder apparently, but the uneasiness arising from imperfect digestion, and languid assimilation; a sense of load at the pit of the stomach; and with flatulence and palpitation some hours after a meal. Oftener, however, they have sufferings of a more severe kind, referable not to the digestive organs alone, but affecting very seriously the nervous system, and threatening the mental condition of the patient. They are usually peevish, sensitive, and irritable; or dull, desponding, and melancholic. At times full of gloomy fears and dark forebodings; they are painfully distrustful of their own powers. Suspicious of some lurking disease, especially pointing to consumption or disease of the heart, as the source of their apprehensions, and from the dread of some threatened evil, they are not unfrequently hurried to the brink of mental derangement. In the milder forms, there is in these patients the anxious countenance and the look of ill health; a loaded tongue, a dry skin, and an irritable pulse. In the more confirmed, a dingy, dark com-

plexion; parhaps a red and tender tongue; with growing emaciation; falling off of the hair; eruptions of the scaly kind, sometimes of boils or carbuncles; pains of a dull, but deep-seated kind in the back and loins; hæmorrhage from the bowels and bladder; incontinence of urine, and complete prostration of the virile powers. These latter symptoms I have seen, in many instances, accompanied by feebleness and loss of power of the lower limbs, such as to lead to the suspicion of permanent paraplegia. The progress of these evils may be varied and slow; under diet and regimen, with the enjoyment of pure country air, it may be checked and controlled; under medicine it may be entirely arrested; but if neglected, or maltreated, the malady will assuredly subject its victims to the sufferings and perils of stone in the kidney or bladder, or to the still more serious consequences of malignant organic disease."

The great remedy for this state of the blood is *nitro-muriatic acid,* combined with a farinaceous and milk diet, and the avoidance of all saccharine food. Dr. Begbie speaks with great confidence of the certain benefit which is derived from this medication in all such cases.

The chapter "On Fatty Degeneration of the Heart," derives its chief interest from the narrative of two cases of sudden death of most remarkable men, precisely similar, both in antecedent deceptive symptoms, and in their final termination:—

"Dr. Chalmers died in his sixty-eighth year. It was my privilege to know him well, and to see him often during the last fifteen years of his life. The world knows his genius, his talents, and his labours. To a mind of the highest order and of wondrous energy, he united a hale and vigorous, a manly and robust frame of body; and in the pursuits of the best interests of his fellow men, he spared no exertion, either mental or physical, in carrying out the great object of his life. He was hardly ever incapacitated by infirmity or loss of health in prosecuting his enterprise; and from early manhood to green old age, even up to his latest hour, he toiled and spent his energies and strength. I mention these things to show that the fatal disease which lurked within, which was progressive in its nature, and probably of long standing, could neither have produced serious uneasiness, nor proclaimed its presence by any unequivocal signs. One serious and alarming illness once overtook him, some years before his death; and though we can now look back, and

somehow connect that first indication of disordered circulation with a well-grounded suspicion of commencing cardiac disease, yet his complete, his perfect recovery, and the absence ever afterwards of any manifestation of a like kind, were calculated to repress all apprehension of coming danger. The attack to which I refer happened in the winter of 1834, thirteen years before he died. It was thus—He was engaged in the early part of the day in attending a meeting of the Presbytery of Edinburgh, and had taken an interest and share in the subjects of discussion. On returning home with a friend, he was suddenly seized on the street with loss of power, and diminished sensations over the right side, the arm and leg being chiefly affected. He felt, to use his own description, as if instantaneously a large weight of books had been placed in one of the pockets of his great coat, and so thrown him entirely to one side. He must have fallen to the ground, but his friend supported him, and had him conveyed to a neighbouring house, and, after a little, to his own home, whence I was called to see him immediately on his arrival. I found him in bed, calm, but impressed with the conviction that he was struck down by a formidable disease. His mind was quite entire; nor did it suffer in the least during the course of his illness. The muscles of the right side of the face were partially paralysed; those of the arm and leg decidedly so. Sensation over the whole of the right side was much impaired, and particularly over the thigh and leg, which he continued to beat firmly with the left hand, with the hope, he said, of recalling the banished sensation. The face was pale, the skin cool, the pulse soft and frequent. There was no headache or giddiness, nor any pain or uneasiness beyond what has been described. The treatment varied in nothing from that usually pursued in such cases—moderate bleeding, purging, diaphoretics, rest, quiet; in a word, the antiphlogistic plan. Under this ordeal he daily improved. Sensation and motion were gradually restored, and after a few weeks' confinement, he returned to his avocations and engaged as heartily and laboriously as ever in his literary and professional duties. * * *

"Early in May, 1847, when in the enjoyment of his usual health, Dr. Chalmers repaired to London, to give evidence on an interesting question before a committee of the House of Commons. He preached on three successive Sundays with all the eloquence and energy of former days, and during the week was much engaged with the business of the committee. His minute and lengthened

examination, the manner in which it was conducted, and the intense interest which he felt in the whole proceedings, bear witness that even then, when within a few days of his death, he had no symptoms of serious illness. On his way homewards, he visited some near relations in the south of England, and reached Edinburgh at the close of the month, in excellent health and spirits. He attended public worship on Sunday the 30th. He met his family in the usual exercises of the day, and retired to rest at an early hour, being engaged on the following day to read to the General Assembly a report which had occupied much of his time and thoughts. On Monday, 31st, not having answered to the usual call in the morning, his chamber was entered, and he was found cold and lifeless. I saw the body before it was disturbed. It lay in the half-recumbent posture, the head supported by pillows, the arms folded on the breast. The bed-clothes were scarcely disordered, and on them rested a basin, which had received the contents of the stomach. He had been overtaken by sickness and vomiting, but at what hour it is impossible to fix. This last circumstance of vomiting, coupled with his former paralytic attack, rendered it very probable that some cerebral lesion was the cause of death."

The *post mortem* examination disclosed nothing in the brain (which, by the way, weighed *fifty-three* ounces) to account for the death, or previous illness. The heart was found to have undergone the fatty degeneration, and the coronary artery was loaded with calcareous deposit.

"Dr. Abercrombie died in his sixty-fifth year. I knew him long and well. I had the happiness of living many years under his roof, and was witness, through a great part of his lifetime, to his zealous professional labours, his unwearied industry, and his active benevolence. He enjoyed, during a long series of years, uninterrupted health, so that I can scarcely call to remembrance an occasion on which, for more than a few days together, he could be said to have been unfitted for professional duty, till the illness, which we well remember, filled his mind with the most serious apprehensions in regard to his future usefulness. It was in the winter of 1841, three years before his death, that in driving to a professional engagement, he was suddenly seized with loss of power, and impaired sensation over the left side, but without the loss of consciousness, or any affection of the speech. He immediately returned home, and gave

orders for the abstraction of blood by cupping. Dr. Hunter, who was called to him at the time, found him under great anxiety, complaining of præcordial uneasiness and slight headache; with frequent sighing, cold skin, and pallid countenance. The pulse was frequent and small at first, but after a while it subsided in frequency, and rose in strength. Blood was taken both from the temple and arm to a large extent, and active purging was pursued by the patient's desire. I need not, however, pursue the details of this attack, which have been given elsewhere, further than to state that it was Dr. Abercrombie's decided impression that his illness was paralysis, connected with cerebral disease, and that impaired mind and enfeebled bodily power were to be the lasting consequences. It certainly never occurred to any of his medical advisers to connect the symptoms with deranged circulation, arising from a damaged heart. He did complain, I remember well, of præcordial uneasiness—it never amounted to pain—and of something more than uneasiness in the left arm and shoulder, and at the base of the scapula; but the circulation was regular, though feeble, and the feebleness might readily have been accounted for by the active measures which he himself employed, and the scanty fare to which he subjected himself; treatment which, no long time afterwards, was found to have been entirely misplaced.

"Dr. Abercrombie recovered from this attack, and in the course of a few weeks was able to resume his professional duties. He continued pallid, however, and carried about with him somewhat the air of an invalid; but his mind was as active and intelligent as ever. Previous to this attack he had been observed to have become rather corpulent and fat. He continued to improve, and his health was considered completely re-established. He never had any threatening of return of similar symptoms during the three succeeding years, nor any indication of latent disease beyond what was remarked by Dr. Alison, when, in accompanying him up stairs a few days before his death, he observed that he was breathless. On Thursday, the 14th November, 1844, Dr. Abercrombie was in his usual health. He engaged with his family in the devotional duties of the morning; he breakfasted with appetite, and after visiting a domestic in the family, he retired to the water-closet. He was there sufficient time to justify the suspicion that some illness had overtaken him, and on opening the door, he was found extended on the floor in the arms of death. A few convulsive sobs were heard, and life departed."

The *post mortem* examination disclosed the immediate cause of death to be rupture of the left ventricle from fatty degeneration of its substance. "The pericardium contained a large clot of blood, enclosing the heart as a mould." Such is the expression of Professor Goodsir, who made the examination. The brain was perfectly healthy, and weighed *sixty-three* ounces—being thus ten ounces heavier than that of Dr. Chalmers.

It is impossible to peruse this narrative without its awakening a train of curious reflections. We will not speak of the sensation produced by the sudden felling of these two trees, of which the nation they belonged to were so proud and so fond, but simply of the purely medical questions which the facts suggest. We should like to know what was the pathological relation between the cardiac disease and the slight paralysis which threatened both Chalmers and Abercrombie—the former thirteen years, the latter three years before the final catastrophe. There was nothing found in the brain of either to connect the symptoms with any cerebral derangement. Yet, in both instances, the symptoms deceived the most careful and experienced physicians, and led them to believe that they indicated an apoplectic seizure, and, what is of great consequence, induced them to resort to measures not harmlessly inappropriate, but, as it was afterwards proved, positively injurious. One is tempted to think that, if Abercrombie had been spared, it might have had a remarkable effect upon the history of homœopathy. We have it from the best authority, that when he heard that Dr. Henderson was engaged in the investigation of the new therapeutics, he said, "I am glad to hear it; now we shall know for certain what amount of truth there is in it." It seems to us perfectly incredible that Dr. Abercrombie—candid, good, and true as he was—could have joined the bullies who badgered Dr. Henderson out of the Infirmary and Medico-Chirurgical Society, in which, from his knowledge of pathology, he was held in the highest esteem, and who did all that insult could do to turn him out of the College of Physicians, and the chair in the University he so ably fills. It is, we repeat, incredible that Dr. Abercrombie, having approved of Dr. Henderson engaging

in the inquiry as to the alleged facts of homœopathy, should have maligned and persecuted him for making known the result of his experimental investigation of the subject.

We cannot avoid the temptation, before we quit this subject, of briefly adverting to a work which has recently appeared from the pen of Dr. Hanna—the accomplished and refined biographer and son-in-law of Dr. Chalmers—upon "The Last Days of our Lord's Passion." In the chapter upon the "The Physical Cause of the Death of Christ," we meet with the following passage:—

"Are we then to leave the mystery of our Lord's dying thus at the ninth hour in the obscurity which covers it, or is there any other probable explanation of the circumstance which can be found? It is now some years since, a devout and scholarly physician (Dr. Stroud), as the result, he tells us, of a quarter of a century's reading and reflection, ventured to suggest—dealing with this subject, with all that delicacy and reverence with which it so especially requires to be handled—that the immediate cause of the death of Christ was the rupture of his heart, induced by the inner agony of his spirit. That strong emotion may of itself prostrate the body in death, is a familiar fact in the history of the passions. Joy, or grief, or anger, suddenly or intensely excited, have been often known to produce this effect. It has been only, however, in later times that the discovery has been made, by *post mortem* examinations, that in such instances the death resulted from actual rupture of the heart, that organ, which the universal language of mankind has spoken of as being peculiarly affected by the play of the passions, has been found in such cases to have been rent, or torn by the violence of its own action. The blood issuing from the fissure thus created has filled the pericardium, and by its pressure stopped the action of the heart. In speaking of those who have died of a broken heart, we have been using words that were often exactly and literally true."

The theory here broached has received the sanction of Professor Simpson and Dr. Struthers, of Edinburgh, who express their concurrence in letters published in an appendix to Dr. Hanna's volume. We are not disposed to enter into a controversy upon such a subject with any one, least of all with Dr.

Hanna; but knowing well the perfect honesty of his mind, we should like to direct his attention to certain difficulties which may induce him to modify his argument so as to embrace their explanation in the future editions of his deservedly popular work. Dr. Hanna speaking of the subject of his sacred memoir, says, "We must remember that they found that frame in the very flower and fulness of its strength *free, we must believe, of all constitutional or induced defects*" (p. 300). The question then arises—Can rupture of the heart occur in a perfectly healthy human being? So far as observations of those who have thus died enable us to form an opinion in this point, we believe that in all cases on record in which a *post mortem* examination has been made, that the heart has been found to have been predisposed to this accident by a degeneration of its structure, as in the example just given. Besides, in every instance of which we have the particulars, the death was instantaneous, and no cry of any kind was uttered. Let it be further observed that in rupture of the walls of the heart, the blood *forms a mould about that organ*, and there could not take place in the pericardium such a separation of coagulum and liquor sanguinis as to account for the appearances of "blood and water" on piercing the cavity.

The essay in the series which has excited the greatest interest is entitled, "Anæmia and its Consequences." The title is not a happy one, for the author does not attempt to deal with the whole question of all the ascertained effects of a deficiency of blood in the system; but singles out for description a very curious affection of the throat and eyes, which he attributes to want of proper blood. The following case he gives in illustration of his theory and practice:—

"In the autumn of 1839, my attention was called, for the first time, to the connection of bronchocele and anæmia, in the case of a lady, aged 32, one of a numerous and healthy family, which, with one exception, had grown up to manhood. She had married at the age of 24, and continued to enjoy for many years a full share of health. She had never been pregnant. For some years before I saw her, she had suffered from continued mental anxiety and distress,

and had laboured under profuse leucorrhœa, by which her general health and appearance were much affected. For the last four or five months she had complained of inordinate pulsation of the head, which was greatly increased by excitement, by going up stairs, by walking fast, by everything, in fact, which hurried the circulation. At these times her face, which was otherwise pallid, flushed, and she became confused; the eyes presented an unusual appearance, being prominent and staring, giving a wild and startled expression to the countenance; a much larger share of the albuginea was seen than in the normal condition; the membrane looked dark at a distance, and when examined near was found to be pervaded by vessels. Many of these were also seen apparently in the sclerotic coat itself, when examined through a lens. There was no dimness of vision, but a painful sense of distension of the eyeballs. All this was increased on the occasion of palpitation, or when the face was flushed. Simultaneously with the appearance of these symptoms, an enlargement of the thyroid gland manifested itself. It was soft, smooth, and elastic, and of equal character throughout, presenting the form of the hypertrophied gland, and had rapidly developed itself to its present size—that of three or four times the magnitude of the gland in health; but it was subject to remarkable variations in this respect, according to the state of mind, rest, or palpitations. It appeared to be highly vascular, and conveyed to the touch the sensation of an erectile tumour. It had suffered no diminution from the continued application of Iodine. The pulse at this time generally ranged from 100 to 130; it was small and jerking, and on the occasions of excitement, accompanied by a thrill. The inordinate action of the heart was felt beating in the head, so as to produce a state of almost constant watchfulness. There was much breathlessness and frequent faintness, severe headache, vertigo, and tinnitus aurium. On attentively listening to the heart's action, the contraction of the ventricles seemed somewhat prolonged, and it was attended, especially under palpitation, by a soft bellows murmur at the aortic orifice, and a corresponding *bruit* was heard on the carotid and other large arterial trunks. There was no extended præcordial dulness, neither was the impulse of the heart very remarkable. Along with these symptoms there was a high degree of nervousness, and much derangement of the digestive functions. The catamenial discharge was imperfect and irregular. In the interval, leucorrhœa prevailed. A variety of treatment had been for some time pursued for the relief of these

symptoms. Blood-letting had been resorted to, with that measure of benefit which Dr. Marshall Hall has so well described, and accounted for in such circumstances. Digitalis, Mercury, and many other remedies were tried, but all in vain, and the condition of the patient was considered hazardous. The appearances and signs, however, were manifestly those of impoverished blood, and taking this view a plan of treatment was adopted, which, after being continued for many months, has issued in restoration of health. This consists of large doses of the Carbonate of iron, with gentle aloetic purges; soothing doses of Hyoscyamus; a full diet of animal food; a change of air to the seaside, and regular passive exercise in the open air. Under this plan the general system gradually became renovated; the leucorrhœa subsided; the thyroidal swelling diminished and disappeared; the eyes regained their wonted character; the complexion its accustomed hue, and the heart and arteries their normal beat. This lady travelled on the Continent for many months after I first saw her, and I had no opportunity of ascertaining the progress of her restoration; but I saw her again two years afterwards, and she was then quite well."

After giving the details of other two cases which fell under his own attention, Dr. Begbie gives a summary of the literature of the subject, and makes the following extract from an article upon the researches of Romberg and Henoch, published in the April number of the *Edinburgh Medical and Surgical Journal*, for the year 1854:—

"Taking the cases which have occurred in their own experience, and those which have been elsewhere recorded, there are in all twenty-seven, which form the subject of the following interesting remarks by Drs. Romberg and Henoch. They acknowledge twenty-seven to be too small a number of observations to warrant any very decided opinions being drawn from them, but at the same time, believe it sufficiently large to afford the groundwork for much useful study. By far the larger number of the patients were females; only four of the twenty-seven were males. All, with one exception, were young, the most common age being between twenty and thirty. In the larger number of the cases there existed the combination of the three symptoms—of palpitation of the heart, enlargement of the thyroid, and prominence of the eyes; while in six of the twenty-

seven cases, one or other of the three was absent. In the two cases first treated by Dr. Romberg, in the clinic, the prominence of the eyes was not observable. Undoubtedly, of these phenomena, the palpitation of the heart is the one best understood, and corresponds most readily with the view taken of the whole disease. Almost always the cardiac symptoms are those first discovered, and first complained of; then, after a longer or shorter period, the swelling in the neck commences, and the prominence of the eyes follows. Only a few of the recorded cases lead to the supposition that the three diseased appearances arose at, or about the same time. Certainly, in the fifth case treated in the clinic, the enlarged thyroid was the first symptom noticed. It is well to enquire wherein the original affection of the heart consists. That, in some instances, there exists organic disease is proved, as well by examination during life as by *post mortem* examinations (Basedow and Marsh); but again, in others, it is equally certain that the cardiac symptoms depend merely on an increased irritability of the organ (Cooper, Begbie, Lubarsch). Cases explicable on both these grounds, and on these only, have been treated in the clinic. In regard to the thyroidal swelling, it is interesting to note its increase and subsidence, after the violence of the cardiac palpitation. This fact is expressly stated by Sir Henry Marsh, and mentioned by Begbie, as existing in his third case, and also noticeable at times in the fourth. This, of course, points to an intimate relation between the two symptoms. Marsh and Heusinger describe the condition of the thyroid as a true hypertrophy, and it has been noticed by Graves, that after the lapse of years, the consistence of the gland has been much increased.

"As regards the remarkable prominence of the eyes, this symptom comes on gradually, and so far as vision is concerned, it is not of much importance, seeing that only in one case (Lubarsch) was it at all seriously impaired; but though the sight is not much affected, the prominence of the eyes produces a singular disfigurement, causing the sufferer to be not unfrequently avoided in company. Acknowledging the great difficulty of determining upon what peculiar condition the prominence of the eyes depends, our authors set aside the view of the increase of the aqueous humour, causing a true enlargement of the eye (Begbie, the theory also adopted by Dr. Stokes), also that which attempts a solution by reference to an hypertrophy of the post-ocular cellular tissue (Basedow). They look upon the idea of the prominence being due to a want of tone in the

ocular muscles, and an accompanying congestion in the posterior parts of the eye (Cooper, Dalrymple), as more likely; but they appear to think still more favourably of the view of Heusinger, who found in two cases an extraordinary accumulation of fat in the cellular tissue behind the eyes, and regards it as the probable cause of the exophthalmos. Again, regarding the disease as a whole, these authors proceed to remark, that certainly the larger number of the individuals so affected exhibited evident symptoms of anæmia —such as a remarkable paleness of the skin; the peculiar sound audible in the blood-vessels of the neck; headachs often very violent; giddiness, especially when in the upright posture; humming sound in the ears; attacks of fainting; small frequent pulse, &c. Irregularity of the catamenia also is commonly present; while fluor albus, and sometimes complete amenorrhœa have been found. Symptoms of an hysterical nature further distinguish not a few of the cases; the globus hystericus; neuralgic pains in different parts; coldness of the extremities, and strange wanderings of the mind. Basedow describes a remarkable calmness, and a great desire for pleasure, as characteristic features of the mental condition. In some of the cases it is clear, that if the disease was not originated, at all events, it was furthered by the occurrence of a severe hæmorrhage, or flux, which reduced the system; also a depressed state of both body and mind seemed connected with its first occurrence. But though anæmia was present in a large number of the cases, there are others whose commencement could not be traced to it, and anæmia cannot, therefore, be regarded as an essential requisite towards the explanation of the complex phenomena. The irregularity in the uterine system, too, cannot be regarded as altogether explanatory of the disease; for independently of males being subject to it, these uterine derangements, though marked, were of very varying nature. Heusinger directs attention to the condition of the spleen, which he found after death much increased in volume, and manifestly diseased."—*Klinische Wahrnehmungen und Beobachtungen.*

It appears that there are three theories by which the prominence of the eyeballs is attempted to be accounted for—*first,* An enlargement of the globe itself; *second,* Hypertrophy of the post ocular tissues; and *third,* Want of tone of the ocular muscles. Dr. Stokes advocates the first of those theories— "We cannot come (he says) to any other conclusion than that

it is an example of double hydrophthalmia, or at least of enlargement of the eyeball itself." This opinion, however, is generally opposed to that of the best ophthalmic authorities, including among the number M'Kenzie and Haynes Walton, who deny that there is any increase in the size of the eyeball. From our experience in this malady, we have come to the conclusion that the protuberance of the eyeball may arise both from enlargement of the globe, and from its being pushed out from behind. The case which leads us so to think, was that of the wife of a tradesman in a provincial town, and the following is a general outline of the history of the patient:—

Mrs. A. B., aged about 40 years, of a highly delicate frame, small bones, soft skin, and nervous, lymphatic temperament, consulted us, some years ago, on account of a large bronchocele, and the extraordinary prominence of her *eye—eye*, not *eyes*—; for, according to her own statement, some years before, the left eye had increased to such an extent that she consulted an oculist of considerable reputation, and notwithstanding all his care the eyeball burst. When we saw her it was partially collapsed, and she was totally blind of this eye. The other eye looked at least one-half again its natural size; so large was it that the lids did not cover it, and her appearance was truly horrible. She assured us that more than once the eyeball had been forced entirely out of the socket on to the cheek—and she was a perfectly trustworthy and truthful person—the heart's action was rapid and feeble; the face pale and flabby. The size of the bronchocele varied greatly, being much larger after each confinement. She had several children. She was also affected with a severe cough, and much muco-purulent expectoration, and although phthisis was suspected, yet there were no unequivocal symptoms of it discovered by auscultation. For some years she was under our treatment, and there was great improvement in all the symptoms. The chief medicines we employed were Belladonna and Arsenicum. It is now more that four years ago since we saw her. Within the last few weeks we got a note from her husband, announcing her death. On writing to her medical attendant to enquire what appearances the eye presented on a *post mortem* examination, he

(although a stranger) politely informed us that he had found the right eyeball quite healthy, *not enlarged at all*, and totally free from all dropsical mischief. The protrusion was a permanent displacement, owing entirely to *an immense deposit of fat in the orbit* pushing the eye forward. It appeared as if the ordinary adipose tissue in the posterior portion of the orbit had become hypertrophied, thus producing the deformity. There was not the least appearance of malignant disease, nor any trace of tumour, or other morbid growth. The bronchocele was not excessively large, and had remained for several years of nearly the same size.

In this particular instance we cannot doubt but that the prominence of the eye was owing both to the enlargement (at one time) of the globe by a dropsical effusion, and also to hypertrophy of the post-ocular tissues. We have given thus briefly our own personal experience, partly because every addition to our knowledge of this malady is of some value, and partly to elicit the experience of our colleagues, and to induce them to state their views in regard both to the pathology and the treatment of this obscure and singular complication of morbid phenomena.

Passing from the work of Dr. Begbie to that of Dr. Chambers, one feels the transition from a composition addressed *ad cleros* to one addressed *ad populum*. The style of the former savours of the Presbyterian pulpit, that of the latter smacks of the stage. While we accord to Dr. Chambers the merit of writing with force, clearness, and vivacity, we regret to perceive in his lectures a tendency to the blemish of London literature, in the use of language closely approaching to slang. For example, speaking of the advantage of giving small quantities of food in low fever, he says, "They pass over the irritated stomach *as if on the sly*." We should hardly have noticed this, were it not that, as Dr. Chambers has succeeded in producing a very agreeable book, his peculiar manner is likely to find imitators among his students, and we consider that it is much better for a young writer to adopt even a turgid style than to attempt a smart colloquial one; for the pressure of scanty leisure and abundant materials is sure to fine down redundancy

of words; but a brusque, snappish, and slangy habit of expression once acquired is seldom or never lost.

So much for the manner of our author; as to the matter, if the book professed to be merely a set of clinical lectures, we should feel disposed to give it almost unqualified commendation. But Dr. Chambers sets forth his practice as illustrative of a new theory of cure, and to this we must take exception. First, however, let us gather from the practical observations some hints which are applicable to all systems of treatment.

Rheumatic Fever.—"With unimportant exceptions I have treated every patient on the alkaline plan for the last seven years, being convinced of its power to shorten and alleviate the disease, by the statistical deductions of Dr. Garrod." It has been suggested* that the alkaline method of treatment is by no means incompatible with the specific; and some of our most distinguished homœopathic colleagues are in the habit of administering the Bi-carbonate of Potash as a drink, while they also prescribe homœopathic remedies. If it be possible to combine eliminative with the specific treatment, we can hardly doubt that such a combination may, in many instances, be highly beneficial.

Pneumonia.—"I come now to a direct restorative, about the use of which, at all times, you need have no manner of hesitation. You can always, without any exception of age, sex, condition, cause, or complication, follow a treatment to which I attribute more power of saving the lives of pneumonic patients than to any other, and which you see me apply in all cases—I mean the enveloping of the chest in a large bath-like poultice. The action of warmth and moisture on animal tissues tends directly to increase their vitality. You may see with the naked eye a healthy surface of skin under their application renew its life; it empties itself quicker of its full venous blood, and grows into a fresh access of the bright arterial stream, &c. * * * * * The poultice is best made of linseed meal, because that keeps moistest. It should be spread half-an-inch, at least;

* *Lecture on Acute Rheumatism;* by Dr. Russell. *Annals of British Homœopathic Society and London Homœopathic Hospital,* vol. ii. p. 89.

thick, on a cloth or flannel as broad as the circumference of the thorax. If any portion of the upper lobes is inflamed, it is essential, and even if only the lower lobes, it is prudent that it should be deep enough to cover the whole chest, from the collar bones to hypochondria. Lay the patient in it on his back, and fold it across the front till it meets. In adults it will usually keep its place of its own accord; but in children it is useful to have a tape stitched on in front, and a tape behind, which you tie over each shoulder in the manner of a shoulder-strap, otherwise the little prisoners wriggle out of their soft breast-plates. When once you have got it in situ, keep it there, and desire the nurse, on pain of dismissal, never to take one off till another hot one is ready to go on."

Idiopathic Hydrothorax.—By this term Dr. Chambers means pleurisy, followed by copious serous effusion. We commend the following observations to the attention of our readers. You must not let the commonly used, but deceptive word "*effusion*" mislead you into viewing dropsical fluids as products of extra secretion, on the part of the sacs which contain them; like all morbid phenomena, they are proofs of sluggishness, of deficient vitality. In full vigour of health, the pleura, pericardium, and other similar membranes probably, pour out a much greater quantity of fluid than they do in disease, which fluid, however, in the normal state, is taken up again by absorption as soon as exhaled, so that in opening it we find each serous sac damp indeed, and dripping, but empty. By disease this last named vital act is destroyed, or at least impeded, and the natural transudation still continuing, a collection of its products remains ensacked. Think of dropsy as a *collection*, not as an *effusion*, and your pathology will be right." * * * * Professor Lehmann (*Lehmann's Physiolog. Chemie.*, ii. 309) opened the pericardium of a healthy criminal, and collected the fluid which ran from it in three-minutes-and-a-half. It amounted to 33·8 grammes (9½ fluid drachms). If always exhaled at that pace, the quantity in twenty-four hours would be a gallon and a-half from the pericardium alone."

Bed-sores.—"The best way of managing them is to paint the parts, directly they get red, with gutta percha softened in chlo-

roform. Take care and keep it thick enough by letting lumps of the gum remain in the bottle; it should be of the consistence of paint, so as to dry immediately upon application, you thus obtain an artificial new cuticle, and can renew it as many times a day as you like." We have tried this preparation and find it excellent.

Such are a few examples of the practical suggestions which crowd this little volume, and make it both instructive and interesting. The observations about the diseases of the heart, we consider as highly important, and recommend to the attention of our readers.

But Dr. Chambers assumes a more ambitious position than that of a clinical teacher of details; he claims to be the propounder of a new system, and his pretensions on this head deserve to be weighed. Like all would-be reformers, before setting forth his new and better system, he delineates, and in doing so, exposes the blemishes of the older ones which he proposes to supersede. Among these—*among the old and established*—we meet with homœopathy, of which he thus writes:—

"Homœopathy.—This is a reaction against the former theory. You will observe that the strong argument, and therefore the favourite argument of its adherents, is an exhibition of the inconsistencies displayed by wise, and of the bad treatment frequently employed by foolish allopathists. It is inferred by them, that if allopathy is wrong, its converse must be right; and being able to show that successful treatment does not consist in administering drugs, whose phenomena are the opposite of those manifested in the disease, they argue therefrom, that it does consist in administering those whose phenomena are the same as those manifested in the disease. If there is diarrhœa, Colocynth is to be given; if inflammation of the bladder, Cantharides. For hectic fever and emaciation the treatment is to be Mercury, Arsenic, Phosphoric acid, Caustic potash, whose action, in measurable doses, is to augment emaciation, and so to cause hectic.

["The examples are taken, *passim*, from Yeldham's 'Homœopathy in Acute Diseases,' which represents the current application of the laws made by Hahnemann. An exposition of the arguments and

experiments on which the homœopathic dogmas are founded, may be found put in a very readable and elegant form in the 'History and Heroes of Medicine,' by Dr. Russell. The author is evidently an 'almost persuaded' converted to rational medicine, so clearly does he expose the fallacies which deceived Hahnemann.]

"To prevent evil results from carrying out the dogma into practice, the doses are usually reduced to such immeasurable smallness as not to produce any of their usual pathogenetic effects; but still this mode of presenting is not looked upon as an essential, and the rule that '*similia similibus curantur*' is quite independent of it.

"A good deal of time and paper is often wasted in denouncing and deriding the practice of homœopathy. Denunciation is not argument, and the subject of human life is too serious for ridicule. *In my opinion, the promulgator of such a doctrine professing to base it upon experiments, could logically demand that the experiments on which he based it should be tried.* When an old road has been found wrong, it is quite natural to try the opposite one in the first instance. Nothing is easier than to do this, by taking an agent whose beneficial effects in cutting short a disease are obvious, and trying whether, in excess, it will produce that disease artificially. Quinine, for example, is easily proved to stop ague. It is quite safe to take it in consecutive ten-grain doses till its pathogenetic effects are produced, and to compare these pathogenetic effects with the well known phenomena of the malady. Again, we frequently have under our care cases of Arsenical poisoning with malicious intent; and sometimes over-doses of Fowler's solution are given. The symptoms are very readily observed, noted, and compared with those of psoriasis, which Arsenic cures. Small quantities of Iron cure anæmia. We often, by accident, continue our doses too long, and we often by mistake give Iron to patients who do not require it, and in whom it produces morbid phenomena. Nothing is more easy to note if they at all resemble anæmia.

"The action, also, of infinitesimal doses may be tried upon malingerers and 'hospital birds,' who occasionally sneak into our wards, or upon convalescents and many other patients to whom we should otherwise have administered no medicine. Very minute quantities of Digitalis or Saltpetre ought to diminish the daily secretion of urine; very minute doses of Colocynth diminish the daily weight of fæces, and so on. These experiments, however, are

not so easily performed as the others, nor so convincing. And it ought to be established as a rule, that objective phenomena, rather than subjective, are to be taken as tests, and that all things are to be 'delivered in number and weight,' according to the sage advice of the son of Sirach. For instance, when we are examining the action of Quinine, the changes in temperature must be estimated by the thermometer; the changes of urine in the laboratory; the action on the skin by the amount of perspiration. And we must not waste our time in performing, as tests, experiments which do not admit of such manifestations; *above all things avoid prejudice and scepticism.*

"Consider it your duty, *nullius jurare in verba magistri*, to be quite free of all rules, systems, and hero-worship, to try for yourselves the experiments (they are very few) on which dogmata have been based, to test the results intelligently, and then to believe in them firmly."

These are brave words; but deeds would be braver still. Admiring as we do the rare courage displayed by this teacher of youth, we take the liberty of dealing plainly with him, and we thus address him:—"Practise what you preach." You have the charge in an hospital of a certain number of patients; select such cases as you describe; let them be those of some well-marked chronic disease which does not tend to spontaneous recovery—affections of the skin, if you like; having made your selection, procure the best homœopathic treatises upon the particular class of diseases you have chosen, and follow the directions contained in these works. Do this faithfully for a year, and then publish the results. You have high examples for this proceeding. There are Andral, Tessier, and Henderson. These three physicians tried such an experiment as we propose to you—the two former in the great hospitals of Paris, the last in the Royal Infirmary of Edinburgh. They arrived at conflicting results. Andral gave his verdict against homœopathy; Tessier and Henderson in its favour. What is to prevent the name of Chambers being added to this list? He admits it should be done; why does he not do it? Is he afraid of the consequences? Well he may. If he has the courage to make the experiment, and to satisfy himself that the minute doses employed by homœopathists really act in curing and controlling

disease—if he has the still greater courage to avow his belief—then farewell for him all petting by medical journals, all association with the great mass of his colleagues: he must literally take up his cross and follow a man contemned and despised and vilified by all whom he now esteems in his profession. No small sacrifice to ask of any man. We read in holy writ how a certain young man went away "exceeding sorrowful because he had great possessions." If Dr. Chambers responds to this appeal as Professor Henderson did, he will meet with the same treatment, and he must part with most of his great possessions; his name will be the butt of satire, and he will be for some time the laughing-stock of his friends. And all for what? He is perfectly satisfied with his method—his restorative medicine; why should he encounter so great a risk? Just because he has had the courage or the rashness to declare that it is the duty of one in his position to put homœopathy to the test of experimental verification. Had he been more timid or more prudent, we could not have made this appeal. He has laid himself open to it, and *we expect his reply.*

Let us now, in Dr. Chambers' own words, state his theory of disease, and the system of practice thence deduced:—

"Disease is in all cases not a *positive* existence but a *negation.* Not a new *excess* of action but a DEFICIENCY; not a *manifestation of life*, but PARTIAL DEATH: and therefore that the BUSINESS OF THE PHYSICIAN is, directly or indirectly, not *to take away* material, but to ADD; not *to diminish function*, but TO GIVE IT PLAY; not to *weaken life* but To RENEW LIFE."*

Such being his theory of disease, the system of treatment he proposes consists of the use of—*First*, CONSTRUCTIVES, which he divides into five classes, viz., 1st. The materials of which the body is built—albumen, fibrin, &c. 2nd. Aids to assimilation—bittter and astringent drugs. 3rd. Digestive solvents—water, pepsine, &c. 4th. Supply of defective functions—heat, elec-

* We have imitated to the best of our power the typography of this singular sentence, being utterly incapable of comprehending the rules which guided the author in the formation of what looks more like a sensation paragraph in an American newspaper than a calm statement of the principles which should guide the physician in his difficult task.

tricity, &c. 5th. Stimulation of deficient functions—ammonia, valerian, &c.

Second, ARRESTERS—agents which stop for a time all vital acts, such as alcohol, opium, &c.

Third, DESTRUCTIVES, such as mercury—drugs which promote destructive metamorphosis.

We frankly admit that there is a great deal in this system that contrasts favourably with the old evacuant method which for centuries prevailed and formed the bulk of allopathy. It might be designated an attempt at specific alimentation, and as such it may be very useful in curing or assisting in the cure of many morbid conditions. But we can hardly believe that any philosophic mind can accept as a sufficient definition of disease the proposition that it is a negation. The author seems to us to have been led into a fundamental error by assuming that, because death is a negation, and disease is partial death, therefore disease is a negation. Death is undoubtedly a negation of life; but does it follow that the *causes of death* are all of a negative kind? If one man knocks another on the head and kills him, we presume that the cause of the death of the latter is the blow. Is that a negation? Are garotters negative quantities? Is arsenic a negation? Are the symptoms or vital manifestations of this drug of a negative character, because they are disease-producing and fatal? Is small-pox a negation? Is syphilis a negation? We confess that the fallacy seems to us so obvious as hardly to require serious refutation. We prefer shifting our ground, and considering the proposal from the most favourable point of view.

It evidently comes to this, that we are to seek the means of cure by the study of physiology or the laws that regulate organization and decay. This most plausible proposition is one which is now finding great favour among some of our own school.* It sounds most philosophical, but historical facts are dead against it. All the greatest improvements in therapeutics have been achieved by studying and classifying the natural law, not of life, but of cure. What has the physiological school

* See the ingenious papers of Dr. Hughes in this Journal, and in the *Annals of the British Homœopathic Society and London Homœopathic Hospital.*

done for the world comparable to the cure of ague by cinchona or of small-pox by vaccination? Let us consider the following facts. From the year 1629 to 1636, there died of ague in England *thirty thousand four hundred and eighty-four* persons; from 1734 to 1742, there died *thirty-one* persons. Again: in Copenhagen, before the introduction of vaccination, there died in *twelve* years, of small-pox, *five thousand five hundred* persons; from 1802 to 1818, that is, in a period of *sixteen* years, after vaccination was employed, there died in all Denmark only *one hundred and fifty-eight* persons. These are facts we cannot too frequently press upon the attention of all medical schools and sects, because they illustrate the great principle that the causes of the chief diseases are poisons, and that for these poisons there are antidotes. We go one step further, and maintain that, as the effects of these poisons are arrested by the proper antidote, so for all morbid conditions, whatever the exciting cause may be, there is to be sought the specific remedy; that Hahnemann has discovered the best and only plan of finding true specifics; that *when found*, it will be seen that they act in strict accordance to the laws of physiology, but not till then; and that to attempt to discover specifics for general classes of diseases, instead of for special morbid conditions, will lead homœopathy into all the weary maze of error from which Hahnemann delivered the medicine of his day.

That Dr. Chambers, like every other practical physician, feels the want of true specifics, peeps out, even in a narrative of cases selected to illustrate the advantages of Restorative Medicine. Let us hear what he says of acute laryngitis:—"In point of fact, the importance of acute laryngitis depends not on the *degree* of injury to life, but on its *localization*. *And hence the value of remedies is proportioned closely to the special definiteness of their action on the part affected.*" There it is!—what is wanted is a remedy which has a specific relation to the larynx, and to the particular morbid action which is threatening to destroy life. Acute laryngitis, Dr. Chambers finds to be a very troublesome negation, and he would give anything for its appropriate neutralizing positive. Let us imagine that Dr. Chambers accepts, as a man, the challenge we give him, to

carry out his words and test for himself the practical truth of our system;—let us suppose that in doing so he discovers this precious remedy, by which he is enabled to save the life of his patient, after all his grand Constructives, Arresters and Destructives had utterly failed;—let us suppose that he had attained this gratifying result by the administration of the medicines and the doses in common use among homœopathists—the thing is not impossible, it has happened to others before;—let us suppose this all to have happened to him, would he not feel ashamed of the language he applies to us, if, on his making an avowal of his practice and its results, some of his kind critics were to judge his *honesty* out of his own mouth, by saying of their allopathic as opposed to his homœopathic practice, "It is not an *underhand mode* of doing nothing, like homœopathy, but the *bonâ fide* employment of a powerful agent?"

Der Phosphor, ein grosses Heilmittel. Physiologisch geprüft und therapeutisch, nach dem Grundsatze similia similibus curantur, verwerthet unter Benutzung der gesammten medicinischen Literatur, von Dr. G. WILHELM SORGE, praktischem Arzte in Berlin. Gekrönte Preisschrift. Leipzig, Purfürst, 1862.

Phosphorus, a grand remedy: proved physiologically, and therapeutically judged according to the principle similia similibus curantur, with the aid of all medical literature, by Dr. G. WILLIAM SORGE, of Berlin. Prize essay. Leipsic, Purfürst, 1862.

The plan of offering prizes for the best essays on certain homœopathic remedies, which has for some years past been adopted by our German colleagues in Central Society assembled, has certainly been so far successful, that it has furnished our literature with several portly volumes of prize essays. We willingly allow that these volumes display a vast amount of labour and erudition, but we much doubt if their practical value is in exact proportion to their size. A very large book may be written about a very small remedy, if the author will only give himself the trouble to scrape together all that has been said

about his theme in the thousands of volumes that compose our medical literature. But life is too short and human patience too small to allow us to wade through all the observations and maunderings that authors more or less silly and vain have chosen to publish regarding every remedy we are in the habit of prescribing. It is all very well and no doubt very pleasant for a young practitioner with not too much to do and therefore with too much time to do it in, to hunt up every remark recorded in our medical literature respecting a particular remedy, to arrange all those remarks in some order, and in this way to compile a large book. But if all the unemployed young doctors take it into their heads to select single remedies for this mode of treatment, alas! for the poor busy practitioner if he is expected to read many such volumes. We feel a grudge against the amiable and well-intentioned Central German Society for offering prizes for such works, and if they will go on offering their prizes, we would suggest that henceforth they should make it a distinct condition that aspirants for their prizes should give us rather a condensation than a spinning out of what has been written, and that they should make a collection of what is really useful, and pass over altogether what is useless. But surely, our readers will exclaim, no author would be so foolish as to burden his book with matter which he himself at least deemed useless. Gentle reader, you know not the extreme to which German diffuseness will carry a German author. In the very book before us the author, not content with giving every thing bearing on his theme that could in any was assist us in obtaining a knowledge of phosphorus, occupies pages with the detail of cases of poisoning, and of treatment which he himself designates as worthless. Can it then be matter of surprise that he gives us a book of 448 pages of small print all about one medicine?

Phosphorus is no doubt a valuable and an important medicine, and one that we could ill spare from our medical treasury, but surely all that is worth knowing about it could be adequately told in the compass of 50 or 100 pages. We are far from denying that Dr. Sorge has given us a valuable book, but its value is similar to a lump of auriferous quartz from Geelong

—there is precious metal in it, but it requires much labor to get at it.

The great danger which men of ordinary talent run in working out any particular medicine in this prize essay style, is that of making it appear as though their protêgé were a specific for almost every disorder under the sun. It requires a man of genius—a Hahnemann in fact—to sift and winnow the wheat from the chaff of medical literature—to see at a glance and select the valuable kernel for our observation and to reject the valueless husk, and to tell at once those observations that have no kernel but are all husk. When Hahnemann wrote his *Materia Medica Pura* the whole field of medical literature was before him—and it is a marvel to us how he at once seized upon the important, the characteristic points in each recorded case of poisoning or cure, and how he passed by everything that was unimportant and uncharacteristic. Had he not been gifted with this faculty, we must have waited long ere we could have known how to employ with certainty those valuable specifics we now possess.

It is no proof of cleverness and it is no service rendered to homœopathy to do as some of Hahnemann's critics, commentators and improvers have done, viz., to ransack the original sources whence Hahnemann culled his provings for the purpose of encumbering the Materia Medica with symptoms that Hahnemann himself rejected. We rather commend the conduct of those who like Dr. Roth examine those sources for the purpose excluding from the Materia Medica symptoms that Hahnemann has inadvertently admitted, but which are not derived from a sufficently pure source to allow us to regard them as authentic. Some pruning is still necessary for the *Reine Arzneimittellehre*, and much more for the *Chronische Krankheiten*, and the value of both these works will be enhanced to the practitioner by the process if judiciously executed. It is easy enough to make a big and useless work by carting back all the rubbish that has been carefully eschewed by Hahnemann, and that has appeared since his time. But it is a very difficult matter to sift out of the Materia Medica all the useless rubbish it still contains, thereby reducing its dimensions while enhancing value.

After this little exordium we shall proceed to the examination of Dr. Sorge's book. In spite of its extravagant length, in spite of its rather ridiculous title, in spite of its wearisome repetitions, we must allow that it contains much that is valuable, and with a good deal of judicious skipping the practitioner will be able to glean from its pages everything he may wish to know regarding phosphorus, as far as has been written about it in general medical literature, and he will also find much that is new and original by Dr. Sorge himself. For in addition to being an indefatigable collector and compiler, the author is a practical experimenter, and he has supplied us with a tolerable number of new provings of his favourite remedy, both on himself and on his friends, not to mention sundry rabbits, frogs and other animals. Our space will not allow us to transfer these additions to our Materia Medica to our pages,—but perhaps on some future occasion we may be able to afford room for them. In the mean time we may say that a cursory glance convinces us that they have been undertaken and carried out by all the experimenters, twelve in number, with perfect good faith, and will no doubt be incorporated in all future editions of our Materia Medica.

To shew the complete and exhaustive manner in which Dr. Sorge has worked out his subject, we shall present an outline of his mode of proceeding.

After indicating the authorities he has consulted, and given a sketch of the history of phosphorus, he divides the main body of his work into four great parts. I., the chemical part, where the physical and chemical properties of phosphorus are detailed, and an inquiry is instituted into the changes undergone by phosphorus in the living organism. II., the physiological part. In this are detailed all the experiments that have been made on animals and men, and all the cases of poisoning by phosphorus on record. A large number of the experiments on animals are by Dr. Sorge himself, and they seem to have been prepared with much care and intelligence. Among the cases of poisoning we find full details of that curious necrosis of the jaws in those employed in the manufacture of lucifer matches that was first carefully described by Bibra and Geist

and which we described in a review of their work in Vol. XI. of this Journal. In this part too, Dr. Sorge gives an account of the symptoms observed on themselves by some of those persons who assisted Hahnemann in his labours. Here also we have the details of the author's own observations on himself and friends. On the whole this part is executed in a very praiseworthy manner, and of itself would have well deserved the prize awarded to the author for the whole work.

III. The pathological part. With this part Dr. Sorge has also taken infinite pains. To shew the complete manner in which he has executed his task, we cannot refrain from translating here one of his shortest chapters—or rather we should say a subdivision of a chapter.

"AFFECTIONS OF THE MALE SEXUAL ORGAN.

"§ 1.

"*Recommendations of Allopathic Authorities.*

"Hufeland says in his *Jour.*, Vol. VII., pt. 3, p. 114, that P. is of great use in impotentia virilis.—Vol. XV. pt. 2, p. 74, he relates a case, concerning which, D. Stueve, in his *Diss. Inaug.*, page 98, says: 'Homo pollutionibus diurnis laborans, et quam maxime enervatus, cujus partes genitales mirabile relaxatæ erant, regionem sacralem et perinæi inungere jussit. Magni momenti fuit Phosphori applicatio, sicut etiam usus elixirii acidi Halleri ægroto multum profuit.'

"Boultatz says of Alphonse le Roi, p. 68: 'In very many cases Le Roi employed P. in the case of young men who had been weakned by over indulgence in venery.'

"C. de Destinon criticises this remark in his *Dissert.*, p. 52, as follows: 'Quid de Boultatzio dicendum, qui ita confundit Phosphorum cum Acido Phosphorico, ut Alphonsum Le Roi pro Acido Phosphorico ipsum Phosphorum contra tabem dorsalem in usum vocasse arguat?'

"§ 2.

"*Extract from the Physiological part.*

"XXII*a*.*—Sequente die (after taking from 2 to 3 grs. of P.) cupiditatem coitus exercendi haud toterabilem sensit.

"XXIII.—Uncommon excitability of the genital organs.

* The figures refer to the cases detailed in the part alluded to.

"XXIX.—Diminished sexual desire and too rapid emission of semen during coitus, lasting for about four months.

"XXX.—Two involuntary emissions, a most unusual thing for him. Although 55 years old, it is only since he proved P. that he has imperfect erections, when only rarely indulging in coitus.

"XXXII.—He is tormented for weeks with voluptuous thoughts, lascivious dreams, frequent erections and emissions. This excitement was followed by complete indifference and quiescence of the sexual sphere lasting twice as long.

"XXXIV.—During the proving uncommonly frequent and copious involuntary emissions.

"XL.—A short and strong excitement of the sexual functions, followed by months of continued depression, which shewed itself not only in want of desire, but also in imperfect erections.

"No. I.*—The cock was so very much sexually excited that it died sooner than the hens.

"No 4.—As soon as the cock came among the hens it trode all the twelve one after the other (1½ hours after swallowing the P).

"No. 5.—A young pigeon covered the hen several times, although they had never before paired.

"No. 18.—An old dog who had long lost his sexual power, after taking phosphorus rat-poison that was given to kill him, became sexually excited and died in the act of coitus.

"No. 32.—The male frogs which survived the experiment, got those large growths on their forefeet that appear during their pairing season and embraced one another.

"§ 3.

"*Views of Homœopathic authorities.*

"*Hahnemann.*—'In cases of chronic, non-venereal diseases, when there is want of sexual desire, and weakness of the genitals, P. will seldom be useful.' (Preface to *Chr. Dis.*)

"*Liedbeck.*—'I have never yet met in homœopathic literature, with a case of impotence cured by P., nor yet with any mention of the external employment of Ol. phos., which is however deserving of attention. My toxico-physiological experiments with this remedy led me to its employment, because while performing them, I was brought to believe, contrary to the great authority of Hahnemann

* These figures refer to the experiments on animals detailed in the physiological part.

and many other recent writers, that lasciviousness and impotence are more alternative actions, than primary and secondary symptoms.' (*Hygea*, xxii. p. 494.)

"*Clotar Müller*—'Hahnemann's dictum [see above] must not be taken as the universal rule, and must be limited to the cases of congenital and constitutional impotence, whereas in cases of weakness of the sexual organs the effect of over-excitement and excess, especially that caused by onanism, P. is, on the contrary, a very powerful remedy.' (*Hom. V. J. S.*, Vol. VIII., p. 434.)

"§ 4.

"*Special indications for the employment of P.*

"The action of P. on the male central sexual organ is so decided and occurs so frequently in connexion with other very different maladies (as seen in the provings), that this etiological or merely synchronical connexion furnishes, in a concrete case of disease an important indication for the employment of P. according to the rule *s. s. c.*, when the other conditions are suitable.

"*A. le Roi* and *Bouttatz* do not mention (in XXII. and XXIII.) how it was with their sexual desire after the first days. In poultry or pigeons, the strong exciting action was observed soon after ingestion, whilst no observations were made respecting any subsequent depression, and indeed they would be rather difficult to make. Hence we must rely on cases XXIX. to XL. for our knowledge of its subsequent effects. After a short excitement there follows a long depression, manifesting itself in imperfect erections, too rapid ejaculatio seminis, and frequent emissions with or without libido.

"Agreeably to the law *s. s. c.*, then, P. promises to be of much use for impotentia virilis (in very small doses, as far as my experience goes), caused by excesses in venery, and also for too frequent emissions.

"Hahnemann attached too much importance to the generally transient excitement. The depression of the function in the healthy human body is, as we have observed, a much more persistent effect, which, as XXIX. and XXX. shew, is not necessarily preceded by excitation.

"In recent times Tavignot is the only one I have met with who has recommended P. in emissions.

"§ 5.

"*Cure.* Case 24.

"*Dr. Tavignot* of Paris. (*Hirschel's Ztsch.*, 1860, p. 15). 'A rich landed proprietor from the provinces came to Paris in order to put himself under the care of a specialist, for nocturnal emissions that had long annoyed him. Before commencing the treatment he was seized with a paralytic affection of the 6th pair of nerves in the right eye. The specialist sent the patient to me. I cured him with P. in a week or ten days, and then wished him to go back to the specialist to be cured of his emissions, but what was my astonishment when the patient told me that while taking the P. he had completely lost his seminal discharges.' "

This though a small and not very satisfactory chapter, will give the reader some idea of the mode in which Dr. Sorge has worked out the whole of his pathological part. From this specimen the reader will be able to conjecture how valuable must be those chapters that treat of Phosphorus in connexion with diseases of the head, the lungs and the liver, on which its action is so well marked, and how instructive must be the chapter on typhoid ailments and those depressed states of vitality for which Phosphorus has proved itself so valuable a remedy. Indeed we would particularly recommend the chapter on this last subject, as a most instructive and valuable contribution to homœopathic literature.

In the IVth part the author considers, among other points, the sources whence Hahnemann derived the symptoms he has recorded in the *Chronic Diseases*. The weak points of Hahnemann's symptomatology of Phosphorus he exposes with great clearness, and when inquiring into the value of the provings, he condemns, as do all others who have gone deeply into the subject, those symptoms furnished in such bewildering profusion by the anonymous contributor, "Ng.," whose contributions to our Materia Medica very materially diminish its value to the practitioner.

In an Appendix the author gives us a list of what he considers to be the characteristic symptoms of *Phosphorus*. Now to know the characteristic symptoms of a medicine is to possess

an epitome of that medicine's sphere of action, and nothing is more difficult than to find out what are characteristic symptoms. From the complete and searching study Dr. Sorge has made of Phosphorus, we should say that he ought to be well qualified for the task he has attempted, and we have no hesitation in transcribing this list of characteristic symptoms, in order that our readers may appreciate them at their true value.

"The most important symptoms of Phosphorus to be regarded in the choice of the remedy for a concrete case appear to me to be the following:—

"1. *Irritability, crossness, nervous sensitiveness.*

"2. Hypochondriacal humour.

"3. Excited imagination.

"4. Great flow of thoughts, difficult to arrange.

"5. No capacity for mental work, and absence of thought.

"6. *Difficulty of falling asleep on account of excitement, and then uneasy dreamful sleep.*

"7. Stupified sleep.

"8. Lascivious dreams.

"9. Pressure and weight on the eyes, with sleepiness by day.

"10. Rush of blood to the head.

"11. Compression and weight of the head, with pressure on the upper lids, relieved by washing the face in cold water, the open air and mental labour.

"12. Vertigo on moving the head as though he should fall, relieved by eating and drinking wine, and by sleep.

"13. Dull aching headache.

"14. Aching weight in the forehead, with stuffed feeling in the nose, relieved by the open air.

"15. Drawing and boring pain in the forehead on one side, extending down into the bones of the face and along to the parietal bone of the same side.

"16. Dilated, sluggish pupils.

"17. *Dazzling of the eyes by moderate light, particularly artificial light.*

"18. Ringing in the ears and palpitation of the heart.

"19. Sunken eyes surrounded by blueish rings.

"20. Pale, sickly complexion.

"21. Aching toothache.

"22. Throbbing toothache, much increased when the cold air strikes on the carious tooth.

"23. Boring toothache, sometimes passing into numbness, aggravated by cold, heat, and chewing, combined with soreness and swelling of the gums, and perceptible soreness of the teeth.

"24. Tearing, shooting pain, extending from the carious tooth all over the bones of the face and head.

"25. Tongue with a slimy coating.

"26. Burning on the tongue, extending to the palate.

"27. Tip of the tongue somewhat swollen, with enlargement of its papillæ and the feeling as if it had been burnt.

"28. Dry and sore feeling in the mouth, with increased thirst.

"29. Loss of appetite, with weariness.

"30. Cannot smoke much though the tobacco is relished.

"31. Bulimia.

"32. Feeling of hunger, with nausea and anxiety about the heart, recurring several successive evenings, alleviated by eating, but afterwards tormenting him for hours in bed.

"33. Sometime after dinner, distension of the stomach as though it were full of flatulence, with diminished appetite during the remainder of the day.

"34. *Distension and aching in stomach.*

"35. Nausea, diminished by drinking water.

"36. Nausea, with confusion of head, tightness in the precordial region and weariness.

"37. After eating, sick and fulness of abdomen.

"38. Ineffectual eructation.

"39. Constriction of chest or aching in the cardiac region, relieved by eructation.

"40. Frequent empty eructation.

"41. Excessive heartburn and sour eructation.

"42. Waterbrash.

"43. Vomiting of white or yellow bitter-tasted mucus.

"44. Aching in the gastric region as from a blow, followed by pressure, retching, eructation and rising of food.

"45. Burning in the stomach.

"46. Aching in the hepatic region.

"47. Icterus combined with confusion of the consciousness.

"48. Icteric colour of the skin, enlarged liver and uræmia.

"49. *Distension of the abdomen though much flatus has been passed.*

"50. *Loud rumbling and fermenting in the bowels, with empty eructations.*

"51. Frequent pinching in the bowels as though diarrhœa was about to come on.

"52. *Pricking in the bowels followed by very loose stool.*

"53. Cutting in the bowels with urging to stool ineffectually.

"54. Hæmorrhoidal itching in the anus.

"55. Sudden call to make water without pain when it is passing.

"56. Burning in the urethra when urinating, and at other times, with urging to make water.

"57. Scanty or completely suppressed secretion of urine.

"58. Albumen in the urine, with or without casts, without pain in urinating.

"59. Urine with much vesical and renal epithelium, and a mucous sediment rapidly formed.

"60. Dull pain in the renal region.

"61. *Sexual desire excited for a short time, followed by long continued depression.*

"62. Frequent pollutions, with or without lascivious dreams.

"63. Want of erections, with inward sexual desire.

"64. Too rapid emission of semen.

"65. Bearing down in the abdomen, as though the catamenia were coming on, several days before the right time.

"66. *The catamenia came on too soon, too scanty and with much molimina.*

"67. Acrid excoriating leucorrhœa.

"68. Stopping up of the nose with frequent sneezing, better in the open air.

"69. Roughness in the throat.

"70. Tension and dry feeling in the chest.

"71. *Oppression of the chest as though the clothes were too tight.*

"72. Palpitation of the heart with anxiety,

"73. Sensitiveness of the spinous processes of the middle dorsal vertebræ, with painfulness in the muscles between them and the scapula, increased by vexation.

"74. Feeling of weight and dull pressure in the whole spine.

"75. Weakness and paralytic feeling at the junction of the lumbar and sacral vertebræ.

"76. *As if paralyzed and ill all over.*

"77. *Sudden attacks of great prostration.*

"78. *Trembling all over the body or in single limbs.*

"79. Unsteady, stumbling gait.

"80. Weak feeling in the knees.

"81. Tension in the tendons of the flexor muscles of the leg, with weakness.

"82. Feeling of going to sleep in the arms, hands, fingers, feet and toes.

"83. Paralytic drawing in the muscles of the shoulder and of the upper arm.

"84. Pains in various joints and muscles, ameliorated by moving.

"85. *Petechiæ.*

"86. Eczema erythematosum on the forehead, following confusion of the head.

"87. Small vesicular eczema in the neighbourhood of the joints, which itched, dried up rapidly and frequently recurred.

"88. Great chilliness.

The following anamnestic points are important.

"89. Constitution undermined by grief, care or excessive mental exertion.

"90. Debility caused by excesses in venery, or by onanism."

With this admirable *resumé* of the action of Phosphorus, to which we would only wish to add some symptoms indicative of gastralgia, and some relating to the colliquative and debilitating sweats for which Phosphorus is so useful, we take leave of Dr. Sorge's book, which with a little abridgment might well be translated into English.

MISCELLANEOUS.

Serious Symptoms removed by Simple Means.

In a letter addressed to the editor of the *Allegemeine Homœopathische Zeitung*, Dr. Aegidi, the well known homœopathist, gives such an interesting account of the cure of some apparently grave symptoms, by the use of a plug of cotton wool in the ear, that we think it worth while to insert the whole letter, as similar cases may

occur in the practice of our readers, who would be well content to cure them by the simple means suggested by Dr. Aegidi:—

"Freienwald, 28th Sept., 1862.

"My dear Colleague,—The vivid interest you take in my malady is indefatigable. You summon me to repeat the old story. I would have spared you this infliction, fearing to weary you, had I not this time to report a remarkable fact, which may perhaps interest you. I must, first of all, recall to your mind some particulars of which you have already been informed. You know that the malady that followed the apoplectic fit I had in 1860, was so far removed by our excellent high potencies that, restored to tolerable health, I was able to follow my professional avocations during the summer and autumn of last year, in spite of the incurable ailments I have for years suffered from, in consequence of disorganization in the uropoietic system. In March last I had a very acute attack of influenza, which was completely removed by a single dose of Apis 200, a day or two thereafter—however, I awoke in the morning with loud roaring in the right ear and confusion of the head; a few hours thereafter, when writing a letter, I was affected with slight vertigo, which went off after a few minutes. Gradually, however, the following symptoms set in, increasing from day to day, and attaining their climax in August. Great pressure on the brain; numbness on the right side of the head; feeling as if one-half of the head was filled with rushing air, which causes an intolerable feeling of tension; pulsating roaring and noise in the right ear, very like the sound made by the paddles of a steamer in the sea, preventing all intellectual employment. Burrowing with the finger in the ear relieves and makes the head and ear momentarily free. The heaviness of the head prevents walking; every movement aggravates; after a few steps the confusion of head increases; then occurs nausea; vertigo; the legs seem to weigh tons, and refuse their service; fainting supervenes, and I am obliged to be carried to bed. Attacked by rigor I cannot get warm in bed for hours; the limbs are stiff and cold as in cholera; at length great heat and perspiration ensue, and the serious attack, which was attended by a feeling as if death was near, goes off gradually. Attacks of this kind occurred every two or three days. Great aggravation in the open air. I had to avoid it altogether. I could not even enter the roomy, covered balcony on the garden side of the house, though it was quite free from draughts. I felt most comfortable in a room all the windows of which were closed, resting

in an easy chair in a semi-horizontal position, avoiding the slightest movement and all intercourse with my fellow men, as their talk affected me painfully. A very comfortless sort of existence! No remedy tried was of the slightest, even palliative effect. I had at the same time, the most obstinate constipation; only once in five, seven, or ten days had I a slight evacuation of hard fœcal masses, passed with great straining and faintness. Enemata were of no use; Castor oil, Aloes, Rhubarb, Elder bark, Epsom salts caused aggravations and lengthened the attacks above described. Matters stood thus at the end of August; I expected and earnestly desired deliverance by death.

"All those severe bodily sufferings, together with the almost more intolerable mental depression was removed in a few hours, I might say, in a minute, dispersed, like chaff before the wind. This miracle was not effected by any homœopathic, nor yet by any allopathic medicine. *A little plug of cotton wool did it!* I had observed that my general feeling, in spite of the habitual sleeplessness, or the very broken sleep, was better in the horizontal position in bed; that when, instead of lying in my usual position on my back, I changed on to my right side, and buried my deaf, roaring ear deep in the pillow, I was able to get a few hours' continuous sleep, and I woke in the morning with my head free, and without the noise in the ear. Immediately after getting up, however, all the old symptoms recurred, and they were only kept somewhat under by sitting motionless in an arm-chair, and avoiding all conversation. I cannot yet understand how I was so long of hitting on the plan, the earlier execution of which would have spared me many months of torture. The stopping up of the ear by the pillow at night, thought I, gives me manifest relief, could not I derive the same benefit by day, by stopping up the ear with cotton? I at once put this idea to the test, and the result was surprising, incomprehensible. I could at once hear perfectly with the stopped-up ear; the noises were gone from head and ear; the confusion and heaviness of the head, the intolerable hot, burning spot on the crown disappeared; I was at once able to make use of my limbs; I could walk without feeling giddy; the human voice, and the sounds that were formerly intolerable, affected me no longer; the open air, of which I had previously a dread, which used to inspire me with anxiety, now was grateful. I enjoyed amazingly a walk in the garden. I fled from my prison cell, participated in the employments of my family, sat

down to dinner with them without experiencing any relapse. The bowels again became regular. I resumed my medical avocations at home, drove out to see some patients in the town, and in short, with the exception of the old kidney and bladder affection, I was and remained quite well.

"This occurred in the beginning of September. About a fortnight since, I was going from my study down stairs to the floor below to get dinner, when I suddenly became giddy, sick, faint, so that I could not stir another step; and the fearful roaring in the head and ear almost took away the power of thinking. I put my finger up to my ear, and found that my protector, the cotton-wool, had fallen out. But I had provided for such an accident, and took another piece of cotton out of my pocket and pushed it into the ear. As if by magic the scene changed—the loud roaring ceased; the head became free; I could walk with ease. With my ear always stopped up with cotton, I have remained till now without any of my former symptoms, and I am gaining strength every day.

"What say you, dear colleague, to this wonderful but veracious history, which is surely worth recording in your pages, as it may be of use to others? I have no objection to your publishing it, if you will insert all that I have written pertaining to it; for I should be much pleased to have the opinion of my medical brethren respecting it. What was the cause of all these sufferings? I believe it must have been a hole in the membrana tympani, through which the external air penetrated, and caused all these symptoms by mechanical pressure on the vessels and nerves. Shutting off the air suffices to prevent the occurrence. Hence the aggravation in the open air; on movement; when the window was open. There is no one here who is capable of making a local examination, and at the present moment I dare not undertake a three-hours' journey to Berlin. What is now to be done? How is the malady to be radically cured? Will the palliative remedy be permanently effectual? I can reach to the drum of the ear with a probe without causing any pain. There is no secretion of any kind in the ear; the external meatus is dry, and contains not a trace of wax. If I introduce a thick sound, I feel in the ear the pulsation of an artery. I am anxious to have your opinion. Since the beginning of September I have taken no medicine, and shall wait some time longer without taking any. It is much more easy for me to write now than formerly."

Homœopathy in New Zealand.

[Homœopathy at the antipodes is not without its calumniators and defenders as the following correspondence will shew. The allopathic champion had need to have used better arguments when he attacked such an able defender of the faith as our friend Dr. Irvine, whose calm, temperate, and clever reply must have convinced him that he had caught a Tartar, where he hoped for an easy victory over the professor of a creed he knew nothing about, and which we doubt if he was able to comprehend, simple though it be. We presume "Medicus" has had quite enough of it, and will let homœopathy and Dr. Irvine alone for the future.]

"To the Editor of the 'Nelson Examiner.'

"Sir—In asking you to copy the following review from the *Lancet* of April 5, my object is not to enter into any controversy as to the merits of homœopathy, but to correct the erroneous opinion, very commonly entertained by the non-professional public here and elsewhere, that medical men, in refusing to consult with homœopathists, are influenced by prejudice or jealousy.

"The simple and incontrovertible facts mentioned below show that in other places, as well as Nelson, where such is notoriously the case, so-called homœopathists have not the slightest faith in their own system; and, while their theory is to administer medicines in the form of minute globules or drops of certain tinctures, their practice is to give powders, consisting of Calomel, Antimony, Morphia, and all the active remedies used by ordinary practitioners. If homœopathists here, as in Manchester, will be candid enough to confess that, in cases of real disease, this system is useless, medical men will not be backward in consulting with them, even if they prefer giving Calomel, Morphia, &c., to the more diluted drugs used by ordinary practitioners.

"It is my intention to present the volume containing these statements to the Nelson Institute as soon as it can be procured from England.

"Yours, &c.,

"Medicus,"

[Here follows the *Lancet's* Review of Dr. Roberts' pamphlet, which we suppose most of our readers have read.]

[To this silly and unprovoked attack Dr. Irvine replied as follows:]

"To the Editor of the 'Nelson Examiner.'

"Sir—We are all familiar with the remarkable axiom of the English Constitution, that 'the Sovereign can do no wrong,' but it is not equally well known that there are some of her subjects who can do nothing right. Such, however, is the fact: these individuals belong to the medical profession, and are called Homœopathic Doctors. Hear and commiserate their fate. No sooner has a medical man become a homœopathist, than all he does is wrong. He is wrong if he embraces homœopathy when a young man, for he ought to hold no opinions unsanctioned by his seniors in the profession; if he is old when he comes over to our camp, he is still more culpable, for is he not a renegade from the ranks of 'legitimate medicine?' Should he have obtained his diploma at a homœopathic medical college, its value and even its validity is disputed; should he have obtained it by study and examination in an allopathic college, it is still worse; he is a wolf in sheep's clothing. When he enters on the duties of his calling, the same fatal obligation to do wrong attaches to him. If a patient dies, of course he has killed him; if he cures him, he has no merit, for nature did it all. If he is successful and popular, it is because he is greedy for practice, 'and wants the whole swing of the place.' If he defends his medical creed in the public papers, it must be from love of notoriety, and to advertise himself; if he holds his peace, it is just because he has nothing to say. If he fancies he has any right to an opinion as to what doses of his own medicines are at once efficient and safe, he is wrong in this as in everything else; for while on the one hand Sir Benjamin Brodie, of London, vouches for our doses being too small to have any effect whatever, 'Medicus,' of Nelson, is as positive in his antipodeal opinion that they are dangerously strong. In either case the homœopathist is equally cast, and hopelessly in the wrong. In short, the more he tries to do right, the more he fails to do it.

"I have belonged, for many years, to this well-abused medical sect, and have been accustomed to look on all this as a matter of course, relying with confidence on time and patience to vindicate and adjust our position in the medical world. If the letter signed 'Medicus,' which appeared in your paper the other day, had kept within the ordinary limits of such productions in its remarks on homœopathy,

I should not have troubled you with any comments upon it, but, as the writer has seen fit to charge me with deliberate fraud in the exercise of my profession, I claim the privilege of reply.

"Your correspondent attacked me under cover of an article copied from the *Lancet*, respecting homœopathy in Manchester, which I will deal with before noticing the imputations on myself. I think it will have occurred to every one who read that article, first, that the accusing party, and not the accused at all, has been heard; secondly, that Manchester is a good way off from Nelson, and that any wrong thing done there is not necessarily done here also. But many of your readers will pause if I ask them to assent to my next remark, which is, that the facts adduced by Dr. Roberts as to the doses in which some gentlemen in Manchester prescribe homœopathic medicines may be substantially true, and yet the inference he so triumphantly draws, that these are so many departures from homœopathy, may be utterly and calumniously false. A short statement will render this manifest.

"Three principles constitute the essence of the homœopathic system of medicine.

"*First.* No medicine shall be administered to sick persons until the manner in which it affects and alters the functions of the human body has been previously ascertained by careful experiments with it on persons in health. It is obvious, even to common sense, that the medicinal properties of drugs cannot be discovered from their colour, their taste, or their chemical qualities; nor by giving them to dogs and rabbits, because the dumb creatures cannot inform us of their sensations, and have bodies so different to ours. Nor can we ascertain the pure effects of any plant (let us suppose the New Zealand *Tutu*), by dosing a sick man with it as an experiment, supposing it right to do such a thing, because the symptoms due to the disease would be mixed up with those due to the drug. The only sensible plan is to do what Hahnemann has done, namely, make experiments on the healthy for the benefit of the sick. His great merit, in basing his system on this firm foundation, has been handsomely acknowledged by eminent writers of the old school, some of whom have even imitated him in making experiments on themselves. I may add that whenever we meet with trustworthy experiments of this description, we immediately absorb them into our *Materia Medica*, which has thus been from time to time enriched by our opponents.

"*Secondly.* Only one medicine must be given at a time, for, if two

or more be mixed together, it is manifest that they will be apt to clash, and even to neutralise each other's action. This is so plain as to need no arguing. In this respect also the old school is slowly following in the wake of the new, and medical men are gradually disusing the composite prescriptions which were in favour with former generations of physicians.

"*Thirdly.* Diseases are best cured by such medicines as have the power of causing a similar (medicinal or artificial) disease in the healthy body. This rule constitutes the law of healing discovered by Hahnemann, which is denoted by the name homœopathy, and is popularly expressed by the axiom, 'Like cures like.' The truth of this third principle is *not* self-evident, like that of the other two, but has been abundantly proved by experience. By facts, and facts only, must a practical art stand or fall; and, while it is true that the medical profession have usually evinced a disinclination to try homœopathic medicines for themselves, it is equally true that, in every case in which they have done so carefully, they have become converts to the system which they heretofore despised. Those who do not choose to try them cannot, of course, become convinced, and the loss is theirs.

"The three principles I have mentioned constitute homœopathy, as it was first propounded and practised by Hahnemann, *who gave the medicines in the ordinary doses used in the old school;* and it was not until several years afterwards that he was led to diminish the doses to the extent which is popularly, but, as I have shown, erroneously, supposed to constitute the essence of the system.

"Many practitioners, who hold the three cardinal principles I have named, and who are, therefore, homœopathists, lean rather to Hahnemann's earlier than to his later practice, as regards the doses, and, doubtless, among the numerous homœopathic practitioners of Manchester, some are of this way of thinking. Even from Dr. Robert's own statement it appears that they do so openly. Why, then, is he so angry with them? I do *not* say that I think their preference for large doses is judicious; on the contrary, I prefer small doses in almost every case, and, if your Journal were the fitting place for it, I could give my reasons; but I do say that every man has a perfect right to judge for himself in such matters, and that it is to the credit of any body of men, whether of the medical or any other profession, that they should, while united in essentials, show by their divergence in non-essentials, that they are not blind followers of any one authority;

that they are not sheep but *men*. The question of the dose is one of the internal questions of homœopathy, with which no outsider has any concern. For the *Lancet* or our 'Medicus' to say what is or what is not orthodox homœopathy, is much as if a Jew or a Mahomedan were to attempt to decide on the doctrinal questions which sunder the Christian Church.

"So much for the Manchester school. Their case is quite distinct from mine; *they* declare their preference for substantial doses, and give them; *I* prefer minute doses, and give *them*. But 'Medicus' accuses me of professing to give the medicines in small doses, while giving large doses all the while, which is not true. This charge of your anonymous correspondent is a very gross one to make, even behind a mask. Fortunately, it is easily refuted. He states that, instead of giving minute globules, or drops of tinctures, my practice is to give powders, consisting of Calomel, Antimony, Morphia, &c., especially, he intimates, in cases of 'real disease.' I will knock the bottom out of that statement at once. We may presume that, by 'real disease,' our friend means cases in which the patient is unmistakably ill; if a man, he is off his work; if a child, it is off its play, and is confined to bed or to the house. Well, if I am sent for to such a case, my custom is, after examining the patient, to mix a few globules or drops of tincture in water, at the bedside, before leaving the house, and to do the like at every subsequent visit. Such of your readers as have not been under my care probably know some one who has, and can thus verify the correctness of my statement. Where then are the deadly powders of Calomel, Antimony, and Morphia, of which 'Medicus' so earnestly warns the public? They are *not* in my medicine-case, they *are* in his surgery.

"As far therefore as 'real disease' is concerned, your correspondent has not the shadow of an excuse for making the gross accusation on which he has adventured; with respect to chronic diseases, he *has* a shadow, I allow, but only a shadow, as I will make plain to the youngest reader of the *Examiner*. Let him try the experiment of putting half-a-dozen globules on a piece of paper, folding it up and unfolding it again. Unless particularly careful, he will be sure to lose some of the globules, as the slightest motion makes them roll or dance off the paper. He now knows what 'Medicus' does not know, namely, why we use powders. The obvious remedy for this roving propensity of the globules is to bed them in a powder, whenever the patient has to carry them home or

keep them for future use. Of course any powder which has no medicinal properties would answer the purpose, but the substance universally used, as 'Medicus' might have known, is the white powder obtained from milk, and which is called *sugar of milk.* It is preferable to common sugar, because it does not ferment so readily. It is usual to crush the globules in it to make still more sure of their not rolling out when the paper is opened. Here I fancy that some one who still believes in 'Medicus' may suggest that, as Sugar of milk is white, and as Calomel, Tartrate of antimony, and Morphia are also white, the homœopathic powders which profess to consist of Sugar of milk and globules, may really consist of one of these drugs. The disproof is easy. He has only to put one of my powders into a wineglassful of water, when, if gently stirred, it will soon dissolve. If he repeat the experiment with Calomel, the drug will remain undissolved. Morphia or Antimony will partially dissolve in this small quantity of water, but cannot be mistaken for Sugar of milk which is pleasantly sweet, whereas Antimony has a metallic nauseous taste, and Morphia is intensely bitter. It is thus within the power of every one to put the audacious charge made against me to the test for himself, and, if he hesitates to believe me, to believe his own senses.

"I occasionally order a dose of Castor oil or some other mild allopathic laxative, which I have as much right to do as any other practitioner. I do not, of course, pretend that the oil is a homœopathic remedy, but I think it is sometimes useful, though I rarely have recourse to it except in persons who have been long under the old system. If 'Medicus' chooses to consider that I hereby forfeit the title of a homœopathic physician, he is welcome to do so, but in such case I may still claim to have 99 per cent. of the pure homœopathic metal in my composition, and but 1 per cent. of alloy.

"I cannot but think that 'Medicus' attaches undue importance to consultations between practitioners of the new school and the old, with which he begins and ends his letter. I never asked one of my allopathic colleagues, nor have I expected them to ask *me*, to a consultation, and I think a sensible man of either way of thinking will perceive, on consideration, that a consultation between the two schools could rarely be productive of any advantage to the patient. Supposing the nature of the disease to be ascertained, the object of a consultation is to come to an understanding on the best mode of removing it; but if one practitioner seeks to accomplish this on the

principle, '*Similia similibus curantur*,' and the other on the principle, '*Contraria contrariis curantur*,' it is quite evident that they can never agree on a united course, and it would have been much better not to have met. It would be quite as sensible to expect a protectionist and a free-trader to agree on the best tariff, or for Mr. Stafford and Mr. Fox to strike out a native policy in common.

"I have said nothing, and shall say nothing of the motives of 'Medicus' in making this attack upon me. He assures us it is *not* jealousy, and I am quite willing to allow it, though there is a good deal in what our acute friends the French say, 'He who excuses himself, accuses himself.' From whatever motive it may be, he has abused me roundly, and I do not owe it to him, but I owe it to myself, to refrain from paying him in kind.

"The intimation with which 'Medicus' closes his letter, that if I will but confess that I and the system I practise are humbugs, the medical profession in Nelson will be ready to fraternise with me, is extremely curious, for, though honest men, conscientiously holding opposite views may agree to differ and respect each other none the less, this is the first time that I ever heard it suggested that the members of an honourable profession would be ready to welcome a man who, by the supposition, would have declared himself a cheat, and his daily life a daily lie. Surely your correspondent does not here adequately represent the self-respect of his colleagues.

"Apologising for occupying so much of your valuable space,

"I am, &c.,

"Nelson, July 15. F. W. IRVINE, M.D."

On the Action of Quinine upon Phthisis.

Dr. Payne Cotton gives his experience of the use of Quinine. He says:—

"With the view of testing, so far as practicable, the general therapeutical value of Quinine in the treatment of consumption, I prescribed it for twenty-five patients, in various stages of that disease; avoiding, as in all my previous experiments, any selection of cases, and excluding all those unfitted by the existence either of acute symptoms or special complications. The dose consisted, according to circumstances, of one or two grains two or three times a-day; and was continued for periods varying from three to ten weeks.

Notes were regularly taken by Dr. Harington, resident clinical assistant.

"Ten of the patients were in the first, six in the second, and nine in the third stage of phthisis. Sixteen were males, and nine females. Their ages varied from twenty to fifty years.

"During the administration of the Quinine seven improved *greatly*, five improved *slightly*, and thirteen either did not improve at all or became worse. Of the twelve improved cases, seven were in the first stage, two in the second, and three in the third stage; and, of the thirteen cases in which the Quinine seemed to be inoperative, three were in the first stage, and ten were the subjects of more or less advanced tubercular softening. Thus it would appear that whatever good may have resulted from the Quinine, it was the most decided in the early stage of the disease.

"In fourteen of the cases Cod-liver oil was taken during at least a portion of the time. There was an increase of weight in ten out of the twenty-five patients; such increase occurring in five who had taken the oil, and in five who had not taken it, but being most marked in the former.

"In four cases the Quinine appeared to disagree, producing dyspepsia and loss of appetite. In six instances patients who had made little, if any, progress under the Quinine by itself, were more or less benefited when steel was added to it. Two of these cases were remarkably good illustrations of the combined influence of Quinine and Iron; one was in an early and the other in an advanced condition of disease, but both left the hospital with every local and general symptom in abeyance, and their health fairly good, after taking for several weeks two grains of Quinine twice a-day, and a tablespoonful of Steel wine immediately after dinner.

"From these facts, compared with previous observations on other remedies, the following are the conclusions at which I have arrived:—

"1. That although Quinine may be well adapted to certain cases in which there is an evident cachexia, it is greatly inferior, as a general remedy in phthisis, to some other tonics, whilst in a few instances it is unsuited to the disease..

"2. That the combination of Quinine and Iron is sometimes very beneficial."—*Medical Times and Gazette.*

Belladonna Poisoning treated by Opium.

Case 1.—Thomas Murphy, æt. 10, was admitted under my care into the Meath Hospital on the 20th instant. His mother, who accompanied him, furnished the following history:—"On the preceding evening, in company with several other children, he repaired to the gardens in Brown Street," formerly in possession of the late Mr. Hunt, well known as a chemist and druggist in this city, "from which he returned home about half-past seven o'clock, when he stated that he had eaten some poison berries about two hours previously, that his eyes were dim, and his tongue and mouth 'sticky.' He soon fell asleep, and at nine o'clock was awoke for supper, of which he took none, and was restless and tossing about in the bed all night." On admission, the following particulars were observed:—The patient was delirious, talked to his companions, whom he supposed to be present, laughed, caught at imaginary objects, and picked the bedclothes. On one occasion he sat up in bed and stooped his head, as it were, into a bason of water, with which he went through the form of washing his face with his hands. He had frequent and almost uninterrupted spasmodic jactitations, which at times *appeared* to be not wholly involuntary, and they were occasionally so violent as to render it necessary to prevent him from being rolled, or partly thrown out of bed. The movements of the limbs were of a changing character, at one time simulating chorea, at another hysteria, and, after a little, tetanus. On one occasion his head and heels were drawn backward, as in opisthotonos; at another, his upper and lower extremities were extended to the utmost while he lay on his back and whistled a lively air; the pupils were enormously dilated, giving the eyes a brilliant softness; power of vision almost wholly lost; eyes suffused and pinkish; countenance much flushed, and occasionally his aspect was silly, and not seldom, sardonic; skin not deprived of sensation, as proved by his showing signs of pain and passion when pinched. An indistinct rash was observed by the resident pupil, but it quickly disappeared, so I could not ascertain its presence; general surface of the body warm, with the exception of his legs and feet, which were cool; pulse 110, and strong; pulsations well defined; respirations, 28; tongue dry, of a yellow brown colour; power of deglutition absent.

Case 2.—Eliza Kenny, æt. 6. History and symptoms very similar to those described. The spasms were, however, less violent, and

the delirium of a more hysterical character. In this instance, deglutition was not wholly lost, but was partly accomplished with much difficulty and perseverance, and with great and determined resistance on the part of the patient.

Case 3.—James Flattley, æt. 11, affected in a manner corresponding to that of his companions. The spasms, however, were neither so frequent nor so severe. Unlike them he was able at intervals to answer a simple question, such as "What's your name?" The comparative mildness of his symptoms was possibly due to his having vomited in the morning a portion of the "berries."

Treatment.—An emetic consisting of Sulph. Zinc. ℈i. was prescribed for Murphy (No. 1), which was attempted to be administered by forcing open the jaws and giving it in small quantities. So far, however, from any effect having been produced by this means, it was soon discovered that whatever portion was retained in the mouth was spat out, and often with an *apparently* too well directed aim at the bystanders. This tendency to spitting, which was manifested more or less all through Murphy's case, was similar to that condition produced by chloroform.

Endeavours were then made to cause evacuation from the bowels by the administration of the following enema:—

℞ Spr. tereb. rect. ʒss.
Olei olivæ, ʒi.
Tinct. assafœtidæ, ʒss.
Decocti hordei, ʒvi. M.

On the introduction of the long tube, the patient evidently strained, as if at stool, but no dejection took place. After a proper interval—during which a purgative bolus, composed of fifteen grains of the compound powder of Jalap, was placed far back upon the tongue, an enema similar to the above was administered, and with a like result. To subdue the jactitation cold affusion was had recourse to, which produced only a temporary benefit. Sinapisms were also applied to the legs. In Case 2 an emetic of Sulphate of Zinc was likewise prescribed, which, being followed by mustard and warm water and tickling of the fauces, caused a very moderate emesis; but no satisfactory evidence existed from examining the fluid ejected that it contained any portion of the Belladonna fruit. A draught of Castor-oil and Turpentine was then prescribed. In Case 3, which was admitted after I had left the hospital, a purgative bolus, composed of

Calomel and Jalap, was most judiciously administered by the resident pupil, as deglutition was a matter of no difficulty.

Four o'clock, P.M.—The patients' symptoms have been uncontrolled—indeed in Eliza Kenny's case the excitement and flushing of the face was increased. It was resolved to place them under the influence of Opium—a matter of difficulty, if not impossibility, with Murphy (Case 1). Accordingly, an eight-ounce mixture was prescribed, containing eighty drops of Tincture of Opium by measure, of which one ounce was directed to be given to Cases 1—if possible —and 3, every second hour until its action should be observed, and half that quantity to No. 2 at the same intervals.

Ten o'clock, P.M.—The Cases 2 and 3 were found to be much relieved, and to have taken their medicines regularly; the former in five, the latter in ten-drop doses. They had had some sleep, and had partaken of food, beef-tea, and stirabout subsequently, a portion having been rejected. Case 1, however, had taken, or rather been forced to take, only an inappreciable quantity of his medicine, and as his state was not by any means improved, it was determined to exhibit the drug per rectum—a resolution warranted by the success arrived at in Cases 2 and 3.

Accordingly fifteen drops were injected at midnight, and at two o'clock A.M. on the 21st the report is, "All three sleeping gently." At four, six, and eight o'clock A.M., the medicines in the doses already supplied were regularly given. It was also duly administered in Case No. 1, as he was enabled to swallow in two hours after the exhibition of the opiate enema.

At nine o'clock Case 1 is reported, "Delirium subsided; all spasm gone; is still a little stupid about answering questions; pupils less dilated; a like improvement in the other two." The Opium was now administered at increasing intervals, until finally stopped on the the 23rd, when the patients were discharged, moderate dilatation of pupils continuing in Cases Nos. 1 and 3, and none in Case 2. All the cases had double vision at a certain distance, and at uncertain distances incapability of counting correctly was manifested; none had anæsthesia. Retention of urine was not present in any. It passed involuntarily in Case 2, not so in Case 3, the subject of which expressed a desire to relieve his bladder. With regard to Case 1, I am unable to speak with greater certainty than that before admission, according to the mother's account, there was no retention. All were flushed, and, as before mentioned, the muscular movements

were similar, though greatly intensified and varied in Case 1. In all, the pupils were obviously less dilated during sleep than when awake—a condition verified by repeated observation. The quantity of Opium taken by Case 3 amounted to about fifty-five drops; by Case 2, double that quantity; by Case 1, reckoning only from the exhibition of the Opiate enema, eighty-five. With regard to the Opium, it is perhaps not unworthy of mention, that the bowels continued constipated in Case No. 1, as also the inability to swallow until the antagonistic effect of Opium had been observed; that vomiting in Case 3 occurred under the same circumstances, although no emetic had been prescribed; and the same may be said of Case 2, for the vomiting which occurred after the partial exhibition of the Sulph. Zinc and mustard was rather the return of the small portion of these substances which had been swallowed.

I cannot bring the foregoing to a close without acknowledging my obligations to Mr. John J. Ball, the acting resident pupil at the Meath Hospital, who reported the foregoing cases, and who, from personal inspection carried on every two hours by night and day, so long as the urgency of the symptoms continued, was enabled to note the above particulars.—*Dublin Medical Press.*

Valerian Baths in Hysteria.

Plain warm baths are seldom prescribed in Mr. Beau's wards They are in general debilitating, and in subjects already exhausted by physical and moral agencies of various kinds, this line of treatment is seldom useful. Mr. Beau has recourse preferably to alkaline or sulphurous baths, or to cold water applied with the wet sheet; the latter remedy was the only agent from which any benefit was derived in a recent case of obstinate gastralgia. The Professor also daily resorts with the best effects, in the female wards, to the Valerian bath.

It is prepared by adding to the water of a common bath an infusion of 16 oz. of dried chips of Valerian root, in six pints of boiling water. The dregs of the infusion, inclosed in a bag, are also placed in the bath.

Mr. Fort, Mr. Beau's house-surgeon, recently published in the *Gazette des Hopitaux* a short paper in which he speaks highly of the antispasmodic power of this mode of using Valerian. Its effects he represents as, in general, immediate. These baths have never

been injurious; they almost always relieve, and sometimes effect a complete cure, an assertion borne out by the two following cases:—

"A. B., a hysterical girl, aged nineteen, had, for upwards of twelve months, been an inmate of the hospital, when Mr. Beau was attached to La Charité in January, 1862. Her symptoms were those usually observed in hysteria—viz., loss of appetite, constipation, tympanitis, intercostal, lumbo-abdominal, and vesical neuralgia; complete loss of sensation and insensibility to pain in the inferior half of the body, and pain of so intense a character in the hip-joint, as to prevent all motion, and suggest the idea of morbus coxarius.

"At the beginning of February she was for the first time placed in a Valerian bath, which immediately allayed the pain and gave rise to an unaccustomed sensation of comfort. On the very next day, appetite and sleep were restored; but three days after some cause of annoyance destroyed these good effects, and the nervous symptoms reappeared. A second bath was then prescribed, and much relief was experienced. In the course of two days the sleeplessness, tympanitis, and neuralgic pains entirely yielded. The patient took altogether six baths in eighteen days, and her state being then satisfactory, she was forwarded to the Convalescent Hospital at Vesinet; the spurious morbus coxæ and the other nervous symptoms were entirely cured."

Mr. Fort has, since that period, again seen this woman, and no relapse has occurred.

"Another girl affected with hysteria occupied bed No. 30 in the same ward. The fits were of frequent recurrence, and the neuralgic pains so violent, that she was incapacitated from walking. Appetite was absent. The patient was obliged to preserve the most entire immobility, and the slightest contact or the least movement elicited screams. The pains occupied all the limbs, and more especially the course of the lumbar and intercostal nerves.

"This condition had lasted several weeks, when, on the 28th of March, a Valerian bath was prescribed. Marked amelioration followed, the pain was much allayed, and the sufferer was able to sit up for several hours, and slept calmly. On the morrow the appetite returned, and the sufferings were less violent than usual. A second bath was given on the 31st of March. The improvement was now considerable, the pains entirely subsided, and three-fifths of the full allowance of food were prescribed; in a few days more the recovery was completed."

Mr. Beau has recourse to the Valerian bath in many forms of nervous disease, such as hysteria, neuralgia, nervous emesis, nervosism, &c. An interesting case of paralysis agitans of one side of the body only may at present be observed in the wards; the patient is a girl who for two years has been thus affected. The left arm and leg are in a state of constant agitation, consequent on loss of power. The case is one of hysterical paralysis; dyspepsia, gastric dyspnœa, globus hystericus, convulsive paroxysms have all existed in succession, and the anæsthesia is more marked on the left side. Since she has been admitted into hospital, generous food has been prescribed, and every day a Valerian bath, from which she derives much relief. After ten day's treatment, the agitation of the arm subsided, and in all probability, if the patient can be induced to persevere, a complete cure will be effected by the Valerian baths, aided by invigorating diet.—*Med. Circ.*, Sept. 10, 1862.

The Northern Homœopathic Association.

This Association of medical men practising homœopathically in the North of England, owed its origin mainly to the zeal and energy of our late esteemed colleague Dr. Atkin. After a period of inaction extending over several years, the meetings of the Association have, we are glad to learn, been revived. A gathering took place at Leeds on the 17th of October, at which Dr. Ramsbotham of that town was in the chair. There were present Drs. Dunn, Cameron, Craig, Evans and Scott, and Messrs. Booth and Pope. It was stated that nine of the former members desired to continue in connexion with the Society, and there were nine candidates for election; all of whom were admitted. It was resolved to confine the meetings to Yorkshire; only two of the present members being resident in Lancashire. The code of laws regulating the Society was revised and ordered to be printed. The next meeting will be held in Leeds on the second Friday in May. Dr. Dunn of Doncaster is the President Elect; Dr. Cameron of Huddersfield Vice-President Elect; and Dr. Craig of Leeds the Local Secretary for this meeting. Mr. Alfred C. Pope of York was appointed the General Secretary and Treasurer. We trust that a long and useful career lies before this Association; and that its proceedings may tend to the advancement of medical science, and to the maintenance of harmony and good feeling amongst our brethren in the County of York.

Not over-paid, considering.

We have heard some grumblers objecting that our distinguished surgeon, Mr. Partridge, received an enormously large fee for the advice he gave in the affair of Garibaldi's wound, more especially when it is remembered that he was altogether in the wrong in declaring that there was no bullet in the foot, whereas subsequent events proved that there was. Had Mr. Partridge's advice been taken the Italian hero would never have recovered, but as fortunately other counsels prevailed, there is a probability of a complete cure being effected. No doubt the grumblers are right in their view, if the large fee given to Mr. Partridge is to be considered as in any way an equivalent for the advice given. But we are sure that if all the circumstances were known it would be acknowledged that in place of being over-paid, Mr. Partridge has been miserably underpaid for that renowned consultation; and that not £1000 nor even £10,000 would be an adequate compensation for what he actually did and suffered. For it may not be generally known that one of the medical men present at the consultation, with whom our distinguished countryman was forced to consort, was—oh horror!—a notorious homœopath, no other than Dr. Zopfy of Schwandern, in Switzerland; who, by Garibaldi's particular desire, had been telegraphed for to meet the others at Spezzia in consultation on the hero's wound. When this circumstance is known in England, when it is bruited abroad that Mr. Partridge actually met in consultation a homœopathic doctor, of course he will be at once tabooed and cut by the whole of the orthodox profession of this country; for have they not repeatedly declared in their societies and even in their colleges, that to meet a homœopath in consultation is to render oneself unfit for association with one's orthodox brethren? Poor Mr. Partridge! what was the miserable £1000 he pocketed in comparison with the fearful risk he ran of being henceforth and forever excluded from the fellowship of his colleagues here. We can only hope it may never come to their ears that one of the doctors present at that memorable consultation was a homœopath, otherwise the consequences to our distinguished surgeon must be fearful to contemplate. Oddly enough, the celebrated M. Nelaton of Paris, who went expressly to this consultation and who correctly diagnosed the presence of the ball in the hero's foot, and devised the means by which it was successfully extracted, was so lost to all sense of the

risk he ran by meeting a homœopath at Garibaldi's bedside, that he actually refused to accept any fee whatsoever. Thus, though he may have proved himself a better surgeon than Mr. Partridge, he shewed that he was very far behind our countryman in his estimate of the compensation due to his outraged feelings at having to meet a homœopath in consultation at the bedside of a patient.

On the whole this consultation may afford a subject of equal gratification to France and to England, for if the French surgeon evinced a sharper eye for the detection of a bullet in a wound, the English professor at all events shewed that he had a keener appreciation of what was due to the insulted dignity of the orthodox practitioner, in being compelled to admit a homœopath to a medical consultation.

Destruction of Nasal Polypi with the Bichromate of Potash.

Bichromate of potash is a moderately powerful escharotic, the peculiarity of the action of which is to cause atrophy of the textures it is placed in contact with. A wart touched with a solution of this salt becomes hard, and dies away. In this instance the mass is dried up, and for the same reason, Mr. Nélaton had recently recourse to the bichromate in a case of framboesia of the scalp; it has also been applied for the cure of hæmorrhoids, condyloma, vegetations, &c. The *Annales de la Société de Médecine de Gand*, inform us that Mr. Frédéricq having satisfied himself of the efficacy of this caustic for the destruction of venereal excrescences, resorted to a saturated solution of bichromate of potash in water, for the treatment of polypi of the nose.

From a favourable report on these experiments by Dr. Dumoulin, we gather that Mr. Frédéricq had thus effected a cure in about twenty cases of polypus.

That surgeon applies every day with a small brush, the solution over the portion of the growth accessible to the eye, avoiding as far as possible touching the adjacent parts. At first neither pain nor irritation of any kind is complained of; but in the course of three or four days generally, inflammatory action sets in which sometimes extends to the nose; that organ swells, and a watery and sometimes acrid secretion is induced. These symptoms should however occasion no uneasiness, they never last beyond forty-eight hours, during which active absorption takes place, and when the

local irritation subsides, the polypus is found to have partly or altogether disappeared.

Sometimes a dry, brown coloured eschar forms, but the result of the treatment is the same.

When the first signs of inflammation are observed, pain being the most prominent, Mr. Frédéricq at once discontinues the application of bichromate, which he resumes, if necessary, when the symptoms have yielded. A cure has been frequently effected in five or six days after a single cauterisation. Here as in venereal excrescences, a relapse is unfrequent.

The cases of polypus in which this treatment was instituted varied as to the number, size, and form of the growths. The patients were women, several of whom were more than fifty years of age. The tumours were all mucous polypi, with the exception of one, which was fibrous, and does not appear to have been radically cured.

Mr. Frédéricq states that this remedy causes the prompt absorption of syphilitic vegetations and of mucous papulæ, but that warts are much more slowly cured by the same process. In the former, inflammatory action frequently sets in, and mortification follows, affording satisfactory evidence that genuine cauterisation had been effected. But the general tendency of Mr. Frédéricq's cases implies that the action of the bichromate chiefly consists in powerfully stimulating the absorbents: "It would seem," says he, "to check the formation and increase the destructive processes in the living structures of the system."—(*Med. Circ.*, Aug. 20, 1862.)

Case Illustrative of the Efficacy of Fucus Vesiculosus for the Cure of Obesity.

In a recent number, we noticed Mr. Duchesne Duparc's interesting pamphlet on the use of *Quercus Marina*, or *Fucus Vesiculosus*, for the cure of obesity. The author's own observations abundantly demonstrated the innocuousness and efficacy of the remedy, and the following letter, addressed by Dr. Godefroy to the *Revue de Thérapeutique Médico-Chirurgicale*, further confirms the results mentioned by Dr. Duparc:

"A perusal of Dr. D. Duparc's contribution in your last number, on the subject of the efficacy of fucus vesiculosus for the cure of

obesity, suggested to me the idea of trying the remedy in my own case.

"I therefore procured a supply of the fucus from Saint-Malo, where it grows in abundance, and caused a hydro-alcoholic extract to be prepared; this extract is very hygrometric, and for this reason, a small number of pills only should be compounded at a time; they should be silvered over, and preserved in a large quantity of absorbing powder.

"I am fifty-seven years of age, 1 metre, 74 c. (5 feet 9 inches) in height, my bones are small, and the abdomen is in my case, the principal seat of obesity. On the 6th of March, before attempting any treatment, I weighed 76½ kilogrammes (rather more than 12 stone). From the 6th of March, I took every day, three pills, each of which contained five grains of the extract of fucus vesiculosus, the first at six in the morning, the second at ten, and the third at five in the afternoon, at the beginning of every meal, without in any other respect changing my habits.

"Under the influence of the remedy, the urinary secretion became more abundant, more highly coloured, and more odoriferous than usual.

"I again weighed myself on the 10th of April, after taking ninety pills; I had lost one kilogramme and a half, (more than three pounds) in the course of the month.

"From the 10th to the 20th of April, I took only two pills a day, one at six in the morning, the other at five in the afternoon, and then returned to three pills daily, up to May 18th, when having taken a second series of ninety pills, I again weighed, (at the same hour of the day, and with the same clothes as on the former occasions), and found a further decrease of one kilogramme; from the 6th of March to the 18th of May, I therefore lost upwards of five pounds weight, without any change in my habits or diet, or having experienced any inconvenience from the use of the remedy."—*Med. Circ.*, Aug. 20, 1862.

The Bite of a Rattlesnake.

Mr. George W. Kendall writes the following, from Texas, to a newspaper in New Orleans:—"Before I forget I must tell you that the medicine chest has just arrived, and the very moment I opened it I found a pressing use for one of the articles it contained. I was

counting over the flasks, when one of my men came running in, and exclaimed that he had just been bitten by a rattlesnake. He held his left wrist, while two streams of blood flowed from one of his fingers, where the fangs of the serpent had pierced them. As the man had no tobacco, I told him to fill his mouth with salt, and with all his might suck the wound. I then held a cloth steeped in hartshorn on the wound, to counteract the working of the poison. I next put thirty drops of hartshorn into a glassful of whisky, and poured the whole contents down his throat. Five minutes afterwards I repeated the dose, and again in other five minutes. I had now administered a whole quart (?) of whisky, with ninety drops of hartshorn, and held it sufficient. The man was an Irishman, an old soldier, and took the thing very coolly. It was a great satisfaction to him when he heard that another man had killed the serpent. For three-quarters of an hour he sat quiet, and spoke about the bite with cold-blooded indifference, while I continued to renew the application of hartshorn to the wound in the finger. He said it was too bad that he should die of the bite of a poisonous snake, while I was astonished he could remain unaffected after such a dose of whisky. After about an hour he began to laugh, then to whistle, then to sing, and finally attempted to dance. It was now all right. I knew that the whisky had gained the upper hand of the poison, and for the first time intoxicated him. Five minutes after he was as drunk as Bacchus, beat on the ground with his feet, slept for half a day, and in the morning was well and at his work. So much for the first case which I have cured with the contents of the medicine chest! The hartshorn, with the whisky, completed the cure."

Negative Medicine.

Dr. Cotton continues his papers on the "Action of Certain Substances upon Phthisis." He selects chlorate of potassa. We quote the conclusions:—

"1. That chlorate of potassa has no *specific* action upon consumption.

"2. That its usefulness, even as an auxiliary in the general treatment of phthisis, is very questionable, and is probably limited to that cachectic class of cases in which it and allied remedies are so often serviceable."—*Medical Circular, May* 28, 1862.

The Seeds of the Pumpkin in Tænia.

"A number of cases are reported, all of which had repeatedly undergone the usual routine of treatment. An emulsion was made with two quarts of the hulled seeds and two quarts of water, and a large tumblerful given three times a-day, preceded by a light diet and free evacuation of the bowels. The effect was in all the cases to bring away large pieces of the worm, in some of which the head was found. He thinks the pumpkin seed claims our first attention as an exterminator of tænia, the frequent failure being due to discontinuing the remedy too soon. The treatment should be maintained from four to six days, unless the head be discovered, the patient being confined to a light diet. No purgative should be used during its use, as the emulsion itself is sufficiently laxative, if a light diet be enforced."—(Dr. G. R. Patton in *American Med. Times.*)

Ammonia in Capsular Cataract.

The following case, illustrative of the curative action of Ammonia in certain forms of cataract, is recorded in the *Giornale d'Oftalmologia Italiana*, and reprinted in the *Gazette Médicale de Lyon*:—

A woman, aged twenty-two, having observed a diminution of her visual power, and alarmed at the idea of cataract, with which her mother, two of her brothers, and a sister, had been affected in succession, consulted Mr. Quadri, who had already couched the lens in the case of her sister. The surgeon discerned, with the ophthalmoscope, capsular opacity, more marked at the circumference than at the centre of the lens; vision was so weakened that the patient was unable to pursue any occupation.

The treatment consisted in the daily application of liquor ammonia to the temples beneath a watch glass, and in the internal exhibition of a grain of Muriate of ammonia, every day.

The patient persevered in this medication with a remarkable degree of docility, and at the expiration of two months, her sight was sufficiently improved to admit of her resuming partially her usual avocations, and a diminution of the extent and intensity of the opacity was ascertained, by inspection with the ophthalmoscope, to have taken place.

The treatment was continued for five years, with considerable

amelioration of the state of the eyes. Mr. Quadri further remarks that after an interruption of a month in the remedial measures, an aggravation was observed, which has since yielded to the application of ammonia.

Foulness of Breath; Chlorate of Potass Tablets.

Mr. Dethan compounds tablets which are highly spoken of as efficient in counteracting fœtor of the breath, and also removing the scorbutic and ulcerous affections of the mouth from which this unpleasant symptom frequently arises. The "Journal de Chimie Médicale" supplies us with the author's formula:—

℞. Potassæ chloratis, ʒijss.;
Balsam. tolutani, ʒss.;
Alcohol, q. s.
M. ft. solutio.
Sacchari pulveris, ʒx.;
Mucilaginis, q. s.

F. S. A. Prepare a homogeneous paste, and divide into 50 tablets, each of which will contain 3 grs. of chlorate of potash. Dose 10 to 20 a day.—*Medical Circular, May* 21, 1862.

Poisoning by Ammonia.

The "Journal de Pharmacie et de Chimie" relates a recent case of poisoning with liquid ammonia.

The patient was a journeyman printer, who, intent upon suicide, swallowed, at one gulp, three ounces of liquor ammoniæ. Violent gastric and intestinal inflammation followed, copious hæmorrhagic stools took place, erysipelas set in, and death occurred ten days after the ingestion of the poison. On dissection, the throat and pharynx were found to have suffered deeply from contact with the caustic. The œsophagus and stomach were in a state of extensive ulceration, and the kidneys softened and enlarged. Dr. Potain concludes his report of the case by the following remarks:—Liquid ammonia acts both as a caustic and as a liquefier of the blood, and gives rise to more copious gastro-enteric hæmorrhage than other poisons. It is partly eliminated through the agency of the kidneys, and induces changes of a serious character in the structure of these organs.

OBITUARY.

Dr. James Russell.

We extract the following from the *Scotsman* newspaper:—

"The Late Dr. James Russell.—Many readers will have observed with regret the recent announcement of the death of Dr. James Russell,

whose connection with Edinburgh seems to deserve to be recorded. Early in last century the son of a Peeblesshire laird established himself in Edinburgh as a practitioner of medicine. His son, James Russell, followed the same profession, but was removed from the practice of it by his appointment to the Chair of Natural Philosophy in our University;—he is mentioned by Playfair as among those teachers to whom he felt the most indebted. This professor's son, also James Russell, true to the family traditions, although much associated in early, as in later life, with the eminent lawyers of that day, made surgery his profession, and became highly distinguished as a practitioner. Chiefly through his efforts the Chair of Clinical Surgery was instituted in the University; and he was the first to occupy it. But he was hardly less known in Edinburgh as a cultivated and accomplished gentleman, with a special interest both in art and science, and as an influential member of the Royal Society. And now his eldest son, the representative of the family, has been removed from among us, at a comparatively early age, for he was only sixty-one when he died (being related, on one or other side of the house, to three of our most eminent men—Dr. Black, the chemist, Sir William Hamilton, and Sir Walter Scott). Educated, with every advantage, in his father's profession, Dr. Russell early abandoned practice, on which he was not dependent, and devoted himself to works of Christian beneficence, chiefly perhaps among the humbler classes. Of liberal views and public spirit, which were a part of the family inheritance, he was well known as an upright, generous, honourable Christian man, ready to help every good work. He was married, early in life, to a daughter of Lieut.-Colonel Burnett of Gadgirth, who survives him, with a family, of whom the eldest has recently graduated in medicine, being thus the *fifth* in that profession, lineally descended from the first of the family, who began the practice of it in Edinburgh about one hundred and fifty years ago."

We have only to add that the deceased was a brother of our late distinguished co-editor, Dr. Rutherfurd Russell. Dr. James Russell's connexion with homœopathy was that of a layman who took an interest in it, and submitted himself and his family to be treated by it. He also, as a member of the College of Surgeons, wrote and published an indignant protest against the proposal that homœopathists should be excluded from that body.

BOOKS RECEIVED.

Remarks on Archbishop Whately's Letter on Medical Trades' Unions, by Wm. Bayes, M.D. London: Turner. 1862.

The Homœopathic Observer.

The Monthly Homœopathic Review.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

The American Homœopathic Review.

Diarrhœa and Dysentery, by Dr. P. P. Wills. New York, 1862.

The Medical Record of Australia, Vol. II. No. 7. [This periodical shows a more liberal and impartial feeling than the medical journals of the old country, as it admits letters in defence of homœopathy, written by representatives of our system in the colony. The present number contains an able letter on homœopathy by Dr. Berigny.]

W. Davy & Son, Printers, 8, Gilbert Street, W.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

CEREBRAL PHYSIOLOGY AND THE NEW PATHOLOGY.

By Dr. McGilchrist.

It is a matter of familiar remark and of old regret that, the science of her schools notwithstanding, medicine has never soared much beyond the dignity of a mere healing art. Ever and anon her disciples have been aroused by the 'lo, here!' or the 'lo, there!' which proclaimed the coming regeneration: now it was from the side of therapeutics, again *viâ* an organic chemistry or a pathological anatomy, that medicine was infallibly to arrive at her completion as a positive science. But hitherto the voices of these prophecies have left behind but the echo—where? whence? The regeneration so often promised to the sincere enthusiast, so confidently predicted by the interested academical expounder, remains an unfulfilled prediction. Most thoughtful men have felt this deeply; most still do feel it deeply, some despondingly. Not but that progress is the order of the day here as in most else; not that any one can deny we are advancing, in different directions and on the whole. But ever recurs the feeling of disappointment, and the whisper goes round that the something wanting is yet to seek, and that medicine remains, in the main, what it has hitherto been—only improved and improving in each of its departments—that healing *art* which has for its subject the body of man.

To expatiate on this were needless and out of our way, if we did not think that the correct reason of it is still unseen, or at least not generally or sufficiently recognised, while to us it seems not far to seek. Medicine, we take it, remains practically a mere healing art, not merely—as many of our special brethren seem to think—because she wants a perfect therapeutics, but mainly because she wants a perfect representative in the court of science. A chemistry of the solids and fluids—an advancing organic chemistry; a minute, a microscopic, a comparative anatomy; a physiology of the tissues and functions; these medicine has in great and growing strength, and of these she may justly be proud. But still she wants, in order that she may deserve the title she covets and half usurps, in order that she may, ceasing to be the study of the healing art merely, become in truth *the study of man*—she wants an adequate representative in the court of science. Such a physiology as she now has is not such a representative; yet who can doubt that, if anywhere, it is to physiology medicine must steadily keep looking as her representative science? For our part we see no other hope of a truly scientific medicine. In the following few pages, therefore, we shall endeavour to show wherein, according to our views, the physiology of the schools falls short of it, and how such a representative physiology as medicine plainly wants is destined to be eliminated.

This task is the more practicable, comparatively speaking here, since in a former paper in this Journal (on *Psychological Physiology*, in the October Number of last year,) we have already reviewed one side of the subject. In that paper we showed, directly or indirectly, by reference to recent attempts variously made towards reconciling the phenomena called mental with those styled functional or organic, that the physiology of the schools is admittedly inadequate to represent a science assuming to be a science of the study of man; that inasmuch as this physiology deals with man functionally and organically, and when it comes face to face with the phenomena termed mental, abandons the field to the philosophers, it remains undeveloped on one of its sides, and can therefore represent only the medicine called "the healing art;" that the philosophers

end where the physiologists begin, or, *vice versâ*, the physiologists end where the others begin, and between them, we are told, we have the whole study of man on two separate and irreconcileable methods; that such a physiology on the one hand, and such a philosophy on the other, however they may shelter themselves behind the sanctions of wisdom and the prestige of authority, can never either of them become a true science of life, but only the one a science of living functions—the other being, from its very nature and method of inquiry, beyond the pale of all science whatever; that this has been partially and dimly seen by many, deplored and protested against by the discerning few among both the physiologists and the philosophers of these latter days, the latter of whom (the philosophers) are making unmistakable demonstrations of their intention to throw over the old or metaphysical philosophies, and to embrace that new psychology, about which we said something in its place, which wants, if it only knew how, to take positive science, and especially physiology, by the hand; finally, we indicated how that the time had come, or must be at hand, when vital science can afford, whilst accepting the assistance of this psychology, to throw off the yoke of mental philosophy, and fearlessly vindicate her right, if she has the ability, to deal not exclusively with the material elements and the living functions of the despised body, but with all that is human, and so solve from the material side the whole problem of man.

Viewing thus physiology as the representative science of medicine, or, as we might put it more appositely perhaps, as the representative of the science called medicine—upon this side it (physiology) is wanting admittedly and, so to say, professedly. Physiologists, as well as anatomists and organic chemists, are for the most part still quite disposed to acquiesce in this arbitrary dislocation of man as a body from man as a mind. Indeed, the philosophical methods of inquiry and the metaphysical views of man's mental constitution hitherto dominant, seem so foreign, if not antagonistic, to the methods and tendencies of positive science, that any reconciliation of the two might well seem unlikely, if not at first sight quite impossible. In the paper above alluded to, we have shown how

—the advances as yet being chiefly from the side of the new psychological philosophy—this reconciliation is nevertheless in promise.

What we have more particularly to consider here are the physiological aspects of the case. The side of the subject alluded to as already reviewed has, indeed, the most intimate connections with that we are now about to discuss more briefly, inasmuch as psychological physiology, cerebral physiology, and what we may term mental pathology, viewed from the material side, are just aspects of *cerebral phenomena,* under which title they may be all included; but the bearings of the two last are more practical than those of the former.

As already indicated, physiology will not accomplish its destined mission till it has risen out of the stage which chains it down as the representative of the healing art as a practice, and becomes the representative of medicine as the study of man. When physiology becomes such a representative science, the answer it will have for those who would still limit its province to sensative matter apart from the thought-attributes of such sensative matter is, not that it ignores or under-estimates the latter phenomena, but that it includes them in its exposition of the microcosm, its subject; includes them, however, not as the pure mental philosophers expound them, not as independent entities, but strictly as phenomena invariably and absolutely dependent on the organization of which they are properties. Such a physiology shall desire to shrink from no side of the study of man, neither ignoring the mental manifestations of its magnificent subject, nor the psychological discussion of them; all it shall ask is permission to view them from the scientific stand-point, which is based on organization, and not from the philosophical or metaphysical stand-point, which is based on air.

Such a representative science of medicine may, as we have seen some occasion to believe, be looming in the not very remote future; but it cannot take palpable shape and form until, besides occupying this psychological ground, it develops a systematic and consistent *cerebral physiology.* That we have any such at present, few reflective persons will affirm. What

we have in place of it is a study which corresponds to a minute anatomy of the brain mainly, though not merely, since it includes such functional expositions of the nervous centres as are derivable either from anatomical analyses, or from experimentation on the bodies of living animals. These two methods of observation and research are, seemingly, all that the schools consider necessary towards cerebral investigation—a careful and minute anatomical analysis, and a series of irregular experimental demonstrations for determining the functions of certain nerves or encephalic ganglia. Concerning the first we need say nothing: it is simple inspection—purely anatomical. As to the second, nobody can doubt that it has established from time to time—spasmodically and incoherently, so to speak—with more or less certainty, the special relations to function of this or that nerve, or branch of a nerve, of special sense;* and, doubtless, the discovery or demonstration of the reflex function of the nervous system generally was mainly, though not wholly, due to this method of research; it is, therefore, in its place, worthy of all cultivation, and if pursued on a less isolated plan, and with more regard to sequence, might furnish yet further results. But when this has been said, all has been said that can rationally be advanced in its favour. With all the energies and appliances to boot of the schools in aid of it, what great principle or generalization, what fit foundation for a cerebral physiology worthy of the name has resulted, after the long time and persevering labour devoted to this method? The fact is, that scarcely a serious attempt has been made by the schools, during all these long years of semi-purposeless toil and trouble, towards the elimination of such principles or generalizations, and the conclusion therefore seems inevitable, that their mechanical methods of research are inadequate. Wherefore we may safely predict, that unless new truths, or the revival of old, reach us in some other fashion, academic physiology, as represented by its authoritative expounders in this country at

* In this country, the late Dr. John Reid, of St. Andrews, was among the most successful workers in this physiological field, to which he had devoted many years of his too short life. On the continent the workers are very numerous.

least, will not help us on much further in the desiderated direction.

To a good illustration of the insufficiency of this general, *quoad* a desiderated systematic cerebral physiology, we may direct passing attention here. Having arrived at the demonstration of the reflex function of the nervous system generally, the schools seem to have been incapable of reasoning it directly out to its legitimate deductions. They stopped short at their great fact, as if astonished at it, and they have not yet fairly applied it to the cerebrum. Lately, it is true, their crack physiologist, Dr. Carpenter, caught the idea from Dr. Laycock, and embodied it vaguely in his later editions as his own—so at least Dr. Laycock says, and we think proves.* But we have shown in this Journal (*Psychological Physiology*, in the October Number of last year), that it was in effect deduced independently by a German philosopher from his review of what he calls *Wagner's Nerve-Physiology*. Whether it was Fichte in Germany, or Laycock in Britain, who first saw, or said he saw, that the established doctrine of the reflex function of the nervous system generally, must be extended to the brain proper, we have not the means of determining. But either way, the history of this step in the right onward direction—considering how long it was of being caught from somebody by the representative Carpenter—furnishes an apposite illustration of what we have advanced. As we formerly remarked, "When more comprehensively applied, the phenomena of the reflex function of the cerebrum—involving those of what has been termed unconscious cerebration—will tend to approximate mind and brain to a degree perhaps not yet generally suspected." But, for the present, it is to be feared that, judging from the past, this deduction will be allowed to remain as a mere doctrine, admitted perhaps but unappreciated, without being in its turn applied to the formation of a systematic cerebral physiology.

Let us now enquire, however, whether there are no materials in the past—whether there is no old or neglected truth, worthy of revival, that may help us here. It is a remarkable fact, that

* In his "Appendix" to *Mind and Brain*, a work noticed in our paper on *Psychological Physiology*.

when a generalization is wanted, either in philosophy or in science, and whether in the prospective or the retrospective, it is to Germany or thereabouts we must almost always go in quest of it. Looking back here, it seems difficult to name any department either of science or Philosophy of which this may not be said. In philosophy generally, it is quite notorious. In fact, there are no modern reasoned systems of metaphysical philosophy—none now but the German. Metaphysics may be said to have culminated in Kant, and his immediate successors —Fichte, Schelling, and Hegel—may be said to have traversed all the regions of possible *speculative* knowledge. And we may be quite sure, that when we find an English professed metaphysician advancing something as *new*, there is nothing new about him or his ideas except the language in which he has clothed them.*—It is to a German poet and philosopher we owe the greatest physiological generalization of which botany can boast: we allude to Göethe's morphological law, now universally accepted, though once ridiculed academically here.† In chemistry we are indebted to Mitscherlich and Germany for the discovery of *Isomorphism*, which in a manner pointed the way to those later generalizations—still the subject of captious objection here—on which a Liebig has, building comparatively alone, constructed a whole science of organic chemistry. And was it not from the Hartz mountains, from the contemplative Oken, that the first echo of that *Transcendental Anatomy*, as it was at first slightingly called, came to elevate what had hitherto been a merely mechanical or art-science into something like a deductive one, bidding its dry bones live? And where are we to look, if not to Germany also—as we shall presently see—for

* This is so well known now, that very few British writers on metaphysics have even attempted to set themselves up as original speculative authorities. Professor Ferrier, of St. Andrews, is perhaps the only recent prominent example to the contrary; and his system, as conveyed in the book entitled *Institutes of Metaphysic*, is a mere adaptation, ingeniously managed, of Hegel.

† There is now before us an educational work, entitled *Alphabet of Botany*, by James Rennie, M.A., London, 1834, in which Göethe's law is thus spoken of:—"The whole fancy well accords with, if it have not sprung out of, the speculative theory of what is termed *unity* by the German mystics, a phantom as unreal as the philosopher's stone."

the elevation of Pathology proper into something more nearly resembling a science of principles than it has yet become?

And now what of Physiology? what specially of it in the direction we desiderate? Well, we must go to Germany here too. As yet there has been but one serious and consistent attempt at generalization in cerebral physiology, and it hails from Germany: we allude to Phrenology. This so-called system of Gall and Spurzheim has proved a scientific failure, we admit;—and why? Not, we opine, because it was an attempt demonstrably in the wrong direction, but because, like most attempts at new generalizations on their first announcement, it was premature and unreasoned as to its presumed details. Its truth or falsehood as a "system"—rashly so called, because not yet built up into one—staked on experimental tests for the fair application of which there were not available data, it seems no great wonder, only natural, that phrenology should have failed to establish itself scientifically all at once, as it sought to do. Its overthrow has been scientifically almost complete, since it has fallen into the hands of a set of expounders who have no other than popular claims to be listened to; and men of science naturally turn their backs on the bastard popular article that loudly claims to be intimately related to physiology. If we are quite to believe the schools of our day, the doctrines of phrenology are of no account any more, save as illustrations of past error and present popular delusion. In the face of this, however, it is curious that phrenology survives somehow, by stealth as it were, even among the scientific. They have scotch'd this snake, not killed it. We are justified, therefore, in doubting whether this, the only attempt at comprehensive generalization in so eminently important a region, has been altogether in vain, or is really doomed to permanent collapse; and we say, surely the generalization involved in what we mean by phrenology is too grand a one to be altogether ignored; it demands solution, and may not perish out of view.

The subject, coupled with the word (phrenology), is rather a delicate one, scientifically speaking; whoever alludes to it seriously, risks being misunderstood or mistaken for an out-

and-out advocate of the chaotic popular formulas; nevertheless there are, we think, discernible symptoms that the foremost minds among men of science, as well as among the philosophers,* are willing and even anxious to reopen certain phrenological questions. Apart from any more direct allusions to what may be termed *regional phrenology*—(its prematurely sketched, and consequently its weakest chapter)—we hear more frequently now than lately such general questions as the following alluded to and discussed, at least partially:

Is there not a general relation, of the kind subtending cause and effect, between cerebral *size* and cerebral *power?* And as the key to the seeming or sometimes exceptional nature of such a general relation, is there not a more special one between cerebral *quantity* and cerebral *quality?* If a man's brain be below a certain standard, much or at all, is it, or is it not, morally certain that he will be an irredeemable idiot? whilst if its tissue be of inferior quality—flaccid, distended with superabundant moisture, or pressed in by gross or over-thickened membranes, or unsymmetrical—is it not certain that he will be a heavy dolt or a stupid eccentric all his life, no matter what size of a head he carries about with him? Suppose you could sport with a man's brain *ab ovo*, would you not also sport with his dispositions and worldly destinies? If you compressed his anterior lobes, while you gave to the rest of his brain expansion and power and activity, would he not be the creature of every impulse? If you made the basilar region very energetic, and the coronal very defective, would he not be a vicious wretch—a malefactor perhaps, or a fiend? If you unduly curtailed the posterior lobe, what would be the probable effect of that want of balance?—or do you venture, at this time of day, to affirm that it would be of no effect at all? In a word, is a man a genius or a fool, a scourge or a blessing to his kind, irrespective

* It may sound strange, but it is true that, abandoned in great measure by science, the doctrines of Gall and Spurzheim always found a refuge among the philosophers; another illustration, perhaps, of the proposition elsewhere advanced, that "as yet the advanced philosophers have done more towards reconciling the long conflicting phenomena of mind and organization than the anatomists and physiologists."

of such cerebral data? And if not, then it seems time—with a view to the elimination of a representative physiology which shall have for its object the whole study of man—to reconsider such cerebral data, instead of ignoring them.

Such being the kind of questions which men of scientific culture are now more than ever disposed to reopen *ex cathedra*, phrenology promises to become once more scientific; to rise from its ashes, not as a premature regional phrenology, not as a cranioscopy, but as a doctrinal science to be reasoned out anatomically and analogically, as well as experimentally, into a complete cerebral physiology. As we have said, there is no hope of a truly "scientific medicine" but in a representative physiology. What general physiology wants, to enable it to become such a representative science for medicine, is a systematic and consistent *cerebral* physiology. General physiology must therefore adopt a generalization such as the long despised and neglected phrenology offers it; and the problem of the day, towards reconciling the still conflicting phenomena of mind and organization, is to re-establish phrenology in new, definite, scientific relations, so that we may have a cerebral physiology, not in name but in fact—an exposition of the cerebral and cerebellar functions in all their modes, not merely as to functional arrangement, but as the seats and organs of the phenomena of consciousness—a system at once of mental philosophy and vital anatomy. As we hinted before, there are signs on the biological horizon which indicate, faintly as yet indeed, the regeneration of such a phrenology, and its ultimate universal acceptance. Sir Henry Holland, if we mistake not, would fain have led the way;* and though we need expect nothing from the Carpenters who supply our text-books—except some unacknowledged revivals of isolated ideas and theories perhaps,—such original thinkers as Professor Laycock, &c. are

* "The phrenologists," he says, in his *Chapters on Mental Physicology*, "rightly represent the old classifications of mental phenomena (which are chiefly general expressions of function or capacity) as insufficient to denote various propensities and specialities of thought, feeling, and action, observed in different individuals, manifestly original to a certain extent, and forming, in conjunction with certain acquired or modified habits, the peculiar characters of each."

now trying—after a fashion as yet confused enough, it may be —to awaken the professional mind to the necessity there is for some such regeneration. In no other way can physiology get rid of the bondage in which she is still held by metaphysical philosophy, or vindicate her mission to take in hand the questions hitherto considered sacred in the keeping of idealism; or, in a word, develope such a scientific psychology as shall solve, from the material side, the whole problem of man.

Let us just glance now at the sort of posthumous justice which has been done the authors of the so-called system of phrenology, by the modern representative physiologists. From the style in which these modern lights allude to Gall and Spurzheim, one would suppose that these most original thinkers were not only rash enthusiasts, impious materialists, and the merest visionaries, but even, as compared with their contemporaries and their successors, inferior or ignorant physiologists. But what is the fact? Why, they were as cerebral *physiologists*, apart altogether from the phrenological system to which they gave birth, much in advance of their own, and, in some particulars, of our times even. To prove this, we must indeed appeal to some modern writer who is either more accomplished or more candid than Dr. Carpenter; but the proof of it is not very far to seek. Dr. Laycock furnishes—not purposely but incidentally—several instances, in his remarkable work already noticed in a former paper, *Mind and Brain*. In his exposition of what he terms "the Anatomical Method of Research," in the 2nd vol. of that work, Dr. Laycock says: "The older writers* marked three great divisions of the ence-

* As a good epitome of the history of this subject, we here subjoin a passage from the same chapter of Dr. Laycock's work:—"Willis is, without doubt, the father of cerebral physiology. He made careful dissections of the brain, with a view to determine the seat of the various faculties, or, in his own words, the particular 'canals' or 'passages' through which 'the animal spirits' pass when various mental states are induced or manifested. His dissections and engravings of the brain are interesting even now; for in some respects he taught doctrines similar to, and even in advance of, those of modern physiologists. He made the *corpora striata* the seat of consciousness, in connection with doctrines as to diversity of function of other parts of the encephalon.

"Willis' researches were instituted in relation to the current theory of the

phalon—the cerebrum, brain, or hemispheres, including their commissure, the *corpus callosum;* the cerebellum or little brain, with its crura, and the head of the spinal column; and the *medulla oblongata,* or oblong medulla, including from the *corpora striata* downward. The *medulla spinalis* and oblongata were also termed the *cerebrum prolongatum,* the prolonged brain—the theory being, that this part of the central axis arose, or was prolonged from, the cerebrum. Now the *medulla oblongata,* thus defined, was considered to be the point of origin of the encephalic nerves, and (through its continuation into the spinal cord) of all the nerves of the body. In this way it came to be considered the seat of sensation (the *sensorium commune*—the common centre of consciousness), or point of

animal spirits (subsequently replaced by the 'nervous fluid' and *vis nervosa*) as the efficient agents of sensation, motion, and thought, and which were said to be generated in the ventricles. This was the doctrine of Galen, and held its ground until the commencement of the eighteenth century. In accordance with this theory the Arabian writers, following Galen, fixed upon the ventricles of the brain as the special seat of the mental faculties; one of the anterior ventricles they made the seat of common sensation; the other, of the imaginative faculty; the third ventricle was the seat of the understanding; the fourth of memory. These doctrines were also maintained by Duns Scotus, Thomas Aquinas, and other philosophers as late as Descartes; Caspar Bauchin was the first to question them, and to maintain that the 'animal spirits' were generated in the substance of the brain, and distributed directly from thence through the nerves to the organs of sensation and motion. Platner, Varol, Spiegel, Caspar, Hoffmann, and others, also opposed the ventricular theory of localisation; but especially Hoffmann, who in consequence drew down upon him the anathemas of those who supported the ancient theories. He was particularly charged by Riolan the younger with ignorance, and with unsettling, by his new dogma, both the entire pathology and therapeutics of the brain; for he actually had the temerity to fix the seat of apoplexy and epilepsy in the substance of the brain, and not in the ventricles, as Galen taught.

"It was after the 'animal spirits' were ejected from the ventricles, that Malpighi, Silvius, and Willis attempted to show that they were secreted by the cortical substance, whence they were received by the medullary substance, to be transmitted by it to the nerves of the whole body. To these, therefore, is due, and of these more especially to Willis, the first indication of the established doctrine of modern physiology, and which Gall and Spurzheim more fully developed—viz., that the cortical substance of the brain, or the cineritious neurine, is ganglionic, or the seat of *action* or energy; and that the medullary or fibrous is a conducting structure, analogous to the trunks of the nerves."

union between the sensory nerves on the one side, and the hemispheres on the other. This doctrine disappeared almost wholly before the advance of Gall's views, and the ganglia constituting that portion of the *medulla oblongata* situated above the *pons Varolii* were considered to be part of the brain or cerebrum. It is only within the last few years that Dr. Carpenter has revived this portion of the doctrine as a new theory, giving the name 'sensory ganglia' to these structures, instead of *sensorium commune*."

It would almost seem, then, that the founders of the despised cerebral system called phrenology were not by any means second-hand physiologists, but, on the contrary, much in advance of their day; and if Dr. Laycock be correct—of which we entertain no doubt whatever—our representative Carpenters have been only too glad to turn Dr. Gall's originality to their modern account. This were not only quite right, but also quite imperative on an author who sets up for a teacher and representative authority. We want all the light we can possibly borrow from that instructive region which lies behind us; but then we want it pure and simple, as Dr. Laycock gives it to us—so far as he does give it—and not transmuted as Dr. Carpenter gives it, for his own glory and the adornment of the physiological orthodoxy of his own day. Dr. Carpenter's treatment of phrenology is very uncandid. As we have seen, he can condescend to borrow some physiology from Dr. Gall without acknowledgment, whilst the kind of notice he takes of the cerebral generalization which hangs thereby is condemnatory. It is also weak. In the 5th edition of his *Human Physiology*, he opposes the general phrenological doctrine of differentiation of the hemispheres thus:—"It is a fundamental error to suppose that the entire intellect can be *split up* into a certain number of faculties; for each faculty that is distinguished by the psychologist expresses nothing else than a *mode of activity*, in which the whole power of the mind is engaged at once—just as the whole power of the locomotive steam-engine may be employed in carrying it forwards and backwards, according to the direction given to its action; and if this be true, it must be fundamentally erroneous to attempt to parcel out the cerebrum

into distinct organs for these respective faculties; the whole of it, so far as we (Dr. C.) can form a judgment, being called into operation in every kind of mental activity."

This settles the whole matter, so far at least as Dr. Carpenter "can form a judgment," or desires to form one. The brain proper is just one lump of nervous matter; it has no multiplicity of organs, no diversity of function. Crude enough this, as the authoritative anatomical doctrine merely of this day, considering how much time and study has been given by the older anatomists (it would now seem in vain) towards analysing the brain more hopefully. But as a physiological and would-be psychological solution of the cerebral functions and phenomena, it is positively contemptible. Because it may be reasonably held, that in every act of concentrated mental energy the whole power of the brain is engaged, Dr. Carpenter concludes, or affects to believe, that apparent homogeneousness of structure is entirely incompatible with differentiation of function. He appeals to psychology, but the advanced psychologists, who are also physiologists, are ashamed of him. "No physiologist," says Mr. Herbert Spencer, "who calmly considers the question in connection with the general truths of this science, can long resist the conviction that different parts of the cerebrum subserve different kinds of mental action. Localisation of function is the law of all organization whatever; separateness of duty is universally accompanied with separateness of structure; and it would be marvellous were an exception to exist in the cerebral hemispheres. Let it be granted that the cerebral hemispheres are the seat of the higher psychical activities; let it be granted that among those higher psychical activities there are distinctions of kind which, though not definite, are yet practically recognizable; and it cannot be denied, without going in direct opposition to established physiological principles, that these more or less distinct kinds of psychical activity must be carried on in more or less distinct parts of the cerebral hemispheres. To question this, is not only to ignore the truths of physiology as a whole, but especially those of the physiology of the nervous system. Either there is some arrangement, some ·ization in the cerebrum, or there is none. If there is no

organization, the cerebrum is a chaotic mass of fibres incapable of performing any orderly action. If there is some organization [differentiation], it must consist in that same physiological division of labour in which all organization consists; and there is no division of labour, physiological or other, of which we have any example, or can form any conception, but what involves the concentration of special kinds of activity in special places."*

Look on this picture and on that;—on the mechanical Carpenter introducing his locomotive steam-engine into the vital problem; and the philosophical Spencer recognizing that law of unity in multiplicity, and of multiplicity in unity, which the other hero blindly ignores, and without reference to which mental and vital processes and phenomena are alike incapable of elucidation. Do we not here find another proof of what we have more than once remarked, viz., that it is to the advanced psychologists, to the scientific philosophers, rather than to the professed or authoritative physiologists, we must look, in this country at all events, for the inauguration of the reconciliation so much wanted between the so-called separate or separable phenomena of mind and organization; and, we may add, as the first step towards that consummation, the consolidation of a still chaotic cerebral physiology.

There is another question involved in this representative view of physiology which is worthy of notice here. It is the question as to the future of Pathology proper. According to these views, pathology cannot remain, as hitherto, more or less distinct or dissociated from physiology, but must become a physiological pathology in the proper sense of such a term. In other words, the representative science of medicine must be inclusive of pathology—adequate to the reconciliation and explanation of the phenomena termed now pathological, on its own higher principles of generalization. How this is to come to pass may not very clearly appear as yet, considering the unsettled, fragmentary, and merely theoretical state, for the most part, of the academical pathologies; but even on this horizon there is a

* *Principles of Psychology*, 1855.

gleam of light. If we mistake not, the doctrines of the new cellular pathology promise much in the desiderated direction. Hailing from Germany, they are still far from generally acceptable in our schools of medicine; nor are we sufficiently versed in them already—neither, if it were otherwise, is this the opportunity—to do more here than indicate their bearing; and this we shall do in as few words as possible.

The question as to the origin of new growths lying at the foundation of all special pathology, two doctrines presently prevail on this subject. The first is that which till lately has received universal acceptance in this country, and is even now, perhaps, academically in the ascendent. It may be stated thus:—"Owing to certain causes, known or unknown, an exudation from the blood-vessels takes place; in healthy persons, the matter poured out assumes more or less of the character of the tissue in which it is effused, becomes converted into connective tissue, or degenerates into pus; while if the system be under the influence of the tubercular or cancerous cahexia, the effused material is converted, under the influence of the constitutional condition, into tubercle or cancer as the case may be."* The other doctrine is that which, though it

* It is on the authority of this doctrine that cancer and tubercle are considered incongruous and antipodal pathological conditions which cannot coexist in the same subject; as it is held, on this view, to be inconceivable that the system can be under the influence of two such different dyscrasiæ at the same time. On the new view there is no such difficulty in conceiving the possibility of such a pathological coexistence. We may here attempt a sketch, compressed into a few sentences, of the doctrinal history of the whole subject.

As compared with physiology, doctrinal pathology has hitherto occupied a secondary and not well defined scientific place. Comparatively speaking, its scientific or systematic pretensions are quite recent and modern. Its doctrinal history may be divided into three stages; the first being that of the so-called *cell-theory*, deduced from the observations of Schleiden and Schwann, which are undoubtedly among the most important, because the most fundamental, of all pathological researches. The second stage is indefinite; not intimately associated with the name of any observer in particular, nor embodied in any specially distinct works in this country—if we except the name of Goodsir, whose desultory papers, collected in the small volume entitled *Anatomical and Pathological Observations*, foreshadowed the views since propounded as a "cellular pathology." The third stage may be styled that of *Virchow* (and Donders), whose recent work, referred to above, embodies an

did not arise all at once and absolutely originally from him (see below), was first distinctly and systematically enunciated by

important generalization, in the direction not so much of a special pathology as the (by us) desiderated pathological physiology.

The *cell theory*, established by Schleiden and Schwann, maintains that cells originally simple are the origin of all vegetable and animal tissues whatever; and that it is only in the process of development (indefinitely somewhere) that such simple cells and their resulting conglomerations or tissues undergo very various transformations. On this accepted pathological doctrine, a new or abnormal growth or product, such as pus, was held to arise thus:—"A fluid, containing in solution animal and vegetable matter, is poured out from the blood-vessels; in this fluid, at first structureless, molecules and granules make their appearance, these become grouped together and surrounded by a membrane, so as to form a nucleus, around which the cell itself is formed." Essentially theoretical, in fact a mere description of what is *supposed* to take place in abnormal tissue development, this doctrine soon began to be questioned. It lingered, and we believe lingers still, in *our* schools of medicine; but in Germany it was first challenged, and positive facts not being forthcoming in support of it, it was some time ago universally abandoned.

It is twenty years since Mr. (now Professor) Goodsir described, in his desultory papers, certain "centres of nutrition," from which he traced the development of new cells. The approach thus made to the latest or Virchow doctrine appears thus:—"Each centre of nutrition is described as a cell, from the nucleus of which successive broods of young cells proceed, and pass off in various directions, and under various forms, according to the texture or organ of which their parent formed a part." This has an important bearing as a link in the connection of Virchow's doctrine of *continuous development*. For the next special observation (made almost simultaneously by Donders and Virchow) was that of certain *connective tissue corpuscles*, the analogy of which to the old corpuscles of bones and the cells of cartilage was well made out. And it was these cells and their anastomozing branches which were recognised as the channels by which those afore seemingly isolated parts, not in positive connection with capillaries, received nourishment. The bone corpuscles are the typical arrangement characteristic of these connective tissue corpuscles—thus: "The osseous structure around each of the Haversian canals is studded with lacemæ, from which fine pores or canuliculi proceed, which freely anastomoze. These canuliculi extend to the surface of the vascular canal, and there can be little doubt that they take up nutrient fluids from the blood and distribute them by means of their mutual anastomozes throughout the whole of the bone-substance. The existence of similar channels in tendinous structures was demonstrated by Wettich (*Virchow's Archiv*, 1855), and has been established in the case of all the tissues of the body." Now, in these anastomozing cells or connective tissue corpuscles it was that Virchow saw the origin of various new formations; hence he enunciated what is emphatically his doctrine, *omnis cellula e cellula*; the importance of which, in our connection, can scarcely be exaggerated, as it in effect lifts

Virchow, partly in his *Archiv* (1855), and completely in his great work on *Cellular Pathology*, recently done into English.

pathology out of its den and unites it with physiology for ever henceforth. His doctrine proclaims that no development of any kind can possibly (in this sense) begin *de novo*. Wherever a cell forms, there a cell previously existed. An animal springs from an animal, a plant from a plant; and equally surely and definitely a cell springs from a cell.

When first enunciated in its integrity by Virchow, this doctrine was treated more as a clever but baseless theory than as a serious generalization, or the expression of a law in physiological pathology. But the observations of Weber, His, Rindfleisch, and others, soon placed it on a firmer foundation in Germany, where it has now met with general, if not universal, acceptance. In this country, as might be expected, it is still scouted by those who have identified themselves with the earlier views. It would seem that the objection chiefly harped on is to the effect, that on such a theory no new cellular growths should ever arise in situations where no cells previously existed, whereas, it is alleged, this actually happens:—"The fallacy of the theory," says Dr. Bennett, of Edinburgh (*Principles and Practice of Medicine*, 3rd ed., p. 153), "though it (the theory) has many facts which seem to give it support, is easily demonstrated. For instance, pus cells may occur in tissues where there are no epithelial cells, as among muscles; and cancer, pus, and tubercle are all found in the white substance of the brain, where no cells have been demonstrated to exist capable of increasing on the one hand or degenerating on the other." But as another Edinburgh pathologist has shown (in the *Edinburgh Medical Journal*, for November, last year), such objections reveal a misconception of, or else betray a very imperfect acquaintance with, Virchow's views:—"Virchow does not maintain," says Dr. Haldane (late pathologist to the Edinburgh Infirmary) "that pus cells are always developed from *epithelial* cells, but that they always arise from *cells;* and that in the case of the non-epithelial structures, they take their origin from the connective tissue corpuscles of the part. No epithelial or granular cells are found in muscles, or in the white substance of the brain; but in the former we find nuclei within the fibres, and corpuscles of interstitial connective tissue between the fasciculi; while in the latter, the existence of a form of connective tissue which binds together the nervous elements has been demonstrated. It is not, however, to be supposed that the demonstration of these connective tissue corpuscles is at all times easy. With certain precautions, however, we may generally satisfy ourselves of the presence of the cellular element even in the fibrous structures. It is, however, in pathological processes that we have the most convincing proofs of the doctrine (Virchow's) of *continuous development*, and that we can actually trace the changes in process of taking place. The tissues may be divided into two groups; those which consist exclusively of cells, and those in which the individual cells are separated from one another by an intervening material. (See *Virchow's Cellular Pathology*, p. 28.) The first group embraces the epithelial, the second the connective tissue. Now, pathological processes differ considerably, according as the former or the

It enunciates that "an exudation is not poured out directly from the blood-vessels, but that every new growth takes its origin from the tissues themselves. Cells can no more arise in situations where no cells previously existed, than new organisms can be produced by spontaneous generation. It can scarcely be doubted (he holds), that *in the physiological renovation of tissues the principle of continuous development holds good; and the most recent investigations go to prove that pathological formations obey the same law.*"

We have italicised the last lines of the above quotation, since they convey the generalization alluded to as lifting pathology out of its hitherto theoretical isolation, and tending to incorporate it with, and constitute it a branch of physiology. It is thus, we conceive, by successive steps towards the elimination of generalizations having the force of vital laws, both that physiology is destined to become the undisputed scientific

latter of these is affected. The phenomena of suppuration are different according as it starts from epithelial cells or from connective tissue corpuscles; for in the first case there is not necessarily any great loss of substance, while in the second this invariably takes place. In either case the process is essentially the same; the nuclei, originally single, divide and increase in number, new cells are formed, and so the process of multiplication goes on. We must not indeed expect to be able, in the case of every abscess or purulent discharge, to trace thus distinctly the origin of the pus-cells; there is only a certain stage in pathological as in physiological (or normal) growths in which the actual mode of development can be followed; we might as well expect to be able to discover, by an examination of the mature fœtus, the different steps by which its organs had been formed, as to be able, in a ripe abscess or a well organized cancerous mass, to determine in what way normal had been converted into abnormal tissues."

If this note had not already exceeded the bounds at first prescribed for it, we would be tempted to add a short summing up, by way of showing, if possible more clearly, that wherever Virchow's doctrine elicits discussion among pathologists, the objections urged against its acceptance in our exclusive schools of medicine are seen to be mostly on the surface. But for the present we have had mostly in view to offer a sketch of the whole subject, bringing it down, so far as we know, to the latest ventilation of it in this country.

That Virchow's exposition of his doctrine should be more or less indistinctly construed by certain pre-occupied pathological readers of the English translation, we can readily conceive, if what a German friend has solemnly imparted to us have any truth in it, to wit, that Virchow's translator has not always understood Virchow. But we wash our hands of this impeachment.

representative of medicine, and medicine itself a homogeneous science—rather than as hitherto a disjointed healing art—having for its subject the whole study of man.

In every future attempt to trace the phenomena of what we may call *mental pathology*, the important question of *hereditary transmission* must be taken into serious consideration—hitherto it has been far too little taken into account in the estimates formed of man's mental and bodily constitution—and we may here notice the bearing of the new or Virchow cell pathology in such a direction. Admit the doctrine, *omnis cellula e cellula*, and by analogy, the cell being the type of the parent, the germinal vesicle is the physiological parent of the man; but that germinal vesicle must, by *the law of continuous development*, itself have had a parent. Now, an animal springs from an animal, and a plant from a plant, as surely, as regularly, and as *definitely*, as a cell from a cell, and is like that animal or plant from which it so springs, as the cell is like that cell from which it springs. This is true infallibly, up to a certain point, up to a point where an element of *duality* enters into the law of continuous development. The parent cells from which the lowest cryptogamic plant and the highest Caucasian man spring are seemingly identical at first, and the only subsequent fundamental difference between them consists in this element of duality, which enters into the law of continuous development in the one and not in the other; the parent cell of the man has, and the mushrooms' has not, the power of undergoing departures from the original type.

These are facts, and their tendency has been more and more to assimilate the phenomena of reproduction to those of growth and nutrition. As Goodsir, in partially anticipating Virchow, suggested long since:—"There are not, as has been hitherto supposed, two vital processes going on at the same time, viz., growth and secretion; but only one, viz. growth. The only difference between this kind of growth (secretion) and that which occurs in other organs is, that a portion of the product is, from the anatomical condition of the part, thrown out of the system. Growth and secretion are identical."* However much

* *Anatomical and Pathological Observations*, 1845.

in advance of the physiological pathology of its day, the last sentence will soon be a little behind that of the age in which we live; wanting as it does one word to give adequate expression to the whole truth. Henceforth it should be read thus—*Growth, secretion, and reproduction are identical.* That reproduction should be thus included, the proof lies in the simple parent cell which, till the element of duality comes into play, represents the parentage of the mushroom and the man alike. The mushroom performs in the act and course of its growth an act of nutrition and of reproduction at once. Each of its cells is an independent existence; the integrity of the entire fabric is not necessary to the life of every individual cell.

By thus confirming the analogical generalization, that growth, secretion, and reproduction are one process of cell or continuous development, and not many; that they are so in the man and in the plant alike; this elaborated cell pathology, which comes to us from Germany, promises to assist greatly the attainment which (as we noticed in a former paper) Comte believes to be *the aim of positive science as a whole*—"to be able to present all phenomena as the various particulars of one view."

On the evidence of such a doctrine—growth and reproduction being identical—every man should resemble, bodily and mentally, his parent much more closely than he often does, were the laws of hereditary transmission not complicated by the element of parental duality. This parental duality is analogous in one sense, but not in another, to that cell dichotomy whereby, in the higher organisms, variety as to tissue is elaborated, and to the power, in the higher or flowering plants, of the first simple cells to undergo departures from the original type, whereby the individualized, the simplest, or cryptogamic stage of vegetable existence is transcended. The human problem to be solved in this direction, therefore, increasingly resolves itself, meanwhile, into the determination of the *laws* of hereditary transmission. We may be quite sure—keeping these physiologico-pathological evidences in view—that every human being is a definite and not an indefinite reflex, bodily and mental, of both his or her parents; but as yet the seeming (for they can be only seeming) exceptions to this general postulate have not been adequately

traced or explained. The time, however, has gone by when the inconsistency can longer pass of admitting the bodily, whilst ignoring the mental predisposition to this or that abnormal or diseased congenital condition. Since Pinel first struck the true note to the study of cerebral dynamics, insanity in all its shades has ceased to be regarded, as disease generally used to be regarded, as an entity.* And, however extreme their views may some of them be, his modern representatives—in this country, Dr. Forbes Winslow and Professor Laycock specially—deserve credit for directing both popular and scientific attention to the further interdependence of morbid mind on morbid organization.

But what is specially wanted, in view of such a desiderated cerebral physiology as we have imperfectly sketched, is the further material demonstration of the interdependence. Beginning with such morbid conditions as may be said to occupy frontier ground—which are pronounced morbid states at once of mind and body—we must sooner or later be able to trace them definitely to nervous sites as their centres. On such affections as acute hysteria, catalepsy, and idiopathic epilepsy, we should point the finger, so to speak, affirming with certainty that here (in the *corpora quadrigemina*, let us suppose, or the *thalami optici*, or the *corpora striata*—the great ganglionic masses at the base of the cerebrum, through which the fibres connecting the Hemispheres with the Medulla Oblongata pass, whose precise functions are yet very imperfectly established)—here is the site of that nervous functional derangement of which these phenomena, the hysterical convulsions, the cataleptic trance, the epileptic seizure, are the reflex signs or symptoms. As soon as this can be done—as soon as morbid conditions of

* To Pinel, in fact, is due the merit of having exploded this old unphilosophical, not to say unscientific, notion of disease generally. He first showed that insanity, like all other pronounced diseases, is an abnormal condition or action; and directed attention less to the outward incidents of insanity, and more to the conditions presumably inherent in the original economy of the brain. His next great step was that by which he showed that insanity does not necessarily imply disorder of the reasoning faculty; many of the insane having their judgment impaired by no hallucinations, and recognizing and deploring their *want of control over their impulses and desires.*

a mixed bodily and mental significance can be positively referred to their exact cerebral or ganglionic seats or centres, we shall have the foundation of *a regional pathology of the mind*, the counterpart of that general regional phrenology which, as we have insisted, must be reconstructed physiologically, before physiology can become complete and a true representative science for medicine.

Such results are possibly in the way of being anticipated, as it were, by such observations and problematical conclusions as to the dominance of the nervous masses in the origin of general diseased conditions—such observations as the experiments of Claude Bernard have lately produced. Perhaps they want confirmation, but they are at once too significant and apparently reliable to be ignored, and they seem to establish directly the high probability, if not the actual certainty, of what on other indirect grounds already amounts to an accepted doctrine in special pathology—that a change in the nervous centre of it, a nervous morbid action of some kind, is the initial phenomenon of every diseased state whatever. Bernard has shown with something like certainty, by his experiments on living animals, that not merely morbid symptoms, but even actual diseases with their complete chain of phenomena and results, can be produced artificially through lesions of the appropriate or dominating nervous trunks or ganglia. Undoubtedly he has succeeded in superinducing in animals albuminuria and diabetes, by excitation of definite points of the *medulla oblongata*, the peculiar form of the perverted urinary secretion being determined by the particular portion acted on.*

* He claims to have gone farther:—"When (as he proved) rabbits are placed under total abstinence they generally live a fortnight or three weeks; but when certain branches of the sympathetic nerve have been previously divided, the animals die within a few days when deprived of food, through acute inflammation of the viscera connected with the nervous twigs that have been divided. When, some time ago, I commenced this series of experiments, I discovered that the section of large divisions of the sympathetic nerve was apparently unattended with the slightest inconvenience as long as the health of these animals remained perfect. Some of them even became pregnant and brought forth their young; but as soon as a general debilitation of the system arose from want of proper nourishment, *acute inflammation was produced in the organs deprived of nervous influence.* [Ours the italics.] *We had, therefore,*

And what Bernard and others are thus in the way of establishing in the direction of general functional and organic disease, we must succeed in establishing more specially, first as to those morbid conditions which are of a mixed bodily and mental significance, and secondly as to those more decidedly mental morbid phenomena which are grouped under the general term of insanity. These must, if possible, be referred, with something like anatomical precision, to their sites or efferent sources in the brain proper, or proximately localised in its intercurrent ganglionic appendages. And when this shall have been accomplished—as it may one day be—the problem of abnormal mind will admit of complete material solution. And this, joined to such a general cerebral physiology as we likewise desiderate, will give us at length *a true science of mind*;—such a science as shall counterpoise and antagonise that other so-called science of mind which, being metaphysical or speculative merely, is necessarily chaotic,—which professes to guide us to the study of man as a mind, whilst blindly ignoring the subtle and sublime organization whereof the mental phenomena are intercurrent results,—a science of wordy speculation, which in the light of advancing positive science is at length seen to be no adequate philosophy of man, and which, accordingly, is becoming effete.

To supersede such a receding but still dominant academical philosophy, or so-called science of mind—which from its nature and for its conservation is necessarily intolerant of the augmenting encroachments on its usurped domain of positive science—medicine, through her representative science, must become a philosophy to herself, and *the whole study of man*; and this she can effect, as we believe, only by encouraging the physiological evolution it has been the special aim of this imperfect paper to sketch.

succeeded in artificially creating particular idiosyncrasies in these animals, and could predict with perfect certainty, that as soon as general health failed, disease would arise on a given point. Morbid predispositions must, therefore, be viewed in the light of peculiar physiological conditions, which, in most cases, depend upon the nervous system."—*Lectures on Experimental Pathology*, by M. Claude Bernard. Reported in the *Medical Times and Gazette*, 1860.

PHYTOLACCA DECANDRA: ITS THERAPEUTICAL VALUE IN DISEASES OF THE BREAST.

By EDWIN M. HALE, M.D., of Chicago, U.S.

THE Phytolacca is one of those indigenous remedies peculiar to the United States. Its value is not yet appreciated by the Homœopathic profession; and the Botanic and pseudo-Eclectic schools, although placing a high estimate upon it, yet use it in such a crude empirical way, that their therapeutical experience is of but small practical value.

Its range of action is wide and deep, as any physician will see, who reads the proving published in the *Trans. Amer. Inst. Hom.*, vol. ii. But although its effects are manifested upon the mucous membranes, muscular fibres and other tissues of the body, its chief action is upon the glandular system. The physiological and pathological changes caused by long use of this drug much resemble the effects of Iodide of Potassium; so much so, indeed, that any one accustomed to its use in practice, will be struck by the wonderful resemblance of the two medicines —the one a mineral, the other a vegetable; *e.g.* it is well known that it is equally efficient with *Kali hyd.* in the treatment of syphilitic periosteal rheumatism.

It is not, however, within the scope of this paper to give a complete account of its therapeutical value. It is the intention of the writer to call attention to only one particular use of this remedy, viz., *in certain diseases of the mammary glands.*

The various writers on Materia Medica of the dominant and other schools *not* homœopathic, while they recognize its value in diseases of the glands, do not mention this particular sphere of its action. In the homœopathic proving above referred to we find the following—

"*Inflammation, swelling, and suppuration of the mammæ.*"

But I am not aware that this symptom has ever been put to practical test by homœopathists, with the exception of Dr. Hill, who recommends it in some diseases of the breast. (See *Hill's and Hunt's Surgery.*) My experience with the drug dates back

nearly fifteen years, before I had seen the proving referred to, or indeed any published statement of its value as a medicine.

When I was a student of medicine in my father's office (he was then an allopath), a neighbour had a valuable cow, who, after a clandestine confinement, was brought home from the woods with a most enormously swollen udder. It was hard as a stone, intensely hot, painful and sensitive, and not a particle of milk could be drawn. In his anxiety the owner came into the office, and asked my father to suggest something to discuss the swelling and engorgement. A dose of Epsom salts was administered, but after twenty-four hours the cow was worse than before. At this juncture an old woman of the neighbourhood brought in a piece of a large white, succulent looking root, which she called *scoke,* and ordered the farmer to cut a portion of it up finely and give the animal in some "bran mash." Another, the larger portion, was made into a decoction, and the cow's udder washed with it frequently. The effect was magical! In less than twelve hours the milk could be drawn, the gland softened, and in a few days the morbid condition was removed.

This incident was nearly forgotten until a few years after, when I was engaged in practice, and was having trouble with mastitis and abscess of the breast in the persons of my patients. I found the remedies laid down in our books notoriously and obstinately inefficient. In spite of Aconite and Belladonna in high and low attenuations, the inflammatory engorgement would run on to suppuration. I then tried larger doses and other remedies, among which the *Kali hyd.* was most valuable; also topical application of Belladonna, Arnica, Iodine, &c. after the manner of the dominant school, and will give them the credit of preventing much suffering and deformity. But I determined on making a trial of the virtues of the Phytolacca, and before I commenced its use, made inquiry among the former of my acquaintances, and found to my gratification that it was considered a specific in all cases of inflammation and engorgement, "caking" of the udder of cows, and even mares.

The next case of engorgement of the mammæ which came under my care was an aggravated one. The woman, the mother

of several children, had had "broken breasts" with every confinement, and the cicatrices in the glands bore testimony to the truth of her assertion. About four days after delivery she had a severe chill, followed by some fever, and in a few hours both mammæ were hard, swollen, and painful. The child made ineffectual efforts at nursing, the nipples became very sensitive, and she was in much distress for fear of the inevitable sufferings apparently in store for her. Here was a case wherein to test the efficacy of the Phytolacca. Ten drops of the 1st decimal dilution were administered every hour, and a lotion was prepared by adding ½ oz. of the tincture to ½ pint of warm water. This was applied constantly by means of folds of cotton cloth laid upon the breasts. In the course of the next twenty-four hours I had the satisfaction of finding some signs of resolution. The heat, pain, and swelling became less, and in a few days, with the aid of low diet, and careful extraction of the milk, the woman recovered with only a small abscess at the site of an old cicatrix, instead of extensive suppuration, as usual. Since that time I have used it in very many cases, with the same excellent results, and it is only in the severer forms, accompanied with erysipelatous inflammation, that I have had to resort to Belladonna in- and externally.

But the Phytolacca is not only useful in simple and inflammatory engorgement, causing rapid resolutions, but it is valuable in those cases where suppuration has already commenced. Here it reduces the inflammation, increases the activity of the absorbents, and will often condense an apparently large abscess into the smallest dimensions.

It is often the case that neglected or ill-treated mammary abscess degenerates into ill-conditioned, fistulous ulcers. In such cases I have seen the best effects follow the judicious use of this remedy.

CASE 1.—A young woman, a *primipara*, very corpulent, with very large mammary glands, was taken with chills and fever a few days after confinement. The family were poor, and lived a long distance in the country; no physician was called, and nothing was properly done; but very improperly, the breast

was poulticed for nearly two weeks, when several large abscesses opened spontaneously and discharged enormous quantities of unhealthy pus. Six weeks afterwards she came to me for advice. The breast affected was a most loathsome sight, long, pendulous, distorted, the seat of several large fistulous ulcers, discharging a watery, fœtid, ichorous pus; the gland was full of hard, painful nodosoties, of the size of a walnut and larger. I suspended the breast by the application of long strips of adhesive plaister, placed in various directions across and around the gland, and prescribed ten drops of Phytolacca 1, four times a-day; also a preparation of ½ oz. of the tincture to 8 oz. distilled water, to be thrown into the fistulous canals with a small glass syringe. This treatment, together with a better diet and a little wine, so much improved the case in a week, that but one small ulcer remained open; and in a fortnight the treatment was suspended. The gland will never return to its normal condition, but will probably retain its irregular shape and knotty feel.

Case 2.—A woman, aged 40, applied to me to be treated for what had been declared an "open cancer" of the breast. It originated one year previously after the birth of her seventh child, and was the result of a neglected abscess. The ulcer was nearly an inch in diameter, gaping, angry, filled with unhealthy granulations; a probe passed obliquely downwards until it reached a hard sensitive tumour about the size of a hen's egg; the discharge was offensive and sanious. The case was treated by suspension and compression, and the use of Phytolacca as above. Cured in two weeks.

Many similar cases might be cited, but these will suffice, as they are good examples of the many cures made with this remedy.

It may be here mentioned, that the local application of this remedy is useful in cracked and excoriated nipples. It should be given at the same time internally. If the fissures are syphilitic in their origin, this remedy is still useful. I once treated a case of irritable tumour of the breast as described by Sir Astley Cooper. It had been present several years, and was very sensitive and painful, most especially at the menstrual

periods; the pain extended down the arm of the affected side, and at times causing a sympathetic enlargement of a gland in the axilla. I administered Belladonna, Conium, Phosphorus, and Iodine, but without any good result, and the patient left me. A few months after, I learned to my intense mortification, that an old woman had cured it with a plaster of the inspissated juice of the berries of the Phytolacca. Since that occurrence I have treated several cases successfully with the Phytolacca internally, giving the lowest dilutions, and sometimes the mother tincture. In one case I permitted the patient to use a "salve" of the juice of the berries mixed with mutton tallow. This she applied constantly over the site of the tumour. Whether it hastened the cure or no I cannot say, at least its application did no harm, although it seemed capable of causing some vesications of the skin.

The same old lady above mentioned had quite a reputation for curing "cancers," and with no other application, as I was assured, than the extract of Phytolacca. I have known the finely powdered root, when applied to fungous growths, had the effect of changing such abnormal into normal or healthy ulcers which soon healed.

I have found it useful in encysted tumour; in recent indurations; and even in scirrhus of the breast; nor should I be surprised if further trials should show it to be useful in cancer of the mammæ.

In those cases of irritable mammæ where there is no swelling, induration, or tumour, only a painfulness at the menstrual period, I have found it specific in a few cases. The menses became more natural, and the pain in the mammæ ceased. The question here arises—Why will it not prove valuable in certain diseases of the testicles or the ovaries? When we consider the physiological relation of the ovaries to the mammæ, we should incline to predict it will be found useful in many ovarian diseases.

FUNGI AND MEASLES.

In the *American Journal of the Medical Sciences* for July 1862, is to be found a very interesting communication, entitled, "*Remarks on Fungi, with an account of Experiments showing the Influence of the Fungi of Wheat Straw on the Human System; and some Observations which point to the probable source of 'Camp Measles,' and perhaps of Measles generally.* By J. H. Salisbury, M.D., of Newark, Ohio."

After some preliminary observations on the fungi commonly known as mould, mildew, smut, &c., which are developed both on dead and living organic tissues, under the conditions of decay and warmth and moisture, and mentioning the well-known parasitic fungi which accompany or cause diseases in vegetables and animals, he proceeds to narrate

"*Some Observations connected with Measles and the Fungi of Wheat Straw.*

"Honble. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had caught them from pitching straw from an old stack. He stated that on December 4th he pitched from an old stack a load of straw, and unloaded it in his stable. Portions of the stack had become partially decayed, and was already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw, the air became filled with dust, which he freely inhaled. The dust tasted and had the odour of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he returned to dinner, he could still taste and smell the old straw. This taste and smell he could not get rid of. During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing, he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest; his throat and fauces were swollen and

inflamed with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the old straw taste continued. His fever continued high through the following night, with severe pains in the head. On December 6th he felt much better, and was able to be up and about the house. The fever and catarrhal symptoms had partially subsided. His eyes were watery, sensitive, and inflamed. From this time he recovered rapidly, though on the 9th the blotches could still be faintly distinguished on the face."

Dr. Salisbury then quotes a similar case, where a young man, after inhaling the dust of mouldy straw, was seized with smart fever and catarrh, and eruption exactly like measles, to the natural infection of which no exposure could be traced. In from seven to fourteen days, all his brothers and sisters (seven in number) were attacked with genuine measles; and these were the only cases of that disease in the vicinity during that winter.

"*Measles at Camp Sherman.*—At the military camp—Camp Sherman, Newark, Ohio—the measles first appeared on 4th December. From November 23rd to 30th, the weather was cool and damp, with sleety rain and snow. During this time, (there being between six and seven hundred men in camp) many of the tents were furnished with ticks, which were filled with straw for the men to sleep on. In the centre of each tent was a fire, built in a hole in the ground, from which the smoke was led off by an underground flue, extending to the outside of the tent. The straw ticks were arranged around the fire, several in a tent, and each tick accommodated two men. On December 1st snow fell to the depth of an inch. On the 2nd, which was quite warm, this melted, and wet the soil and dampened the straw ticks. December 4th, the measles made their first appearnce in Camp Sherman. The men came from different parts of the country, and no one knew that he had been exposed to the disease. Some had been in camp two weeks, and no one supposed to have that disease had visited the camp. Subsequent enquiries have failed to discover any one who had brought them there, or to account for their appearance from the contagion of the disease. On the first day, 4th December, there were eight cases, and within a week after there were forty. The disease then disappeared, from ten to twelve days from its first appearance. Between

the 14th and 16th the disease again made its appearance, and within a few days there were between forty and fifty cases more, when the disease ceased altogether. These last cases, occurring so near the usual time at which the disease ordinarily makes its appearance after exposure, renders it probable that they were communicated from the first cases. On the 3rd December it became warm and pleasant as growing weather in spring, and continued warm and delightful till 10th December. On the 11th and 12th it was cold and freezing. The 13th and 14th were cool. From the 15th to the 21st the weather was warm and pleasant.

"Bearing upon this may be mentioned the circumstance, that in almost every instance where our soldiers have gone into camp, in a short time after, the disease called *camp measles* has made its appearance, without any previous exposure—so far as known—to the measles. It should also be stated that their beds have been usually straw. At the monthly meeting of the *Farmers' Club*, near Newark, last month several of the farmers stated to Mr. Dille, that it was quite common, after thrashing wheat, for persons to be taken with severe chills, followed by high fever, catarrhal symptoms, and an eruption on the face. None of them could state that any one had ever had the attack twice; nor whether they had known any cases to follow the thrashing of any other kind of grain than wheat. It is well known among swine-growers, that when they bed their hogs in straw, they are affected with an eruption in the throat, fauces and roof of the mouth, with coughing."

In consequence of these observations, Dr. Salisbury deemed the subject worthy of careful examination and experiment. First, he examined with the microscope the fungous growths and dust arising from the straw taken from the beds at Camp Sherman, Mr. Dille's stable and stacks near Newark. Drawings were made of these, and given in the plates accompanying the paper. He then performed the following experiment. "We then took clean bright wheat straw, free from fungi, packed it firmly into a box about one foot square and high, wet it with about four ounces of cold well water, pressed on and secured the lid, and set the box near the stove in the office, where the temperature ranged from 60° to 75° F. Twenty-four hours afterwards, I opened the box, and found the straw in the centre of the box heated and covered with a short white mould. As

the straw was stirred, a fine dust of spores and cells was disengaged, and rose in the air, which, when inhaled, had the odour and taste of old straw. Examined the fungi under the microscope. The plants were in all stages of development, from those just starting to those with matured sporangia. Again the straw was moistened, the lid secured as before, and left for forty-eight hours. The box was then opened. Found the mould had extended wider through the mass, and more completely covered the straw. These plants were also examined under the microscope, and figured. We further varied the experiments in a variety of ways, and found that whenever the straw was exposed to a certain temperature, under the influence of darkness and moisture, fungi were rapidly developed. We also found that wheat or rye straw, when stacked out or housed, unless unusually dry, undergoes a greater or less degree of heating, fermentation, or decay, during which process a variety of fungi are developed, having the appearance of mould or mildew, on the straw. When this straw is disturbed or agitated in any way, the surrounding air becomes filled with innumerable spores and cells of the broken and comminuted fungi. The individual cells and spores are too minute to be distinguished by the naked eye. They can only be seen when many are together and the air filled with them; then they appear like a thin smoke or fine dust. Suspended in the air, they are freely inhaled, tasting and smelling of old straw. This taste and smell is often quite persistent, lasting for hours. The air may be filled with them, though invisible to us; but generally their presence can be discovered by the taste and smell." The author here describes and gives figures of many varieties of these fungi. He next performs a series of experiments on himself and others with them.

"*Inoculation of the Human System with the Spores and Cells of the Fungi of Wheat and Rye Straw.*

"Case I.—At ten o'clock, P.M., February 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat straw, which I obtained by placing a straw covered with the plants on a plate of glass, and hitting it with a few slight taps. On removing the straw,

under and both sides of it was a white cloudy band, about one-third of an inch wide, running across the glass. These spores and cells lay so thick on the glass, that to the naked eye they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope, the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

"Wednesday, Feb. 12th. Perfectly well; no inflammation or itching around the point of inoculation.

"13th. Slight nausea; a very slight redness and itching at inoculating point.

"14th. Got up with a feeling of lassitude and nausea, which continued all day; the redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

"Saturday, Feb. 15th. Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp has increased since yesterday; it extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflamed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a severe cold.

"Sunday, Feb. 16th. Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflamed, and sensitive; smart so that I cannot use them to read by gaslight. Whole scalp feels sore with a constant, congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

"Monday, Feb. 17th. The burning sensation of the scalp still continues. Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

"Tuesday, Feb. 18th. Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

"Wednesday, Feb. 19th. Very much better; the soreness of scalp almost entirely relieved; blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well.

"Case II.—Dr. S. inoculated himself again, but no effect was produced.

"Case III.—Dr. S. inoculated his wife in the same manner. The febrile and catarrhal symptoms began on the third day, and ran a similar course to those above described, but the measly blotches were more faint.

"Case IV.—On the 23rd March, 1862, Ch. B. Pierce, a fine healthy boy, 6 years of age, was exposed to measles by contact with the disease. March 26th, seventy-two hours after the exposure, I inoculated him with the fungi of wheat straw. The fungi were grown in my office, and shaken off from the straw on plates of glass, between which the spores and cells were preserved for use. On the second day after the inoculation, a redness appeared round the inoculating point, about the size of a dime. This was preceded and accompanied by catarrhal symptoms resembling a slight cold. Did not complain. Played out of doors every day. This redness at the point of inoculation soon disappeared; the catarrhal symptoms subsided, leaving no bad effects, and on April 2nd he was perfectly well. Forty-two days have passed since this boy was exposed to the disease, and there are no signs of measles yet.

"Cases V. to IX.—Mr. Bartholomew, of Newark, Ohio, has a family of seven children, ranging from 3 to 17 years of age. On 2nd April, F. B., the second son, broke out with measles. On April 5th, three days after, F. B. came down with the disease; and three days after the exposure of the entire family, I was called upon by Dr. Teller, their family physician, to go with him and inoculate the other six children and the mother, none of whom had ever had the disease. We inoculated the mother and four of the children, leaving two boys—one 13 and the other 17 years of age—without being inoculated. On April 14th the boy seventeen years of age, and on April 16th the one thirteen years of age, broke out with the disease.

"It has now been five weeks since the exposure of the mother and the four children inoculated. Although there has been three

successive cases of measles in the house, none of those inoculated have had symptoms of the disease. From twenty-four to thirty-six hours after the inoculation, they all had symptoms resembling a slight cold, with a little chilliness, catarrhal symptoms, and sneezing. Beyond this, they have been perfectly well from the date of the inoculation to the time of this writing, May 5th.

"The inoculation does not produce a pustule and scab, like the vaccine virus, but simply a redness around the wound, like a measle blotch. There is seldom any soreness, but usually a simple itching sensation for two or three days, extending generally from the second or third to the fifth or sixth day after the inoculation.

"Cases X. to XIII.—April 12th, inoculated with rye-straw fungus Mrs. —— and two of her children, none of whom had ever had measles, and who had been exposed to the contagion of the disease from a case of genuine measles in the family, which broke out April 6th. On the evening of the 13th and morning of the 14th, they all had symptoms of chilliness followed by fever, catarrhal symptoms, slight cough, and sneezing; the inoculating wound became red over a surface about the size of a dime, presenting the appearance of a measle blotch.

"Their symptoms were so slight that the children were not kept in doors, and the mother was not prevented from attending to her ordinary duties. On the 18th they had all quite recovered. It is now four weeks since the exposure, and no signs of measles in any of the cases inoculated.

"From the inoculations as far as they have gone, in from twenty-four to seventy-two hours, the effects begin to show themselves in lassitude, chilliness, catarrhal symptoms, and pain through the forehead and temples. It is highly desirable that these experiments should be extended further. For this reason we publish thus early our observations and experiments (much more limited than we could have desired, on account of the difficulty in this place of obtaining subjects who are willing to sacrifice a few hours' health to such purposes), that others in larger places, who have greater facilities in the way of hospitals, &c., for carrying out more extended series of experiments under the eye of the attending physicians, may take up the matter and aid in its further investigation.

"I have not been able to distinguish thus far any difference between the eruption and attendant symptoms of genuine measles and "camp measles," or straw measles. When the disease is com-

municated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours; while in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen days thereafter. It is stated that in inoculations made by using matter obtained from the measle blotch, or by using the tears, blood, or salivary secretions of subjects broken out with the disease, the modified type of measles which results makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter. This matter, however, requires further investigation, before fully reliable statements can be made. To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion of measles, can only be settled by careful and extended experiments."

"SINGULAR DEATH FROM A CHERRY-STONE:"* WITH OBSERVATIONS THEREON.

By Dr. Tuthill Massy.

The case printed below has brought to my memory one of a very unique character which occurred in the person of a medical student. This gentlemen was about to pass his final examination for letters testimonials at the College of

* Singular Death from a Cherry-Stone.—On Thursday Dr. Lankester held an inquest at the Crown Tavern, Henry-street, Portland-town, on Alfred John Scott, aged 17 years, a page in the service of Mr. Playle, 17, Marlborough-road, St. John's-wood. Mr. Nelson, surgeon, deposed that he found a minute perforation in the cœcum, occasioned by a small cherry-stone, which had ulcerated its way in a remarkable manner partially through, and remained adherent to its aperture.—The Coroner remarked that it was as well for the public to know what they were liable to in swallowing hard substances. He had known of instances where a small piece of a lobster claw, a piece of a tobacco-pipe stem, and other hard foreign bodies, minute in size, had passed into the cœcum in the same way and caused death.—The following verdict was recorded:—"That deceased was found dead in a sitting position in a chair in the bed-room; and that the cause of death was an ulceration of the bowels, produced by a small seed, in that part of the bowels called the cœcum."

Surgeons, Dublin, when he was taken ill with a pain in the right iliac fossa, which gradually and steadily increased, and in a few days terminated in the death of one of our most promising men. The cause of this sad catastrophe was enveloped in so much obscurity, and the galaxy of medical talent which was called to witness the suffering were so overwhelmed by the unusual symptoms, that a dissection of the abdomen was determined on; when much to the surprise of those present a small *orange pip* was found in the *vermiform appendix*, which caused the pain and fatal inflammation.

The valve of the *appendix cœci*, as we observe it in the dead subject, only forms a half covering fold to this tapering process, but as we cannot observe it in the living we must suppose that from its muscular structure, continuous from the *caput coli*, a complete covering is made during life by the peristaltic intestinal action, and thus we are saved from the entrance of foreign bodies and the usual contents of the cœcum, which would cause frequent disturbance, if not pain and inflammation of an acute or chronic character.

The use of the *appendix cœci* has not been as yet discovered; we know that it is lined with mucous membrane, and secretes the fluid usual to such membrane, but nothing more. Indeed I have often wondered what it could have been formed for—we see it under some variety of form in many of the lower animals—it has a use; because *utility* is one of the attributes in the divinity of creation.

Here I may be permitted to put on record a sad but instructive case, which has been brought to my memory through the heading of this paper. About the end of February, 1861, I was called by telegraph to Neuveville to see a young lady then suffering from incessant sickness of stomach. The history of the case runs thus:—Three months previous to my visit she had posted 25 miles over a ridge of the Jura, from Salins to Pontarlier. During this drive her feet became intensely cold, and the coldness extended to the knees, producing loss of sensation, which continued for some days; the coldness in the extremities was quickly followed by epigastric pain with tenderness; and finally the stomach could not endure or retain

any food, even that which the most delicate continental cookery could invent. Dr. Steuffer of Neuveville prescribed a blister over the pit of the stomach, and after the surface healed tartar-emetic frictions were applied, and allopathic medicines were administered without benefit.

Dr. Krager of Berne next came, and gave medicines on the homœopathic principle, and they were continued with the sanction of and in consultation with Dr. Steuffer. The medicines selected were Arsenicum and Phosphorus 12, in globules, which produced a slight amelioration of the symptoms.

The day of my arrival I prescribed Ipecacuanha 3, three drops in six teaspoonsful of water, a teaspoonful to be given five minutes after the sickness, and a hot flannel fomentation over the stomach for fifteen minutes.

Next morning I was called early to see my patient as great weakness, with sickness and prostration of strength set in, requiring frictions with Camphor to the feet and hands, together with gentle currents of electricity to the spine and heart to restore the warmth and circulation. For two hours life appeared to ebb, and for five hours the most watchful and tender care was required. The fresh Alpine breezes were admitted to fan our patient, and to purify the stove heated room. The Vin Toni-nutritif de Bugend au Quinquina et au Cacao combines was retained on the stomach in tea-spoonful doses given every twenty minutes, with small bits of ice during the interval. All other nourishment was gulped up, even arrowroot prepared with brandy in teaspoonful doses.

My diary which is now before me has the following notes:—

"Vendredi, Mars 1er. M. de H. had a better night; pulse quick; tongue furred; pain in left side. Prescribed Bryonia every two hours.

"There appears considerable spinal irritation, with an excess of nervousness. All the uterine functions have ceased since the peripheral nerves have been so chilled. We used electro-magnetic currents by placing one hand to the nape of the neck and the other to the N. pole of the wire: a lady assistant connecting the feet with the S. pole, and this we used for five or six minutes twice to-day.

"Samedi. Slept better. Removed from hot bed to sofa and rolled to the window, within view of the grand and sublime chain of Alps. The day being remarkably fine, the *Jungfrau* and *Schreckhorn* stood forth in noble relief before the blue arch of heaven,* the ever green pines softening and beautifying their snow clad heights extended for miles along the verge of the glaciers and to the opposite shore of the Lac de Bienne, on which our patient looked, and from this noble landscape breathed an air the purest; the real renewal of life.

"Dimanche. Continues to improve; masticated a biscuit and enjoyed her bouillon and ice. This day has been clear, cold and frosty. The lake looks pearly blue between the Island of St. Pierre and the village of Cerlier.

"Lundi. Not so well to-day; could not endure to be moved from her couch; frequently gulped up food. Prescribed Pulsatilla every three hours.

"Mardi. Feels stronger and better to-day. Pontarlier is covered with snow, the vineyards are white, and the rooks are chaunting their old English note in the adjacent wood. Last evening was very fine, so fine that the air was filled with the nightingale's all enchanting song, as sweet as that which we have so often heard in the gardens of Surrey and Sussex."

Further notes go on to state progress which continued and was carried out under the immediate care of Dr. Steuffer, who, although a professed allopath, pursued the homœopathic treatment which I considered so advisable. Our patient got out and was doing well until July, when she eat a few *cherries,*

* On seeing the mighty Alps for the first time, my *heart* was filled with adoring *love* for *the Creator of the Universe*, and it said within me:—

"Should I, O God! e'er doubt Thy power,
This mighty scene again I'll seek."

The miserably mental may well be sent here, and should this glorious view be brought suddenly (say at the morning dawn or at the evening sunset) to bear on the mind disease, we indeed can hope for a better change; and yet the *Mad Rousseau* lived for three months in this sublime valley, on L'Ile Saint Pierre, without much benefit; but the author of the first French Revolution was ever looking inward, and the gloomy room which he occupied in the oldest Monastery in Switzerland was quite enough within itself to make the mind devour the body.

which produced indigestion, sickness, vomiting, exhaustion and death.

This lovely girl was thus lost to her friends and family.

"Du Blume Gottes wie so früh,
Brach dich des Gärtners Hand,
Er brach sie nicht, er pflanzte sie
Nur in ein besseres Land." *

In the annals of medical literature there are many cases of death from foreign substances getting entangled in the digestive canal. I shall close these pages with one from the pen of Dr. Knox:—"Mrs. J., aged 65, was supposed to have died of *phthisis*. In consultation a few years before her death, the symptoms, which did not afterwards materially change, were sallowness, slight fulness and tenderness at the epigastrium, pain shooting thence through the thorax to the top of the scapula, anorexia, costiveness, the tongue soft and foul, headache, cramps, low spirits, quick pulse, oppression, much cough, and copious opaque expectoration tinged with blood. She ascribed her complaints to a surfeit of cherries, an opinion subsequently proved to be correct. On examination after death, the lungs were found congested, but perfectly free from organic disease, and all the viscera sound except the stomach, which presented a very abnormal appearance, its orifices being found in juxta position, and in a deep pouch were discovered 123 cherry-stones, of a black and glazed appearance, together with a quantity of coarse siliceous sand, the whole, when dry, weighing eleven ounces. This mass had lain in the stomach for upwards of twenty years. The stethoscope would probably, if applied here, have relieved the case of some obscurity, and given a better direction to inquiry."

* Thou flower of God, ah! why so soon
Broke thee the Gardener's hand?
He broke it not, he planted it,
But in a better Land.

THE SPEEDY CURE OF WHITLOWS BY THE EXTERNAL EMPLOYMENT OF A REMEDY ACTING SPECIFICALLY.

By Dr. J. HIRSCH, of Prague.*

JUST as, in all inflammatory processes, lower and higher degrees occur in the greatest variety of amount, so it is the case in the inflammatory diseases of the cellular tissue surrounding the nail, or forming the very bed of the nail itself. Whilst, in the slighter cases, this inflammation merely involves the fascia surrounding the nail, and extends, more or less, about the basis of the nail, so in the higher development of this form of inflammation we find the general cellular tissue existing under the skin of the whole phalanx, as well as the fibrous wall of the tendinous sheath affected; and, where the process attains the highest degree, even the periosteum and the extreme insertion of the tendon of the *flexor profundus* is implicated in the inflammation. From the last phalanx then the inflammatory action extends over the whole finger, nay even to the back of the hand and the palm, and still further. Now if we cast a brief glance at the allopathic treatment of whitlow, we find that it is to incision that the first place is assigned amongst all other remedies by the most eminent surgeons. If these incisions had for their object merely to permit the escape of pus already formed and collected in moderate quantity, this way of proceeding would, at all events, be justifiable; but if they are made before the commencement of suppuration, then such a proceeding can only merit the most decided disapproval; and so much the more, since this is the very time when the extensive experience of many years has taught me that even in the severe grades of this inflammation one may perfectly satisfy all claims on the healing art, and especially with reference to the motto "Tuto, cito, et jucunde," by the outward application of a remedy that really acts specifically.

It may well seem strange, at the first glance, if I should say that this remedy, which I most expressly recommend for outward application, and which proves itself as specific, is the

* From the *Allg. Hom. Zeitung.*

Acidum Nitricum, and that too in a concentrated form; since one might cherish a doubt that I could claim the "jucunde" too for this treatment; yet I insist upon it, after numerous experiments accompanied with the best results, that not even the slightest trace of pain is caused by it; nay, on the contrary, in slight cases of whitlow, often even during the application, an abatement of the pain is experienced, and two or three hours after, from progressive cessation of the previously existing pains, the inflammation may be considered as removed. In higher degrees of the disease, it does not, as a rule, require a longer time to bring about an essential improvement and the complete arrest of the progress of the inflammatory process. That the Nitric acid is to be considered as purely specific in the cure of whitlow, is indicated on the one hand by the circumstance, that many and various experiments have produced the conviction that no other concentrated mineral acid has the power of producing these curative effects; whilst, on the other hand, a glance at Hahnemann's *Materia Medica* ought to suffice to discover there, unmistakably, the picture of whitlow under the symptoms of Nitric acid; for instance: "Painful tumour of the finger end; suppurating pustules on the end of the thumb." That specific remedies, when their external employment is generally indicated, frequently have the power of exerting their efficacy only in an undiluted state, is confirmed by the fact that condylomata are cured by smearing with the mother-tincture of Thuja, or even with concentrated Nitric acid; moreover, the removal of warts by the outward application of tincture of Rhus, Dulcamara, &c. In aid of the external use of concentrated Nitric acid itself, I am accustomed to have it at hand in a strong little bottle provided with a well ground glass stopper; and for the purpose of applying the acid, I generally make use of a thin slip of wood as thick as a moderately strong knitting needle, or, not unfrequently, I use simply a common match, after removing its head first; I give the preference to moistening the part with the slips of wood, chiefly on the ground that these do not take up too much of the acid, and so it cannot so easily drop off. A paint brush can also be used for the smearing; that, however, is soon good for nothing. In whitlows of a slight character

where, along with pain, which is often intense, and which seems to be aggravated especially at night, there is considerably increased sensitiveness of the part affected to touch and pressure, and when there is intense redness and swelling exhibited, either only on one side of the nail, or extending to the other side also, and a yellow stripe of more or less extent, at first threatening suppuration, is observed on the edge of the nail, *then* a speedy favourable result may be predicted, with positive certainty, from the outward application of Nitric acid. The form and manner in which I set about the moistening with the acid is as follows:—On opening the glass bottle containing the acid (I give the preference to that which gives off fumes), the slip of wood is dipped into the liquid; and then, with the tip of it, the inflamed reddened spot is slowly and lightly smeared in its whole circuit, which, in slighter cases, does not extend beyond the nail phalanx. A frequent dipping of the wood into the liquid is needful. Spots, where the acid does not take properly, must be smeared repeatedly; also, especially, those spots where the redness is most intense. Nothing but the inflamed portion of the finger end ought to be moistened with the acid; and this moistening, even if it lasts for two or three minutes, ought not to cause the least trace of pain. Should it happen that the patient, during the application, complains of a somewhat biting itch or burning, one may be quite convinced that, in smearing the part, the limits of the inflammation marked by the redness have been transgressed; there needs nothing but a momentary plunge of the finger into cold water kept close by in a vessel for this purpose, and this suffering is instantly removed. When the inflamed parts have been properly and frequently smeared, a bright yellow colour usually shows itself on the portion of skin treated with the acid sooner or later; often during the application, but generally a few minutes after it is finished. As soon as the operation of smearing is over, the practitioner waits a few minutes, and then covers and binds the finger very gently with a linen rag. Whilst, with a tender skin, the moistening with acid may be conducted more rapidly, there is need, in the case of a firm hard structure of the epidermis, of oft repeated and strong applications. Even the above mentioned

streak or point of suppuration, when present, is smeared with the acid. However, I avoid, as much as possible, the intrusion of the acid into the edge of the nail; as, even by that, the above biting itch and burning is called forth, which, however, as already indicated, may be instantly relieved by plunging the finger of the hand affected into water. Out of a tolerably large number of panaris cases of the slighter sort which were shortly cured by this procedure, I only permit myself to bring forward three to exhibit the progress of recovery under this treatment.

Baroness Wetzler, a lady about 30 year old, asked my advice Dec. 18th, 1857, on account of a very painful affection of the finger. The first symptoms of incipient panaris had commenced three days before without any assignable cause whatever. The pain increasing from day to day, the two preceding nights had been entirely sleepless. The disease had its seat in the nail-phalanx of the right fore-finger. The highly inflamed shiney swelling had developed itself with especial violence on the near side of the nail, from whence it was advancing under the base of the nail towards the other side; even the under side of the finger was intensely swollen, but not so red. The patient complained of a dull throbbing, sometimes itching, most intolerable pain, compelling her incessantly to walk up and down again, and even at night not allowing her to rest in bed. On the right hand border of the nail one could already observe a yellowish brown spot, which ran downwards towards the base, and indicated incipient suppuration. The patient described her present suffering as so much the more inconvenient, because she had to finish several pieces of work which were intended as Christmas presents. I expressed a hope of being able very shortly to produce an amendment, and moistened the inflamed, red and swollen parts, and the point of suppuration with the concentrated acid for about two minutes. Even during the application the patient declared she felt relief, which shortly after was still more observable. About two hours after the external employment of the nitric acid she went to bed and slept, contrary to all her expectations and to the astonishment of all around, without interruption from 10 o'clock till 7 next morning. On first awaking she immediately

felt her diseased finger, and lo! it was perfectly free from pain, and could already bear any pressure. When I paid my visit about midday, I found my patient already busy at her tambour frame. The spots on her finger, which had been smeared with the acid the day before, were colored deep yellow, and the skin there felt like parchment. Swelling and pain had entirely disappeared. Three days afterwards the peeling of the dead skin commenced, and the dried and hardened pus gradually came away in scabs.

A second case related to a young farmer, from a district about two hours' journey from Prague, who had already endured much pain from a panaris of the middle finger of the right hand during four days. A surgeon, who was at the same time suffering from the same complaint, was treating the patient; and, as the latter had to resort to the city on business, his relations who lived at Prague induced him to consult me. The nail-phalanx, seized with the inflammation all round, was very considerably swollen, and deeply reddened. The epidermis bordering on the *matrix unguis*, exhibited a spot of the size of a small bean, where there was a glimpse of the already formed pus. The pain had arrived at a high point, and the patient had to carry his arm in a sling, because, as he expressed it, "he feared that otherwise his finger would split open." As the skin was rather hard, I moistened it with the nitric acid more severely, *i.e.*, more frequently; and at once the above named yellow color was to be observed on the moistened spots. There was of course no talk whatever of aggravation of the pain during the application of the acid; and, even on his way back, some alleviation was felt, and immediately afterwards the patient set off home. A few days after, I was informed that, the very night after his arrival from Prague, he had slept very soundly; and also the finger is said to be quite cured already. It is a collaterally interesting circumstance that the next morning, when the patient awoke with his finger free from pain, his late doctor entered his room saying: "In coming here to-day I am making a great sacrifice, for I am in awful pain, and could not close my eyes all night." One may conceive his surprise when he encountered the painless finger of his patient; and how

sorely he regretted that the man did not know the name of the "yellow liquid" which had been employed in smearing his finger!

In the third instance it came to a wager. A young man at a friend's house was seized with panaris. The seat of inflammation was in the region of the matrix, and one side of the nail. The pain had begun only two days before; yet the continually increasing pain was already so considerable that the last night was passed without any sleep. When he related this to me at my first visit, I gave him the assurance that the next night he would be able to make up his loss; whereupon a gentleman who was just then on a visit to the house, turned to my patient and said with a laugh; "My friend, this comfort *sounds* very pretty: but I have gone through the thing last year, and I lay you a wager that, with the best intention of your doctor, you will pass one other night of agony." "You are laying a wager," said I, "may I ask how much?" "Two bottles of wine," was the answer. The affair was settled. Next day I was the fortunate possesser of two bottles of Rhenish wine.

I find it necessary to add the remark, that it must be above every thing accurately ascertained whether the intrusion of some foreign body, as a splinter of wood or of glass, is not the cause of the panaris: for if this be the case, then the smearing with nitric acid certainly causes some alleviation; yet the inflammation cannot be entirely subdued till the foreign body is removed: and this can be materially hastened by a process to be indicated hereafter.

I proceed now to panaris (whitlow) *of the higher degree*, and its treatment. By this expression I mean cases where the inflammation exhibits a decidedly greater extent as well in the depth as visibly on the surface of the diseased finger. Whilst, in panaris of the lower degree, only the last phalanx of the finger is affected with the inflammation, no tendinous structure can be thus affected, for the simple reason that no tendinous sheath exists in the nail-portion of the member, inasmuch as the tendon of the *flexor longus* is inserted directly on the basis of the bone. The case is far otherwise in panaris of the higher

degree; where, in consequence of the extensive inflammation, even the point of insertion of the tendon is put into a state of remarkable irritation, which extends throughout its whole length even to the parietes of its sheath, and gradually to the cellular tissue, to the veins, and generally to all the organic elements of the palm of the hand and ultimately to the fore-arm and under arm, all the way to the axilla. When the inflammation reaches so high a point and when the pain is so extremely violent, and so far extended, [which, under unsuited treatment, has, ere now cost many a victim's life,] one may easily suppose that the consequent general symptoms come on with equal violence. Violent febrile affections, with pulse greatly accelerated, tense, and contracted, skin burning hot, total want of appetite, violent thirst, and other symptoms, corresponding to the individual degree of sensibility—all these are customary accompaniments of panaris of the higher degree.

As to the treatment of this degree of inflammation, we have above all things, to consider the point of departure from which the inflammation originally starts, and that is the nail-phalanx. If we are fortunate enough to master all inflammation at the outset, by specific action, then all the other symptoms give way, and at the same time also the fever.

I should be reporting very disloyally to the truth, if I were to call successful my repeated experiments in former years on the recommendation of Dr. G. W. Gross, (*Archiv* ix. 3, 96) to cure panaris with Silica 30, or Sulphur, within 24 hours. I have seen better results constantly from *merc.*, but the best, repeatedly, from Nitric acid; and often too from its external use in the concentrated state. In the case of an inflammation so intense and so widely spread, one would by no means cherish a hope that, as in the slighter panaris, confined merely to the region of the nail, a few hours would suffice to remove the inflammation entirely; yet, one experiment will suffice to produce, at once, a conviction that, even in this stage of panaris, the action of Nitric acid is to be indicated as *truly specific*, and powerfully counteracting the local inflammation. A circumstance to which we have to direct special attention is

this; that it should be carefully ascertained, previous to the employment of the acid, whether or not any considerable quantity of pus be already formed and collected. Should this be the case, then our business would be, before any thing else, to remove this as speedily as possible; for which purpose I employ, one after the other, in tolerably quick succession, two kinds of remedy, one acting mechanically, the other chemically.

As to the mechanical remedy, that consists in the opening of the abscesses already formed. The more pus is collected, and the more visible it is, the more urgent is the indication for removing it. The thinner the coat of skin that covers it, the more surely may one prognosticate the perfect painlessness of the operation: although often, with a very thick skin, (as is so frequently the case with the working class,) the puncture, which usually has to be somewhat widened, is also performed without any pain, especially when, on the much swollen and tense spots, the skin appears white, and as if ready to burst. If the abscess is opened, and a tolerable quantity of pus discharged unmixed with blood, then to facilitate the removal of all the purulent exudation contained in the cavity, with the fibrous coagulation, or decayed cellular tissue, I have recourse to a remedy which acts chemically, in as much as I bathe the finger for 10 to 15 minutes in a vessel filled with about 12 ounces of tepid water, to which I add 10 to 15 drops of saturated solution of caustic potash. If this finger bath, which causes not the least pain, is performed in a transparent vessel, an interesting sight is observed, viz., that of the exudation of portions of mortified cellular tissue which dissolve rapidly by the chemical action of the potash, both issuing out of the gaping wound in the form of a coagulum and very fine threads, whereupon the patient immediately experiences very considerable relief, which is also rendered most clearly visible by the rapid sinking of the tumour, and by the diminution in intensity and extent of the inflammatory redness that was spreading outwards from the seat of the abscess. I have this finger bath repeated, during the two first days, three times within the 24 hours; and afterwards, when much less matter is discharged by the bath,

it is enough to wash the finger once a day in the potash solution very much diluted. After each bath, the finger is gently dried and bound with a linen bandage thinly smeared with any common animal grease. Experience of many years has already taught me that, in panaris of this higher degree, one arrives at the desired effect much sooner in this way than by means of any other treatment, and further experiments by others will demonstrate assuredly the perfect accuracy of such experience.

In the highest degree of inflammation of the nail-phalanx, when the periosteum is destroyed and the osseous tissue in a state of necrosis, then I employ at first the finger bath, of a much diluted caustic potash solution, several times at intervals of 24 hours; in order to resolve and dissolve the remains of the purulent exudation, as well as the necrosed cellular tissue out of the abscesses, which are usually opened by this time spontaneously. To cure this, a tepid bath with the diluted solution of potash as above, two or three times a day, proves truly specific. Already in many cases I have observed a perfect cure, within two or three days, of a disorder that had existed for many weeks.

I proceed, as a general rule, to the internal use of the specific remedy, particularly indicated for the individual case, amongst which Sulphur, Calcarea, and Silica undoubtedly hold the first rank. I also remember two cases, dating from previous years, in which, when there was a profuse discharge of pus from the openings of abscesses far asunder, I employed sprinkling with Hepar twice a day, with most satisfactory results. One of these cases, which seems to me particularly worth communicating, I take the liberty of introducing here somewhat circumstantially.

Some years ago, a lady came from the country to me for advice about a violent headache which had tormented her already for two days. In the course of the report of her own case, she connected her head suffering with a mental cause which was depressing her exceedingly; and told me how she had come to Prague on account of her little girl, 11 years old, because she had suffered for several weeks from whitlow, and how all surgical means, even *tearing off the nail with a*

corn-nipper, had not led to the desired effect; and how she made up her mind to consult the professor of surgery, and how that gentleman declared that *positively* the first joint must be removed; and how the operation was even fixed for the next day; so that she could but consider this circumstance as the special cause of this racking headache. When I learnt that the child was in the next room I called her in, to inspect the suffering finger. I found a panaris of the worst character; which in all probability had reached so high a point in consequence of such absurd treatment. The finger was very considerably swollen, intensely red, and quite unshapely; and was uncommonly sensitive to the slightest touch; besides which, the patient was visited with spontaneous pains, more or less violent, which extended often over the whole fore-arm, and sometimes even to the very axilla. The whole site of the nail was one ulcerated surface covered with fleshy excrescences, in the midst of which the naked end of the bone was plainly to be seen.

Supported by previous experience I assured the mother I had considerable hopes of superseding the operation, and rescuing the finger. At the same time I made it a condition that the little patient must remain in town some weeks; and, as her mother could not stay away so long from home, and was otherwise at a loss for satisfactory protection for the child, I undertook the treatment myself for that period at my own house. The finger was bathed three times a day in tepid water, tied up in a simple wrapper with lard; whilst inwardly Silica 24 was given; whereupon the inflammatory symptoms, and especially the pain, considerably abated: and as, in the course of a fortnight (during which the patient had taken two doses of the Silica), the condition seemed to be much improved, whilst yet the suppuration still seemed tolerably profuse, I proceeded to the external use of *Hepar,* 2nd trituration, with which I had the wound sprinkled morning and evening. The result was so favourable that, in eight days, the patient, with her finger quite cured, was ready to return home. Although the last joint of the finger was somewhat bent, and without a nail, and rather disfigured by a little depression of the finger ball, yet her mother congratulated herself as extremely fortu-

nate in having saved the child from the dreaded operation, and succeeded in rescuing the nail joint. Two years after I accidentally met the girl again; and you may conceive my astonishment, as I had some difficulty in recognizing the finger that had been diseased; for even the nail—the violently torn off nail—had been replaced by a new one, quite normally formed.

On the toes, and especially the great toe, a kind of slow inflammatory disease often appears, generally on the inner side of the root of the nail; a condition which in Surgery is called "in-growing nail." The somewhat reddened edge of the nail is found to be swollen like an ulcer, so as to give the appearance of the nail being "*grown into the flesh.*" At the same time, a purulent exudation issues from the side of the embedded corner of the nail. The pain is not great; yet always sufficient to make the putting on of the shoe intolerable, and to cause serious hindrance to walking.

REMARKS ON SOME DISEASES OF THE EAR.

THE sense of hearing is only second to that of sight in importance, and yet the diseases of the ear are much less generally understood by the medical profession than those of the eye; and it must be confessed that a much greater degree of respectability attaches to the medical man who cultivates ocular medicine and surgery as a speciality, than to him who devotes himself to the treatment of aural diseases. Whether in consequence of the paucity of its scientific cultivators, or of the absolute incurability of most diseases of the organ of hearing, it is undeniable that aural therapeutics has made but a small advance in comparison with ocular medicine, and the practitioner is apt to treat almost every case of impaired hearing that offers itself to his notice as hopeless.

By those who have not had the patience or the opportunity to investigate the matter, it is generally supposed that the diagnosis of aural diseases is so obscure, that the exploration of the ear is so difficult or even impossible, that it would be sheer waste of time to attempt to learn anything about aural pathology and therapeutics. So when a case of deafness pre-

sents itself to the ordinary run of practitioners, they in general content themselves with applying a blister behind the ear, or dropping a little oil or glycerine into the meatus; and when no good ensues from these empirical prescriptions, the patient is recommended to abstain from further attempts to be cured, and above all things to avoid placing himself in the hands of a professed aurist.

That maladies of the ear do not deserve this contemptuous neglect we are fully convinced, and not less do we know that the diagnosis and cure of many diseases of the ear, and especially of the hearing, are not attended with the difficulty generally supposed to belong to them. The exploration of the ear in its three divisions—external, middle, and internal—is not such a very arduous undertaking; and though it lies concealed in its greater extent from superficial inspection, there are required but few and simple instruments to enable us to ascertain the condition of its various parts with sufficient accuracy for all practical purposes.

Of late years a good many works have appeared on aural diseases both in this country and abroad, and the names of Toynbee, Wilde, Rau, Triquet, Erhard, Wright, Bonnafont and others are familiar to those who have paid attention to the subject, as the authors who have contributed the most valuable essays and treatises on aural surgery. But the work which has chiefly interested us of late years is the latest publication of the veteran Dr. Kramer, of Berlin, which has just been translated and published by the New Sydenham Society, and is now in the hands of all its members. This work is entitled, *The Aural Surgery of the Present Day*, and is a fair exposition of Dr. Kramer's own practice, with critical remarks on that of other writers on the same subject.

The first thing that strikes us in the perusal of this work is the great change that has taken place in Dr. Kramer's views and modes of treatment since the publication of his large work *On Diseases of the Ear*, in 1836, and his brochure *On the Curability of Deafness*, in 1842. Whereas in the earlier works he was full of resources for the treatment of so-called nervous

deafness, and spoke confidently of the success of his methods, he now declares respecting the same affection, "I have never met with a case that has been cured, or even materially improved by treatment." This confession of impotence is the more incomprehensible, when we remember the lofty strain in which, in 1836, Dr. Kramer wrote concerning the wondrous curative effects of fumigations with acetic æther in such cases, and the long array of cases of cure, more or less complete, detailed by him. A quarter of a century of reflection and observation has apparently convinced him that he was mistaken when he supposed he had done any good to such cases; and now, if we may judge by the work before us, he has completely abandoned all those manœuvres and delicate operations daily repeated that must have been so lucrative to the practitioner, if without any result to the patient. We must confess that we ourselves arrived at the same conclusion many years ago. After procuring the complicated and expensive apparatus employed by Dr. Kramer, and following accurately his plan of introducing the vapor of acetic æther into the cavity of the tympanum, we met with so little of the success we were taught by him to expect, that we speedily consigned the whole apparatus to the lumber room, where we have no doubt it has acquired a fine coat of verdigris. We look upon this latest work of Dr. Kramer's as a valuable commentary on his former treatise, and the most sweeping condemnation of the practice there recommended in respect to the treatment of nervous deafness. It must have cost Dr. Kramer a severe pang thus to indite the condemnation of his own long cherished and vaunted practice, and we cannot withhold from him the praise due to one who has ingenuously and frankly confessed his errors, and done what he could to check their mischievous influence.

This latest work of Kramer's is wonderfully free from the somewhat dogmatic and boasting tone of his earlier writings. A longer experience has made him much more modest, we might say humble, in his pretensions. Altogether this book seems to us to present a common-sense and truthful view of the aural surgery of the present day. The author's ideas are ex-

pressed firmly yet without arrogance, and though he is unsparing in his criticism, which is generally unfavourable, of his rivals, yet we cannot say he is unjust towards them; and we confess we are rather pleased to find the pretensions of those aurists who have hitherto dogmatized with a certainty of impunity, on account of the general ignorance respecting their subject, now exposed by one who has been behind the scenes, and who is thoroughly up to the tricks of the professors, having done a good deal in the same line himself in former years.

Although the pathology of the ear is far from perfect, the means of exploring its state not quite so far advanced as we could desire, and the therapeutics of aural diseases still a long way from complete, consequently the cure of aural diseases a matter of great uncertainty, and in many cases quite hopeless, still sufficient is already known to enable the practitioner who will devote a little attention to the subject, to detect and to cure many cases which he might have otherwise been disposed to abandon in despair. In the interests of patients, and we may add in the interests of the doctor, it is highly desirable that the latter should be familiar with the simple modes of examining the ear both externally and internally, and acquainted with the most approved methods of removing some of those conditions on which many cases of curable deafness depend.

For the exploration of the ear the instruments are few and simple. By means of the ear speculum (which may be made like that of Kramer's, to open and shut like a pair of forceps, or be a simple undivided conical silver tube), the object of which is to expand the meatus externus, and throw the light (the sun's light is the best) down as far as the membrana tympani, we can readily gain an accurate knowledge of the state of the meatus externus itself and of the membrana tympani. With regard to the former, we can at once ascertain, if it is obstructed by hardened wax, by a polypus, or by foreign bodies, if it is inflamed, or ulcerated, or otherwise affected in its lining membrane, if there is an abscess in it, or any other change perceptible on its surface. With regard to the membrana tympani, we can notice if it is translucent as in health, or opaque

in various degrees as it often is in disease; if it is convex or concave; if the long handle of the malleus is or is not distinctly traceable through it; if it is inflamed, ulcerated, or perforated, and the exact seat of these abnormities.

By means of the eustachian catheter—of which it is best to have three or four sizes—we examine the condition of the eustachian tube, if it is perfectly patent, if it is obstructed by mucus; and aided by a piece of catgut, we can ascertain if there exists any stricture of this tube, and its exact seat. We can also with the catheter ascertain if the cavity of the tympanum is empty, or more or less filled with mucus or other morbid secretion.

Negatively we can convince ourselves by the employment of the speculum and catheter if the deafness of the patient is to be attributed to no mechanical cause but to an affection of the internal ear, and chiefly of the auditory nerve.

Now these modes of exploring the ear are by no means difficult, and may easily be acquired by any practitioner who has a moderately delicate touch and the proper use of his fingers. The employment of the speculum is simple enough, and requires no description; care must only be exercised to manage our own head, so that the light falls directly down to the bottom of the tube.

The introduction of the catheter into the eustachian tube requires a little more dexterity, but it is also easily effected if we attend to the directions given by Kramer which we here repeat:—

"As a rule, the catheterism of the eustachian tube should be accomplished with one of the catheters 1—4, introduced through the corresponding nasal meatus of the ear that is to be examined. For this purpose the patient, if an adult, is to be placed upon a chair with a common back, or with one somewhat higher than usual, in order that the head may be supported. Children between the ages of eight and fourteen should be placed with their back against a grown-up person, who may support them, or, if reliance can be placed on their steadiness, against a wall, a table, &c. Younger children should be taken on the lap of an intelligent person, against whose breast they can lean their heads. This person should keep

the legs of the child between his thighs and hold his hands, whilst the head of the child is fixed by the left hand of the surgeon. These measures are very necessary, as children are often restless and unruly.

"After the patient has blown his nose (partly for the purpose of clearing away a too abundant secretion, partly, in case the nose is too dry, to moisten it, and thus enable the instrument to slide along it with greater facility), we dip the catheter into pure olive oil, and blow through it, to assure ourselves of its permeability; the head of the patient is then fixed with the left hand; the catheter is held with the thumb and finger of the right hand close to the funnel-shaped extremity, in such a manner that the ring attached is turned downward; the beak is placed in the nasal meatus, resting upon its floor, close to the septum, with the convexity upwards. From this point it is pushed backwards with a very light hand, sweeping as much as possible along the floor of the nostril, with continual elevation of the handle, till the instrument becomes horizontal and its extremity rests against the posterior wall of the pharynx; the thicker the catheter, the more easily are these movements executed; on which account I am accustomed to use the No. 3 catheter for the first operation, even in young children.

"Sneezing is rarely induced, if we do not keep the beak of the instrument too long in contact with the external entrance of the nasal meatus.

"Irregularities in the form of the inferior turbinate bone and strong lateral displacement of the septum may render the first introduction of the catheter very difficult, and test severely the delicacy of the sense of touch in the hand of the operator. As the point of the beak arrives at the posterior wall of the pharynx, the funnel-shaped end of the catheter is to be raised a little above the horizontal line, and at the same time to be lightly withdrawn; the beak then sinks and rests upon the posterior wall of the soft palate, which at that instant contracts, performs a swallowing movement, raises itself, and when assisted by a quarter turn upon its axis from within outwards, lifts the beak of the instrument into the tube.

"If this rapid movement is not successful in the hands of an inexperienced person, the beak of the catheter must be conducted back to the upper part of the pharynx, in order that it may be slowly drawn forwards and turned at the same time laterally a quarter-turn upon its axis towards the outside, by which means the ring upon the

funnel-shaped end is directed horizontally. It now slides over and into the swelling of the tube itself where the beak of the catheter is directed, with its concavity against the anterior swelling of the tube, and here it hooks into it, and can be clearly felt to be grasped by it upon quickly withdrawing it. The catheter lies here quite conveniently, being in no way a source of annoyance to the patient, even in speaking, in swallowing, or in any of the movements of the head. For the sake of security, we now slightly elevate the beak of the catheter above the horizontal line, directing it upward and outward, the position of the beak being determined and rendered evident by the direction of the ring upon the funnel-shaped end.

"If, in consequence of the impassibility of the corresponding meatus, we are compelled to introduce the catheter into the eustachian tube from the other side of the nose, we pass No. 5 catheter, which is about equal in diameter to No. 3, in accordance with the above directions, quite to the posterior wall of the pharynx; gently turning it inwards, we withdraw it to such a distance, that it touches the velum palati; and then, during the strong elevation of this which immediately follows the lateral quarter turn of the catheter upon its own axis towards the affected ear of the opposite side must be accomplished with a sure and steady hand, because there is barely room for its prolonged beak. Hence this manœuvre cannot, in general, be performed without some degree of discomfort to the patient. If, however, it be effected, the beak is firmly grasped, sometimes so firmly that some difficulty is experienced in withdrawing the catheter. As a rule, the removal of both the ordinary and of the elongated catheters is best accomplished by performing the same movements as those which effected their introduction, only in an inverted sequence. The catheter being in position, we now place in the meatus of the patient's affected ear one end of a tube made of vulcanized indian rubber, a quarter of an inch in diameter, and about two feet in length, which is provided with a funnel-shaped extremity. The opposite end, which is also conical, is firmly fixed in the meatus of our own ear. This can be kept in the ear of the patient, either by himself or by some bystander. This done (and it may be accomplished before the introduction of the catheter, if preferred), we blow through the catheter, which is kept steadily fixed in the eustachian tube with the right hand, cautiously increasing the pressure of the air (not using any caoutchouc bag, bellows, or air-press, either large or small).

"If the passage of the middle ear be completely free, the air

appears to pass through it, and to penetrate into the diagnostic tube fixed in our own ear, which we may briefly indicate by the expression *the air passes freely*.

"This important acoustic symptom presents different characters according as there is diminished permeability of the eustachian tube; diminution of the cavity of the tympanum, increase or diminution in the amount of secretion from both these parts of the organ, and finally, after the protracted employment of catheters, the size of which has been gradually increased in diameter from 1 to 4. It thus leads to an objective knowledge of the various organic changes of the normal structure and secretion of the tube and tympanic cavity, as will be further shown in the description of the diseases of the middle ear. The physical characters of these acoustic symptoms are far more clear and distinct than those which present themselves when the stethoscope is used for the diagnosis of the diseases of the respiratory organs. Here, in order to obtain certain acoustic signs, the respiratory activity of the patient is indispensable, whilst this mode of examining the middle ear enables us to accomplish everything without any co-operation on the part of the patient. If we find, on blowing into the eustachian tube, any obstacle to the transmission of air into the tympanic cavity, we may conclude there are contractions in the former, the position, extent, and tightness of which may best be ascertained by the introduction of a catgut or elastic bougie. For this purpose the finest harp or lute string, about one-sixth millimètre in diameter, should be employed. This should be pushed into catheter No. 2 till it just appear at the end, and a mark made upon the catgut, indicating the length of the catheter; then additional marks should be made with ink at distances of one inch, half an inch, and again another half inch, from the first. These indicate respectively the distance of the point of union of the cartilaginous and osseous portions of the tube, the opening of the tube into the tympanic cavity, and lastly, the transverse diameter of the tympanic cavity, measured from the œsophageal opening of the tube. Provided with this catgut, No. 2 catheter is passed into the eustachian tube, and the end of the catgut, about half a millimètre in diameter, being slightly bitten so as to soften it, is to be slowly passed along the catheter, which may be fixed by the right or left hand. Catheter No. 2 has so small a calibre that, though it easily permits the passage of the catgut, yet this retains, on emerging, the curve of

the beak, and it has never occurred to me to slip the catgut down into the throat, but it has always entered the tube with certainty.

"The patients frequently complain, when the catgut is pushed onward, of more or less acute stabbing pain in the neck, in the region of the ear, which must not mislead us if we are only certain of the right position of the catheter in the tube.

"If there be a contraction in the eustachian tube to which the catgut reaches, but will not pass, we should then wait a few minutes, and upon renewing the pressure, we may perhaps succeed in passing through it, the patient experiencing at the same time more or less acute pain; the catgut then passes on readily, unless there should be another constriction at a greater or less distance from the first. The marks on the catgut enable us easily to determine the distance of the contraction from the œsophageal opening, of what extent it is, how tight, and other points of importance. My elastic bougies commence with a diameter of a quarter of a millimètre, and increase very gradually in size, the difference never being more than one-twentieth of a millimètre. These must be introduced through catheter No. 3. The markings of the above-mentioned distances upon the bougies can be made with white oil colour."

The mode of examining the middle ear by means of the catheter and an elastic tube passing from the ear of the patient to that of the operator is a great improvement on Kramer's original method of exploration, where the air was injected through the catheter by means of a powerful air-pump, and the operator's ear was laid upon that of the patient, a disagreeable propinquity in the case of some patients. Dr. Kramer seems indeed to have quite abandoned the use of his compressed air-pump, if we may judge from this publication, and to trust entirely to insufflation by the operator's breath. We believe, however, that the compressed air-pump has its advantages, if not as an aid to diagnosis, at all events as a most effectual means of detaching viscid mucus from the eustachian tube and from the cavity of the tympanum. It requires much care in its use, however, as serious accidents have often occurred through it in the hands of incautious operators, and it should not be used without the catheter support whereby the instrument is maintained steadily in its proper position.

The homœopathic literature of aural diseases is not very extensive. The chief authors who have written about them are, Lobethal, in *Thorer's Prakt. Beiträge*, vol. iv., a work which we have not had the advantage of reading in the original, so we must content ourselves with the abstract of it in *Rückert's Klin. Erfahr.*; Rentsch, in the 38th vol. of the *Allg. Hom. Ztg.*; and Reil, in the 4th vol. of *Müller's Hom. Vierteljahrschrift.* Scattered and unconnected observations on various diseases of the ear are to be met with throughout our homœopathic periodicals, but the above are the only attempts with which I am acquainted at complete treatises on the diseases of the ear. Of these three the only one that displays a practical acquaintance with the best modes of exploring the ear, and with the mechanical treatment of the maladies of its cavities, is the essay of Rentsch.

In this essay, Dr. Rentsch—who, be it said in passing, is a man of science and an honour to homœopathy—recommends a modification of Kramer's original mode of exploring the condition of the middle ear, which is a great improvement on Kramer's original mode with the air-pump, frontal band and application of the operator's to the patient's ear. After introducing the silver eustachian catheter, and fixing it in its position by means of the frontal band, Dr. Rentsch inserted one end of an india rubber tube into the funnel shaped end of the catheter, and the other end, provided with a mouth-piece, was put between the patient's own lips. The operator then applied his ear immediately to the patient's ear or mediately by means of the aural stethoscope, and desiring the patient to blow, observed the sounds caused by the stream of air thus forced into the middle ear through the eustachian tube. The improved method of Kramer, described above, seems to us greatly superior to either his first mode or to Rentsch's modification, as the operator himself regulates the force of the insufflation, while at the same time he can listen to the sounds caused by it without the necessity of applying his ear directly to the patient's.

Dr. Rentsch further describes a means of diagnosis by the tuning fork, which is of great importance in ascertaining the cause of hardness of hearing when that could not be with

certainty otherwise discovered. Dr. Rentsch lays no claim to originality in the use of the tuning fork as a means of diagnosis, indeed he ascribes its invention to Schmalz, a writer on aural diseases, but as it may be new to English practitioners, we shall describe it in Rentsch's own words :—

"Hardness of hearing," he says, "generally is owing either to an affection of the external meatus, of the membrana tympani, of the middle ear, whereby these parts are stopped up, or to an affection of the auditory nerve itself. Usually one ear is more deaf than the other, or the hearing of one only is affected.

"In the case of one-sided hardness of hearing, the diagnosis by means of the tuning-fork is easiest. If the cause of the hardness of hearing is an affection with stoppage of the external and middle ear, then in striking the tuning-fork, and applying its shank to the patient's teeth, he hears it *with the deaf ear better than with the unaffected one*, or *he hears it only with the deaf ear*. If, however, the cause of the deafness be in the auditory nerve itself, then the patient will hear the tuning-fork when placed vibrating on his teeth, *but indistinctly or not at all with the deaf ear, and only with the healthy one.*

"We may readily convince ourselves of the truth of the above by the following experiment. If we stop up an ear with the finger, and thus cause hardness of hearing, then we shall hear the tuning-fork *with the stopped ear only*. In this case the auditory nerve is healthy, the natural conduction of sound is only interrupted, and the hearing thereby obstructed. A sound is only conducted to the auditory nerve by solid media, and as it cannot be easily propagated through the external meatus in a rarer medium, it will be heard more distinctly and more or less increased in intensity by the healthy nerve, by means of the resonance that is produced in the obstructing body.

"The same thing happens in the case of morbid obstruction of the external meatus and of the middle ear as long as the auditory nerve continues healthy. But if the nerve is itself affected, then, even if the external or middle ear be obstructed, it will naturally hear the sound conducted through a solid medium less distinctly or not at all.

"When the ears are both healthy we hear the tuning-fork applied to the teeth with both ears equally well; and if we stop up both ears, we still hear with both ears equally well, but the sound is louder than before.

"If, therefore, the cause of deafness be an affection and obstruc-

tion of the external or middle ear, and if it be equally advanced on both sides, then the tuning-fork will be heard on both sides more intensely than in the healthy condition of the parts. If the obstructions are diminished the sound of the tuning-fork decreases in intensity, and it will do so equally on both sides if the obstruction is removed to an equal degree, but unequally when this is effected unequally; that is to say, the sound will only diminish in the ear where the previously existing obstruction has been removed.

"If the hardness of hearing be in consequence of a similar affection of both auditory nerves, then the patient will hear the sound equally in both ears, or in the head, or not at all. Should amendment ensue in both ears equally, then the sound of the tuning-fork will be heard equally; if unequally, then the sound will be heard louder in the ear where the greatest amendment has taken place.

"In cases of hardness of hearing of one side, if the affection depends on external obstructions, after removing these, the loudness of the sound of the tuning-fork diminishes in the affected ear, and the patient at length hears the tuning-fork equally well in both ears. If the affection depends on the auditory nerve, then when it is cured the sound is heard equally well in both ears, and alternately louder in each ear when they are alternately stopped with the finger.

"It not unfrequently happens that along with a primary affection of the external or middle parts of the ear the auditory nerve becomes secondarily affected. In such a case the patient will naturally hear the tuning-fork less distinctly or not at all in the ear where the nerve is affected, and this state of things will persist after removal of the primary morbid affection, if the secondary still continue, and the nervous affection has thus become independent.

"Sometimes the external and middle parts of the ear are quite free, and yet the patient hears the tuning-fork more distinctly in the deaf ear than in the sound one. The cause of this is not in the auditory nerve, but in its surrounding parts, usually in the membranous labyrinth, in excessive exudation of lymph, in rheumatic depositions, in extravasation of blood, and so forth. As these become absorbed or removed, and the hearing is restored, the intensity of the sound again decreases, and at length the patient hears the tuning-fork equally well in both ears."

This application of the tuning-fork to the detection of the cause of deafness is very ingenious, but is scarcely equal in

certainty to the mode of diagnosis by the catheter. It may, however, be useful in cases where catheterism cannot be employed on account of the patient's objection to the operation. It is inferior to the exploration by the catheter on this account chiefly that we must depend entirely on the patient's own account of his sensations for our diagnosis, whereas in the other method we are altogether independent of that frequently fallacious guide.

In the absence of instruments the practitioner may often be able to establish the existence or non-existence of mucus in the middle ear by what is called Valsalva's method. This consists in simply making the patient close his nostrils with his finger and thumb, keep his mouth close shut and perform the act of blowing. If the experiment is successful, and the ears are clear, the patient hears a noise in both ears caused by the air rushing into the middle ear through the eustachian tube and striking against the membrana tympani, which it moves slightly from its normal shape, which, as is well known, is concave looking outwards. If the middle ear be blocked up by mucus or other substance, or if the eustachian tube be impervious, the patient will notice no sound. If we are unwilling to depend on the patient for an account of what he hears, we may apply our ear to his, use the ear stethoscope or Kramer's tube, and we shall then hear the air rushing into the cavity of the drum if that is clear, or not if it is stopped up. But this experiment must often fail in consequence of the inability of some patients to perform the simple manœuvres we have described. When they blow, the soft palate goes upwards and backwards, and comes in close apposition with the back of the pharynx, thereby preventing all access of air to the mouth of the eustachian tube.

It is not our intention in this place to give a full account of all the diseases of the ear. We shall confine ourselves to a few of the diseases which have been best illustrated by homœopathic practitioners, and we shall give only those cases where there is some approach to accuracy of diagnosis; for we are sorry to have to confess that many of the recorded cases of cure of diseases of the ear give us no idea whatever of the nature of the diseases said to be cured.

Otalgia.—One of the most painful of the neuralgias is that which affects the ear. Kramer says that it always depends on caries of a molar tooth. It may do so sometimes, but certainly not always, for it is a very common affection in children who have not yet cut their molar teeth. So that Kramer's only cure for otalgia, extraction of a carious molar, is not always applicable. Simple non-inflammatory otalgia yields generally to Chamomilla, of which there is a good example by Mr. Harris, in the *Hom. Times*, No. 173; to Pulsatilla, to Stramonium, to Belladonna, or to Chloroform.

Rentsch gives a good illustration of the power of Pulsatilla in very high potency in a severe case of neuralgia connected with the ears. We may incidentally remark that Dr. Rentsch is the heir and successor of the famous Jenichen, of high-potency notoriety. We mean by this that the so-called high potencies he uses are from the stock of the late Jenichen himself. Now as we have strong reason to believe that Jenichen's high potencies were not prepared by dilution, but merely by an increase in the number of shakes given to the bottle, we must refuse to accept the numbers he gives his preparations as indicating corresponding dilutions on the Hahnemannic principle. But to return to Dr. Rentsch's case:—

"A married lady, while nursing her child, received a mental shock, and thereafter the child had every afternoon a fit of crying which lasted from four to eight o'clock. After this had lasted for half a year the child was weaned, and the following symptoms came on in the mother:—From one to two p.m. and from eight to nine p.m. noise in the left ear with difficulty of hearing; then three successive shocks or jerks in all the teeth of the left side, as though they would be forced out of their sockets, followed by tearing pain in them and in the left ear extending to the brain, and terminating with an aching pain in the left parietal bone; at the same time hot jerking in the head, throbbing of the left temporal artery and vertigo. A left molar became carious; this was extracted, and the next one then decayed. This also was extracted, and the next teeth were attacked by caries. The hair fell off on the left side of the head, the left meatus externus became very dry. After six of the molars on the left side had been extracted without any good effect, the neuralgia went in the same

way to the right side; but the patient had in addition a third attack every morning from nine to ten o'clock. The same course was pursued, the teeth were again extracted in vain. After she had suffered for eight months, Dr. Rentsch saw her and found the following symptoms:—Dryness of both meatus; membrana tympani normal; eustachian tubes permeable; distance at which watch is heard 1½ ft.; during the attack it is heard less distinctly on the right than on the left side; sensitiveness of eyes to candle light. Pulsatilla 8000 was given. On the two following days the neuralgic pain was increased, but the headache was diminished; on the third day headache alone was felt; on the fourth toothache only; in the subsequent attacks the pain was limited to the ear, and then a cure ensued. The hair grew again." (*Allg. h. Ztg.*, 43; quoted in *Rückert*, vol. i.)

Here is another case of otalgia of a still more striking description where the same remedy was used in a different dilution:—

"A woman was suddenly affected with such violent pain in the left meatus externus that she almost lost consciousness; pain lancinating, tearing, as though a large body was being forced violently into the ear; the pain extended to the throat, and interfered with swallowing. The eye of the same side ran with water, the lids were affected with spasmodic twitchings, and acrid saliva ran out of the mouth. Puls. 3 in water, a dose every hour. Cure in twenty-four hours." (*Allg. h. Ztg.*, 40; Moor; quoted in *Rückert*, vol. i.)

Reil gives a case of cure by Stramonium. The subject was a woman rather disposed to neuralgic affections. The pain was in the left ear, rather severe, almost without intermission, or with only slight remissions at night when the head was made very warm by means of herb fomentations; at the same time there was lachrymation of the left eye when the pain was at its worst. Stramonium gave speedy relief after several other remedies had been used in vain. (*Hom. V. J. S.*, iv., 44).

Chloroform, inserted into the meatus on a piece of cotton, will often relieve the most violent pain in the ear. We often use the remedy as an auxiliary to the homœopathic treatment in severe pain in the ear, whether purely neuralgic or dependent on inflammation of the meatus. Reil relates a case in which, after

trying all sorts of remedies for a fortnight without the least effect, he bethought himself of *chloroform*. The moment a drop on cotton was inserted in the ear the pain disappeared, and did not return till eight hours afterwards, and then much slighter. A fresh application of *chloroform* removed it permanently.

Whenever pain is complained of in the ear, a careful inspection should be made by means of the ear speculum. We shall often thereby readily discover a material cause for the patient's sufferings, in inflammation of the meatus or the membrana tympani.

Acute inflammation of the meatus externus is a very common and at the same time a very painful affection. Kramer calls it inflammation of the connective tissue of the meatus, and whatever we may think of this appellation, we must admit his description of it to be drawn from nature. Here it is:—

"Near the entrance of the meatus, seldom more deeply seated, and never beyond the outer half, there appear one or more rounded tumours about the size of a pea, which are painful to pressure, but present little or no redness. These are always developed with symptoms that are somewhat similar, though often still more violent, than those which accompany inflammation of the corium of the meatus. There are lancinating or boring pains in one or both ears, which destroy sleep, and extending to the vertex, occiput, and cheeks into the throat, and even into the upper arm, make the opening and shutting of the mouth difficult or even impossible. The meatus closes up to an almost imperceptible slit, from which, on the second or third day, or even later, there proceeds a very sparing, thin and colourless secretion. The tumour itself is quite dry, elastic, and smooth, and upon introducing a blunt probe, we can perceive that the meatus behind the swelling is wide and free from tumefaction. With the occurrence of these symptoms the secretion of cerumen immediately and completely ceases, and does not reappear till the inflammation has subsided. When the pain is very great and the patient irritable, a febrile condition is often established, which however is often absent, though all patients suffer from debility, loss of appetite, &c. . . . Inflammation of the connective tissue is constantly associated with very great difficulty of hearing, and the deafness is in proportion to

the closure of the meatus. Noise in the ear is more rarely observed, and only in those cases in which it can subsequently be shown that the membrana tympani was inflamed."

Kramer can recommend nothing better than poultices for this affection of the ear; but the practice of bleeding by leeches is still recommended by many allopathic practitioners, as may be seen in the report of M. Roger's practice, in the *Med. Circular* for the 11th of last month (page 128). Inflammation of the corium or skin of the meatus externus is included along with inflammation of the so-called connective tissue, in the common term otitis externa; and for practical purposes it is quite unnecessary to separate them, as the treatment must be very similar. Our homœopathic literature abounds with cases of so-called otitis externa; but as far as we can discover, the disease in every case ran its usual course of one, two or more days, and terminated in the usual way. The favourite medicines were Aconite, Mercurius, and Pulsatilla, especially the last, which, if it do not shorten the disease, may perhaps render the accompanying pains more tolerable.

Some years ago, the writer had under his care an elderly lady, who was dreadfully plagued with repeated attacks of inflammation of the meatus externus which would run its course, forming small abscesses which burst and discharged pus, in spite of everything that could be done for them. She had already been under treatment, both allopathic and homœopathic, for years before I saw her. I discovered that she was subject to a painful inflammation, with formation of large pustules or small abscesses, just within the nostrils, and when she had the nose affection the ears were well, and *vice versâ*. I kept her some months under Acid. nitr. 3, and occasional doses of Merc. 1 and Silic. 6 or 30. Though she had one or two attacks during the period of my attendance, both in the nose and the ear, she ultimately lost both these painful affections. The inflammation of the ears was generally attended with deafness and noise in the ears, and yet—*pace* Kramer—I could never detect any inflammation of the membrana tympani, either during or after the inflammation of the meatus.

Acute Inflammation of the Membrana Tympani.—This

affection is by no means uncommon, but could scarcely be distinguished from many cases of otalgia and otitis externa, without a careful examination by means of the speculum; and no doubt several of the cases recorded under one or other of these latter headings in our homœopathic literature, were in reality inflammations of the membrana tympani. Here is Kramer's account of it:—

"The affection usually commences without any premonitory symptoms; but deep-seated, stabbing and tearing pains suddenly set in, especially at night, in one or the other ear, very often extending to the vertex, to the throat, jaw and neck on the same side. It is rare for both ears to be attacked at the same time, or for one to be seized after the other. The pain, often within a few hours, becomes extraordinarily acute, completely preventing sleep, and making the patient very agitated and restless. Noise in the ears is generally present (in 26 cases out of 35), hardness of hearing always, and at an early period, though it can often only be ascertained by tightly closing the sound ear. Febrile symptoms are not often present, and then only in a mild form. We must, however, make an exception to this statement in those cases of acute inflammation which, though often unnoticed, so frequently occur in the course of violent exanthematous and typhus fevers. The pain almost always remits towards morning, with the discharge of a colourless serous fluid, and again returns in the evening with increased severity. How often these alternate remissions and exacerbations will take place before permanent improvement occurs, depends on the nature of the case, the constitution of the patient, and the treatment that may have been adopted. The change of the serous into a mucous creamy discharge, containing white epithelial scales, is usually accompanied by complete remission or very material relief of the pain."

Thus far, the description of inflammation of the membrana tympani might equally well apply to an acute inflammation of the meatus externus, either in its corium or its "connective tissue," so that, without the aid of the speculum, the practitioner would be quite unable to decide which of these diseases he had before him.

"If we inject the affected ear with warm water, and then examine the meatus, it will be found healthy, with only a deficiency of

cerumen. At the bottom the membrana tympani appears dull, opaque, partially or generally reddened, and of all shades of colour, from pale rose to purple; it is flattened, its natural concavity being lost, and it may even be convex forward, in either case from the effusion of plastic lymph between its layers. Its surface may be either smooth, or uneven and granular, like a strawberry, the manubrium and processus brevis of the malleus being no longer visible. We may often discern during the first few days a perforation in the larger posterior part of the membrane, where it forms a depression, in which a drop of fluid rests. This may be seen to pulsate isochronously with a beating felt by the patient in the ear, which often becomes very annoying; the membrana tympani is very sensitive, the slightest touch, even the gentlest stream of water, or the softest paint brush, producing stabbing pain, so that when we inject the ear we are compelled, in consequence of the absence of cerumen, to direct the stream, not against the membrane itself, but against the posterior wall of the meatus; the water then flows gradually back and sufficiently cleanses it." (pp. 57–58.)

The writer has observed a case of inflammation of the membrana tympani produced by the contact of a mass of hardened cerumen on the membrane, from the incautious use of a syringe to remove the wax, whereby the hardened mass in place of being removed, was pushed up against the membrane of the drum, and there produced an acute inflammation attended with agonizing pain. On removing the wax, we found the membrana highly reddened on a great portion of its surface. The cause being removed, the inflammation rapidly subsided.

Kramer alludes to another form of inflammation of the membrana tympani, which originates in the inside of the membrane as a consequence of severe catarrh of the cavity of the drum. The statistics given by Kramer shew that inflammation of the membrane of the drum is by no means a very uncommon disease.

"Amongst 7000 cases of disease of the ear that have fallen under my observation, acute inflammation of the membrana tympani has occurred 177 times; 164 times in one ear, 13 times in both. These have been accompanied 151 times with violent, and 16 times with only slight and transient pain. In 28 cases febrile symptoms were

present, in 139 cases there were none. Noise in the ears was complained of in 123 cases, but was absent in 53. Perforation of the membrana tympani occurred in 137 cases, while in 40 it was entire." (p. 59.)

Kramer alleges that acute inflammation of the membrana tympani is a very curable affection, "with all its accompaniments of perforation, noise in ears, hardness of hearing, thickening and the like, provided the treatment is commenced early and is appropriate, and that we are able to subdue the febrile condition that is associated with it." Again he says: "The treatment consists in paying the closest attention to the general febrile symptoms;" and yet a page or two previously he had told us that "febrile symptoms are not often present, and then only in a mild form," and his statistics show that in only 28 cases out of 177 did febrile symptoms occur. We are at a loss to reconcile these contradictions, and must leave them to the reader's judgment. With the exception of the application of leeches round the ear, Kramer's treatment is almost entirely expectant. He disapproves of counter-irritation of the skin, blisters, &c. Another inconsistency we observe: he says we should inject lukewarm water two or three times a day, "in order that the cerumen may not accumulate." He had previously told us that the disease was attended with a deficiency of cerumen. How then he should fear of its accumulating, when it is deficient, puzzles us to understand. As a celebrated character says: "That's a sort of thing no fellow can make out; let us change the subject," and pass on to a consideration of some of the more chronic forms of aural disease.

Accumulation of hardened cerumen in the meatus externus is a more frequent cause of deafness and noise in the ear than is generally believed. The blackened mass can generally be detected with the eye alone, but often the shape of the meatus is such, that we cannot discern its presence without the ear-speculum. Removal of the wax with warm water and a powerful syringe is the simple and efficacious remedy for the inconvenience.

Chronic purulent discharges from the meatus are among the most troublesome affections of the ear. They are generally

dependent on chronic inflammation of the membrana tympani, which is often perforated, and the cavity of the drum as well as the surface of the meatus externus and sometimes the lining membrane of the eustachian tube partake of the disease and contribute to the discharge. Caries and destruction of the ossicula is not an unfrequent catastrophe in the course of this disease. Our space does not permit us to give a full account of the varieties of this disease, but we think we shall best consult the wants of our readers by detailing one of the best cases to be found in our homœopathic records:

"M., aged 28, tinman, had the measles when six years old, after which a discharge was observed from the right ear, which after the lapse of some years was attended with hardness of hearing and noises in the ear. The discharge was so fetid, that no one could remain long near him, and it was so copious, that his clothes, and at night his pillow, were completely saturated with it. He could not hear the watch on the right side, on the left he heard it a yard and a half off. The tuning-fork was only heard on the *right* side. The right external meatus was closed by a polypus of soft consistence, the pedicle of which was felt by the probe to be deep in the passage; this little operation caused it to bleed slightly. The lining membrane of the meatus, as far as it could be seen, was red, swollen, raw, and very sensitive. The discharge yellowish-white, mucopurulent, fetid. The left meatus and membrana tympani healthy. Examination of the eustachian tube was delayed. Prescription: Merc. sol. 3, gr. ij. at night; externally, frequent injections of warm water and insertion of 1 gr. of Merc. sol. every night. The fetor of the discharge and the discharge itself diminished rapidly, and at the end of six days the polypus fell off. After syringing and drying the meatus with cotton wool, I was enabled to see down to its bottom. At the point of origin of the polypus, the internal and posterior part of the meatus (it is there that the polypi of the meatus almost always arise), only a slight trace of the growth was observable, but the membrana tympani presented a bright red granulated appearance (like the roe of a fish) on a convex surface, which was very painful on being touched with the probe, the lining membrane of the meatus was pale red and still swollen, internally granulated and dark red. The watch could be heard at two inches, the tuning-fork was only heard on the right side, but weaker than before. The eustachian

tube and cavity of the tympanum were free. By continuing the internal use of Merc. sol. 3, 2 grs. every alternate night, and daily syringing with warm water, the discharge disappeared in the course of four weeks, the granulation of the membrana tympani and meatus went away, the hearing power increased to eight inches, the noise in the ear was lost, but the tuning-fork was still heard stronger on the right side. The last examination shewed the membrana tympani with a flat oblique surface, it was however still dark red and velvety, the handle of the malleus could scarcely be made out, at one point inferiorly whitish spots were visible, formed by dried scales of cuticle, it was still sensitive to the touch of the probe, the meatus was dry, its lining membrane pale red, still sensitive, no secretion of wax, the watch could be heard at a foot, the tuning-fork could still be heard more distinctly on the right than the left side, the noise in the ear was quite gone. The distance at which the watch could be heard on the left side was considerably increased. The patient left off further treatment, and has not since been heard of. *Remark.*—In spite of the extent of the disease, the auditory nerve remained unaffected, hence the tuning-fork could be most distinctly heard in the deaf ear. When the polypus came away, the thickening of the membrana tympani caused the intensification of the sound of the tuning-fork, which continued until the end of the treatment, though in a much slighter degree, because the membrana tympani never regained entirely its normal state. However, this case may be looked upon as a very successful cure." (Rentsch, *Allg. H. Ztg.*, Vol. xxxviii. p. 73.)

We have given this case in full as it appears to us a model of scientific and successful aural medicine. The accurate and graphic manner in which the disease is described shows Dr. Rentsch to be completely master of his subject, and forms a striking contrast to the general mode of recording aural diseases, to be found in our own and in allopathic literature. No contrast to Dr. Rentsch's masterly descriptions of cases could be more great than those of Dr. Bönninghausen of Münster. A series of 14 cases of diseases of the ear by this celebrated practitioner may be read in the *Archiv*, vol. xvii, page 31, et seq., but the descriptions are such as might be given by a person totally unacquainted with medicine, and nothing at all is to be learned from them except that they all got well with the most

marvellous unanimity under a dose or two of *calcarea*. 30, assisted occasionally by a globule of *sulphur, silica,* and *arsenic.*

As it is not our intention to make this a complete essay on diseases of the ear and their homœopathic treatment, but merely to awaken our colleagues to the necessity of studying a little more accurately some maladies of the ear, and availing themselves of the best means of diagnosis, we shall now say a few words on a very common malady, viz.:

Catarrh of the middle ear. In the course of a common cold in the head, deafness more or less complete often ensues. The cause of this is generally the propagation of the catarrhal process by the eustachian tube to the cavity of the tympanum, which becomes stuffed full of mucus, and thus unable to transmit sounds perfectly. When the cold goes off the deafness usually disappears. The mucus escapes from the cavity of the tympanum, and it becomes once more free. But often the catarrhal process continues in the ears long after it has subsided in the nose and pharynx, and the patient remains deaf long after he thinks he has lost his cold. We shall then still be under the necessity of treating him with the appropriate catarrhal remedies, such as *merc., puls., hep., teuc.,* until the catarrhal affection of the ears is gone. Or the catarrhal process may have subsided completely, but the ears remain filled with inspissated mucus, which cannot escape owing to its viscidity, or to some narrowing or obstruction of the eustachian tube. A simple remedy for this state of things is to blow out the mucus from the middle ear by means of the eustachian catheter. The writer has in his note-book many examples of instant restoration of the hearing in such cases effected by the means described. The following which is the first case he finds recorded may serve as an example:

"Elizabeth Bryce, aged 13, consulted me on the 22nd April, 1843. She has ophthalmia tarsi, which gets better and worse. When the eyes are improved, so she says, her hearing becomes impaired, and *vice versâ.* These alternations occur fortnightly; thus her eyes are bad for a fortnight, and then they get better, and she is deaf for another fortnight. This time the deafness has continued

three weeks. Nothing abnormal in the external meatus. Membrana tympani normal. On holding her nose, keeping her mouth shut, and blowing, she hears no sound in the ears, which suggests the idea that the middle ear is obstructed by mucus. She has constant noises in the ear. Can only hear the watch at about half an inch from the ear. I injected air through the catheter by means of Kramer's air-pump, and immediately afterwards she lost the noises in the ear, and could hear my watch at the distance of twelve inches, which is about the distance at which most normal ears can hear it, as it has but a faint tick."

But catarrh of the middle ear is often an idiopathic affection originating primarily and solely in the mucous membrane of the ear itself. Kramer describes four forms of catarrhal inflammation of the middle ear, which we think is refining a little too much, but which he professes to be able to distinguish from one another. They are: 1, with suppressed exudation; 2, with free exudation; 3, with free and interstitial exudation; 4, with interstitial exudation only. His chapter on this subject is interesting and instructive, but we are unable to say if all his statements are correct. Thus, for instance, he alleges that the cavity of the tympanum is lined with a serous membrane, whereas the general teaching of anatomists is that it is covered with a mucous membrane continuous with that of the fauces through the eustachian tube. One form of the catarrhal affection, that, namely, with only interstitial exudation, he found to be vastly more common in London—where he practised some months in 1861—than in Berlin: 72 per cent. in the former, to 40 per cent. in the latter city. "The causes of the frequency of this unfavourable form of disease of the middle ear in England, I attribute to the excessive custom of washing the head and ears every morning with cold water; to the general employment of sea-bathing without stopping the ears with sheep's wool; to the practice of keeping open one window at least in the sitting and bed-rooms, in the latter even at night, whilst a constant draught of air is kept up by the open chimney and fire-place, which is greatly increased by the doors being left open, and lastly, to the injurious effects of the strong meat diet of the English, which causes a deficient secretion of mucus

(*i.e.*, free exudation) from all mucous membranes." (p. 108.) In this sentence we see at once all the prejudices of a German against the habits we in England think so conducive to health, but which our neighbours shrink from in horror; for who ever heard of a German that ever washed his head, that had ever seen the sea, would sit in a room or a carriage with the slightest chink of a window open, or could exist in a room without a close unventilating stove? As for the strong meat diet of the English causing a deficient secretion of mucus, we imagine that the average consumption of strong meat per head is fully as much in Germany as in England, at all events among the "middle and higher classes" to whom Kramer refers, and we doubt if a preponderant animal diet could be a cause of deficient secretion of mucus. Moreover, "a residence of several months in London" would scarcely qualify Kramer for forming a judgment on the matter, and we are the less disposed to credit his statement as Mr. Toynbee, who has instituted innumerable dissections, testifies to the comparative rarity of this form of disease. On the whole, if Kramer is right as to the frequency of the disease in England, we should feel disposed to attribute that frequency to the damp and catarrh-producing character of our climate, rather than to the excellent hygienic measures so generally adopted in England, which have been found the best antidotes to the evils of the moisture-laden atmosphere of these islands.

From Dr. Rentsch's admirable papers we give three cases of catarrh of the middle ear. They exhibit the importance of catheterizing the ear while giving the specific medicine.

"I. Mr. R., 58 years old, bath-keeper, formerly suffered from hæmorrhoids and spasms in the stomach. For the last five years he has been well, only for the last year he has been plagued with a stuffy cold on the right side, with periodical discharge of yellowish, fetid mucus. For four weeks past he has had roaring in the right ear, the sensation as if a membrane was placed before the ear. He hears the beat of the internal carotid, and his own words as well as every step make a sort of echo in his ear; when he sneezes or forces air into the ear, he hears a cracking noise. Palate and fauces somewhat reddened. The distance at which he hears the watch

with the right ear is 2½ inches, with the left 1½; the tuning-fork is only heard with the right ear. External meatus healthy; on the right membrana tympani enlarged bloodvessels can be seen. Catheterization of the right tube produces mucous rattling, followed by noise as of rain falling; after this the roaring noise went away, and the watch could be heard at 6 inches. Nitric acid 1200 produced no change in twelve days. Graphites 1, two grains every night, removed the disease completely in a week, and the stuffed cold disappeared. Distance at which the watch can be heard the same in both ears, noise gone off, the tuning-fork heard equally well on both sides." (*Allg. h. Ztg.*, 38, 102,)

"II. Mr. E., aged 20, merchant, had from childhood suffered from noise in the ears, first on one side then on the other; especially after taking cold from being exposed to a draught of air. On inserting his little finger into the meatus externus and shaking it there, and at the same time taking a deep breath, the noise and deafness disappeared. If he blew his nose hard he became deaf, as though a valve shut up the ear, but the hearing returned on shaking the finger in the ear. Latterly all these symptoms had gone off with the exception of hardness of hearing in the left ear without noises. The manœuvres that had previously done good, produced no change now. In the left ear the watch can be heard at half an inch, there the tuning-fork is best heard; meatus, secretion of wax and membrana tympani healthy. In the right ear the watch is heard at from 1½ to 2 feet and further, the tuning-fork not heard, or very slightly. Meatus, secretion of wax and membrana tympani healthy. After catheterizing the left eustachian tube, on doing which the air entered with a rattling noise, the hearing distance increased to 4 inches, and the tuning-fork was heard much less distinctly than before. On the left side of the throat and neck, the patient had often suffered from glandular swellings, which can still be perceived there. The patient is of a mild, quiet disposition, has blond hair, blue eyes, and is otherwise in good health. A fortnight of Iod. 1, 3 drops every night, caused no perceptible improvement, only after every repetition of the catheterization and blowing in of air, the hearing was temporarily improved; but on blowing in air strongly the noise and deafness increased, which however went off by shaking the finger in the ear. The improvement soon went off, and the catarrh remained *in statu quo*. Graph. 3, 2 grains every night for a week; Puls. 1, night and morning a drop; Magnes. mur. 1, night and morning 5 drops, and

finally Calc. 30 at night, each remedy for a fortnight, waiting eight days without medicine thereafter, were all useless, and after three months the catheterization had only increased the hearing distance to 6. inches. Puls. 1000, and repeated diligent catheterization, at length effected a cure in four weeks. The hearing distance of both ears was the same, the tuning-fork was heard equally well in both ears, and the patient declared that he could now hear quite well. Catheterization of the left ear caused pure rain-sound." (*Allg. hom. Ztg.*, 38, 103.)

"III. R. S., 7 years old, has for long complained of noise in the ears and hardness of hearing, especially of the left ear, cough, and cold in the head. The glands of the neck are somewhat swelled. Watch heard 2 inches on the left, 8 inches on the right. Tuning-fork heard best on the left side. The catheter shewed slight catarrh of the right eustachian tube, more severe catarrh of the left. Membrana tympani and external meatus sound. After blowing air into the left tube, the tuning fork was heard equally well on both sides, the hearing distance of the left ear equalled that of the right. After repeated blowing in of air into both tubes, the hearing distance increased some inches further, the tuning fork was heard equally well on both sides, but not so strong as formerly. After throwing in air repeatedly, twice a week, and the continual administration of *Iod* 1, at night a drop, Nux vom. 1, night and morning, 3 drops, the malady disappeared, and after a treatment of eight weeks the patient ceased attendance." (*Allg. Hom. Ztg.* 38, 104.)

Nervous deafness and hardness of hearing. Notwithstanding Kramer's most unfavourable prognosis of this form of disease, our homœopathic literature is rich in cases of cure of nervous deafness so called. However, we are sorry to say that the diagnosis of many of these cases is very far from satisfactory, indeed many of them were evidently nothing more than deafness dependent on catarrhal affections of the middle ear. We are unable from the array of recorded cases, to select any where the symptoms are *undoubtedly* those of nervous deafness; though at the same time we are not prepared to say that many of them may not have been that affection. As however our object in this short paper is not to give an exhaustive essay on aural diseases, nor even to give a resumé of all that has been said by homœopathic writers about them, but rather

to call attention to the diagnosis and treatment of a few of the maladies of the ear that have hitherto been much neglected by most medical men, we shall not encumber our pages with the details of doubtful cases, but rather refer the reader if he is desirous to pursue the subject further, to the observations of Rentsch, Lobethal and Reil above referred to.

Even with these aids to practice however, we must confess that the homœopathic therapeutics of aural diseases is still very imperfect, and the pen of a master is still wanted to bring it up to the level of the therapeutics of other organs and other affections. Rentsch, who if we may judge from his contributions to the subject is best qualified to give us a complete treatise on diseases of the ear, has only hitherto furnished desultory papers in the *Allg. hom. Zeitung.*, which are however so good as to make us heartily wish he would undertake to write the complete therapeutics of aural diseases, as far as that can be written in the present state of our knowledge. Imperfect as our homœopathic therapeutics confessedly is, it is still a great way in advance of the medical treatment pursued by allopathic aurists, who for the most part seem to have no ideas beyond calomel, blisters, and leeches for almost every case of deafness or inflammation of the ears. There are of course several aurists of scientific acquirements, well versed in the pathology of the ear and in the mechanical treatment of its maladies, but their therapeutical treatment is for the most part beneath criticism, and as unsuccessful as it is contemptible.

We shall conclude by transferring to our columns the very interesting table given by Kramer at the end of his work, which presents at one view the diagnosis, prognosis, and allopathic treatment of aural diseases. As much of this treatment is mechanical, and is consequently equally available in the homœopathic school, we have no doubt the tabular view will prove useful and instructive to practitioners of our own school.

Tubular Arrangement of the Diagnosis, Prognosis, and Treatment of the Diseases of the Ear.

Name of the disease.	Diagnosis.	Prognosis.	Treatment.
Inflammation of the dermis of the cartilage of the ear — Acute form.	A hot, dark red, very tense, shining, painful swelling develops itself with acute febrile symptoms on the cartilage of the ear, which extends over the face and the scalp as far even as the opposite ear. It terminates within nine days by desquamation of the affected parts	Favorable except so far as regards its tendency to implicate the membranes of the brain	Treatment of the fever. Confinement to one room, and to bed. No local applications.
Inflammation of the dermis of the cartilage of the ear — Chronic form.	Moderate swelling shows itself in one or both ears, with redness, and formation of vesicles with serous or purulent contents, scabs of various thickness and size. No fever. Sometimes easily bleeding cracks and chaps occur, with considerable irritation, terminating in unhealthy, acrid suppuration, with thickening and degeneration of the auricular cartilage, &c.	Extremely unfavorable, and the more so in proportion to the age of the patient and the duration of the affection. Dyscrasia or a cachectic state of the constitution is also a highly unfavorable concomitant	General constitutional measures especially directed against the dyscrasia. The most effectual is Fowler's solution of arsenic. Locally, only cleanliness is required.
Inflammation of the connective tissue of the cartilage of the ear	Acutely painful, tense, pale red, but insignificant swelling on the cartilage of the ear, which quickly suppurates and opens spontaneously.	Very favorable	Hot bread poultices to the swelling.
Inflammation of the perichondrium of the ear	A slightly painful tumour appears equal in size to a hen's egg, 'which, however, does not open spontaneously.' Fluctuation is very evident from the commencement. When opened, fluid, dark blood flows out, which rapidly collects again, requiring reopening and evacuation. In the sac fresh cartilage forms, which ultimately unites with the old cartilage, with great disfigurement of the ear. Healing then takes place	Not very curable	Very rarely general antiphlogistic treatment is required. The patient's general health must be supported, especially in those who are debilitated, melancholic, and imbecile.

Inflammation of the cuticle of the meatus and of the ceruminous glands	On investigation of the meatus by means of my aural speculum, with clear illumination we find it filled with ceruminous matter	Very favorable	Injection of the ear by means of a caoutchouc syringe and lukewarm water.
Inflammation of the corium of the meatus	Itching, burning, tearing pains; pale red, spongy, granular or smooth swelling along the whole course of the meatus, with remarkable contraction of its size; sero-purulent secretion. In caries of the meatus or of the tympanic cavity the swelling is constantly smooth, very hard, and limited to the posterior third of the meatus	Favorable when the disease is recent, and the general health good; otherwise very unfavorable	Constitutional remedies directed to any constitutional affection that may be present. If there be none, only local injections of warm solutions of sulphate of zinc.
Inflammation of the connective tissue of the meatus	Violent stabbing, tearing pains, and beating in the ears. At the entrance of the meatus one or two extremely sensitive, and usually colorless tumours, about the size of a pea, and elastic, closing up the meatus without secretion, readily opening spontaneously, and discharging blood and pus; quickly healing	Very favorable	Hot bread poultices day and night until the tumour bursts, when the pain completely disappears.
Inflammation of the periosteum of the meatus	Thin, dark coloured, suppuration in the meatus, at the bottom of which the blunt probe, passing through a fistulous opening, strikes against the carious, bony meatus	Very unfavorable, leads easily to hypertrophy of the corium, with exfoliation of carious bone	Internally anti-scrofulous remedies; locally, only daily injection with warm water.
Acute inflammation of the membrana tympani	Violent pain in the ears occurring suddenly, occasionally accompanied by febrile symptoms, and moderated by the early supervention of suppuration. Meatus healthy, but without cerumen. Membrana tympani much reddened, extremely sensitive, opaque, dull, flat, and thickened	Very unfavorable. Perforations heal easily, and without any scar	To keep in the house, with perfect rest and proper diet. Locally, mild injections, application of numerous leeches around the ear, and instillation of warm oil.

Name of the disease.	Diagnosis.	Prognosis.	Treatment.
Chronic inflammation of the membrana tympani	No fever, no pain; yellowish-green, dark coloured, fetid, irritating, and frequently sanguinolent discharge. Meatus healthy, without cerumen. Membrana tympani degenerated, more or less red and spotted in appearance, sometimes partially, at others completely, destroyed, with either long or short-stalked polypi attached to it	Most unfavorable. Perforations heal with great difficulty, and only with deeply-seated, shining, transparent cicatrices. Polypi may be safely removed	Local treatment alone effectual; injections, instillation of solutions of sulphate of zinc, acetate of lead, &c.
Catarrhal inflammation of the middle ear, with suppressed exudation	Meatus and membrana tympani healthy. Air blown into the tube through catheter No. 1 passes in easily, fully, continuously with dry sound, and with increase of the fulness and hardness of hearing into the tympanic cavity	Favorable in recent cases	Only local; blowing into the tympanic cavity a few drops of a warm diluted solution of Liq. potassæ.
Catarrhal inflammation of the middle ear, with free exudation	Meatus and membrana tympani healthy. Air blown into the tube through catheter No. 1 or 2 does not pass, but through catheter No. 3 or 4 passes easily and continuously, with moist sound, and with great improvement in the comprehension of speech and in the noise in the ears	Very favorable	Strong propulsion of air through catheters Nos. 3 and 4, after which a few drops of solution of sulphate of zinc into the tympanic cavity
Catarrhal inflammation of the middle ear, with free and interstitial exudation	Meatus often dry. Membrana tympani often opaque. Air will not pass through catheters Nos. 1 and 2; through 3 and 4 only with effort and slightly moist sound, with a little improvement of the hardness of hearing and of noise in the ears, which soon ceases. Bougies introduced into the tube remove contractions	Only in part favorable, inasmuch as whilst the free exudation can with certainty, the insterstitial exudation cannot with certainty be removed	After paying attention to any constitutional disorder, air should be blown through catheters Nos. 3 and 4, and bougies introduced.

Catarrhal inflammation of the middle ear, with exclusively interstitial exudation.	Meatus dry. Membrana tympani very often opaque, white. Air blown into the tube even through catheters Nos. 3 and 4, passes with difficulty, often only by fits and starts, in a very thin, constantly dull, and dry stream, and with increase in the severity of all the symptoms, especially if the operation of blowing in air be frequently undertaken, and if much force be used	Very unfavorable	Locally, no blowing in of air. But bougies or catgut are to be introduced into the tube, and a few drops of solution of nitrate of silver should be propelled into the tube and into the tympanic cavity.
Noise in the ears without hardness of hearing	Loud, continuous noise in both ears, with normal power of hearing and normal condition of the external and middle ear	Apparently favorable	Blowing in of a solution of nitrate of strychnine through catheter No. 1 into the tympanic cavity
Nervous otalgia	Violent and deep-seated pain in one ear in connection with present or previously occurring toothache on the same side, with normal power of hearing, and with normal condition of the meatus, membrana tympani, and middle ear	Very favorable	Removal of the carious molars which cause the pain in the ears removes the disease.
Acute inflammation of the labyrinth	Fever, sudden supervention of deep-seated pain in the ear, with cerebral symptoms. Meatus healthy. Membrana tympani torn by external violence. Tympanic cavity full of blood, bloody serum or thin pus	Very unfavorable	Thoroughly antiphlogistic.
Chronic inflammation of the labyrinth	After protracted inflammation of the membrana tympani, with discharge from the ear, dull pain is felt in the ear, the temporal bone, vertex, and occiput, which is increased by all shocks, blows, &c. The membrana tympani is perforated. The spongy, swollen, and partially destroyed membrane of the tympanic cavity is painfully sensitive. Caries in the tympanic cavity, severe cerebral symptoms, suppuration, fever, paralysis of the face, &c.	Very unfavorable. Typical or not typical rigors indicate especial danger to life	Antiphlogistic. Leeches to the ears, application of ice to the occiput, counter-irritant ointment, strong purgatives.

Name of the disease.	Diagnosis.	Prognosis.	Treatment.
Acute inflammation of the facial bone	Violent tearing pain in the face, and in the ear of the same side; paralysis of the facial muscles; acute fever. A few days later noise in the ears, and hardness of hearing; deafness; brain symptoms; meatus and membrana tympani healthy. Abscess in the foramen stylo-mastoideum	Dangerous, but not incurable	Active antiphlogistic measures; maturation and opening of the abscess.
Nervous deafness	Complete loss of hearing, with extremely variable organic conditions of the external and middle ear	Highly unfavorable	Only very empirical local stimulating means recommended.
Cengenital and acquired deaf-mutism	Inability to acquire speech by intercourse with speaking men, on account of total or partial deficiency of the power of hearing; or inability to keep up the already acquired vocal sounds, on account of ignorance of the written language	Quite hopeless	Without any reasonable indication of cure.

PHLEGMONOUS ERYSIPELAS: ITS SURGICAL TREATMENT.

By JOHN W. HAYWARD, M.D., M.R.C.S., L.S.A.

(Read before the Liverpool Medico-Chirurgical Society, March 4, 1863.)

I HAVE three special reasons for bringing this subject under the consideration of this Society:—First, because, though frequent enough in hospital, phlegmonous erysipelas is of rather rare occurrence in private practice, and I have just met with a severe example in which, though it terminated very favourably, I think I trusted too long to medical treatment. My second object is to ascertain the opinion of the Society on the surgical treatment of this disease; and this because, thirdly, phlegmonous erysipelas is mostly a fatal and always a grave disease, and one in which the surgical treatment is a matter of prime importance.

Now in the outset of this examination it will be important to appreciate the difference in the nature of phlegmonous erysipelas, or erysipelatous phlegmon and common phlegmon. And in order to do this it will be necessary to remember that erysipelatous inflammation, like scrofulous, differs considerably from common inflammation—that there is an erysipelatous, as there is a scrofulous, diathesis, and inflammations occurring in this diathesis assume the erysipelatous character. This diathesis may be only temporary, as under epidemic influences, or it may be permanent, as in old mercurial and dyspeptic and gouty constitutions.

Erysipelas, then, as an idiopathic disease, is inflammation of a peculiar and specific kind, characterized especially by its boggy, spreading nature. It attacks most frequently the skin and subcutaneous cellular tissue, as when it attacks the head and face; at other times it attacks the mucous membrane and submucous cellular tissue, as when it seizes on the larynx and glottis or fauces. Sometimes it spreads from the skin to the deep-seated and intermuscular cellular tissue, as in phlegmonous erysipelas; and sometimes it begins primarily in the deep-seated cellular tissue, and afterwards involves the skin, as is the case *generally*

in common phlegmonous erysipelas, and *always* in that variety known as diffuse inflammation of the cellular tissue.

Simple erysipelas (according to Neligan, one of the latest and best writers on this subject) is a true exanthematous fever, running its course in about ten or twelve days, and characterized by a diffused shining redness of the skin, attended with burning heat, pain, and tumefaction, and a tendency to spread; and terminating in either—first—resolution, with or without previous effusion beneath the epidermis in the form of vesicles or bullæ; second, in suppuration; and third, in gangrene. Erysipelas is then a spreading boggy inflammation occurring in a vitiated and debilitated constitution which is generally but little capable of reacting to treatment, and therefore this disease always requires good management and the administration of nourishment, and even of stimulants, in some cases. The late very celebrated surgeon, Mr. S. Cooper, also believed erysipelas to be an exanthem. He says, in his excellent *First Line on Surgery:* "In many cases indeed the disorder is a real fever of a low grade and typhoid type, beginning with constitutional disturbance and only followed by the peculiar inflammation of the skin." So much by way of introduction: now to the subject itself—viz., phlegmonous erysipelas.

Phlegmonous erysipelas differs from simple erysipelas in the higher and deeper extent of the inflammation, which not only attacks the skin and cellular tissue, but has a tendency when severe, and especially when it attacks the lower extremity, to produce extensive suppuration and gangrene of the cellular tissue; the attendant fever, too, is very severe, and frequently assumes the typhoid type; the prognosis also is generally unfavourable, and in the traumatic form it is always grave; whilst in simple erysipelas the prognosis is generally favourable. Of traumatic phlegmonous erysipelas, Mr. S. Cooper says: "Sometimes nothing but amputation will give a chance of saving life." Also, whereas the attack of simple erysipelas is generally brought on by exposure to cold, the attack of phlegmonous erysipelas, and especially of the lower extremity, is generally the result of some local injury such as a bruise, or of irritation of an existing ulcer. Of phlegmonous erysipelas, Neligan says:

"As regards the local characteristics, the portion of the integuments affected presents a dull red or livid colour, is intensely painful, hot, and tense, and pits more deeply on pressure, and is more tumified than in simple erysipelas. The inflammation here very seldom terminates in resolution, but suppuration generally occurs in the areolar tissue with death and sloughing of this structure to a greater or less extent; occasionally mortification of the part ensues." And of its traumatic form, he says: "It presents still more effusion of liquor sanguinis into the deep-seated tissues . . . . . the inflammation is also more diffuse, spreading rapidly from the wound, and unless checked by treatment, rarely becoming circumscribed; and the parts affected are still more apt to become gangrenous, which indeed is not an uncommon result in bad constitutions; also the general symptoms most frequently assume the typhoid type. Its duration is generally from two to three weeks, if death does not take place at an earlier date." But the best description of this disease that I have met with is that of Mr. S. Cooper. He says: "In phlegmonous erysipelas the skin becomes more raised, and the swelling harder, deeper, and of a darker colour than in simple erysipelas. At first, indeed, the part may be of a pale rose tint, with a smooth shining appearance of the skin; but, after a little while, the redness becomes darker, sometimes assuming a brownish or deep, almost a livid, tinge. In many instances, the discolouration is irregular, the skin exhibiting a mottled or marbled appearance. At first a sensation of pricking and heat is experienced, which soon changes into a severe burning pain, and the swelling becomes such that the limb is frequently of twice its natural thickness. In the beginning the swelling yields to the pressure of the finger, or pits, in consequence of the copious effusion of serous fluid in the cellular tissue; but afterwards the part becomes so firm, that if pressure be made on it, no pitting is occasioned, because the cellular tissue has now become hardened and thickened. In phlegmonous erysipelas the white spot, caused in the part when it is pressed with the end of the finger, is not so quickly obliterated again as in simple erysipelas, neither does the skin rise up so promptly to its former level after it has been made to pit.

"As the disease advances, vesicles generally form, varying in size from that of a pin's head to that of a bean, and very often they are still larger. Their contents, which are at first a clear serum, frequently assume in a little while the appearance of a purulent fluid, or of a reddish or turbid serosity.

"If the case proceed favourably, the vesicles burst, incrustation takes place, and the case ends in the separation of the scabs and desquamation.

"If the disease attain a more severe degree, the subcutaneous cellular tissue sloughs, and, often about the fifth or sixth day, the skin itself assumes a purple colour, loses its sensibility, softens, and becomes covered with phlyctenæ. There is now some sloughing of the skin, but a great deal more of the subjacent cellular tissue, in which purulent matter is extensively diffused. In fortunate cases, the sloughs separate, the gangrenous cellular tissue comes out, and the ulcers heal; but more frequently, and especially without the aid of surgery, the patient falls a victim to the constitutional disturbance.

"In severe forms of phlegmonous erysipelas, there is always an extensive separation of the skin from the subjacent fascia and of the muscles from one another; often attended with the formation of numerous sinuses and sloughing of the fascia and tendons themselves. In very bad cases, inflammation, ulceration, or even gangrene of the synovial membranes, the formation of matter in the joints, ulceration of cartilages, and sometimes caries and necrosis, are the effects of this alarming disease. The constitutional disturbance is often exceedingly severe. In the early stages of the disorder, the pulse is frequent, strong, and full; afterwards it increases in number, but its strength and fulness decline. The urinary and other secretions are suppressed, the alvine evacuations stopped, the patient has no sleep, there is excessive agitation of the nervous system, and frequently delirium.

"In the suppurative and gangrenous stage, the tongue becomes brown or sometimes black; at first it is moist, but afterwards dry, with great foulness of the gums and teeth, and fetor of the breath. The pulse is very quick (140) and small, and it is not uncommon for it to be irregular. If the disease assume

a still more aggravated form, a bilious vomiting, or a diarrhœa, with involuntary discharge of very fetid dark-coloured matter from the bowels, may ensue, followed by coma or delirium, subsultus tendinum, and death.

"In many cases arising from local injuries the febrile disturbance at first closely resembles common inflammatory fever; but afterwards, if the disease lead to suppuration and gangrene of the cellular tissue, or threaten these consequences, the pulse becomes very quick, weak, and even irregular, with great derangement of the nervous system, and imminent danger. In many instances the fatal termination is preceded by inflammation of the pleura, peritoneum, or mucous membrane of the bowels or lungs.

"Too often, when the patient recovers, after long and profuse discharge, and the slow detachment of numerous deep-seated sloughs of cellular tissue and other textures, the structure of the limb is so impaired, and the skin, fascia, muscles, tendons, and bones, all so agglutinated together by irregular adhesions, that the functions of the part are permanently injured."

I feel that I cannot improve on this, so I shall proceed to my remarks on the treatment.

Treatment.

In phlegmonous erysipelas the vitiated and debilitated constitution calls for prompt and active *medical* treatment; and the great distention of the skin, and the great pressure of it from within outwards by the effused serum in the subcutaneous cellular tissue, and subsequently the suppuration and mortification of this subcutaneous cellular tissue demand bold and decisive *surgical* interference.

The Medical Treatment.—This ought to be both general and local.

The General Medical Treatment.—As to the constitutional medical treatment, of course Aconitum will be required at the commencement, but the time for its use will not last long; and then Belladonna, or Bryonia, or Rhus tox., or Cantharis will be wanted, and I think in the first decimal dilution in two or three drop doses every two hours. If the vital powers show great

sinking, I would give pure tincture of Sesquichloride of Iron, in doses of from five to ten drops every two hours; and perhaps follow this by mother tincture of China, or Calcarea Phosphorica 1, or Arsenicum 3 or 2. I am persuaded that in these cases, where there is little vital energy to react, and especially where there is such poisoning of the blood by the suppuration and mortification, we must act with promptitude and boldness and use medicines in appreciable doses.

Local Medical Treatment.—As to topical medical treatment, at the commencement cold evaporating lotion may be used with *ease* to the patient, and perhaps with *benefit*, in cases where the skin is first attacked, and in cases where the cellular tissue is not much implicated; and I would impregnate it with the medicine being taken internally, or the parts may be kept cool and dry, and dusted with flour or starch. But after the cellular tissue has become much implicated, and from the first in cases commencing in this structure, I would use hot fomentations, likewise impregnated with the medicine being take internally. I prefer the hot and relaxing local treatment in these cases to the cold astringing and drying for this reason—that it softens and relaxes the skin, and enables it to give way to the internal distention, and by this means, as well as by keeping up a more free circulation in the skin, it at least postpones the impending mortification of the skin. Dr. Watson says: "Of all local applications that which, according to my own observation, is the most useful, and which affords the greatest comfort to the patient, is hot fomentation, especially the decoction of poppy heads." In these cases also I would expect benefit from the application of mercurial ointment. On this Mr. S. Cooper says: "The application of mercurial ointment is sometimes commended as having a specific power in stopping erysipelas. Professor Gibson speaks very highly of this plan."

Surgical Treatment.—It is to the surgical treatment I wish particularly to call the attention of the Society, and especially with reference to traumatic phlegmonous erysipelas of the lower extremity, which is the most frequent form and seat of this disease, and of which Mr. S. Cooper says: "Phlegmonous erysipelas of the leg is one of the most dangerous

examples of erysipelas," and a form under which "frequently, and especially without the aid of surgery, the patient falls a victim to the constitutional disturbance." He says, "Without the aid of surgery;" thus intimating that the surgical treatment is of the utmost importance to the life of the patient. And so indeed it is, and we have the reason for this in the pathology of the disease; for in this disease the danger arises from the mortification, primarily of the subcutaneous cellular tissue, and secondarily of the skin itself. And this mortification results from the inflammation and engorgement of this cellular tissue cutting off its supply of blood, and thus bringing about its death; which again stops the nutritive supply to the skin and brings about its destruction; as Mr. S. Cooper says: "Phlegmonous erysipelas of the legs has a greater tendency to terminate in suppuration and gangrenous destruction of the subcutaneous cellular tissue, than the same disease in most other parts of the body. There the cellular tissue of the limb suppurates as readily as that of the eyelids or the scrotum, and the pus is not collected in one cavity, but diffused. The cellular tissue indeed is soon converted into extensive sloughs several inches in length. Then the skin, thinned and deprived of its due supply of blood, turns of a livid colour and also sloughs, more from defect of nutrition than from inflammation. This consecutive mortification of the skin is remarkably common in the lower extremity, especially the leg, where the nutrient arteries—the anterior and posterior tibial and the peronœal—are very deeply placed, and only communicate with the cutaneous texture by small ramifications, almost all of which are involved in the destruction affecting the cellular tissue. On the contrary, phlegmonous erysipelas of the head rarely brings on sloughing of the scalp or skin, because here the arrangement of the arteries is very different; the temporal, frontal, and occipital branches being situated directly under the skin, between it and the aponeurosis of the occipito-frontalis, so that when the cellular tissue under the latter part becomes gangrenous, the supply of blood to the scalp is little interfered with; the integuments do not mortify; and if the pericranium escape destruction, and the membranes of the brain remain unaffected, the

patient often survives. Dupuytren never saw but one instance of sloughing of the skin in phlegmonous erysipelas of the head."

Now this surgical interference is twofold as to *time*, and twofold as to its *objects*.

The *first* OBJECT of surgical interference is to remove the engorgement of the subcutaneous cellular tissue, and thus prevent the cutting off of the supply of vitality to itself and the skin, and to relieve the distention and stretching of the skin, and thus prevent mortification of these textures from taking place.

The *second* OBJECT is to let out the results of suppuration and sloughing of the subcutaneous cellular tissue; and this should be done *as early as possible* after it is evident such result has taken place, in order to prevent the extensive separation of the skin from the subjacent fascia, and the muscles from one another, and the formation of numerous sinuses, and sloughing of the fascia and tendons, the inflammation and ulceration of the synovial membranes, the formation of matter within the joints, and ulceration of the cartilages, and even the caries and necrosis of the bones, which might otherwise follow.

The time for surgical interference, therefore, is whilst there is merely effusion of serum into the cellular tissue *before* suppuration or mortification has commenced; this may be even before the skin itself is more than slightly reddened. Immediately it is seen that the medical treatment is unable to check the progress of the inflammation and effusion, no time should be lost in adopting surgical treatment. We ought not to wait for the commencement of suppuration or sloughing, but endeavour to prevent these. The only other time for surgical interference is *after* the breaking up of the subcutaneous cellular tissue by suppuration or sloughing, and this should be immediately after it is evident that such has taken place. Immediately there is the first sign of breaking up, we ought to make free openings sufficiently large and numerous to afford a ready escape of the discharges and sloughs.

The Modes of Surgical Interference.—This surgical interference resolves itself into the application of leeches, the use of punctures, and incisions, and the application of pressure.

" *Leeches.*—Now the use of leeches we may at once dismiss as altogether unwise, because it cannot accomplish either of the foregoing objects—of letting out the subcutaneous effusion or the products of suppuration or sloughing; and moreover, their bite and suction are frequently the source of mortification.

Punctures.—Of punctures, Neligan says: " Their employment has been highly advocated; amongst others, by Sir R. Dobson, by Liston, and by Wilson. They should be made with a lancet all over the inflamed part at distances of from ¼ of an inch to an inch, according to the extent of the surface engaged, and they should penetrate to the depth of ¼ of an inch." Now this is a mode of practice from which I have myself seen great temporary relief, even in phlegmonous erysipelas; but it is not effectual, because unable to accomplish fully either of the before-mentioned objects; certainly it cannot let out the sloughy cellular tissue: it is indeed only advisable in simple cutaneous erysipelas. On this subject the judicious Liston remarks: " In the milder cases where there is little or no infiltration into the cellular tissue, and in erysipelas of the face where incision cannot be practised with propriety, it is a proceeding which answers admirably; it entirely supersedes in these cases the very questionable mode of abstracting blood by leeches."

Incisions.—As to incisions, Mr. S. Cooper says: " When matter has formed or sloughs have occurred, all surgeons have long concurred in the necessity of making free incisions, but in the earlier stages also where fomentation, with cold sedative lotion, applied freely and constantly, and rigorous antiphlogistic means fail to check the disease, punctures or incisions are now universally acknowledged to be the most likely means of preventing gangrene of the cellular tissue by discharging the serous fluid with which it is gorged. . . . . Immediately it is manifest, that notwithstanding our utmost exertions, the cellular tissue is becoming more and more gorged with fluid, and that suppuration and gangrene of that texture would be likely to follow the continuance of such treatment; then the indication, requiring prompt attention, is to make a sufficient number of punctures or incisions so as to discharge from the cellular tissue the great quantity of fluid which distends it, and

has a principal share in bringing on mortification of it." Neligan says: "Mr. Copland Hutchinson strongly recommended free incisions, and his practice has been adopted by Lawrence, Guthrie, and others; they should be made down to the subcutaneous fascia, and be several inches in length. When there is much deep-seated effusion of liquor sanguinis, as is so frequently the case in traumatic erysipelas, they are decidedly productive of the best effect." And Liston says: "In inflammations of the skin, accompanied by infiltration into the cellular tissue and great tension, relief, in many instances, can be afforded, and destruction of tissues prevented, only by free incisions carried through the affected parts; in general, these consist of merely the skin and cellular substance; it is only in very aggravated or neglected cases that the intermuscular tissue and deep parts are involved. The incisions are made where the tension is greatest. One or two incisions, well placed and not very long, will generally suffice to afford relief and avert mischief. The propriety and good effects of this practice have been long appreciated."

In 1748, Mr. Frere, then surgeon of St. Bartholomew's Hospital, thus writes: "Scarifying the skin in a gangrene is a very idle practice, unless the surgeon, if he hath sagacity enough, when the membrane is not destroyed but only ready to suffer, then cuts largely through both, and thereby lets out the inflamed juices which distended it, and by that means takes off the tension. In such an act he shows both judgment and resolution; such good treatment continued may cure the patient. Nothing can more clearly or more forcibly indicate this practice of incision,—not to evacuate the secretions or dead parts, after actions have been permitted so to terminate, but to avert the formation of matter and the accession of gangrene."

Watson, too, advocates this practice; and this is the practice I wish to lay stress upon. I think it the most rational of all the modes of surgical interference that have yet been suggested: and the great necessity for which is seen in the immediate and very wide gaping of all such incisions, and the great relief that follows them, and which I have myself very frequently witnessed both in the Glasgow Hospital and in our own Workhouse

Hospital, where I have seen Mr. Leather make four deep incisions in one leg extending from a little below the knee to a little above the ankle, and with the greatest relief to the patient, and after which, under the use of fomentation only, the patients made rapid recoveries without any mortification.

After these incisions, I would continue the use of the same fomentation as before; as advocated by Liston, who says: "Fomentations will always be found soothing and grateful after both incisions and punctures."

I do not think it at all necessary to dwell upon the necessity for free incision *after* suppuration has taken place beneath the skin, because I think no surgeon will question that it is far preferable to make incisions to let out the sloughs to allowing the skin to mortify for this purpose. Moreover, the openings thus produced heal up much more rapidly, kindly and perfectly than those produced by mortification, when nature is left to do it herself: and again, this practice prevents the formation of those extensive sinuses and the other evil results previously spoken of, that follow from the want of escape of these matters. After *these* incisions, I would apply either a charcoal poultice or flannel fomentations, with free use of Condy's Disinfecting Fluid; and I would also inject the sinuses, if any, with a watery solution of the fluid (one part to two or three of water,) and then close them by pressure with a roller bandage and compress. "The lodgment of matter," says Mr. S. Cooper, "is to be carefully prevented by incisions, and its reaccumulation by compresses and bandage, as soon as the parts are quiet enough to bear them. After a time, indeed, bandages become of great service for removing the œdema and swelling."

Pressure.—On this, Neligan says: "Acting as an impermeable varnish, and probably producing some effect also by the compressure it causes, collodion has been successfully employed by Spengler and Rapp as a local application in erysipelas; the parts are thickly coated with it by means of a camel's hair pencil, and it is renewed as often as may be required, in consequence of its cracking and peeling off when dry. When the disease affects one of the extremities, bandaging the limb has been used with very favourable results; this practice originated with

the continental school; its action seems to depend chiefly on the equable compression exercised on the congested capillaries and cutaneous veins, whereby they are emptied of the excess of blood contained in them."

In phlegmonous erysipelas of a limb, not yet proceeded to any great extent, where it is principally effusion into the subcutaneous cellular tissue, without much inflammation of the skin itself, and especially if not traumatic, I am inclined to look for benefit from a carefully and well applied roller bandage from the toes or fingers upwards. I think such treatment calculated to check the progress of the disease, as I have frequently seen it do in inflammation of the testicle: indeed, I invariably strap up an inflamed testicle at once with straps of adhesive plaister, making a considerable and uniform compression, and always with the best effect.

The following is the history of the case before named, as having given rise to these remarks, and which is a very good example of traumatic phlegmonous erysipelus of the lower extremity.

Mr. H. æt. 45, of fibrous nervous temperament, with a little lymphatic, dark hair and eyes, about 5 feet 10 inches in height, well built, a commercial traveller, always temperate, but in the habit of taking his regular supply of wine, though never intoxicated; a moral and well living, and indeed a religious man, does not remember ever being under the doctor's hands except 12 years ago for fracture of arm; was stout and always quite well until 9 months ago, when he became a total abstainer, after which he soon began to feel weak and to have indigestion, constipation and rheumatic pains about his back and limbs. He continued to abstain for 8 months, during which time he lost 30lbs. of his weight, and became so debilitated that he resumed his wine, after which he gradually improved, but never regained his former hale feeling and appearance.

On the 16th of January, 1863, 6 months after resuming his ordinary way of living, he slipped and grazed his right shin on a rope; he applied arnica lotion covered with oil silk, and continued to attend to his duties until January 25, nine days after the accident; when I found him complaining of the leg gene-

rally, and the ulcer especially being painful, of rheumatic pain in hip and small of back, with shivering cold feeling throughout; dryness of throat with slight cough, and feeling as if he had taken cold, pulse 100, full and strong. There was an ash-coloured ulcer about the size of a florin, about one-third way down the front of tibia, and the skin round was slightly inflamed and very tender to the extent of about a quarter of an inch; the calf itself was much swollen generally, and painful when grasped, with pitting where pressed, but the colour of the skin was not altered.

Treatment.—The leg was ordered to be kept raised and still; Calend. lotion externally, and Bry. internally, every two hours.

When seen the next day (26th,) he complained that he had had much rheumatic pain throughout the body, and a great deal of shivering for a few hours afterwards, followed by intense fever and thirst and headache, with slight delirium at night, very little sleep, and much dryness of throat; pulse was 120, tongue foul but moist; tingling burning pain through the leg, which was more swollen, and the ulcer looked as if inclined to slough. Acon. 1, every two hours. He had rather more delirium during the next night, with very little sleep, and the day following (27th,) the fever was great, with headache severe, the pulse 120, the leg was more swollen and the skin of the sides of the calf very tense, and becoming slightly red and inflamed; the burning tingling was very severe; there was slight pitting on strong pressure, and he could not raise the leg himself. Acon. 1, Merc. Sol. alternately every two hours, with evaporating lotion. During the next night, more delirium and restlessness, thirst and fever, and headache; and the day following (28th,) the leg was generally inflamed, and at least twice its natural size, and of a livid colour. Acon. 1, Mer. Sol. 1, with beef tea and plenty of nourishment. Had a sleepless and delirious night, and the next day (29th), the inflammation had extended half way up the thigh, which was much swollen, and had a boggy feel at the sides; the leg was very tense and erysipelatous-looking and of a brown colour, with three large bullæ on inside of calf: to have fomentation, and take Bell. 1, and Rhus. 1. alternately every two hours. A very bad night followed, and the next

morning (30th), all the local and constitutional symptoms were increased; there were four dark gangrenous spots on inside of calf and one large blister in popliteal space; the pulse was 110, small and soft; in the evening dark grumous pus from some of the gangrenous places on inside of calf. Continue the Bell. and Rhus, and to have wine, plenty of beef tea, and, as his appetite was good, to have a solid-food dinner.

He had very little sleep during the next night, and in the morning of the following day (31st), the leg was more gangrenous, and the inflammation and swelling of the thigh had increased and extended two-thirds up; his face looked earthy and puffed, and the eyes dull, and he appeared to be sinking. To allow a free exit of the matter I made two incisions, about four inches long, one on the inside and the other on the outside of the calf; they gaped widely and gave great relief immediately. Rhus 1, Hep. 2. At mid-day Dr. Drysdale began to attend along with me, and recommended pure tincture of sesquichloride of iron in five drop doses alternately with the Rhus; wine every three hours, and plenty of food.

During the night following he had no sleep; he had muttering delirium, and he refused his wine; in the morning (February 1), he appeared very low and sinking; pulse 100, very thin, weak and soft; a large quantity of brown watery fluid, with shreds of cellular tissue could be squeezed out from the holes on the inside of the calf—evidently from extensive sloughing of the cellular tissue, and it appeared as if the same sloughing was going on in the thigh, which was very painful and tense. To have brandy instead of wine, and Ars. 3, instead of Rhus. These appeared to rally him a little by evening; the brandy was then ordered every two hours. He had two hours sleep. and appeared better next morning, (2nd.); pulse 94, but still very thin and weak, much brown watery matter could be pressed from opening in popliteal space as well as from calf; at mid-day pulse 88, to have Bell. A. alternately with the Ferrum. He slept a little in the night, and the next day (3rd.), the ankle was painful and blackened; the outside of thigh was much swollen and very painful, and on the outside of calf was a gangrenous spot. I made several punctures with a lancet, which

gave him great and immediate relief. He slept tolerably during the night, and the next day (4th.), he appeared better, but there was still great sloughing of the cellular tissue and discharge from the calf. To have Bryonia ℗ alternately with the Ferrum. He slept a little the next night, and in the morning (5th.), I removed several sloughs from the holes in the calf. On the 6th. he appeared better, but complained much of the outside of thigh, where there appeared to be a softness as of fluid; in the evening a dark brown fluid and some gas could be pressed downwards from thigh past side of knee, and discharged from the opening formed by the incision on outside of calf, thus evidencing a sinus nearly two feet long; 7th. has had a good night, but perspired very profusely; pulse 110, compress and bandage to thigh to close sinus. To have Calcarea Phosphorica 1st. Dec., two grains every two hours alternately with the Bryonia ℗. In the evening much fluid and gas were pressed from the sinus; pulse 120,—8th, much the same,—9th, has had a good night's sleep, but still perspires profusely, day as well as night; pulse 110, extremely small, thin and weak, and much dark brown offensive bubbling fluid could be pressed from sinus; and on raising the leg the skin of calf hung loose from muscles forming a large pouch.

To have China ℗ six drops, Bryonia ℗ two drops, alternately every two hours, and the leg bandaged from toes upwards; in the evening, pulse 120, perspiration still profuse; by means of a glass syringe and male catheter I injected the sinus with Condy's Fluid diluted with two parts of water, and applied large compress and light bandage. 10th, This morning the discharge from sinus is much diminished, and is of red bloody appearance; pulse 100, the patient felt much better, and skin of calf appeared to be adhering. From this time he improved rapidly; sinuses soon closed, and leg assumed a more natural appearance, so that he was able to be got up and taken into another room on the 14th; four weeks after the accident, and 20 days after first seen.

His progress was steady and so rapid, that he was able to have a drive out after two weeks more, and all the ulcers were nearly healed up.

The only other symptom worthy of note was, that when recovering he complained of soreness of mouth and looseness of teeth, as if from mercury; and it now transpired, that he had for years been in the habit of taking blue pills frequently, thus adding another to the list of the mercurial erysipelatous diatheses.

ON MIGRAINE.

By Dr. Trinks.

(From the Homöopathische Vierteljahrschrift), vol. xiv, p. 100.

[*Letter to the Editor.*]

Most respected Friend,

You have, in the 3rd part of the 13th vol. of the Quarterly,* edited by you, communicated a series of observations on the effect of several Homœopathic medicines in cases of Migraine, on which I previously published a collection of my own in the *Hygea*, (vii., 193.)

Since then I have had frequent opportunities of collecting further observations, and you will greatly gratify me, if I may place them beside yours, as, unhappily, this disorder still belongs to the class which so often stand in need of the physician's aid, and the radical cure of which, must as yet, be reckoned amongst the difficult problems of Homœopathic therapeutics; notoriously Allopathy is quite impotent in the matter.

I have seen migraine commence in both sexes, but certainly oftener in the female than the male, and at all ages, even in five year old children, especially female, and also, not very seldom, in advanced age.

In one lady, migraine set in for the first time at seventy, and went on with equal violence to eighty-five. It occurs in all constitutions and temperaments, and in all classes of society, and one meets with it just as often in the workman's cabin as in the gayest palace.

Migraine is very often inherited from generation to generation, and in this way keeps constantly extending and propagating;

* Vide Ante, page 1.

and though it is not always inherited by every individual of the same family, yet, it passes on constantly to one or other of them by transmission.

It occurs in all zones, and I have met with it in individuals of nations most widely apart. Migraine commences in females mostly along with, or during the period of evolution. Its attacks then, are mostly just before, during or after menstruation, but very often continues over the period of involution, and then disappears in advanced age. It ceases in most cases during the whole period of pregnancy, and does not re-appear till some weeks or months after confinement. I quite accede to your view regarding the seat of this complaint, and after my manifold observations, I am still constrained to seek for it exclusively in the substance of the brain. I must also support your view of its nature, and declare it to be a cerebral neuralgia which sometimes confines itself to a limited portion of the brain during each attack, at other times flies from one portion to another. In many individuals it sets in as an intense clavus hystericus in the crown of the head, in others it has its seat in one or other of the temples, or flies from one to the other; in a third class it attacks one or other of the supraorbitial regions, whereby the optic nerves also are drawn into sympathy; in others, again, it takes in the whole of the forehead, and afterwards confines itself to a small portion of the brain in that region. Lastly, cases occur where the occiput alone is attacked with sympathy of the *M. oblongata* and *portia cervicalis medullæ*, in which cases, during the height of the paroxysms even chronic spasms of the intestines, and violent cramps of the chest are excited by the violence of the pain.

If the Migraine has its seat in individual portions of the *cerebrum*, the attacks are almost always accompanied with yawning, spasms of the œsophagus, nausea, vomiting, first of the ingesta, then of mucus and bile, as in sea sickness, less frequently with diarrhœa, frequent urgency of urination, with small discharge of watery urine. At the commencement of the vomiting the pain reaches its *maximum* and then abates. Besides one observes great susceptibility of the senses, sight

and hearing, photopsy, great nervous restlessness, with tossing of the body, inability to sleep, violent pulsation of the heart, palpitation, formication, creeping in the arms and feet. Frequent and long continued fits impair greatly, at times, the senses of sight and hearing, as also and especially the memory, make the hair prematurely white, and hasten its falling off.

I have never observed disturbance of other powers of the brain as a consequence of migraine. Material alterations or new formations cannot serve as the foundation of this disorder inasmuch as it is wont to disappear in advanced age, if not earlier; nor must it be overlooked that not a few cases are caused by medicinal action. Besides any other material causes would certainly be followed by other diseases of the brain. The so-called exciting causes adduced in the hand-books of general pathology seem to me quite inadequate to the production of migraine. Notwithstanding all researches I have not been able to discover one among all the so-called causes from whose action this complaint has been unquestionably produced. Easily, however, might such exciting causes call forth this already existing complaint into action, and bring on a paroxysm of it. In the first rank of these causes stand exciting and depressing mental affections, stimuli of the sense of sight or hearing; sudden changes of temperature, or of the wind, especially from north-west to sharp east wind, or vice versa; excess of elasticity in the air;—sojourning in brilliantly lighted and hot rooms; chilling of general perspiration, or that of special parts on the head; certain articles of diet, and also sickening and overloading of the stomach; the commencement or cessation of the catamenia; excesses in Venere et Baccho, &c.

In many individuals the approach of the attacks announces itself by depression of mind and spirits, sleepless nights, and deep dreamy slumber towards the morning, out of which they are awakened by the most violent headache, by want of appetite, and disorder of the stomach.

During the attacks the patients are generally not in a condition to describe accurately the kind of pain by which they are distressed and often driven to the greatest distraction, though

they can most precisely point to its seat. In general they describe it as bursting pressing inwards and outwards, as squeezing inwards, as pulsating, boring, and as separate stitches which pass like lightning from time to time, through the head. These pains either begin at once with great violence, or advance step by step to greater intensity, and in like manner abate gradually, and then the patient falls asleep, out of which he awakens free from pain, but generally with a sense of relaxation and weakness. Many patients declare that the pain at first is in the whole head, and is ready to burst the skull, and then contracts within certain particular portions. In others it commences at once in limited spots, in which it remains fixed till it disappears. I have seen, again, other cases where the pain changes its seat several times during the attack, and flies, as above indicated, from one part to another. But I have never observed that it passed from the brain to one or the other branch of the cerebral nerves, and settled itself there.

In the little treatise on migraine above-mentioned, I communicated an observation according to which the primary evil, migraine, is very frequently accompanied by other morbid conditions of other organs, and that these synchronous sufferings of other organs were considered as causes of the migraine, or at least of its frequently returning attacks; Rau, too, subscribes to this view, in his remarks on my treatise, *Hygea*, VI., p. 202, and thereupon advised us to pay great regard to these sufferings, which accompany migraine, and to labour for their speedy removal.

My own later experiences have fully established my previous observations. We cure as far as possible all the ailments of other organs which accompany migraine; but, notwithstanding that, the primary grand ailment, the migraine itself stays behind untouched, and we are obliged to bring such remedies into use as may by direct action effect a cure;—as some proof that the ailments are not always in a certain relation to migraine, and do not always extend their reflex actions so far as one is so greatly inclined to suppose. Of his own accord, will every rational physician pay the greatest attention to these morbid accom-

paniments of migraine in his choice of the remedies, and in each individual attack, always in the first instance to employ that medicine which corresponds as exactly as possible to the indications that present themselves. But if, after the removal of all existing collateral sufferings, the migraine still remains uncured, then the physician will have so much freer scope for the employment of those remedies which stand in direct relation to the typical cerebral neuralgia.

We can scarcely expect that, in the proving of medicines such strongly developed neuralgiæ can be obtained, and which must be content with indications for the treatment of similar painful disorders through such provings, which we then have to estimate clinically. By this method we shall in time succeed in curing migraine more surely, and in a shorter time than we do as yet.

I subjoin my observations on the effects of those Homœopathic medicines which I have used in migraine. In the choice of them, I have always kept close to the *sources* since I had very early convinced myself of the untrustworthyness of the reports of others.

The communication of the late Dr. Fritzen, of Konigsberg, (in the *A. Hom. Zeit.*) are wanting as much in the real foundation, in fact, as the manufactured indications of Jahr, in his hand-book. You see, my respected friend, that I also, from experience, confirm your matured judgment, and, with you, repeat aloud, and from the bottom of my soul, Faust's exclamation which I have so often uttered as I stood helpless, and without counsel, at the bedside of a serious case! How often have I there envied the physicians whose acting and ordering is limited to the settling of the diagnosis, and who then leaves all to go on as God pleases, and also those who boast of curing every disease.

Aconite—I have employed in many cases during the attack, where the patients complained of violent piercing, pressive, and throbbing pain in the sinciput, with nausea and vomiturtions, severe congestion of the head and face, great hyperæsthesia of the senses, and a lachrymose mood; but was never so fortunate

as to attain any important result in alleviating or abridging the attacks.

Apis mellifica—has only lately been tried for migraine; we have, however, not learnt whether with merely palliative, or radical effect. I have not yet made any trial of this undoubtedly very powerful medicine.

Argentum nitricum—deserves great attention. I have only employed it very lately, and cannot yet independently speak of any important observations.

Arnica mont.—Dr. V. Meyer reported a radical cure by Arnica, and on his authority I have since used this medicine very often, but without important results. In other kinds of headache I have, like yourself, seen very good effects.

Arsenicum.—I consider this a medicine of great importance in migraine, and have also observed in some cases a considerable abridgment of the attack itself, without, however, succeeding in a radical cure. On the other hand I venture to boast of having succeeded often with it in other neuralgias of the facial nerve, and the sciatic, even in very inveterate and obstinate cases; and according to analogy, it should be used in migraine oftener than has hitherto been the case. This medicine has at any rate a far wider sphere of action than that long since known, and deserves above any other a thorough re-proving.

Asarum Europæum I have often employed in attacks with very severe and long continued spasmodic vomiting and retching, without the least effect, and therefore never have recourse to it any more.

Belladonna, as you have very pertinently observed, I also must extol as a curative medicine, as well as useful during the attacks. In the latter case it considerably abridges its duration, and also often, after the first dose, diminishes the intensity of the pains, which are so often quite intolerable, and promotes the sleep so much desired by the sufferers. In girls who are attacked with migraine shortly before the commencement of menstruation, and at the same time suffer from the well-known menstrual spasms, I have seen *bell.* very often not only shorten the attack of migraine, but also very speedily remove the spasms which not

unfrequently reach a serious point and even proceed to spasmodic vomiting. The special indications for the employment of *bell.* you have very clearly pointed out, and I can but notice them as very appropriate, founded on truth, and safe guides. I have also several times had the good fortune to cure migraine thoroughly in women by using it for a long time. Nor could I observe any diminution of its curative powers by frequent use.

Bryonia.—In former days I have frequently employed this great remedy in attacks of migraine, but without any visible effect.

Calc. carbon.—I must acknowledge its renown in the cure of migraine as well founded, for by its continued use for a long period I have several times succeeded not only in rendering the attacks less frequent, but in entirely removing them. But it must be administered perseveringly during the free intervals, otherwise this result is not attained. In those cases too where I could not effect any permanent cure, a favourable action of the medicine was undeniable. In one case of great obstinacy and intensity, where the attack lasted always three or four days, the duration was reduced by degrees to a few hours, to the great delight of the patient. *Calc.* also greatly modified the attack. I myself was by it cured permanently of a very obstinate migraine which set in with every change of wind, and always lasted twenty-four hours.

Capsicum Annuum.—I have administered this to several patients, both during the attack and in the intervals perseveringly, without any such important result as its physiological effects would lead us to expect.

China and *Sulphate of Quinine.*—These medicines, so highly prized of late in almost all neuroses and neuralgiæ, do no good whatever in migraine. These trials I have not made myself, but have noticed such patients as had taken both the medicines for a long time, especially the latter, from Oppolzer and other leaders of the so-called physiological school of medicine. One must make use of the experience of other physicians also in order to learn how one should not cure!

Chloroform.—I was deterred from the use of this in migraine by the highly injurious effects of it upon a lady who had em-

ployed it by olfaction throughout a long period in each attack of migraine; for the doses being in excess, had gradually induced great weakness of the brain, which manifested itself in loss of memory, and very much retarded power of comprehension and thinking, with frequent occurrence of confusion of intellect.

Cocculus.—This medicine, which promises much in migraine, gave me no satisfaction.

Colocynth.—The Swedish physician Stahl gives this as a remedy for typical nervous headaches. I have found his recommendation quite unworthy of adoption. On the other hand, I found it useful in neuralgia of the *communicans faciei* and the *infra-orbital and sciatic nerve.*

Coffea.—I can, from manifold observations, support those of Noack on the rapid palliative effect of this medicine; but then it must be given very strong. A radical cure it is not able to bring about. In not a few cases, where it was of importance to stop the fit speedily, I often saw the desired effect commence in the shortest time; in others it left me quite in the lurch, even in individuals who were not accustomed to it by daily use.

Cyclamen Europæum was, if I mistake not, very lately recommended from Vienna, but I have not yet used it.

Conium maculatum I have several times tried with hysterical elderly unmarried women, but without observing any beneficial results.

Ferrum.—The renown of this medicine in all sorts of neuralgias and neuroses, which first proceeded from English physicians, and has only quite of late been thoroughly exaggerated; for all these morbid conditions arise, every one without exception, from poverty of the blood (this reminds one of the exclamation of Romberg—"The diseased nerve cries for healthy blood!") This renown, I say, I cannot find corroborated in various nervous pains or in migraine, according to my observations. I saw many patients of this class, who had been sent to the various chalybeate springs of Germany—to Franzensbrunnen, Schwalbach, Spa, Pyrmont, and Driburg for migraine, come back no better; I have therefore only made a few experiments with *ferrum carbonicum and muriaticum* in the case of

chlorotic girls, but without any result. Not once could I obtain an alteration or alleviation of the attack, whilst the chlorotic condition was often improved or cured; the migraine, however, remained unimproved.

Glonoine.—This medicine, so emphatically recommended for headaches of every kind, I have yet employed in many cases without the least effect.

Ignatia acts very favourably in migraine where the patients complain of pain like a nail driven into the brain, combined with nausea and vomiting and other spasmodic affections and great depression of spirits. It then diminishes the intensity and duration of the pain very considerably. A radical cure I never could effect.

Merc. sublimatus.—I had long since learnt to prize this powerful medicine in several cases of inveterate sciatica, and so was induced to try it also in migraine, when I saw that in many cases it greatly diminished the intensity and duration of the attacks. Whether it is able to effect a radical cure I have not yet been able to ascertain.

Ipec.—As I am also obliged to admit the fact that migraine is excited by attacks of indigestion, I have employed this remedy, but have gained no more by it than the alleviation and removal of the *status gastricus* and the vomiting, but could observe no direct effect as to the pains themselves; so that I confined its employment to those cases where the above-named complication indicated its use.

Nux vomica.—There have been related radical cures of migraine by this medicine, but I have not been so fortunate as to note either a complete cure or a palliative effect from the use of it.

Paullinia sorbilis.—This powerfully medicinal plant, brought from Brazil to Europe by Mantius, has latterly been the subject of numerous experiments. In Brazil a paste is made out of the seeds (Pasta de Guanna) and employed by the natives to cure chronic diarrhœa and dysentery. If I am not in error, it was prescribed in powder by the Parisian physician for migraine as a specific. For some years these powders are to be had at a high price in the apothecaries' shops here, and I have had many

opportunities of observing their effects in migraine. One such powder, taken when premonitory symptoms of an attack appeared, were often able to repress its outbreak; also if taken even at the commencement, it had the power to cut it short, though not always; but the oftener these doses came into use, the weaker were their effects, until at last they were quite powerless. At the height of the paroxysm, one such dose and even a second was quite inefficacious. In no case could this medicine effect a radical cure. Some highly nervous females would have it that they observed an aggravation of the nervous excitement soon after taking it. I can therefore commend its palliative effect only a little more than that of strong coffee. It is unfortunate that by frequent use this palliative effect gets constantly feebler, and soon fails entirely, even if the doses are repeated or increased. Thus the attacks, after the patients had long used this remedy, remained just as intense and as lasting as before it was tried. The disorder then had only experienced a momentary diminution. A mixture prepared from this powder proved less effective than the powder itself.

Platina, employed with success in other typical neuralgias, not unfrequently in migraine did see no service at all.

Pulsatilla.—Long before Dr. Altschul prescribed this otherwise powerful medicine as a specific for migraine, I had made much use of it in this complaint, without the least result worth speaking.

Sanguinaria I have used on the recommendation of a highly respected friend, Dr. von Villers of Petersburg, who is an observer equally exact, and who will have it that he has seen very favourable effects from it in diminishing and shortening the attacks; in some cases I had some success, but this failed with repetition. Since that time I have paid no more attention to this medicine.

Sepia.—With this remedy I have brought about several radical cures. It diminished at first the intensity and duration of the attack, and made the intervals longer and longer, till at last they disappeared altogether, I, however, kept administering it perseveringly during a very long time. During

the attacks I used to order no other medicine of a merely palliative character.

Spigelia, which I often had employed in no few cases of neuralgia of the nerves of the face with the best results, I used in vain for migraine.

Stramonium.—In a woman with great nervous excitability, new attacks of migraine set in with great intensity and of three whole day's duration, almost always accompanied with violent spasms of the chest, clonic spasms of the extremities and burning pains in the whole back. A few doses of *stram.* removed these spasms in a short time, but they exercised no influence whatever on the pains in the head.

Veratrum album, which Hahnemann prescribes for fits of pain that drive the patient almost to distraction, has shown no more evident influence on migraine than *veratrin*, although the latter—even externally—has proved very powerful in relieving neuralgia of certain branches of nerves, as *e. g.* sciatica, &c.

The extant clinical observations on the effects of homœopathic medicines in these complaints and their periodical attacks already afford valuable indications. They point out which medicines finally exhibit no influence on the disorder; then they show the palliative effects of several medicines, which likewise are of great value, since they in a short time induce diminution of the intensity and duration of such torturing pains; and lastly, those medicines by whose steady use a radical cure of the evil was effected. Thus, amongst the most valuable palliatives we have to reckon *Paullinia sorbilis, Coffea, Belladonna, Merc. sublim.*, and in not a few cases also *Ignatia.* Amongst the radically curative *Calcarea carb.* and *Sepia*, probably also *Bell.*, must be reckoned; and it must be left to further clinical observations to ascertain the effects of *Argent. nitr., Phosph., Arsenic*, and perhaps also of *Zinc*, in this disease; and I therefore recommend these medicines herewith most particularly to the notice of homœopathic physicians. During the attack I give the doses at very short intervals, generally in the 3rd or 4th decimal attenuation; but during the absence of the pains, only one dose daily in a low attenuation.

And during such procedure I could observe no pernicious effects of any kind.

You have, my respected friend, already done such numerous services to our science by communicating your own clinical observations, so precisely made and so true to Nature, and your experience respecting many diseases, and have thereby stirred up the homœopathic physicians to the like activity, that we may expect with certainty, from your industry and perseverance, yet further contributions thereto, which assuredly will be hailed by none with greater delight than by

Your old and growing older Friend,

Dresden, Oct. 1862. TRINKS.

GELSEMINUM SEMPERVIRENS.

It was to be expected that the vast resources of the new world would enrich medicine as well as other departments of science and art, and in this we have not been disappointed in the past, and we still hope greater things for the future. At present we welcome cordially the above medicine as the latest addition to our stock of polychrests, which will, no doubt, be ere long in daily use by the members of our body, and ultimately also by allopaths, who will follow in our wake as they have done with podophyllin and many other remedies.

The gelseminum * is introduced to us completely by the admirable monograph of Dr. Edwin Hale, of Chicago, who is already known favourably by his writings.

The gelseminum seems to have been first used homœopathically by Dr. B. L. Hill, who borrowed it from the eclectic school. Then Dr. James Metcalf wrote upon it in the *North American Journal of Homœopathy*. Then Drs. Douglas and Hale became aware of its value, and Dr. Douglas published the first proving of it. The present work by Dr. Hale is a complete and clear compendious *resumé* of all that is known on the subject set forth in a practical form, and we would greatly like to see our English colleagues devoting themselves to similar

* A Monograph upon Gelseminum, its therapeutic and physiological effects, together with its uses in disease, by Edwin M. Hale, M. D.—*Detroit*, 1862.

works in the field of our Materia Medica, which is very far from being cultivated as it deserves.

There are several points worthy of praise and imitation in this monograph of Dr. Hale's. In the first place he states distinctly the doses from which the symptoms of the proving were obtained. Then follow the botanical and pharmacological parts; then the toxicological effects and the antidotes, both for poisonous doses and the dynamic; then the effects upon animals and pathological appearances and therapeutic deductions. Then come the general effects on the tissues at large, such as the motor and sensific nerves and the muscles; the vascular system under which is considered the important head of fever. After this follows the pathogenesis in the usual Hahnemannic order. In all the above the therapeutic remarks and actual cures are interspersed in the manner of the American New Materia Medica, and in a very practical form. On the whole, as we conclude this monograph is already or will soon be in the hands of all our readers as a part of the Materia Medica in daily practical use, we need say nothing more respecting it but express all our thanks to Dr. E. Hale in the name of English Homœopathists.

As this medicine is destined to become an important one, we think we cannot do better service than by giving Dr. Hering's version of it, in which he introduces it to the German Homœopathists, published in a series of papers in the *Allgemeine Homöopathische Zeitung*. Our esteemed and veteran colleague is still unwearied in the study of new additions to the Materia Medica as well as in revisions and improvements of the old medicines. The subjoined arrangement contains, as will be seen, much that is identical with Dr. Hale's monograph, but with critical and other comments, which have much value from the pen of Dr. Hering.—[Eds.]

Summary of collected recommendations and applications already proved in practice.

A.A. Allopathic statements.

E.E. Thomsononians or Eclectics.

H.H. Homœopathists but not Hahnemannists.

W. Recommended as probably beneficial.

Everything else rests on records of cures, which follow afterwards separately. A glance even historically remarkable at the respective conditions of the old school, the eclectic herbalist, and the Homœopathic, which are methodized in manuals and compendiums translated with the greatest accuracy.

Extraordinary irritability of mind and body.—Hale.

Disturbance of mind, with vascular excitement.—H.

Nervous excitement without cause, in hysterical subjects.—H.

Feverish condition with great restlessness, tossing about sleeplessness, and irritable humor. 12 drops tr. every hour.—H.

5. Fury by fits, with congestion or inflammation of the brain.—H.

Stupid comatose states in typhus fever —H.

Muttering delirium in typhus, the 2, 3, by drops.—H.

Gave relief in the half stupid state, with mental weakness and bodily feebleness, after immoderate night watching.—H.

Gave relief in mental apathy after intoxication.—H.

10. In cases of hysterical insensibility, better than opium and cannabis.—H.

Hysterical catalepsy.—H.

Hysterical states—various.—H.

Coma and apoplexy, if they proceed from intense passive congestion and nervous exhaustion, because these are primary conditions; in very small doses.

If the apoplexy is caused by active arterial congestion in persons of tense fibre, the doses must be larger.

It is perfectly homœopathic to term hæmorrhagic apoplexy. A boy poisoned with it had subarachnoid apoplexy, as Pruss describes.—H.

15. Meningeal apoplexy frequently assumes an intermittent character, which is a further indication (of Gels.), whilst, if an indiscreet physician should give Quinine or Nux vom. it would cause irretrievable mischief.—H.

H.H. Homœopathically indicated for intense or excessive venous congestion, with total paralysis or enfeeblement of the arterial activity, carried to the length of actual cyanosis.—Marcy.

H.H. Gelseminum holds a mid position between *acon.* and *belladonna.*—Holcombe. It would be difficult to define precisely what this properly means.—Hale.

No medicine has a greater influence on the circulation of the blood in the capillaries of the brain. It causes intense hyperæmia of this organ, which stops at the boundary of inflammation. For its paralysing influence on the great reactionary powers of life prevents this determination, by destroying the reactionary powers of the system.—H.

Homœopathic to intense and overpowering congestion of the brain, which often occurs in children during dentition. In these cases, the nervous energy very soon loses its integrity. No reaction sets in, and the patient dies comatose, or in slight convulsions. As primary homœopathicity exists here, the 2nd. or 3rd. attenuation $^1/_{10}$ should be used every 15 minutes.—H.

Sun-stroke.—H.

20. In so-called "Brain-fever" of children and adults, alternately with other medicines.—H.

A valuable auxiliary in inflammation of the membranes of the brain.—H.

Pains in the head of various kinds.—H.

Headache of the nervous kind is often alleviated by it, and I have found as yet no medicine so useful in this troublesome disorder.—Dr. Pattle, Massachusetts.

Nervous headache, when the pain begins in the cervical portion of the spinal column, and from thence extends itself over the whole head; the cure is certain and speedy.—H.

Hemicrania, when accompanied with abnormal symptoms of the eyes, as dim sight or double vision; or preceded by great sensibility to noise, is quickly relieved by it.—H.

25. The so-called "Nervous sick headache" is in general stopped by a few doses of the low dilution, whilst the true sick-headache from gastric disorder is only palliated, and a *cure* can be effected only by suitable diet and other medicines.—H.

Those who wish to understand the specific influence (of Gels.) in producing and curing these nervous affections of the

head, find an astonishing illustration of it in Peters's treatment of the chapter Headache; and in Rückert's Clinical Experiences. *Gels.* undoubtedly causes a weak and relaxed state of the great sympathetic nerve, hence arise pain, heat, congestion, &c., of the head. It is primarily homœopathic in such pains of the head, if they set in suddenly with darkening of the sight or double vision, with vertigo, followed by great heaviness of the head, half stupor, a dejected expression in the face, great relaxation of the muscles, slow full pulse, &c.—H.

Very useful for excruciating pains in the head, &c., which often follow intermittent fevers. These pains are of a spasmodic, drawing, tearing character, and are increased by meditation or other exertion. They usually include the region of the occiput.

Also the sensation of pain which in most persons precedes the attacks of intermittent fever; as well as the drawing or shooting dull pain in the region of the mastoid process.—H.

Gelseminum has a remarkable and special affinity for the organ of sight. No other medicine except *Bell.* (?) acts so speedily and so specifically on the eyes. It must, in time, prove a great remedy in complaints of that organ. Even before the relaxation of the whole muscular system is perceived, its local influence on the eyelids becomes evident. Whether this ptosis proceeds from paralysis of the levator muscles, or of the third pair of nerves, *Gels.* can produce both; yet, there are grounds for supposing that this may be of more deep-seated origin.—H.

30. Ptosis, Mackenzie's cerebral variety, whether sudden, after excessive exertion, violent mental emotion, exposure to the sun's rays, drunkenness, blows on the head, concussion of the body, or slow from organic changes in the brain, &c., often has an apoplectic bearing. The cases cited by Mackenzie, are decidedly caused by congestion of the brain. In these cases it will be found that *Gels.* cures them. Perhaps, also in ptosis of drunkards, from exposure to the sun, and in the so-called rheumatic variety. It is always homœopathically indicated in cases of paralysis of the third pair of nerves.—H.

Diplopia is another prominent and primary effect. If, according to Mackenzie, this may come from paralysis of some of the muscles of the eyeball, undoubtedly *Gels.* produces this

form of the disease, and will be found effectual in paralytic cases. But it often proceeds from a congested state of the brain. I suspect it is homœopathic to this morbid condition, and equally to diplopia caused by alcohol or chloroform; for it seems to have, in many respects, a great resemblance to these.--H.

Asthenopia, or weakness of the eyes, in cases where this was caused by exhaustion of the nerves, through overstraining the eyes, especially where it is accompanied by dimness of sight, a sense of heaviness in the head and eyes, with some dryness and double vision. Not in chronic cases, where other medicines are effectual.—H.

Amaurosis proposed by Payne, the prover.

It may be useful in paralytic strabismus; also, perhaps, in strabismus with hydrocephalus.—H.

35. Amaurosis, many forms; if we only can inform ourselves of the exact sphere of its action. Undoubtedly, for apoplexy of the retina, congestion of the brain, apoplexy; and when it depends on the presence of worms in the intestines. Here moderate, and even high potencies may be efficacious.—H.

Though it often produces thirst for light, yet I removed with it a case of dread of light, especially dread of candle light, without inflammation, which withstood Phos. and Conium, but certainly in drop doses. It must not be forgotten that it always enlarges the pupils, whilst Aconite generally contracts them.—H.

May be good in tinnitus aurium of coryza; may be serviceable in neuralgia, ear-ache, and paralytic deafness.—H.

A.A. In collections of indurated wax in the ears, and tinnitus from morbid secretion, the diluted tincture, dropped into the ear.—Coe.

40. Specific for coryza with watery running, hoarseness, cough, soreness in the throat and chest.—Douglas.

Was very valuable in an epidemic influenza.—Rodgers, Quincy, Michigan.

Found valuable in slight and severe attacks of influenza, with loss of smell, coryza, headache, &c.—H.

A.A. Cures the most violent coryzas in 12 to 48 hours.—Pattle.

w. Erythema of the face, also several papular eruptions which are not constitutional.—H.

45. Erysipelas in the face; sometimes beneficial as a palliative.—H.

Erysipelas: undoubtedly beneficial; even in the dangerous congestions, or metastases, which often prove fatal.—H.

A.A. Particularly beneficial if diluted with water and applied as a lotion.—Coe.

Was of use in orbital neuralgia, characterised by various paroxysms of violent pain, of the quotidian type, along the edge of the eyebrow, especially over the left eye, with contraction of the eyelid, and a peculiar expression of the eye on the side affected. The eye seems to the observer as if a maddening delirium were torturing the patient, whilst the other eye still appears normal; in one case where Quinine had been ineffectual. The alleviation of the pain was gradual; the pain passed off imperceptibly. To speculate on the *modus operandi* were profitless, but there is no question that it cures several nervous complaints with periodicity of the symptoms.—Ludlam.

H.H. Prosopalgia.—Douglas.

w. In facial neuralgia of nervous females, if the jaws are affected spasmodically.—H.

50. Pains of the face, in one case of the infra-orbital nerve, when Acon. and Bell. were ineffectual. A drop every hour and the diluted tincture rubbed in.—H.

Neuralgia from functional disturbance of the nervous system.—Coe.

Best indicated, if, during the pains, contractions and twitching near the seat of pain are associated. Also, in cases which are accompanied by an excessive general nervousness, and loss of control over the voluntary muscles, giving rise to irregular movements —H.

w. Trismus.—H

55. w. In toothache, from cold, or purely nervous, the tincture has been laid (in cotton wool) either upon or in the tooth.—H.

w. Irritation or paralysis of the tongue or glottis.—H.

Inflammation and irritation of the throat from acid secretion of the stomach.—H.

Tonsillitis and inflammation of the throat, palate, and uvula; in scarlatina, equal to belladonna.—White, Michigan.

Slight catarrhal inflammation of the pharynx and amygdalæ.-H.

60. Paralysis of the glottis, and all the other organs of deglutition, moderate or higher potencies; the lower ones only in cases of persons who are unsusceptible.—H.

Inflammation of the tonsils, and other affections of the throat.—Douglas.

Spasmodic affections of the inner throat in hysterical women, in material doses.—H.

Want of appetite and weakness of stomach, or paralytic state of the masticating organs.—H.

Increased appetite from active hyperæmia of the mucous lining of the stomach.—H.

65. Great sensation of weakness, emptiness of the stomach, as if it were quite gone, which proceeds from a relaxed condition of the great sympathetic nerve; small doses.—H.

Primarily homœopathic in flatulence of stomach, swelling, eructation, and dull pain, probably caused by want of elasticity in the muscular fibres of this organ. 2 or 3 $^1/_{10}$.—H.

Secondarily homœopathic in gastralgia, cardialgia, cramps in the stomach and other cramp-like conditions of this organ.—H.

Homœopathic in congestion of the stomach, with hyperæmia of its mucous lining; manifested by a sensation of heavy weight, with pressure, tension, and dull pain, often with a sensation of emptiness and faintness in the epigastrium, and a kind of gnawing false hunger.—H.

A.A. E.E. Active hæmorrhage of every kind, because of its sedative power.

70. In colic, if homœopathically indicated, it must be the spasmodic and flatulent form.—H.

In peritonitis little is to be expected, except to subdue by its power the fever, and the nervous irritation from excessive pains: May be used externally.—H.

Enteritis; probably very valuable in the earliest stages, also in spasmodic action of the intestines.—H.

Neuralgia of the intestines; a drop every 15 minutes of the tincture, for sharp lancinating pains, with great excitement and restlessness, cold hands and feet, rapid pulse, and tendency to general cramps.—H.

In strangulated ruptures, it should have the greatest influence. I would give it at the very first, for no medicine promises so much as this; the internal employment should be assisted by the external. N.B. I agree with the recommendation to the fullest extent.—C. Hg.

75. Diarrhœa, bilious, fermented, with much wind, and great nervous weakness, more than the evacuations could cause.—H.

Diarrhœa, or threatening of the same, after excitement especially after fright.—Morgan, Hale.

In Dysenteries; like aconite, it diminishes the inflammatory symptoms, the blood in the motions, and especially the tenesmus.—H.

w. Constipation, when the motion is retained in consequence of want of tone in the muscles of the bowels, (2. 3. $^1/_{10}$), when from spasmodic causes, drops of the tincture.—H.

For Worms, a domestic remedy in the southern and south eastern states, according to W. B. as a lavement; a weak solution of the tincture expels ascarides. I have given it with wonderfully good effect in alternation with other remedies.—H.

80. w. Passive congestions of the liver, bilious diarrhœa and relaxed gall ducts.—H.

Acts specifically on the nerves and muscles of the rectum. —H.—Paralysis of the sphincter.—White.

In nephritis, cystitis, and arthritis, it may be given like *aconite*, in order to reduce the hyperæmia. In these cases we must rely on the secondary action, and give large doses.—H. It will be remarked that Hale completely reverses the hitherto received definition of primary and secondary actions, which does not signify as long as we are aware of the peculiarity.—C.—Hg.

Frequent call to urinate, with small discharge, and tenesmus of the bladder.—H.

w. Enuresis, as useful as belladonna in inordinate discharge

from a relaxed and paralytic state of the sphincter muscle of the neck of the bladder, by attenuations.—H.

85. w. Spasmodic affection of the ureters from the passage of calculi.—H.

w. Spasm of the bladder, in women, often combined with uterine spasm, in man with colic.

Impotence, from muscular paralysis and atony.—H.

Pollutions, with or without lascivious dreams, caused by direct debility of the genitals, or rather of the great nerves, on which their healthy condition depends. Hence indicated primarily. It is also secondarily homœopathic to seminal emissions from excessive irritation of the organs of generation, either from emotional or local congestive causes, and when accompanied by a condition similar to satyriasis. Therefore in larger doses, 2 to 3 drops of the tincture every two hours.—H.

Spermatorrhœa, as near specific as any medicine can be. Every night ½ a grain *gelsem.* with 3 qrs. of *lupulin.* Keith.—Here at least Robbi's *lupulin* enjoys a continued existence.—C. Hg.

90. A.A. Gonorrhœa.—Dr. John Douglas.

A.A. In the urethral inflammation of clap, in order to prevent chordee.—Coe.

A.A. Spermatorrhœa, even in cases of long standing.

w. Dysmenorrhœa of a neuralgic or spasmodic character, in material doses; for the congestive form, in dilution.—H.

A.A. In the pains of dysmenorrhœa no remedy is equal to it. Half a grain every 2 hours. When caused by functional derangement it is specific.—Coe.

95. Amenorrhœa. Half grain doses, 3 times a day.—Coe. In the congestive variety, induced by a cold.—H.

In abortion, it will act preventatively like blood-letting.—King.

It assists the process of labour in large doses.—Coe.

Prevents abortion in yellow fever.—White and Ford.

w. Vomiting and gastrodynia of pregnant females, when of a spasmodic character.—H.

100. Cramps of pregnancy.—H.

In hour-glass contraction of the womb.—King.

In inversion of the womb.—King.

Puerperal convulsions.—King. When dependent on uræmia. —H.

Rigid os uteri.—King.

105. Difficult labour from rigidity of os or vagina.—Cleaveland. L. E. Miller. It may be applied locally to the os, in the form of the glycerole of *gels.*—H.

The best parturifacient, relieves cramps or other spasmodic difficulties, vertigo, nervous irritability, wakefulness, &c. In small doses it greatly stimulates uterine contraction, but when given in large doses, it will arrest the progress of labour, with much certainty.—Coe.

Catarrhal fever, with sneezing, watery coryza, sore throat, cough with rawness of chest.—Douglas.

In the winter of 1860—61 in many cases of influenza.—H.

w. Acute bronchitis.—H.

110. Spasmodic croup.—H.

Laryngismus stridulus, Miller's asthma, &c., or spasm of the glottis in children, many cases related by colleagues. It may be only a valuable palliative, but it must give relief in most cases; in the intervals, *bell.*, *hyos.*, *arsen.*, or *moschus* may be given.—H. The intervals might be better employed.—C. Hg.

Aphonia from catarrhal paralysis.—H.

Primarily indicated in paralysis or debility of the lungs of nervous origin, and in passive congestion. Secondarily in all affections of the lungs and pleura marked by erethism or vascular irritation, or when congestion is to be feared, or is already present; also in all spasmodic affections of the lungs and diaphragm, such as convulsive hiccough, certain forms of asthma, spasms of the air passages, convulsive cough, &c.—H.

In the first stage of pneumonia, as in most other inflammatory diseases, *gels.* is capable of breaking up the disease in the first 24 hours by producing free perspiration. Repeat it as occasion requires till the fever and pain abate.—Douglas.

115. A.A. Inflammation of lungs and pleura.—Wood Bache.

Diseases of the heart, particularly those in which the chief indication is to diminish the action of that organ. In some forms of functional derangement it will often effect a cure. In material doses it will alleviate those cases of excessive action of

the heart from plethora, congestion, neuralgia or rheumatic irritation, or hysteric palpitation.—H.

An excellent palliative in those troublesome symptoms which affect the head and eyes during the progress of heart disease. The sensation of fulness, heaviness, giddiness, throbbing, jerking, &c. the dimness of sight and other amaurotic symptoms are admirably met by small doses of *gels.* or its alkaloid.—H.

Pains in the back, shoulders, neck and occiput, preceding or following attacks of ague; also when these or similar pains are of a neuralgic nature, arising from some form of spinal irritation, or come on as the result of a cold, having something of a rheumatic character.—H.

w. Chronic myelitis.—H.

120. In paralytic states of the lumbar or sacral muscles, it is especially indicated.—H.

w. Opisthotonos, because a dog had it.—H. He does not know what a terrible long list of medicines may put forward the same claim!—C. Hg.

It would seem to be homœopathic to paralysis of the arms, with loss of motion but not of sensation (the same is true of *aconite*)—also when the paralyzed are affected with cramps and contractions.—H.

Rheumatism of the arms with loss of motion.—H.

Rheumatic pains in the legs accompanied by crampy sensations and weakness of the knees.

125. Tincture of the root to be rubbed in, in rheumatism.—Rafinesque. *Med. Fl.* 1828.

A.A. Rheumatism.—Wood Bache.

In rheumatic fever and rheumatism generally, it has its advocates in the homœopathic school of the north-west.—H.

E.E. Many consider it specific in all neuralgias.—Keith.

A majority of cases of neuralgia are rapidly relieved; but pretty large doses must often be given and repeated every half hour.—Douglas.

130. In many cases of neuralgia it gives prompt relief.—Douglas.

The pains produced by *gels.* are not caused by a primary affection of the nerves of sensation, but depend on a certain

morbid condition of the nerves of motion. It can be of but little service in pure neuralgia.—H.

A.A. Neuralgias.—Wood Bache.

A.A. Insensibility to pain, stupor or delirium.—Wood Bache.

Spinal weakness, especially from onanism, with the sensation of lightness of the body.—H.

185. In cases of dislocation and fracture of the bones, the muscles can be very quickly relaxed by Gels.—H.

I know no medicine which can so surely prevent convulsions, (especially in children,) before the breaking out of eruptive disorders.—H.

Convulsions, chronic and tonic spasms in epilepsy, chorea, hysterias and the like.—H.

In tetanus, it ought to be tried antipathically.—H.

Obstinate tonic convulsions and cramp-like rigidity, only give enough, and it will remove them.—H.

140. In hydrophobia it ought to do good; why not? The cramps are short and chronic, like the secondary effect of Gels. The dog poisoned with Gels. would not drink. If seized with hydrophobia, I would take Gels. and await the end.—H.

A.A. Chronic epilepsy.—W. B.

Gels. acts primarily on the nerves of motion, like Angustura, (?) Nux vomica, Ignatia and Æsculus, but in the contrary way. It depresses and paralyses, whilst they excite and irritate. It causes passive congestion of the spinal chord; they cause active congestion; they with an exalted state of the motor nerves, amounting to tetanus—this, with a paralytic or debilitated condition, the very opposite to tetanus.—H.

In the peculiar stupor or sleepiness in students, or persons of sedentary life, especially in hot weather, (not from torpor of the liver), Gels. is very serviceable in small doses, continued for some days.—H.

145. Stupor in the fever of children, "Remittens infantum."—H.

Stupor from cerebral typhus.—H.

Coma and congestion of the brain, or apoplectic fits.—H.

Delirium tremens, morbid sleeplessness of drunkards, in large doses.—H.

The very best medicine for sleeplessness and excitement in teething children, or in students, persons under mental excitement, or hysterical females; in general, the first dilution is effectual.—H.

150. E.E. It is, perhaps, the only medicine as yet discovered, which is capable, in 6 or 24 hours, without the slightest injury to the patients, to overcome the most formidable, as well as the simplest fever of our country and climate.—Keith.

E.E. Calms nervous irritability and excitement, promotes perspiration, regulates the various secretions, without causing nausea, vomiting, or purging. It serves for each stage of the disease, and may follow any other treatment with safety.—Keith.

E.E. I have employed Gels. in every case of idiopathic fever which came under my treatment for the last six months, with the most perfect impunity, and with the most desirable results. Neither age nor sex affected its efficacy. Dr. Nash. (Nevertheless, he concludes it to be co-efficient with Quinine.—C. Hg.)

H.H. Such was the general result of the treatment of the fever of this country, that most homœopathic physicians denied the probability of stopping a fever when once in progress. All who are sighing under this impression will soon be convinced of their error, if they duly employ Gels. I have proved it on myself, and seven or eight others; it was impossible to escape the conviction that Gels. would be homœopathic to the ordinary fever of this land.—J. S. Douglas.

I could recount sixty cases, of equally striking results from this excellent medicine, in fevers which attack suddenly, whether from catching cold, or any other cause, combined with chill, pains in the limbs, head, and back, variously disordered taste in the mouth, with great restlessness. The almost invariable effect in these cases is as follows: within two to five minutes the chill goes off—is soon followed by an excess of heat, and pricking of the skin; in five to ten minutes perspiration sets in, with gradual cessation of all pains, and of the restlessness. The patient falls asleep, and awakes with a consciousness that his disease is stopped; and this proves to be a fact.—J. S. Douglas. 1859.

155. In simple fevers, I consider Gels. not only as a needful

medicine, but as the only one requisite. In cases of local complication, and of inflammation of the liver and the like, other remedies are also necessary. Given in the first stages, Gels. alone prevents the development of these complications. The dose varies: generally in drops of the tincture every half hour, until the desired effect is attained. Half, nay, even a quarter of a drop is often sufficient. The largest dose was five drops, and that only in one case. As it acts with uncommon rapidity, it can soon be repeated, and in increasing doses, if no effect be observed.—Douglas.

It acts specifically and energetically, not only on the circulation, but also (!) on the nervous system, and assuages nervous irritability in fevers with more effect than Coff., Cham., Bell., Nux, or any other of our medicines.—Douglas. 1859.

I have given Gels. in a great number of feverish attacks after catching cold. It seems especially suitable, however the attacks may be occasioned, if they come on with chilliness and pains in the head, back and limbs.—J. S. Douglas.

In all cases of feverish disorders, no matter of what organs. If it is given in the first stage, during the congestion or chilly period, it seems to act quicker than Acon. or Bryon. or any other medicine whatever.—Douglas.

At the same time, whilst it controls the circulation with a power like that of Aconite, it has a far greater influence over the nervous system.—J. S. Douglas.

160. It is, beyond a doubt, primarily homœopathic to pathologic conditions on which chill actually depends: secondarily homœopathic to feverish conditions, or the reaction which follows them.—H.

A form of rigor called "nervous chills," which were shivering, shuddering, and chattering of the teeth, no chilliness is felt; an excited condition of the motor nerves, which takes place in hysterical subjects after fright or other mental affections; often in child-birth, it is said, with relaxation of the sphincters. In all these cases. Gels is very speedily beneficial.—H.

Simple fevers, without disturbance of the functions, are instantly broken off, if Gels. be given at once.—Douglas. Especially fever in children and sensitive females.—H.

Very valuable in so called irritative fever. It is suitable to excessive nervous excitability, the tendency to irregular convulsive activity, the period of sleepless debility, and the accession of feverish stupor.—H.

For intermittent fever in children there is, excepting Aconite, no medicine that promises so much; especially when these fevers are characterized by excessive, irritability, and erethism, either of the general or special nervous system. (!) When neither Aconite nor Cham., nor Bell., during continued restlessness and tossing about, (what the nurses call "internal fever,") two doses of Gels. do good at once.—R. Ludlam.

165. Since I am in the habit of treating intermittent fever of children with it, I have brought them through with far more certainty and satisfaction than before.—H.

A.A. Remittent fever.—Wood Bache.

Hectic fever; highly praised by some practitioners.—H.

Typhoid or enteric fever, nervous fever, especially if the patient after great excitement or over-exertion, suddenly sinks into a typhoid state of debility, with great feebleness and want of vital power; if he has strange sensations in the head, with morbid condition of the motor nerves, local paralysis, or constant tossing about, and starting of individual muscles. Occurring oftener in females; along with this, nervous dysphagia, hysterical spasms, sleeplessness, distortion of the face, and the like.—H.

Muttering delirium, in typhus fever; and that too, in low dilutions.—H.

170. A.A. Typhus fever.—W. B.

Among the clinical virtues, there is none which gives more satisfaction, and has really more practical value than this has in the treatment of those intermittents, which ought properly to be called "post-typhoid." This form of intermittent, which follows an adynamic state of the system, is characterized by want of distinctness in the different stages, which have a masked type, and an intractable nature. Gels. is especially useful in this case. Patients with enteric fever, who came from miasmatic districts, (especially in the south,) to Chicago, have a tendency to sequelæ of this sort. Hardly one escaped this

characteristic convalescence; and in no single instance did Gels. fail. Ludlam.

A.A. After its first discovery, cried up as a specific for intermittent fever, it became a secret remedy, (quack medicine?) and was much employed. Yet we cannot decide the weighty question, whether it is a substitute for quinine or not.—Maynes.

(We now have a fine opportunity of knowing where their tonic is gone to in the south! Hitherto they used to make a broth of both.—C. Hg.)

A.A. Intermittent fever.—Wood Bache.

In fever similar to intermittent, which may be considered as masked, or in fevers that have degenerated into these, low dilutions are useful.—H.

175. H. Specific in recent attacks of intermittent fever; it modifies more ancient ones; it changes double tertian into single.—John C. Morgan.

It cures some intermittent fevers; the actual value in these cases cannot, however, as yet be positively asserted. Holcombe, Ludlam, and Douglas affirm that it cures them. [Holcombe, with characteristic impudence, gives 10 grains of sulphate of Quinine, with 1 grain (so called) of Gels., and six hours before the fit, order $^1/_5$ of it to be swallowed every half hour.] I had wonderful success with $^1/_5$ or $^1/_{10}$ grain of China, alternately with $^1/_{10}$ or $^1/_{20}$ Gels.—H.

H. Sequelæ of intermittent fever. Black and bright specks before the eyes, 6 and 30.—L. M. Kenyon, of Buffalo.

A.A. Yellow fever in 24 cases (15 men, 9 women, 12 adults, 12 children, 22 whites, 2 blacks). In 2 of these cases there was black vomiting; in 5 black stool; in 8 bleeding from the tongue, gums, or nose; one was a woman in the 6th month of pregnancy, who did not miscarry. All recovered.—Drs. White and Ford, Charleston, S. C.

Scarlet fever; on a par with Belladonna.—H.

180. In scarlet fever it lowers the pulse, quiets the nervous irritability, brings out the eruption, alleviates the pains, diminishes the congestion of the brain, surpasses Belladonna and Aconite. At once considerably modifies its character, and ended satisfactorily. It is the only thing which succeeds in

controlling the majority of cases.—Dr. H. W. White, Michigan.

In rubeola, with good results; removed the cold, and prevented chronic catarrh, bronchitis, or pneumonia.—H.

In measles, in the first stage, it modifies the disease strikingly, so that then Puls., Sulph., Euphr. are more beneficial.—Douglas.

Seven or eight cases of measles (many violent ones from the very commencement), became milder and the eruption very moderate. It seemed to me to allay this just as much as the fever.—S. S. Douglas.

W. Measles: specific during the commencement and in the inflammatory stage.—H.

Measles: in many cases, this alone was successful.—Lodge.

Variola: perhaps just as useful as Belladonna and Aconite, especially against intense fever.—Hale.

E.E. Poisonings by Rhus tox. or Rhus radicans. The tincture diluted with water externally; in fever also internally.—Coe.

In similar eruptions similarly employed.—Coe.

190. Eruptions without pain or suppuration.—Hale (Comp. *ante*, 44, 45, 46.)

GENERALITIES.

A.A. Decidedly narcotic.—Coe.

E.E. Whether narcotic or not, is not satisfactorily proved.—King.

A.A. Is narcotic in the highest degree, but it possesses other properties too; probably relaxing and softening constipations as well as narcotic.—Dr. Branch.

A.A. Dr. Nash thinks it should be narcotic, antispasmomodic and sedative; seems to exert its influence upon the sensorial ganglia, the spinal cord and the muscles subjected to the will; leaving the intellectual faculties unimpaired, it reduces the circulation, promotes perspiration and the secretions in general without nausea, vomiting or purging, and it has been administered in all stages of febrile disease.

195. E.E. Whilst it approves itself as the most valuable sedaitve, on the nerves which supply muscles of locomotion, it never *seems* to have the least effect on the brain or to derange the

stomach or intestines in the slightest degree. This it does, and diminishes the speed of the pulse and rapidity of breathing; and whilst it causes a relaxation of all the muscles, it assuages every painful sensation, inasmuch as it acts on the nerves of general sensation, like Aconite.—Cleaveland.

Cleaveland, on the indication of the sedative, says: "Perhaps to no other class of remedies should we more frequently have recourse, if the faculty did but feel sure they could command them to produce the desired effect." I beg you will observe the remark, says Maynes. Adequate personal experience, as well as the observations of very many physicians, prove sufficiently that Gels. will give all who will try it the very highest satisfaction as a sedative for the nerves that branch off from the spinal chord to the organs of locomotion, or for the nerves of voluntary motion, and in a less degree, for the *par vagum* and the sympathetic system, which are distributed to the heart and lungs, whereby it causes a less powerful and less frequent pulse, and a slower or weaker respiration.

A.A. All writers agree in ascribing to Gels. sedative and narcotic properties; that it exerts its activity especially on the nervous system, and acts indirectly on the circulation and the muscular power. My own observations confirm the truth of this. I have in no single instance found myself disappointed in this immediate quieting effect: the patient was most speedily calmed, although he had been before the exhibition of this medicine most violently excited. Under its influence restlessness is soon followed by calm tranquillity, the excited frequent pulse is moderated to calmness. These favourable effects must be secured by frequent repetition of the dose, because the operation of the medicine is not lasting, but transient. After 2 or 3 hours radically acting remedies must follow.—Maynes.

A.A. There have been ascribed to Gels. tonic, alterative, antiperiodic, antiphlogistic, antispasmodic, diaphoretic, diuretic powers, besides many other anomalous and contradictory properties. But by the praises of silly friends, too much was said, consequently so much less was believed. It may possess other

powers, but after a careful (!) trial nothing has been exhibited to me but its tranquillizing powers.—Maynes.

I consider it as a direct sedative, surer and easier to manage than *veratrum viride*, and generally applicable in practice.—Maynes.

200. I regard it as a most valuable adjuvant along with other treatment in all cases where it is desirable to diminish the frequency of the pulse, to quiet every excitement; when it is desirable, as in mechanical injuries, to lower the irritability of the nervous system; likewise in that troublesome hysterical exaltation of the nervous sensibility, which so often exists in nervous women and girls, its value cannot be at all too highly extolled. It is not a specific for any one separate disease, but a wonderful aid in the treatment of ***almost all diseases!***—Maynes.

You see I do not regard Gels. as a medicine possessing in itself power to cure diseases without other treatment. It is not a specific for any. I am merely endeavouring to call attention to it as a marvellous agent in controlling irregular nervous activity. It brings the system into a state of repose that is favourable to the reception of the full operation of other radical treatment.—Maynes.

As in the case of all other new medicines of known power, but of undetermined therapeutic indication, Gels. was given in a great number of diseases: in neuralgic rheumatism, intermittent fever, typhus, pleurisy, pneumonia, chorea, and epilepsy; and in all other possible forms of disease, and every conceivable suffering of the human frame. Under these circumstances the result must, of course, turn out variously. Had it not chanced to be accidentally prescribed at the right time and the right place, so that it was enabled to exhibit the most beneficial effect upon the disease, its use would long since have been given up again.—Maynes.

A.A. Maynes, at p. 185 of his treatise, suddenly recollects, that in the very same way, laudations had not long ago been bestowed upon *veratrum viride*. (The German papers have, to my knowledge, been spared that ***high tide*** of talk

which even in our *Homœopathic Journal*, has made a grand flourish about the modification of the pulse by *veratrum viride*. Although very much, wondrous much was said, nothing new came out of it all—not once a discrimination between it and *ver. album*, and although the Homœopathic (!) Apothecaries sold the tincture by gallons, yet we obtained nothing that was worth transcribing.—C. Hg.)

Therefore Maynes goes on apologizing:—During the last year so much has been written and published in praise ef *veratrum viride* as a sedative of astonishing power, that it may look like envy if one should endeavour to bring any other article into the foreground to surpass it; even already, before the faculty are agreed on the question whether one may grant the possibility, that any medicine whatever can really possess such properties as have been ascribed to another. It is, however, not envy that determines us to undertake the task. *Veratrum* still continues as a giant, in cases where Gelseminum, her modest rival, can do nothing; one must not place the strength of a giant in competition with that of a dwarf! We ascribe to *veratrum viride* a rank in the first class, according to its wonderful powers. It has, however, *too much* power by far to allow it to be generally used; it is too energetic for one to venture to trust it to the hands of even the most intelligent (!) nurse. In country practice it cannot be universally employed, without running risk. The extreme nausea, the alarming paleness, the excessive vomiting, that sometimes follow the use of *ver. viride* are a decided objection to its employment. Although now a better and safer sedative has been found in Gelsem., I have boldly defied all these objections, and used it on a large scale. I give it still, if Gels. fails. Thus recently, in a severe case of pneumonia.

A.A. Nervous, sedative, without causing nausea or purging, often determining diaphoresis, especially in febrile diseases; lowering the frequency and strength of the pulse as well as the frequency of respiration.—Wood Bache.

205. In Peters the Apostate's *Science and Art, or Principles and Practice of Medicine*, 1860, according to Hale, *gelsemin* was strongly recommended for quick pulse

from debility. It is said to possess a perfect control over the nervous system, whilst it is an incomparable febrifuge; diminishes perspiration, controls muscular irritability and nervous excitement with more power and force than any other known medicine, without causing nausea, vomiting, or purging. As a sedative for the heart and arteries it surpasses *aconite, digitalis,* and *veratrum viride,* is not so powerful as the last, but safer and easier to manage. It reduces the circulation and quick respiration, causes perspiration, relaxes all the muscles, assuages all painful sensations and restlessness, but leaves the intellectual faculties perfectly unimpaired (in the Doctor's case, it seems, however, to affect the last considerably!) It brings into subjection every kind of fever in our climate; calms nervous irritability and excitement, removes all primary symptoms of typhus; turns typhoid pneumonia into the simple kind; in asthenic fever the pulse falls from 130 to 75 within 8 to 12 hours, for which reason it should be given also in inflammatory diseases of the brain, lungs, pleura, and intestines, and in rheumatism.

Hale in his monograph, sums up in the introduction as follows: In many abnormal conditions of the motor nerves, as well as the organs which are most abundantly supplied with these nerves. It is homœopathically indicated in all feebleness of the voluntary nervous system. Also in cases of perverse nervous activity; also in shivering convulsions, twitching of individual muscle, chorea, clonic painful spasms in the throat, contractions of different muscles, &c. Equally also in congestive states of various organs of the body, especially the head; congestions of lungs and uterus are better controlled by *veratrum viride, tart. emet.* and *aconite.* Lastly, those remote and secondary affections of the digestive organs, the liver, the spleen, the kidneys, and the sexual organs; all these must have been preceded by disease of the nervous centre.

Reports of Individual Cases.

1.—1858. P. W. aged 21, of sanguine temperament, had complained of feebleness and want of appetite for three weeks

without intermission. For the last week he could no longer attend to his business: took a purgative and was evidently the worse for it. For the last 36 hours, seriously ill. May 30, I found as follows: Pulse at first too full, yet weak and vacillating, about 100 per minute; tongue red and dry; hands trembling when held up; tongue quivering when extended; on falling asleep wandering talk and longing after imaginary things; lips dry and rough coated, as well as the teeth; anxiety, restlessness. Took one drop of the tincture of Gels., to be repeated every hour, if necessary. Thirty minutes after the first dose perspiration came on; he slept quietly during the night; tongue and lips moist, the coating gone, the spirits cheerful, pulse 84, and equable. The following day I found him dressed, down stairs, and with a good appetite. June 3, went out, and felt himself well: dismissed.—(J. S. Douglas, 1859, printed in Hull's *Domestic Medicine*, and subsequently in the *United States Journal of Homœopathy*, p. 4, and the following further reports added.)

2.—July 3, 1858, D. A., aged 22, was well till last evening, when he was seized with severe rigor, with great weariness and faintness; pains in back, head, and limbs. The predominant and most distressing symptom was extremely violent pressure on the chest, and dyspepsia. This increased till midnight, when I saw him. Extraordinarily distressing difficulty of breathing, with an agonizing sensation of fulness and pressure on the chest and great chilliness, limbs cold, pulse slow and labored, very great uneasiness from threatening suffocation; constant longing for fresh air; the sound of the respiration weak and undecided. Took a drop of the tincture every half hour until relief was experienced.

July 4, at seven o'clock a. m., profuse perspiration came on, fifteen minutes after the first dose, with constant and rapid improvement. The rigor went off in five minutes; breathing much easier, pulse quick, fuller and freer. Repeat medicine every two hours. Dismissed July 5.—J. S. Douglas.

3.—July 12, 1858. J. W., aged 19, complained for the last week

of feebleness, loss of appetite, confusion of the head, &c.; confined to the house the last two days; confused headache, pain in the back and limbs, no appetite, bad taste in the mouth, nausea, tongue thickly coated with white, feels weak, low-spirited, dejected, with quick pulse and hot, dry skin. A drop of tincture Gels. and Bell. 3, alternately every hour.

July 13, ever since the first dose, perspiration, sound sleep, without fever; the tongue is clean; he feels well, only weak. Took nothing more and went out again next day.—D.

4.—Oct. 20, 1858. Dr. P., a clergyman, of bilious temperament, was ill for two days; had constant chilliness with intense feverish heat, pain in the back and limbs, severe headache, with sensitiveness in the head and such prostration that he is aware the illness is an unusually severe one; pulse laboured only 60 per minute; tongue coated. One drop of tincture of Gels. every hour.

Oct. 21. Ten minutes after the first dose, the chill went off, and perspiration followed; as it continued the pain abated. Pulse 86, full and soft, tongue cleaner; in every respect much better, but still prostrate, as if after a long severe illness: to continue the medicine, only less frequently.

Oct. 22. Feels free from disease; tongue nearly clean; has some appetite, but cannot help thinking his illness, though so speedily and so happily brought to an end, has been of a very severe nature.

Oct. 24, preached again, as usual.—D.

5.—Oct. 21. 1858, Mrs. C., of meagre scrophulous diathesis, was ill all through the week, since yesterday seriously. Felt much prostration, with pains in the head and back; skin hot and dry, pulse 110, small and weak, gums swollen, and parting from the teeth, giving out pus on pressure; the edges dark, with black gangrenous spots, ulcerous spots on the edge of the tongue, the left half of the hard palate covered with confluent ulcerous spots, some parts gangrenous, intolerable odor from the mouth. Two days, rigor in the morning lasting two or there

hours. *Ammon. carb.* 3, 2 gr. in 4 oz. of water; a teaspoonful every two hours.

Oct. 22. Mouth and gums better; the dark spots gone, smaller portions had become detached. Pulse 84; feels strong. The same rigor for two hours also this morning, afterwards fever. Continue the *ammon. carb.*, but alternately with *nux*; and, if the rigor came on, *gels.* Oct. 23. Much better. The rigor came on as usual, but when she took the *gels.* it ceased instantly, and in 20 minutes perspiration occurred without fever. Oct. 24. The ulcers are healing, she feels much better. *Nux.* Oct. 25. No chill, the ulcers nearly healed: dismissed. This is a specimen of the way *gels.* acted in more than 100 cases where it was administered for fever.

6.—March 16, 1859. Miss E., aged 19, was suddenly seized with continued sneezing, with copious watery discharge from the nose; hoarse in the throat as if raw and sore, with ulceration in the larynx, trachea and bronchial tubes; constant dry cough, very painful on account of the soreness of the chest; sensation of faintness, chilliness, rapid feeble pulse, with a feeling of severe illness. After one drop of tinct. Gelsemini, perspiration, the soreness and fever ceased; after some hours, loose easy cough without much suffering. Several similar cases at the same time with the like result. In feverish attacks of cold I have employed it in a great many cases with equal success. It is particularly suitable even if the attacks come from other causes, with chill and pains in the head, back, and limbs. I have treated eight cases of measles with it, and it was always beneficial.—D.

7.—Nov. 3, 1861. Being sent for in the night to a young married woman of very nervous temperament, who was in the seventh month of her first pregnancy, I found her with violent convulsions, frequently repeated, shortly followed by complete loss of consciousness and wild delirium. This condition continued till the afternoon of November 5 (therefore sixty hours C. Hg.). Then a dead fœtus was born. The convulsions then

ceased, but the strong delirium continued still, incessant chattering, without a moment's sleep for two days and nights in succession. For the next half day the delirium became somewhat milder, the incessant talk less wild, and she slept now and then for two minutes. During the whole of this time the arterial action was under continued excitement as in the case of acute inflammatory disease, although no inflammation was discoverable. This excessive activity was successfully controlled by frequent doses of Aconite. I now determined to try the effect of *Gelsem.* Subsequently she took teaspoonfuls of a mixture of three drops of the 3rd dilution in half a glass of water. After three doses during the night, she slept three times for an hour or two. Next morning she gave the first signs of consciousness. This, however, did not last long. A few minutes of intellectual excitement seemed to exhaust the power of the brain, and she relapsed into her waking delirium. But as often as she had a return of delirium and sleeplessness, the above doses constantly and speedily induced rest and sleep. The intelligent nurse learnt to judge accurately when it was needful. From that time forward the patient improved continually up to Nov. 23, yet it was necessary occasionally to give Aconite, which alone had the power of controlling the excessive arterial activity. She can now leave her room, though her intellect is still weak, and after unusually long excitement the delirium commences. —D. [Thus a schoolmaster takes a naughty lad and gives him a box on the right ear, and then presently gives him a slap on the left side for a change. This is a genuine bit of old school treatment, and no cure at all !—C. Hg.]

In this case *aconite, bell., cham., coffea, hyos., ignatia, puls., stram.*, &c. showed themselves powerless, when *gelsem.* most clearly ! uniformly ! perfectly ! quieted the excessive nervous irritability and delirium, and induced sleep.—Douglas, in *Hale's Monograph.*

8.—On the 5th of November, 1861, I was sent for to a lady who was in the eighth month of pregnancy, and was already the mother of four children, of which the two last were born somewhere about the eighth month. Her labours were always

excessively tedious from three to six or seven days, apparently in consequence of great rigidity and unyielding state of the *os uteri*. At her last confinement she had seven puerperal convulsions. When I saw her she had already had regular pains for three days; but, being accustomed to protracted labours, she had not considered it necessary to send for me until she was seized with a convulsion, which was repeated before I came. I found the pains very strong and frequent; but examination showed that they had produced no effect. The *os uteri* was not in the least expanded, but rigid and perfectly closed. Considering her two last confinements, which had occurred at the eighth month, and during which the great tediousness of the pains was accompanied with most violent convulsions continued for whole days; and moreover, considering my previous efforts to remove the spasms, and that all known remedies and methods of treatment had on the former occasions proved fruitless, I determined to try *Gelseminum*. It might, by its great sedative power, overcome the convulsions; it might diminish and stop the premature pains. And supposing it did not effect this, it might relax the rigidity of the *os uteri*, and thus promote the birth. For the patient was not of a nervous but a bilious (!) temperament. (O Galen, thou hast lain on the medical mind like a lump of lead these thousand years!) I gave five drops of the tincture to be given after each convulsion; or, if none occurred, every hour till the pains ceased, or the known symptoms of the medicine showed themselves. After three such doses I saw her again. No more convulsions, but the pains unaltered. I now ordered one drop every two hours. After six hours the pains were the same; but the *os uteri* now was soft, relaxed and dilated sufficiently to admit the finger. I left, to call again in six or eight hours; then the pains were again more frequent, but slighter. No medicinal symptoms showed themselves. I gave one drop every four hours. On the following day the pains had quite ceased, and the patient was quite well. In three days she was as hearty as ever and attending to her domestic duties. Since then I have heard no more of her. (Written Nov. 23.) —Douglas.

(It is to be hoped that the Dr. has since then heard the first

cry of the healthy infant; and it is to be hoped we shall hear more of this case, which is amongst the most remarkable in our literature.—C. Hg.)

9.—A pregnant woman, the mother of several children, has always suffered during pregnancy from the following symptoms:—Great heaviness of the head, stunning lethargy, dim sight, diplopia, vertigo, pulsation of the carotids, slow and particularly *weak* pulse. Allopathic treatment and blood-letting had been useless. I gave *acon.*, *bell.*, and *stram.* with little or no effect, and resolved to try *gelsem.*, after the practice of the eclectics, ten drops in six ounces of water, a teaspoonful every three hours. In twelve hours the symptoms had disappeared. The medicine was given for several days, and the symptoms recurred no more during her pregnancy. It is further to be remarked that tormenting uterine pains at the same time passed off.

In a second very similar case, where there were in addition frequent fainting fits and severe pains of the occiput, a few small doses were sufficient.—D. W. Rodgers, Quincey, Michigan.

10.—I gave it in one case of violent hysteric epilepsy. A young girl, after suppressed menstruation, had fits every evening for two weeks, which lasted one or two hours, with spasms of the glottis so violent as to threaten suffocation. Two drops of the tincture at three and six p.m. At seven, the usual time, no spasm occurred; but during the next monthly period, they set in again. *Gelsem.* then did no good; but *assafœtida*, in doses of a grain every four hours, brought on the monthly discharge and cured the spasms.—Hale.

11.—An eclectic physician, who is in great practice in the State of Ohio, informed me that, except in violent congestive cases, he depended entirely on *gelsem.* to stop intermittent fever. He assured me that he always gives it in sufficient quantity till it causes blindness during the apyrexia. I can hardly doubt the veracity of my informant, but I gave him to understand he might also "stop" the patient as well as the

fever! He, however, had no fear whatever of such a result. —Hale.

12.—E. E. Tertian fever six months; headache and pain all over the body, which passed off during the intervals; tongue not much coated; other symptoms common to the disease. Nov. 4. Alkaline bath every day; half a drachm of the *gelsem.* three times a day. Nov. 17. Dismissed cured.—Newton.

13.—E.E. In a case of intermittent fever, where I had employed all the customary antiperiodics, the fits nevertheless returned sometimes every day, sometimes every other day, after the constitutional effects of Quinine had been produced. After a few weeks I despaired, and determined to employ *gelseminum.* Consequently I left one ounce of the tincture, and prescribed thirty drops every two or three hours, until the eyes were affected; then to wait as long as this affection continued, and then to begin again till the fever was broken. After the next cold fit he took the first dose; the next hot fit was neither violent nor lasting, and the cold fit never recurred. The patient recovered to my great astonishment, without the eyes being in the least affected.—Dr. Goss.

14.—W. S., a great strong sunburnt soldier, who on the 17th of May was out in camp, slept under a roof full of holes, lying on straw without coverlid, awoke early after a cold night with violent chill, but not much shivering, followed by a hot fit. He took ten drops of tincture of *gelsem.* The fever was heightened, with some delirium. Took five drops, which was followed by some aggravation. During the afternoon and evening took portions of a drop. No fever that night. Next day ½ drop every two hours. No more fits.—John C. Morgan.

15.—A soldier of sanguine temperament had diarrhœa and rheumatic pains with ague symptoms. Took ½ drop for several days in succession, and was cured.—John C. Morgan.

16.—In the following case, Dr. Payne's proving, which follows afterwards, authorised the employment of *gelsem.*:—

A clergyman, about thirty-five years old, of nervous bilious

temperament (with a preponderance of the former), gave this account of himself. He had bronchial catarrh for years, but had otherwise been well, until in 1855 he went to Michigan, and very soon took intermittent fever. He was treated with enormous doses of Quinine, The disease ran through all the varieties—quartan, tertian, double tertian, &c., and always returned, till (in 1858) he came back to New York. Now he suffers from severe pain, accompanied with pressure and heat, in the neck; burning pain in the left side of the head and face; numbness of the left half of the face, of the left arm and hand; cold in the limbs, vertigo, sleeplessness, and inability to direct the thoughts to anything. All these symptoms were more violent from ten a.m. to ten p.m., and were milder the other twelve hours. I gave *ipec.*, which relieved the majority of the symptoms; after that *arnica*, which removed the whole group. A month later he said he had been plagued for ten days with spots swimming before his eyes, which were sometimes black, sometimes bright and even dazzling; otherwise he complained of nothing. I gave him *bell.*, and did not see him again for three weeks, when he reported that his illness had been a little alleviated; but only for two or three days, when he left off the medicine; he again resumed it, but without any result. Gradually his sight grew dim; he could neither read nor write, words all appearing to run into each other; and he could recognize no one beyond the length of the room. At the same time considerable heat in the eyes, extending into the forehead, is present; the swimming spots are now all black, the pupils somewhat contracted; otherwise he looks well and has no longer any trace of his former sufferings. I had just received the Journal with Payne's proving of *gelsem.*, prepared the medicine accordingly, and gave him the 6th every morning, the 30th every evening. Owing to the distance of fifty English miles, I did not hear from him till some weeks had passed, when he wrote to me that, after two days, he had experienced amendment and omitted the medicine; after two weeks the sufferings had disappeared without leaving a trace, and he could attend to his studies and his business. Two months after this he was still in perfect health.—Dr. L. M. Kenyon, Buffalo.

17.—Douglas (not the Homœopath, but an Allopath), writes from Blackstock, April 13, 1857. Thirty years ago, a young man came to me who had for some months suffered from a gonorrhœa improperly treated. One of my pupils begged of me to hand over the case to him, as he could cure the most obstinate gonorrhœa with *gels.* He gave the patient a table-spoonful of a weak tincture night and morning; after a few doses I was called in to see him, the medicine injuring his power of vision; but every symptom of gonorrhœa had disappeared, and the case was permanent. Since then I have treated several cases of the same character (what character?) in a similar way with the like happy result. I know not whether it is absolutely necessary that the patient should be completely narcotized, but so it was in each case which I treated. I do not doubt that a longer employment of small doses would answer the purpose—*Charleston Medical Journal and Review,* vol. xii, s. 480.

18.—I gave five drops to a young woman with pneumonia; in less than two minutes she cried out "how strangely I feel! everything looks dark." The pupils were somewhat dilated; she was partially blind!—Hale.

19.—A robust labourer, of bony build, had rheumatism in the upper and lower extremeties for a long space of time; a tormenting drawing down the arms and legs. He took a few globules of *gels.* 6. Hardly two minutes after this, his head felt very strangely, and all was black before his eyes; he saw nothing; but in ten minutes all this had passed away. Perspiration ensued at night, and next morning the rheumatism was much better.—C. Knabe.

20.—I gave it once to a patient who, under a severe hysterical attack, had such stiffness about the muscles around the mouth that it resembled tetanus. The jaws could not be separated, and hardly even the lips. I succeeded in getting two or three drops between the teeth. In eight or ten minutes the jaws began gradually to relax, and shortly all was normal again.—Hale.

21.—About two years ago, I had an attack of spermatorrhœa to a serious extent, and almost despaired of cure, for I had tried everything that was proposed to me. After four doses of *gels.*, the emissions ceased, and whilst I proceeded with the medicine, my appetite returned, the cadaverous appearance of my face gave place to a healthy color, and I have been well for years.—Dr. N. N. in Keith's *Journal*, Jan. 1861.

(To be continued.)

REVIEW.

Homœopathy the Science of Therapeutics. By CARROLL DUNHAM, M.D., New York. Smith. 1863.

THIS essay, which originally appeared in the *American Homœopathic Review*, but which its talented author has now republished in a separate form as a pamphlet, is well worthy the perusal of the friends and foes of homœopathy. Dr. Dunham first endeavours to determine the conditions of a science of therapeutics, and then proceeds to ask if the old school fulfils these conditions, which he answers in the negative. He next asks if homœopathy fulfils them, and this time the answer is affirmative, and a triumphant case is made out for homœopathy being the true and only science of therapeutics. We may here give briefly Dr. Dunham's mode of treating his subject.

The conditions—we should prefer to use the word *essentials*—of a science of therapeutics are, he alleges, two in number. "The first of these is a capability of infinite progress in each of its elements without detriment to its integrity as a whole."

"A second condition or test of a natural science, and therefore of any proposed science of Therapeutics, is that it shall provide for the prediction of future events within its own domain. It must furnish means of *prevision*. The problem must be as follows: Given the law and one series of phenomena, to state the corresponding series of phenomena on the other side. This condition is admirably stated by Whewell: 'Men cannot help believing that the laws laid down by discoverers must be in a great measure identical with the real laws of nature, when the discoverers thus determine effects beforehand, in the same manner in which nature herself determines them when the

occasion occurs. Those who can do this must to a great extent have detected nature's secret—must have fixed upon the conditions to which she attends and must have seized the rules by which she applies them. Such a coincidence of untried facts with speculative assertions cannot be the work of chance, but implies some large portion of truth in the principles on which the reasoning is founded. To trace order and law in that which has been observed, may be considered as interpreting what nature has written down for us and will commonly prove that we understand her alphabet. *But to predict what has not been observed,* is to attempt ourselves to use the legislative phrases of nature; and when she responds plainly and precisely to that which we thus utter, we cannot but suppose that we have in a great measure made ourselves masters of the meaning and structure of her language. The *prediction of results* even of the same kind as those which have been observed, in *new cases,* is a proof of real success in our inductive processes.' *Whewell, Philosophy of the Inductive Sciences,* Vol. II., pp. 64, 65."

The way in which he enquires as to the fulfilment of these conditions by the old school is worth quoting entire.

"DOES RATIONAL MEDICINE FULFIL THESE CONDITIONS?—This being the nature and these the conditions and tests of the only possible science of Therapeutics, we come now to inquire whether the old-school Therapeutics are of this nature or will sustain these tests. The works of the foremost men of the old school abound in admissions of their lack of a Therapeutic law and of the chaotic state of their practice. See Forbes, Bennett, Tod, Holmes and others. But the efforts of these men to remedy this sad state of things show a constant misapprehension of the philosophy of the science they are striving to construct.

"We may divide old school Therapeutics into two methods. The one bases the plan of cure upon a theory of the nature of the disease, endeavours so to study the pathology of the disease as to form a sound hypothesis of its modus operandi and then essays the cure upon 'general principles.' It undertakes in fact to act in Therapeutics upon what we have seen to be the true method in Hygiene. There are three objections to this method, any one of which would be conclusive were there not a prior difficulty in the *simple impossibility* of arriving at a knowledge of the nature of disease, which is *modified life.* A simple example will show this impossibility. In

Pneumonia, the blood contains an excess of fibrine. How happens this? Why, either the elimination of fibrine has been retarded or its fabrication has been accelerated. What are the agents of these respective processes? Cells—which are essentially similar in all parts of the body—and yet whose structureless walls possess the power of separating from the circumambient fluids the most diverse substances in different organs, nay, even of manufacturing new substances. Now, until we can learn the secret of this mysterious power of the cell-wall, which begins and ends with life, which we can neither comprehend nor imitate nor simulate, we shall not arrive at an understanding of the *nature* of any disease.

"Of the other objections to this method the first two are somewhat paradoxical. The method constitutes rather a congeries of sciences of Therapeutics based on theories of isolated groups or types of disease, than a single, all embracing science founded on one comprehensive theory of disease. Hence a new science must be formed for every new type. It is too *special*. On the other hand, it is too *general* to embrace all *the phenomena of each individual case*. For observation shows incontestably that, so great are the varieties of temperament and relative organization and condition among men, that no two cases of the same disease, so to speak, are exactly alike.

"Such a Therapeutics must be necessarily based on a theory which is a generalization, and which therefore overlooks those phenomena of a given case which are peculiar to the individual patient, and takes cognizance only of those phenomena which are *common* to a great number of cases. Now a method which requires such generalization and makes no provision for the strictest individualization is radically vicious.

"The eye of science regards natural phenomena with the most absolute impartiality. In her view there are no *trifles*, no events, subjective or objective, which are 'irrelevant' and 'of no moment.' A method of Therapeutics, however, which selects a few symptoms, calls them pathognomonic of Pneumonia, constructs upon them a theory of the disease and from this deduces a mode of cure, must disregard many phenomena of every individual case. It arbitrarily pronounces them 'accidental'—but Nature knows no *accidents*.

"So far is this method from meeting the requirements of inductive science, that it is not too much to say that this process of generalization actually leads to the treatment of cases which have no real existence and never had any, in fact, to the *treatment of abstractions*.

For who ever saw a case in which none but the pathognomonic symptoms of Pneumonia were present—or of Rheumatism or Dysentery? Who ever saw ideal cases of these diseases? We all see cases which present the pathognomonic symptoms *plus certain others* peculiar to the individual, but these vary with the individual and thus make each case different from every other. We see and treat the Pneumonia or Rheumatism of John Doe or Richard Roe, each of which presents, in addition to the pathognomonic signs of the disease, certain peculiar modifications impressed upon these signs by the temperament and idiosyncrasies of these persons, along with other symptoms peculiar to each. For such an individualization of disease as would give equal (or, as they deserve higher) rank to these peculiarities of the individual patient, the method under consideration makes no provision. This fallacy was perceived and well exposed by the Leipsic Professor, who recently exclaimed to his class: 'Gentlemen, we have to do with *patients* and not with *diseases*.'

"The next objection to this method is that it does not fulfil the first condition of a physical science. It is not capable of infinite progress. This point needs no elaboration. It was fully considered when the condition was stated. In confirmation of what was then said, I need only refer to the successive rise and decline of Brunonism, Broussaisism, the humoral and solid pathology, the theory of the dyscrasias and the reign and decadence of Iron, Iodine, Cod Liver Oil, etc.

"The second method of Old School Therapeutics is the Methodical which discards theory and found its rules for treating disease upon numerical data obtained from observation or by experience upon the sick.

"Given records of three series of cases, 1000 in each, and under three modes of treatment. Under treatment A, 500 recovered; under B, 300; under C, 200. A is adopted as the established mode of treatment for the disease—'Risum teneatis, amici?' an elaborate criticism of this method is unnecessary. It is enough to say that it does not fulfil either condition of a physical science. It is incapable of infinite progress. The addition of 500 cases to the 3000 above named might modify all conclusions and place treatment C in advance of A or B. There would result a complete revolution in practice and in the direction of investigation.

"But it utterly fails to enable us to foresee and provide against new forms of disease. If a thousand or two of cases must be seen

and experimented upon, in all conceivable ways, before definite and trustworthy conclusions as to the best treatment can be arrived at, who would not pray that his turn might come among the third or fourth thousand? Who would not pity the victims among the first thousands?

"Notwithstanding these obvious objections, this method of constructing a science of Therapeutics upon observation, whether at random or based on experimentation upon the sick, has the sanction of some of the highest names in the profession—among which it is sufficient to name Louis and Forbes. It demands therefore a more extended consideration. As it involves the application of both Mathematics and Logic, the opinion of the highest authorities in these respective sciences should be conclusive as to the soundness of the method, and we content ourselves with quoting two of them:

"M. Auguste Comte, one of the first living mathematicians, and who would therefore be disposed to apply mathematical methods to the natural sciences wherever this were possible, expresses himself in the following manner concerning the numerical method in medicine:—

"'Indeed, the spirit of calculation tends in our day to introduce itself into this study (Physiology), especially into that part of it which relates to medical questions by a far less direct method under a far more deceptive form and with infinitely more humble pretensions. I wish to speak of that assumed application of it which is called the Statistics of Medicine, from which so many *savans* expect great things, and which, from its very nature, can lead only to profound and direct degradation of the medical art (which would be reduced by it to a method of blind enumeration). Such a method, if we may be allowed to call it by the name of method at all, cannot in reality *be anything else than absolute empiricism*, disguised under the frivolous garb of mathematics. Pushed to its extreme logical consequences, it will tend to make all rational medication radically disappear from medicine, by conducting the practitioner to make random trials of certain therapeutic measures with the object of noting down, with minute precision, the numerical results of their application. It is evident, on principle, that the continued variations to which all organism is subject, are necessarily more pronounced in pathological than in a normal state, and as a consequence of this fact, the cases must be even less exactly similar, whence results the manifest impossibility of making a judicious comparison between two

curative methods derived from data furnished by statistical tables alone, independent of some sound medical theory. No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to Physiology, but it is precisely under the strict condition that it shall never be merely empirical, but shall always attach itself either in institution or in its interpretation to an entire system of corresponding positive doctrines. Notwithstanding the imposing aspect of the forms of exactness, it would be difficult to conceive of an opinion in Therapeutics more superficial and more uncertain than that which rests solely on the easy computation of fatal and favourable cases, to say nothing of the pernicious practical consequences of such a manner of proceeding, when one could not beforehand exclude any kind of attempt.

"'It is really deplorable that geometricians have sometimes honoured with some kind of encouragement such a profoundly irrational aberration by making vain and puerile efforts to determine by their illusory theories of chances, the number of cases sufficient to make these statistical results legitimate.'—*Cours de Philosophie Positive par M. Auguste Comte*, Tom. III, pp. 418, 420.

"And with a direct reference to the method of obtaining a correct system of Therapeutics by experimenting with individual medicines and individual cases of diseases, and forming of the results statistical tables from which deductions are to be drawn by the numerical method, the highest modern authority in philosophy, John Stuart Mill, speaks in his *System of Logic* (Harper's edition, 1848, p. 260). 'Let the subject of inquiry be the conditions of health and disease in the human body; or (for greater simplicity) the conditions of recovery from a given disease; and in order to narrow the question still more, let it be limited, in the first instance, to this one inquiry—Is or is not a particular medicament (Mercury for instance) a remedy for that disease?

"'The experimental method would simply administer Mercury in as many cases as possible, noting the age, sex, temperament and other peculiarities of bodily constitution, the particular form and variety of the disease, the particular stage of its progress, etc., remarking in which of these cases it produced a salutary effect and with what circumstances it was on those occasions combined. * * *

"'When we devise an experiment to ascertain the effect of a given agent, there are certain precautions which we never, if we can help it, omit. In the first place, we introduce the agent into the

has been said we proceed to examine the claims of Homœopathy to the honour of being that science.

"In its structure as a science, Homœopathy conforms to the model we have delineated. It consists of a law or formula which expresses the relation between two series of phenomena, those of a given case of disease on the one hand and those of a given drug-proving on the other. The elaboration of each of these series is the province of various subsidiary sciences, and they are analogous in their mode of elaboration. Each series, however, is entirely independent of the other. Each may be pursued independently, as a branch of Natural Science; and, under the heads of Pathology and Pathogenesy respectively, researches may be made in each without any view to a practical application in the cure of the sick. It is only when connected by the law of their relation (the formula of similarities) that they constitute the science of Therapeutics.

"Their application moreover, in obedience to this law is based upon no hypothesis respecting the essential nature of either variety of phenomena or of their modus operandi where brought into operation. This may surprise some who know how earnestly Hahnemann argued on these very points in his *Organon*. But these arguments were no essential parts of his system. They were the results of an endeavour to commend his discovery to the prevalent way of thinking. They constitute the only controvertible part of his writings and are the only positions of his which have not triumphantly withstood the assaults of his critics.

"Coming now to apply to Homœopathy as tests the condition to which we have shown that every inductive science must conform, we find in the first place that it is capable of infinite progress in each of its elements, without such progress involving the destruction or denial of what has been previously constructed or received. The study of the phenomena (whether of disease or of drug-action) was limited at first to the observation of external manifestations and subjective sensations as these might present themselves to our senses unassisted by any of the aids by which modern science has sharpened them, or to our minds unaided by that knowledge of the connection and mutual relations and dependences of symptoms for which we are indebted to modern discoveries in Chemistry and Pathology. But these advances in Pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug-disease. These phenomena respectively, whether rudely ap-

prehended or clearly and fully understood in all their relations and inter-dependencies still bear the same relation to each other—expressed by the law *Similia Similibus Curantur.* And we can imagine no possible development of the sciences of Pathology and Pathogenesy which could alter this relation.

"And then the law itself may be but a stepping-stone to a still wider generalization which shall one day embrace both it and something beside, and which shall make clear some things which we now see darkly. But should this occur, as the like has occurred in other Natural Sciences, there will be, there can be, no revolutionary action in it. It may be that the edifice, as we now occupy it, is still unfinished—it may be that other stories are one day to be added—but assuredly, as the tower is to the spire, as the buttress to the pinnacle, so will this generalization be to that which may be constructed upon it—a basis—an indispensable first step in the construction of the science.

"The complete manner in which the second condition, that of *prevision*, is fulfilled by Homœopathy is a source of inexpressible benefit to the race. It follows from the very terms of the science that if the phenomena of a given case of disease be known, the law of relation will at once point to the appropriate remedy (if this be contained in the Materia Medica) and this indication may be relied upon with implicit confidence, even though no such case of disease has ever heretofore been subjected to treatment. Conversely, when the properties of a given drug have been investigated and its toxic phenomena well ascertained, the physician is able to pronounce with certainty what form of disease it will cure, even though no such disease has ever been witnessed or treated by himself or by anybody. An illustrious example of this *prevision* was afforded by Hahnemann. The terrible fatality of Asiatic Cholera on its first invasion of Europe is well known. In extenuation of their lack of success, physicians of the old school pleaded that the disease was new to them—they had had no opportunities to study it and to ascertain by experiment the effects of remedies upon it. The plea was plausible, but fatal to the pretensions of their science. In fact it was good for nothing. For surely the first thousand cases should have afforded means enough for learning the pathology of the disease and how to cure it, if *this were to be learned from Pathology.* But hundreds of thousands perished and yet the per centage of mortality remained the same.

"While the disease was still on the confines of Europe—before it

had invaded Germany—long before either he or any of his disciples had ever seen a case of it, 'Hahnemann guided by the unerring therapeutic rule he had discovered, at once fixed upon the remedies which should prove specific for it and caused directions to be printed and distributed over the country by thousands, so that on its actual invasion the Homœopathists and those who had received Hahnemann's directions were fully prepared for its treatment and prophylaxis, and thus there is no doubt many lives were saved and many victims rescued from the pestilence. On all sides statements were published testifying to the immense comparative success that had attended the employment of the means recommended by Hahnemann before he had seen or treated a single case. This one fact speaks more for Homœopathy and the truth of the law of nature on which the system is founded than almost any other I could offer, viz.: that Hahnemann, from merely reading a description of one of the most appallingly rapid and fatal diseases, could confidently and dogmatically say: such and such a medicine will do good in this stage of the disease, such and such other medicines in that; and that the united testimony of hundreds of practitioners in all parts of Europe should bear practical testimony to the accuracy of Hahnemann's conclusions.'—*Dudgeon's Lectures on Homœopathy*, p. 37.

"We may add that in the second Epidemic of Cholera in 1849, the old school, despite their experience in 1831-34, had but little better success, while again the justice of Hahnemann's conclusions and the claim of Homœopathy to that *prevision* which characterises *a true science* were vindicated by the splendid success of the homœopathic treatment.

"John Stuart Mill, in the portion of his work on Logic from which we have already quoted, in speaking of the three methods of investigation—that of observation, that of experimentation and that of deduction—after showing conclusively that the two former are inapplicable to medicine, speaks of the deductive method in terms which are (unintentionally of course, and for this very reason they are the more conclusive) a description of the philosophy of Homœopathy. 'If, for instance, we try experiments with Mercury on a person *in health*, in order to ascertain the general laws of its action upon the human body, and then reason from these laws to determine how it will act upon persons affected with a particular disease, *this* may be a *really effectual method*, but *this is deduction*.'"

Dr. Dunham then points out how the science of therapeutics is to be studied, but for this we must refer the reader to the pamphlet itself, as we have already quoted largely enough from its pages, and we should be sorry to mutilate the original by attempting to condense Dr. Dunham's very valuable remarks.

MISCELLANEOUS.

Lime Juice in Rheumatic Fever.

During the ten years I have been a hospital physician, I have had under my care a hundred cases of acute rheumatism, and all of them have been treated with lime-juice at the rate of eight ounces per day. In five the heart has become affected, but in all, the affection has been transitory. Not one has left the hospital with a permanent cardiac disease. One patient died suddenly; he had recently had pneumonia as a complication, which passed off in two days; he was well enough to sit up in bed and was talking vivaciously, when he suddenly died—no *post mortem* was allowed.

The average duration of the cases under my care is fourteen days, but this is made so high by ten of unusually long duration and great initial severity. In one very interesting example, the duration was due to artificial lime-juice having been fraudulently substituted for pure, by the druggist, and being used until I discovered the fraud by the impotency of the medicine: while at the Liverpool Northern Hospital four days generally sufficed for convalescence, and during seven years, only one case lasted for three weeks. Successive junior house-surgeons, fresh from the London hospitals, as they arrived, went through an interesting course of sneers, doubts, and confidence.

On being elected to the Liverpool Royal Infirmary, however, the plan met no such conspicious success, and from the region of confidence I was myself beaten back into the domains of doubt.

Thus stood the point: London men, after a trial of the virtue of lime-juice, gave a verdict of not proven. The physicians at the Liverpool

Royal Infirmary, at the very time when I, at the Northern Hospital, was meeting with a success which surprised myself, gave the medicine an ample trial and abandoned it as unsatisfactory: and when I was transferred to the same institution my own experience tallied with theirs. While at the one place I saw case after case so bad one day, that all motion was impossible, and the patients crying with the intensity of their sufferings, and three days afterwards, walking about the wards, apparently quite well; and this occurred so frequently that a duration of a fortnight in the hospital was an extraordinary occurrence. The sequence of cause and effect seemed as marked as anything could be. If the lime-juice was not used in a sufficient quantity, or was old, bad, or fictitious, there was no improvement; but as soon as the proper quantity and quality was secured the restoration was immediate. I could as soon doubt the efficacy of opium in procuring sleep, as I could the efficacy of lime-juice in curing acute rheumatism. Yet in another part of the town, in another institution, I began gradually to lose faith in the remedy. The reason of this I cannot, as yet, make out. It may be, that there are varieties in disease of which we know little; that the complaint is influenced by local circumstances not yet thought of or understood. It may be that, as some epidemics of small-pox are more deadly than others, so at one time the cases of rheumatic fever are mild, at others severe. It may be, that endemic influences vary in their intensity, just as malaria does; few now venture to deny the value of quinine in ague, yet every physician can recal instances in which it has been apparently useless.

To demonstrate, if possible, the cause of this uncertainty, I have treated my patients in a variety of ways. Having heard extraordinary vaunts of the value of large doses of carbonate of potash in one of the London Hospitals, I determined to test the plan fully. The result was a complete failure, and I was forced to the conclusion either that certain symptoms go by the name of acute rheumatism, which have no real claim to the title, or that experience gained in one locality is useless for another. As the doses used were in some cases sufficiently large to induce severe purging, there could be no doubt that the failure was not attributable to a feeble use of the drug.

After the carbonate of potash, I gave a full trial to the nitrate, after that to quinine, to opium, to wine, to steel, to cod-liver oil.

Nor did we omit the use of such simple remedies as liquor ammoniæ acetatis, and the still more simple one of pure water.

From none of these plans have I been able to obtain so satisfactory a result as from the treatment by lime-juice alone, although the balance in its favour over warmth, comfort, and nutritious diet, without medicine superadded, is not unvaryingly large.

The practical effect of the doubt, therefore, respecting lime-juice, is simply to modify the belief in the constancy and certainty and celerity of its operation.

Of its superiority over any other medicine yet administered I have no misgiving.

The way I employ it is simple:—the patient is directed to take at least eight ounces of it in the day, and no other medicament of any kind whatever is used, unless it be opium, to procure sleep at night. If the skin is very white, the tongue much loaded, and the perspiration excessive, two drachms of tincture of the sesquichloride of iron is given in addition, during the 24 hours, and some wine at dinner-time and in the evening. If, during the progress of the case, the hands or feet become unusually swelled or painful, they are merely wrapped up in cotton wool which has been freely sprinkled over with tincture of camphor.

If the heart become affected I make no difference in the plan proposed; I continue the lime-juice as if nothing unusual had occurred, with the full confidence that the complication will be evanescent, nor have I yet been deceived. When this accident occurs mercury, bleeding, or cupping seem to me to have the effect of aggravating the mischief, and of rendering a transient complaint a permanent disease.

Of the *modus operandi* of lime-juice I can form no idea. Vegetable acids, *e. g.*, citric or tartaric, are not substitutes for it. Lemon-juice is inferior to it, though to a very small degree, so that we infer that it is not the particular acid which does the good. I have never known it purge, though it has seemed to gripe occasionally. It acts quietly yet almost certainly, as does arsenic in lepra, quina in ague, and colchicum in gout.

This treatment is very simple, and to the patient very pleasant. One of its chief advantages is, that it does not aggravate the extreme debility which attends and follows the fever.

It ought entirely to supersede the system of drenching, once so

commonly practised under the notion that a poison had to be eliminated out of, or destroyed in, the system.

I must add, that since the preceding pages were written, I have had under my care three unusually protracted cases of acute rheumatism, attended with extreme debility, total anorexia, and a constant tendency to relapse. These gave me opportunity of testing the real value of every suggestion hitherto offered, and all drugs proved equally worthless for cure; this was at last effected, and suddenly by simply change of air.

These cases seem to unsettle the conclusion already drawn; to a certain extent they do, but that extent is small. We do not lose faith in arsenic because many a case of lepra is uncured by it; nor do we have less confidence in quina because we see at times a man who is cinchonized have an ague fit; we still believe in mercury though it often fails to remove "secondaries," and we still prescribe opium for the relief of pain, though it is powerless to arrest the agonies of gout.

In fine, we constantly have to confess that we possess no single panacea, that disease often baffles our best endeavours, and that the most skilful physician is but a man after all.

But though a man, he may be a destroyer rather than a helper, and surely it is something to know how we may certainly escape being the former, if we cannot invariably be the latter.—Dr. Inman, *London Medical Review*, March, 1863.

Homœopathy a cause of strife among the Allopaths.

The pitiful course taken by the majority of the profession in respect to consultations with Homœopathists has given rise, as might have been expected, to discussions of the fiercest kind, to a sort of internecine war in the Allopathic camp, and to the most degrading prevarication on the part of men from whom we might have expected better things. The following leading article from the *Med. Circular*, of 4th February last, is the most recent specimen of the mean devices to which men will descend who have taken the first dishonest step in denying to their colleagues who believe in Homœopathy, the possession of those qualities of sincerity and integrity which they arrogate to themselves.

"CONSULTATIONS WITH HOMŒOPATHS."

"A looker-on must be amused, and, if a member of the Profession, not a little scandalised, by the course taken by our medical contemporaries on the subject of homœopathy. We take credit to ourselves for an endeavour to maintain a liberal tone of feeling towards any medical brother who is accused of tampering with the black art. Despising homœopathy as a system of medicine as much as any man can, we despise equally that vain, dogmatic, ill-natured disposition, that is ever ready to stab an honourable reputation because of some alleged intercourse with Homœopathic Practitioners. It is indisputable, moreover, that there is much "favouritism" in medical journals; and that what is considered, in the case of one man, an inviolable principle, which must be maintained with due severity and at all hazards to reputation and comfort of mind, is only, in the case of another, a speculative proposition, admitting of numberless conditions and qualifications. When, for example, Dr. Clay and Mr. Adams were charged with associating with Homœopaths, how rabid was the editor of the *British Medical Journal*, in his denunciations! He rode his cock-horse proudly, and he flourished his whip with exceeding fierceness. He wrote "Principle" on his banner; he was too virtuous a person for any compromises, and he would make the renegades bite the dust. Every reasonable man who had any experience of life smiled at the petulant boasting of this piping cavalier. For our own part, we felt certain that such pomposity must have a fall; and lo! it has come sooner than we expected.

"This time Dr. Burrows has been charged with consulting with a Homœopath at Bedford. Dr. Burrows is President of the Association—fie! and the Editor is bound to defend his chief. It must be confessed he does so with great good-will. He relies upon his 'antecedents' to guarantee that, 'had there been the slightest grounds for sustaining such a charge, we should have been the very last to let the matter subside into silence.' What a charming sentence to put into the mouth of Mrs. Candour! Then, of course, follows an elaborate defence of Dr. Burrows.

"The Practitioner whom Dr. Burrows met in consultation three times, as we gather from a note which he has caused to be published, was a Mr. Coombs, of Bedford, one who had formerly been his pupil, and who is so notorious as a Homœopathic Practitioner, that his ap-

plication for registration was refused by the Medical Council! We cannot state this part of the case better than in the words and manner of our contemporary, the *Lancet*:—

"In relation to the above subject, we quote the following extracts from the Minutes of the General Council of Medical Education and Registration.

"At a meeting held June 21st, 1860, Sir Charles Hastings was in the chair.

"'*First Report of Special Registration Committee.*

"'The committee have to report that there are five applications from persons having graduated at Homœopathic Colleges in America, viz.:—

"'Henry Thomas and William Smith, Homœopathic College of Pennsylvania.

"'Samuel Eadon, James Coombs, and John Marchant Davison. Homœopathic College of Cleveland, Ohio.

"'In regard to the cases of Henry Thomas, Samuel Eadon, James Coombes, and John Marchant Davison, who have got their degrees after examination at the Colleges named, a considerable difficulty occurs.

"'Moved by Mr. Syme, and seconded by Dr. Alexander Wood—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be registered, in strict compliance with the Medical Act."

"'Amendment moved by Dr. Corrigan, and seconded by Dr. Apjohn—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be not registered."

"'The further consideration of this subject was adjourned.'

"At the meeting held June 22nd, Dr. Burrows was in the chair.

"1. 'The adjourned debate on the First Report of the Committee on Special Claims for Registration was resumed.

"'Mr. Syme was permitted by the Council to withdraw his motion—"That the names of Samuel Eadon, James Coombs, John Marchant Davison, and Henry Thomas, be registered, in strict compliance with the Medical Act," and to substitute for it the following motion, seconded by Dr. Storrar:—"That the opinion of the Attorney-General be taken on the claims of Henry Thomas to register his Degree obtained from the Homœopathic College of Pennsylvania; and of Samuel Eadon, James Coombs, and John Marchant Davison, to register their Degrees, obtained from the

Homœopathic College of Cleveland, Ohio; and that it be delegated to the Executive Committee, after receiving the opinion of the Attorney-General, to take such steps as may seem to them expedient.' "

"The opinion of the Attorney-General was against the claims, and the Homœopathic degrees were rejected.

"In the letter which Dr. Burrows addressed to us last week, he stated that he was greatly surprised at the course pursued by the Practitioners of Bedford in complaining to the *Lancet* on this subject. Perhaps the Profession will not now share that surprise. Dr. Burrows asserted, in respect to Mr. Coombs, that there was nothing in his position or antecedents which in the slightest degree savoured of homœopathy. From these official extracts of the minutes of the council, it appears that Dr. Burrows himself was in the chair when Mr. Coombs, whom he designates as his former pupil, attempted to register a degree from an American homœopathic college, whereupon a discussion ensued, which ended in the reference of the homœopathic claims to the Attorney-General, and their rejection on the strength of his opinion. It is for Dr. Burrows to explain this striking discrepancy.—Ed. *L.*"

"This evidence requires no comment. The hardihood and lack of principle, however, of the Editor of the Association Journal are clearly unmatchable. Such conduct must inevitably bring any journal into contempt if there be any self-respect and consistency among the members.

"For our own part, we shall not indulge in a tirade of indignant abuse against Dr. Burrows—such a tirade as has been poured out by the Association Journal in previous instances. We dislike and contemn too much such a mode of assailing professional character. We believe that Dr. Burrows was incautious; that he was just as, so to speak, guilty of a breach of professional decorum, as Dr. Clay or Mr. Adams; far more guilty than Mr. Fergusson, who had to bear a large amount of indecent reviling; yet we shall let his conduct pass with the mere expression of a regret that he has suffered himself to be placed in such a questionable position.

"One word more. It is clear that Dr. Burrows has a very short memory. We cannot forbear to remind him that, several years ago, when called to task by a former editor of the Association's Journal on the subject of a certain biographical sketch that appeared in the Medical Circular, he wrote letters in the same lofty tone of

dignified repudiation. We quietly warned and expostulated, being anxious to avoid making statements that might prove painful to his feelings. Still he wrote, and then we were constrained to show that he himself had written the larger portion of the memoir that was the subject of animadversion. It is a large experience of the frailties of our most conspicuous men, and of the difference between profession and practice, that has made us tolerant of minor delinquencies. To hound one man to the death, if that might be possible, and to apologise for the shortcomings of another, is a course of conduct germane only to the pages of the British Association Journal."

A new Water cure.

Dr. S. R. Percy, of New York, states in a lecture, that he had under his care a man of about forty years of age, suffering from a large calculus in the bladder. The urine contained much uric acid with some urate of ammonia. The calculus was free, and measured nearly two inches in length, by one inch and one-fourth in breadth, and was very hard. Lithotrity was attempted, but from the irritability of the patient, and his refusal to take chloroform or ether, was not completely performed. Considerable irritation was caused by the edges of the broken calculus; and Dr. Percy was obliged for some days to employ morphia and injections of warm water into the bladder. "At this stage of the treatment," Dr. Percy continues, "I was taken with a severe cold, and a large amount of gravel was deposited at the bottom of the vessel I used. Upon testing this gravel I found it consisted of uric acid, urate of ammonia, and purpurine. One night, before going to bed, I passed a small quantity of highly-coloured urine, after which I took a warm bath, a dose of aperient medicine, and a large quantity of warm flax-seed tea. On getting up in the morning, I found the urine that had been passed the previous night of very dark-red colour, and containing a very large deposit. The urine made in the morning was passed into the same vessel, and completely dissolved the existing deposit, the mixture of the two being perfectly clear and transparent, and no deposit in this fluid was seen again for several hours. This occurrence led me to think of the state of my patient. He was daily passing small broken pieces of calculus, and considerable gravel. Why should I not dissolve this within the bladder; and if fresh and

healthy urine would dissolve a deposit when out of the bladder, why would it not also dissolve it within that viscus? Upon my next visit to my patient, I caused him to urinate into a clean glass vessel; the fluid was very turbid, with mucus, uric acid, and urates. I then passed water into the same vessel, and nearly all of the sediment, excepting the mucus, was dissolved. The next day I passed about a pint of fresh urine from my own bladder directly into his, not expecting that the viscus would be able to retain it any length of time, for the organ was still irritable, and he seldom retained more than three or four ounces at a time. To my great surprise he retained this quantity in his bladder for nearly two hours; he said that it acted as a direct sedative to the organ, and that he had not been so free from pain for months. I entered upon the treatment of his disease with new interest, and he seconded me in all my efforts for the recovery of his health. I laid down strict hygienic rules, which were attended to; and three times in every twenty-four hours the urine from my bladder was passed into his. He daily improved in health, and after a while, his own urine was passed free from sediment. By this treatment, in seven weeks there was not a vestige of the calculus remaining in his bladder. For many days after the commencement of the treatment he could bear but a few ounces of his own urine in his bladder at a time, but immediately after emptying his bladder he would bear eight or ten ounces of my urine. asserting that it gave him relief, and acted as a sedative. As his health improved he could retain his own water in large quantities. Since that time I have treated another person in a similar manner. This person was much younger, and he supposed that the calculus had commenced to form while spending some time in the southwest. The calculus was small, and not so hard as the one described above. It was of about the size of a marble, and from analysis of the urine I supposed it to be composed of the earthy phosphates, urate of ammonia, and mucus. This calculus was not crushed, but as in the last case described, particular attention was given to restore the health of the individual, as without that I conceived that no local solvent would be of much avail. My urine was in the same way thrown into this young person's bladder, for about nine weeks, and as in the case before related, it caused an entire solution of the calculus, and also allayed the irritability of his bladder in a wonderful degree. . . . The *new remedy* is, in my opinion, the best and most natural solvent we possess, and will, in many instances,

with proper attention to the health of your patient, effect perfect solution. But let me caution you as to the quality of this *new remedy*. If you intend to use that from your own person, abstain from everything that would render it impure; nicotine is not natural to the secretion, and does not, so far as my knowledge goes, possess any solvent properties, and the organ into which you may pass it may not be accustomed to its effects. Alcohol in all its forms may not be tolerated by an organ in a state of irritation; therefore, if you expect good results, abstain from these two poisons."—(*Amer. Med. Times.*

Saracenia Purpurea.

We have already had occasion to mention the remarkable effects of the Saracenia Purpurea in small-pox, as ascertained by Dr. Morris, of Halifax, during an epidemic in Nova Scotia, when "patients were dying in the hospitals at the rate of $12\frac{1}{2}$ per cent., from May to August." We have now been favoured with the following particulars respecting this valuable plant—The "Saracenia Purpurea," or Indian Cup, a native plant of Nova Scotia, found in swamps and moss-bogs, has the wonderful reputation amongst the Mic-Mac Indians of curing small-pox; of being as great a specific in this dire disease as quinine for ague. It is supposed to act by neutralising the virus in the blood, rendering it inert and harmless; and that this is its action, may be gathered from the fact that if either vaccine or variolous matter be washed with the infusion of the Saracenia, it is deprived of its contagious property. Moreover, the eruption, even if confluent, on its disappearance leaves no trace behind. The root is the part of the plant employed. The dose, when reduced to powder, is about a dessert-spoonful simmered in a pint of water down to half-a-pint; this is usually divided into two doses, to be taken during the day. Sugar should not be used with it.—*Galignani.*

On the curative effect of Argent. nitr. in Progressive Spinal Paralysis.
By Professor Wunderlich.*

We have already made a communication on the good effects of treating spinal paralysis (ataxie locomotrice progressive) with Argent. nitr.—see next article.

* From *Allg. hom. Ztg.*, Dec., 1862.

Now, according to Wunderlich, three French physicians also, Charcot, Vulpian and Duguet, in Moreau's department in the Salpètiere, have imitated this method of treatment, and published the happy results that were obtained. In further commendation of this treatment, W. communicates the following and more recent cases.

F. R., a gardener, 48 years old, not a drinker, nor having ever been seriously ill, is the father of eight children. For about twelve years, he has a tendency to thin stools; for eight years wandering pains, especially in the back and extremities. For some years he has noticed a diminution of sexual power, and for $1^1/_2$ years has been impotent. For half a year he walks worse in the dark and staggers; the floor, too, seems to him uneven. In the middle of January, 1862, severe pains set in, in the legs and back, and in four days after this, he could not walk for the pains. Diminished appetite, frequent eructation, nausea, with humming in the ears, stool less frequent. The violence of the pain varied, but the difficulty of walking remained the same. From March 1st, a constipation of seven days commenced. On the 7th followed an involuntary discharge of fæces; on the same day commenced retention of urine, so that the catheter had to be in daily use. The examination made on the 9th March, gave a rather sickly appearance, a somewhat lean condition especially of the legs. Weight, 95, 3 pounds. Temperature of the pulse normal. Right pupil somewhat contracted; both sensitive to light. Abdomen prominent, not painful. Bladder distended, urine dribbling, strongly ammoniacal. Spine not distorted, nor sensitive to pressure. Stooping and stretching, abduction and adduction, turning of the legs in bed, easy and practicable, even against pressing obstructions. On the other hand, on attempting to get out of bed, a lame and staggering gait. The greatest fatigue from keeping himself upright, and walking a few steps irresolutely, if the eyes were shut he fell down instantly. On March 12th he got Argent. nitr. $^1/_{20}$ grain, three times a day. For some days after the aggravation of these symptoms continued; then the weight kept diminishing till the 17th, down to 91,8.

Thenceforward, the medicine was given six times a day; on the 24th he observed that at times he could voluntarily retain urine; on the 28th the pains disappeared, the patient felt stronger. From the 1st of April, having taken 14 grains in all, the involuntary discharge became the exception. Stool regular. From April 4th, greater firmness in standing; walking improved continually. On the 28th

he took a bath, to which he made his way on foot, a distance of more than 100 paces. He had now taken 16 grains. On the 16th May, sometimes riding in a carriage, sometimes walking, without fatigue. May 19th, (having taken 28 grains) urine and stool nearly regular. He can walk a little, even with his eyes shut. The two pupils are alike. 27th of May, weight 98.1. Sometimes cramp in the calves of his legs for a short time, with pain; some numbness in the fingers. June 2nd, the patient feels quite strong again. 21st, all movements having become tolerably easy, stool and urine passing regularly. 42 grains having been taken, the cure was complete.

II. H. G., 45 years old, had, long ago, got through small-pox, typhus, and dysentery; thirteen years ago had a chancre and gonorrhœa. At the beginning of December he fell ill with an eight days catarrhal diarrhœa. Soon after, found himself ill, had little appetite, prominent abdomen, constipation, and bad sleep, with frequent seminal discharge. About Christmas, the feebleness increased, with a feeling of deadness, a wooden or padded feeling in his legs. From that time he was unable to work; erections ceased. Since the middle of February, urine passed by drops, and walking became increasingly difficult. The examination made on the 3rd of March shewed good looks, moderate condition, right pupil dilated, both acting feebly, and the sight of the left eye diminished, speech stammering, spine not sensitive, chest free, abdomen somewhat prominent, discharge of urine very difficult, walking difficult, tottering and irresolute; with the eyes shut, staggering violently at once, even to falling down. Sensibility to touch, and to heat sensibly diminished in the legs, no pain, sometimes jerking in the toes. Weight, 98.6 pounds. Temperature and pulse normal. On the 8th of March, the patient took Argent. nitr., of which he used, up to October 26th, 45 grains. The movements of the legs became in a short time steadier and stronger, so that he could, now and then, take longer walks, and gradually expeditions of four hours, without fatigue. His gait, however, still continued rather stiff about the sinews, a little swinging, and if he turned suddenly, rather staggering. Latterly he could go up and down stairs without fatigue. Even with his eyes shut he can walk, though with a certain degree of anxiety. The sensibility to touch in his legs quite recovered. The subjective sensitiveness in the fingers and legs is far less than before. Urine passes without difficulty, after five weeks a seminal discharge returned for the first time. Afterwards, at intervals of eight to fourteen

days, without weakening him. Erection also takes place perfectly, stool regular. The sight improves; speech still rather stammering. Head free, but sleep, on the whole, not good, and at times disturbed by pains in the right side of the gastric region. I have at last induced the patient to set aside the use of the Argent. nitr.—(*Arch. d. Hlknde.*, 1863. I.)

On the employment of Argentum nitricum for tabes dorsalis.

By Drs. Charcot and Vulpian.*

We extract the following interesting data from a longer article, by the authors above-named, on the action of Argent. nitr. in tabes dorsalis ("Progressive spinal paralysis," according to Wunderlich).

The authors have tried this medicine, on the recommendation of Wunderlich, in five cases of the above disorder. The patients took, for a long time, 1 centigramme ($^1/_5$ grain) twice a day. Out of these five cases, the disorder had continued, in two, for fifteen years, in a third for five years, in a fourth for four years, and in a fifth for two years. In every case, the disorder had, previous to treatment with Argent. nitr., reached a point when it is generally reckoned incurable. Nevertheless, in each case there was established, during the course of treatment, if not a radical cure, a well-marked amelioration of most of the symptoms. The following are the phenomena under which this amelioration began to shew itself in all the patients, and that four to ten days after they began the treatment: The sense of touch was much more distinct; the patients had again a more definite consciousness of their bodily posture; their sensitiveness to pain and their impressions of temperature, which had been much blunted, became again far more normal. As regards the sight, too, in one case, where it was much weakened, it increased considerably in acuteness.

The pains, both those merely transient and continuous, were entirely subdued, and this was one of the most marked and rapid results. The faculty of locomotion increased very considerably in power and precision. Thus, patients who, all the previous time, had not been able to hold themselves upright, or to walk one step, patients who, for many years, had been bedridden, and were not able even to sit up, or to turn themselves, are now able to stand up

* From *Allg. hom. Ztg.*, November, 1862.

for some time without being propped, or to walk a few steps, with the help of an attendant. One patient runs for a quarter hour at a time, with no other prop than that of her crutches, and another walks while she leans upon a chair.

Two patients whose hands also were considerably paralysed, have now become much stronger, and much less awkward in the movement of their hands and fingers.

In all of them, there soon appeared a considerable improvement in their general health. Appetite increased; constipation succeeded by regular stools; the patients got fatter, and the previous cachectic countenance, which most of them had exhibited in a high degree, was altered most agreeably.

All the patients experienced some pathogenetic effects of the medicine. Thus, generally about an hour after the administration of the dose, they felt creeping and jerking in various parts of the body, but especially (and often almost exclusively,) in the paralysed parts. So that, as the patients expressed it, "it worked inside their limbs." This phenomenon often lasted two or three hours. In one case, besides all this, subsultus tendinum also set in, in the lower extremities. In some instances, a few days after treatment commenced, there came on a scurfy pruriginous cutaneous eruption, extending over the whole body, but especially on the extremities, which continued for a very long time.- *Bulletin de Therapeutique.* 1862. 11 and 12.

The Annual Medical Report of the Manchester and Salford Homœopathic Dispensary, for 1862.

Our books show 2423 patients; 1881 are new cases, and the remaining 542 are brought forward from the previous year. Of this number 959 were under treatment for a period varying from one to twelve months; the majority of these were chronic cases, and nearly all of which had been under allopathic treatment without being benefited. There have been 18,525 prescriptions dispensed, the weekly average being a fraction more than 356.

Notwithstanding the present prevailing distress of the Lancashire operatives, who are the main support of our dispensaries, 1933 have voluntarily contributed the sum of 1s. and 1s. 6d. per month during their attendance, in all amounting to £139 1s.; being an increase of

£12 19s. 6d. over last year. The remaining 490 patients received admission and the advantages of the Institution through the recommendations of subscribers.

2457 visits have been paid to the homes of patients who, from the nature of their illness, were unable to attend the dispensary.

Allopathic homœopathy. Sabina in metrorrhagia.

A short time since, a young woman, aged twenty, was admitted into the hospital for hæmorrhagic metritis of eighteen days' standing. The cause was well known, and Dr. Beau trusted that mere repose would effect a cure; but as his hopes in this respect were disappointed, he prescribed savin powder, a remedy which he considers supremely efficacious in cases of the kind. A pill containing one grain of savin was exhibited daily, and on the third day the flooding was arrested, and the patient was enabled to rise and walk in the wards; the next morning she exercised in the garden, and was soon dismissed in a perfectly satisfactory condition.

Savin was at the same period exhibited to a woman suffering from severe pain in the pelvic region, attended with flooding. One pill was prescribed. On the next day the hæmorrhage was checked, but it returned in the evening with aggravated pain. A blister relieved the latter, and two pills were taken; a complete cure was thus effected in the course of three days.

The remedy proved equally efficacious in a third case of flooding consequent on abortion. The patient was a young woman who for a fortnight had uninterruptedly lost blood, and presented the characteristic serous pallor resulting from hæmorrhage and some of the nervous symptoms usually attendant on this condition. On the 19th of July, one savin pill was exhibited, and on the 20th, the flooding was arrested, but it returned in consequence of imprudent exercise in the wards. Two pills were exhibited on the 21st, and the flooding decreased; the same treatment was persevered in for a few days, when the patient, who had repeatedly walked in the garden without suffering a relapse, was discharged from hospital.

Savin is, therefore, a valuable hæmostatic. Before becoming acquainted with its virtues, Dr. Beau acknowledges that he often experienced considerable difficulty in the management of uterine hæmorrhage. Some years ago he was induced to try the remedy in metritis accompanied by flooding, and in seven cases he succeeded perfectly in effecting the desired result. He prescribes at first a pill

of one grain of the medicine, and if in the course of two or three days, this dose is found insufficient, he administers one pill night and morning, a quantity which it has never been necessary to exceed. In some instances, however, the hæmorrhage persists, and Dr. Beau has recourse to another remedial agent, rue, the action of which is to that of savin as ipecacuanha is to tartar emetic. When, therefore, the two savin pills are inefficacious, he prescribes one grain of rue without any other adjuvant. This very simple method is, nevertheless, one of the safest and most powerful that can be resorted to under the circumstances."—*Medical Circular*, October 8th, 1862.

The Use of Compressed Sponge in the Prevention of Lacteal Secretion.

By P. STEWART, M.D., of Peekskill, N.Y.

Some three years ago I reported in the *New York Journal of Medicine*, an interesting case of suppression of the lacteal secretion, in the breast of a lady recently confined by means of compressed sponge and bandage. The idea was a novel one to me, never having tried it before, nor seen anything published on the subject.

Since the report of the above-mentioned case, I have several times had occasion to adopt the same practice, and uniformly with the same happy result. If others have used the method it has failed to come to my knowledge, and as the remedy is easily applied and the results in my hands at least, uniformly successful, it may be of some little service to the "weaker yet better half" of our humanity, to call the attention of the profession once more very briefly to the subject. Every practitioner meets with cases of inflammation of the mammary gland and suppuration, caused by inability to get the milk from it when first secreted after confinement, and the patient once having endured it, looks forward with tenfold more horror often to the sufferings of a "broken breast" than she does to the pangs of childbirth. Persons have fallen under my observation, both from the cities of New York and Philadelphia, who had in previous confinements been under the care of eminent practitioners in those cities, but yet had endured, as they said, untold sufferings from this cause. When submitted to the treatment under consideration, no pain or suffering of any kind was experienced. Nothing can be more complete and satisfactory than the result of this practice has

been in the several cases which I have tried it. All other modes of treatment, such as warm fomentations, cold water compresses, belladonna plaster and wash, and various other things, have failed of the desired effect in a majority of cases, but this one never.

The details are simply these:—a flat soft sponge, carefully freed from all foreign substances, large enough to cover the entire breast, with a small hole or depression cut out in the centre for the nipple, is subjected to a pressure of a few pounds for a couple of days, and then applied over the breast; a compress is laid over this, and the whole secured by a bandage passed over the shoulders, and around the waist, so as to produce equal and uniform pressure over the entire surface. The bandage should be tightened sufficiently often to maintain a constant pressure for twelve or fourteen days. The best time to begin the treatment is within twelve hours after the birth, when the sponge is best applied dry, but if it is delayed from any cause until the breast becomes tender, and the milk begins to be secreted, my custom is to dip it in warm vinegar once or twice a day.

The efficacy of this treatment in inflammation of the breast, as well as in other parts, has been attested by others, but in no case can its effect be more happy than in preventing the lacteal secretion. —*American Medical Times.*

Account of an Epidemic of Hysterical Demonomania.

By Dr. Constans.

In the ancient province of Chablais, now in the arrondissement of Thonon (Haute-Savoie), is a commune of 2000 inhabitants named Morzinese, situated at the extremity of the valley of Aulph. It is separated from Valais by a mountain only; its altitude is about 1,500 metres, the climate severe, and the vegetation tardy. The people are very poor, and occupying the basement story of wretched huts, they live in a half-asphyxiated state, huddled near cast iron stoves heated even to redness. Their food consists of barley bread, potatoes and smoked meats; and for drink, water, always very cold, is alone used. Their aspect, as a rule, is pitiful, the lymphatico nervous temperament predominates, childhood is sickly and not easily passed, the fecundity of families is very great, adult age is prematurely decrepit, and old age rare. In other respects, these

people are gentle, honest, obstinate, very devout, and excessively superstitious; little intelligent at the best, their judgment is further obscured by a multitude of absurd beliefs.

In March 1857, two little girls, blondes, very pious, puny, but withal healthy, became the subjects of certain extraordinary attacks. Presently the affection extended to others, and in seven months, twenty-seven persons, children, young girls, and women, were seized by it. It was averred that during the paroxysms of the affection, the children spoke French with surprising facility, or responded in German or Latin, lost all family affection, became surprisingly insolent and impious, and exhibited extraordinary physical powers, four men being insufficient to restrain a single child. Moreover, the children would climb in the twinkling of an eye to the tops of trees, and then turn somersaults, or leap from one tree to another, removed many metres, and descend to the ground head downwards.

Towards the end of 1860, the number of "possessed" (for as such they were regarded in the commune) had increased to 110; and in April 1861, the Minister of the Interior directed Dr. Constans, Inspector-general of lunatics, to visit Morzines, and make inquiry into the nature and causes of the outbreak, and to take such steps as might be needed to put an end to it. When Dr. Constans reached Morzines he found the population much depressed, every one going in fear of a devil, and deep irritation reigned against the *sorcerers, the authors of the evil.* The treatment of the affected up to this period had consisted in parental intimidation, exorcisms, pilgrimages, and magnetism. Seventeen of the twenty-seven persons attacked in the first seven months of the epidemic had been cured, it was stated by exorcism. Certain children had recovered spontaneously, and in others the attacks had yielded to promises, or threats of death.

Dr. Constans examined sixty-four of the "possessed." They were mostly celibates, hysterical, chloro-anæmic or scrofulous, and suffering from gastralgia, amenorrhœa, or dysmenorrhœa; the appetite was capricious, the sleep inconstant and light. Idle, loquacious, exalted, and fantastic, they flocked together, card-playing, exciting themselves mutually, and masking the insufficiency of their aliment by the immoderate use of black coffee. Everything gave occasion for a paroxysm, but nothing produced one so surely as the expression of a doubt that they were *possessed.* The paroxysm was ushered in by yawnings, pandiculations, startings, choreiform jerks,

alternations of dilatation and contraction of the pupil, and a frightened aspect. Cries, vociferations, and oaths supervened. The physiognomy became dejected and assumed an expression of frenzy. The respiration was panting, and the movements, at first confined to the superior parts, extended successively to the trunk and extremities. Aggression commenced; furniture, chairs, or stools were cast at the spectators; then the convulsionnaires precipitated themselves upon their parents or upon strangers, struck them and struck themselves, bruising the chest or body, whirled about now in one direction, then another, and cast themselves on the back, starting up again as if it were on the rebound of a spring. No erotism mingled with the idea of demoniacal possession, and the affected never uttered obscene words or were guilty of lubrical actions. In the most disordered actions they never exposed the person. The paroxysm endured from twenty to twenty-five minutes, the pulse becoming enfeebled or lost, but the beating of the heart remained normal, while the hands were icy and the feet cold. Towards the decline of the paroxysms, the noise became less, the movements diminished in rapidity, there were eructations, the affected looked around with astonishment, arranged their hair, replaced their caps, drank several mouthfuls of water, and recommenced their work, declaring that they felt no lassitude, and remembered nothing. It was evident, however, that the first assertion was not altogether true, and they heard and saw perfectly during the attacks; closing the eyes if menaced with a blow in the face, and avoiding, under all circumstances, places or bodies which might injure them when they cast themselves upon the ground.

Dr. Constans looks upon the outbreak as of an hysterical character, and that the affected were not altogether responsible for their acts. To this conclusion Dr. Legrand du Saulle (from whose abstract of Dr. Constans' account we derive the foregoing facts) demurs. Milder means proving unavailing, Dr. Constans quickly brought the epidemic to an end by having the priest of Morzines removed, and requiring the commune to be occupied by a brigade of gendarmerie and a detachment of infantry. The people were intimidated, and the "possessions" ceased.—*Ann. Médico-Psychologiques*, and *Medical Critic.*

Effects of Absinthe.

While on the subject of public hygiene, it may not be inopportune to allude to a question much debated in scientific circles, and which engaged the attention of the Senate in its meeting of June 7, 1861. We refer to the use, or more properly to the abuse, of the liquor "absinthe," the rapid extension of which has been watched with much anxiety by political economists.

Mr. Lefevre-Duruflé defended, as reporter, a petition in which the Senate was invited to adopt measures calculated to check the progress of an abuse which has assumed the proportions of a public calamity. Professor Dumas indicated, as a source of additional danger, the presence of essential oils in several kinds of alcoholic beverage, which would acquire poisonous properties by the admixture. This is the point now under discussion, and is the subject of interesting inquiry. Thus Messrs. Dumas, Motet, Ancelmier, and Figuier asserted that *absinthe* contains a peculiar poisonous ingredient, and Mr. Moreau, on the contrary, considers the same bitters objectionable merely on account of their spirituous nature.

In support of his opinion, Mr. Moreau adduces the therapeutic virtues of wormwood, and utterly denies that any distinct symptom of poisoning has ever been induced by this plant. "If," says he, "one hundred times the amount of extract or essential oil of wormwood contained in a glass of absinthe be swallowed, none of the effects consequent on the absorption of that quantity of liquor will be observable."

Mr. Moreau proceeds to demonstrate that these effects are not referrible to the alcohol, and invites notice to a circumstance hitherto disregarded. "In general," says he, "about one ounce of the spirit is diluted in a tumblerful of water, but a person who may be able to drink three, four, five glasses and more of brandy and water, or rum and water, in the course of the day, without any perceptible effect, will often be unable to take three or four glasses of absinthe and water without betraying symptoms of intoxication, which cannot therefore, be due to the alcohol."

Is the inebriating power of the mixture referrible to the association of the two elements? This question Mr. Moreau next addressed himself to, and disposes of as follows:—

"An experienced epicure does not suddenly pour the water into the tincture of wormwood contained in his glass; this plan would

deprive the beverage of its stimulant and stomachic virtues; but he gently adds the water in drops, and by a jerking motion, so as to *strike* the absinthe: this is the technical term; the result is a greenish and opaque mixture, whereas had the opposite system been adopted, an imperfect emulsion of a nearly transparent fluid would have been the consequence. The liquor is now ready for ingurgitation.

"With respect to taste, the two preparations are entirely different; the former is sweetish, insipid, and almost innocuous, at least as regards its intoxicating power; the latter, on the contrary, is highly aromatic and calculated to induce prompt and complete inebriation. In one instance, it would seem that the water and spirit are mixed but not combined; in the other, the division of the particles, and the union of the spirit and water are perfect, the effects of the beverage and its entire absorbtion are secured. The fact is a further illustration of the well-known axiom that the absorbability of any substance is proportionate to its degree of division."

According to Mr. Moreau, the effects of absinthe are therefore referrible to the mode of emulsion attained in the preparation of the mixture. Taken undiluted, the tincture of wormwood produces none of its customary results. Without questioning the amount of importance of the mode of preparation of this injurious beverage, we must, however, contend that the volatile ingredients of absinthe have some share in the production of its action. It is, moreover, obvious that the abuse of this intoxicating fluid is much to be lamented, and physicians, as well as administrators, should loudly proclaim its danger.—*Medical Circular*, March 4, 1863.

New Method of Amputation.

Among other inventions for performing important operations without loss of blood, M. Chassaignac is said to have devised a mode of amputating with the aid of caustic. It is so strange a process that we simply content ourselves with reproducing the description as it has been promulgated by *Galignani*:—

Dr. Chassaignac, one of the surgeons attached to the Hospital Lariboisière, has just published a paper in the *Medical Journal* on a new method of amputating limbs without the aid of the knife. For this purpose he uses what he calls a *caustic bracelet*, consisting of a ring, round which are placed little crystal cups of a rectangular form. The ring is applied to the exact place where the amputaion

is to take place; a pledget of lint, impregnated with a solution o perchloride of iron at 35 degrees, is placed above and under the ring, and the cups are then charged with fragments of filhos caustic. The member to be amputated is subjected to a considerable degree of compression, which removes some portion of the liquids of the body from the diseased part. As the caustic proceeds in its action, copious bleeding might occur, to remedy which the operator or his assistants exercise a digital pressure on the principal artery until the operation is completed. There is a considerable difference in the behaviour of the muscle separated by the knife or by the action of the caustic. In the first case it contracts, and a large interval is left between the two parts that have been divided; but under the action of the caustic, the muscle does not recede either way. Dr. Chassaignac has tried his method twice, in cases when the patients were so feeble as to render ordinary amputation extremely dangerous; in both cases the operation was crowned with success. The bracelet in one case was applied five times for twelve hours each before all the soft parts could be eaten away by the caustic. As soon as the bone became apparent, it was cut through by the chain-saw.—*Galignani.*

Case of Poisoning by the Wine of Colchicum.

On the 14th of June, 1862, J. R., aged sixty-seven, in his usual health before breakfast, took as near as could be ascertained, about ℥ij. of wine of colchicum with a raw egg. Supposing that he had taken some kind of wine with his egg, he partook of a light breakfast; in about an hour he began to feel some uneasiness at the stomach, which increased, he soon began to vomit, throwing up what he had taken for his breakfast; pain soon was felt over the region of the stomach, with nausea and frequent vomiting; the pain gradually extended itself over the abdomen, which was followed by several large watery evacuations, accompanied by severe griping pain at each discharge. At this time, some four hours after having taken the colchicum, I saw him; the extremities were cold, pulse low, 45, and very feeble; great feeling of prostration, accompanied with restlessness; vomiting frequent, throwing up his drinks tinged with bile; great thirst; he complained of severe pain and tenderness over the region of the stomach, and which was extending over the bowels. Evacuations from the bowels were frequent, with pain; the discharges were large and watery, coloured with bile resembling the

matter vomited. A strong mustard emplastrum was ordered over the stomach, warmth applied to the extremities, small bits of ice were allowed to dissolve in the mouth, and some to be swallowed to allay the thirst, and to check the vomiting sixty drops of fluid ext. opium was given as an enema to allay the pain, which also lessened the frequency of the discharges; the pain and tenderness over the stomach increasing, a blister was ordered, with directions to sprinkle morphine upon the abraded surface to allay his pain; stimulants were used as freely as the case admitted of, but he gradually failed, and died on the 19th with the symptoms of gastro-enteritis. No autopsy allowed.—*American Medical Times.*

Illiberal Doctors.

We have much pleasure in transferring from the pages of our widely-circulated and talented contemporary, *All the Year Round*, the following vigorous and indignant protest against the recent proceedings of an Irish College, which has already drawn the withering rebuke from the pen of the Archbishop of Dublin, that appeared in our last volume, page 680.—[Ed.]

"With the highest respect and regard for the medical profession, and a wholesome sense of the fact that knowledge comes of study, whereby we are saved from false dependence upon quacks, we yet differ strongly in one respect from the Royal College of Surgeons in Ireland. We hold the practice of medicine and surgery to be the practice of a liberal profession, and that college apparently does not. We hold the medical profession to be a republic of busy, practical, inquiring men, who, when they have given guarantees of a due preparation for the serious responsibility they undertake, in meddling with the lives and health of their fellow-citizens, must be left, each man to the teaching of his own experience, and the working out of his own reasoning. There will be, and there must be, even upon vital points of treatment, wide difference of opinion—for example, even at this day, one doctor will bleed a patient to whom another will give half a pint of brandy. There will be wide differences of intellectual power, leading many to weak and erroneous reasoning upon the facts they observe; it may happen, also, in this, as in every profession, that the emptiest man will appear most self-sufficient and self-confident. Incompetence elbowing its way roughly forward will sometimes make itself more profitably conspicuous than quick sense and competency. All this is but the way of the world. The *incompetent* man is usually known of his brethren, and in the sense

of that fact has his humiliation, let him impose as he may upon the public.

"But if the ignorant practitioner be left to his devices, by what sense of equal rights to free enquiry is even a highly-educated physician to have a ban set on him by his brethren, because, in the course of his free exercise of judgment, he has arrived at opinions which are not held by the greater number of his brethren: opinions which he does not dishonestly conceal, and by which, and by the issues and consequences of which in his practice, he honestly agrees to stand or fall? Some time ago, the Royal College of Surgeons, in Ireland, ordained as follows: 'that no Fellow or Licentiate of the Royal College shall pretend or profess to cure diseases by the deception called homœopathy, or the practice called mesmerism, or by any other form of quackery. It is also hereby ordained that no Fellow or Licentiate of the College shall consult with, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable, by Physicians or Surgeons.' Inasmuch as the persons attacked in this decree are themselves physicians who do not consider their practice derogatory or dishonourable, the meaning of that phrase 'by Physicians and Surgeons' must be 'by the council of this or that medical College.' Without setting forth in what articles of this most illberal and indecent denunciation we have faith, and in what we have not faith—wholly apart from that question of opinion—we protest against the unlawful claim of any council whatever, to impose its creeds upon the medical profession. For the honour and prosperity of a high intellectual calling, second to none on earth, it is necessary that medical men, whether it favour or oppose their own particular opinions, should resist every attempt to degrade their profession into servitude to the ideas of a majority, or of a minority, or of any body of men whatever. Let them read the following admirable letter in which ARCHBISHOP WHATELY replied to a physician who was himself no homœopathist, and by whom his attention was called to this act of the Irish College of Surgeons.

[Here follows the letter which we have already published.]

"There is no simpler or more ancient source of trouble and wrong than the formula,—Thus I think, I know I am right, and it is therefore for the benefit of the world that my opinion should be imposed on others.

"Let us urge, then, upon all medical men, not in the interests of

this or that body of exceptional thinkers, but in the interests of their own noble and liberal profession, to hold in utter scorn this wretched old delusion of the argument by pains and penalties; to make it clear to the world, that within their bounds at least, there is liberty of thought, there men are left free to grope for truth as their own instincts lead them in very various directions. Any medical man, as Dr. Whateley points out, is personally free to choose as he will the men in consort with whom he feels that he can act most usefully, and may refuse to meet a homœopathist in consultation. In so doing he goes his own way; but he has no right to impose that way with pains and penalties, direct or indirect, upon his brethren.

"It is not for the true scholar in medicine to adopt the tone of Foote's apothecary, who, when Sir Jacob Jollop observes, 'We are a little better instructed Master Lint. Formerly, indeed, a fit of illness was very expensive; but now physic is cheaper than food,' cries, 'Marry, Heaven forbid!' 'Why,' says Sir Jacob, 'a fever that would formerly have cost you a fortune, you may now cure for twelvepenn'orth of powder.' 'Or kill, Sir Jacob,' cries the apothecary. 'I am sorry to find a man of your worship's—Sir Jacob, a promoter of puffs, an encourager of quacks, Sir Jacob.' 'Regulars, Lint, Regulars; look at their names—not a soul of them, but is either P.L. or M.D.' On which Lint's comment is of the 'derogatory and dishonourable' school—'Plaguy liars! Murderous dogs!' Truth and right never come to their own so quickly and so surely as when they leave error to run an honest race with them, and prove her weakness. Nothing is got, let them be ten times truth and right that falsely and wrongfully hope to thrive the quicker for assassination, by attempts to strangle at the starting-post or on the course, even the meanest of competitors. Let not another Dr. Garth have to sing of his Faculty 'how ancient leagues to modern discord fell,' and cry again to the goddess of health,

> With just resentments and contempt you see
> The foul dissentions of the faculty;
> How your sad, sick'ning art now hangs her head,
> And once a science is become a trade.

"For surely nothing higher than a dull, short-sighted spirit of trade could prompt an ordinance like that of the Irish College, against which the Archbishop of Dublin reasons with so generous and irresistible a force."

BOOKS RECEIVED.

Die Homöopathische Therapie, von D. J. Kafka. 1 Heft. Sondershausen, 1863.
The Monthly Homœopathic Review.
L'Art Médical.
Bulletin de la Société Homœopathique de France.
El Criterio Medico.
The American Homœopathic Review.
The Homœopathic Observer.

W. Davy & Son, Printers, 8, Gilbert Street, W.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

A FEW SYMPTOMATIC GROUPS OF THE PRINCIPAL PATHOGENETIC EFFECTS OF THE COLD SALINE HYDROSULPHURETTED WATERS OF HARROGATE:

WITH THEIR THERAPEUTIC INDICATIONS, AND AN ABRIDGED ACCOUNT OF THE GEOLOGICAL FORMATION AND BOTANICAL PRODUCTS, AND SOME PECULIARITIES OF THE CLIMATE OF THAT PLACE.

By JOHN N. CASANOVA, M.D.

I MAY here observe, *en passant*, that besides the so-called *old sulphur well* of this celebrated watering place, there are several springs of the same kind close by it, and near to each other, which form an object of surprise to all who visit the locality where they exist, when they see them rising in close proximity, without mingling their waters. Such springs were no less than sixteen when I visited them—June, 1862—and I found them to be not two of them exactly alike in their quantitative mineral agents, though only three or four yards apart. They rise in a triangular piece of ground, about two acres in extent, called the *Bogs*, in Lower Harrogate, near the old sulphur well, which is the principal spring in the place, and the one which possesses the greatest abundance of the element itself, and the greatest quantity of mineral and gaseous substances; so that in taking the water from it as a type, it may

safely be asserted that the waters from the adjoining springs are but as many different attenuations from the former. (*See the Tables of the Constituents of Six Springs out of the whole Number, analysed by Professor Hoffman, in* 1854.)

The neat piece of architecture which covers that spring is now called the *Royal Pump Room* by the fashionable, but the epithet of *Old Sulphur Well* will remain for ever in the minds of those who have resorted to its health-giving water. The ordinary physical properties of such a water found elsewhere, with little difference, are to be observed in those springs, except the temperature, which averages about 45° F. all the year round.* The taste, odour, colour, and specific gravity are similar to those on the Continent of the same kind.

The symptoms were collected from self-provings—from information kindly given to me by persons of both sexes who had drunk the waters and bathed in them, who experienced several of the phenomena peculiar to them; and, lastly, from others who were under treatment for different ailments, which were more or less aggravated by their abuse.

Pathogenetic phenomena were elicited under the influence of from two to four half-pint tumblers at different hours of the day, and from bathing from a half to one hour several times a day.

Group First.

Sensorium, Physical and Moral.—Temporary loss of sensation of one or more of the upper or lower extremities—semi-lateral in some persons; temporary loss of motion of one or both legs in others—of one arm in a little girl, from bathing twice during the day, one hour each time; irritability of temper; low spirits; discontent; aversion to society, dissipated by motion in the open air.

Therapeutic Indications.—Paralysis of different limbs; palsy; peevishness; depressed spirits; inquietude; love of solitude.

* This temperature has been observed in the summer months. In November, '62 I requested a friend to send me the thermometric range: it showed 39° F. in the Pump Room. Outside was a severe frost; so much so, that the free tap near the building was frozen. This was after six weeks of very cold weather. Professor Hoffman, in February, 1854, found the temperature of the water 48°-2 F., when that of the air was 50° F.

GROUP SECOND.

Cephalic Region.—Pressive semilateral pain; heaviness of the whole head; vertigo on motion; giddiness, with nausea; inflammation and agglutination of eyelids in the morning, with difficulty of opening them; heat, burning sensation of the eyes; lachrymation when open, with pricking sensation; red conjunctiva; ophthalmia of old reproduced. Being myself subject to a chronic relapsing ophthalmia, contracted in Africa five years ago, of which I was then apparently free, June, 1862, it made its appearance the eighth day after being under the influence of the water, drunk, in six ounce tumblers, twice a day. Relieved by using the same water, much diluted, externally. It also has reproduced deafness in two persons who had suffered from this affection temporarily; buzzing of the ears and hardness of hearing; prurituous sensation in the auditory passage. Relieved in open air. Erysipelatous inflammation of the nose, presenting a superficial shining, similar to that of drunkards, which disappears out-of-doors; eruption, with red spots like measles, on the face, aggravated in the sun, and by active exercise against the wind; bleeding from the mouth in plethoric persons; dryness; clamminess of the mouth and throat; thirst; dry tongue; roughness of the palate; metallic taste; sweet taste; thick saliva.

Therapeutical Indications.—Hysteric headache; sick, congestive headache, and headache from gastric derangements; rheumatic ophthalmia; hardness of hearing; redness of the nose and face from psora or rheumatic cause; aphthæ, thrush, or sore mouth from specific causes, specially in infants.

GROUP THIRD.

Throat and Chest.—Roughness of the larynx, bronchia, and throat: hawking-up mucus; hoarseness; difficult expectoration; greyish, sanguineous sputum in persons of sanguineous temperament; cough in a warm room, with difficulty of breathing; decreased secretion of milk in women nursing; palpitation of the heart; red spots above the chest; stitching pain in the right side of the chest, increased by respiration; anxiety and asthmatic feelings after a substantial meal, and by running up-

stairs, or other bodily exertion; oppression of the chest after mental labour. All these symptoms are aggravated indoors, and relieved by standing or walking in the bogs opposite the wind, no matter from what point it blows.

Therapeutical Indications—Bronchitis, asthma, and incipient pulmonary consumption; rheumatic pains in the chest; pneumonia, and pleurodynia, agalactia.

GROUP FOURTH.

Abdominal Region.—Rising flatulence, with eructations of rotten eggs; slow and weak digestion; fulness of the stomach; want of appetite; putrid taste in the morning; nausea; shooting pains in the liver; relaxed bowels, with watery stools when the water is taken warm, tenesmus and costiveness if drank cold; cholic pains; tightness of the abdomen transversely; a feeling of distension after a meal, however frugal; bilious diarrhœa, with pain in the stomach in pregnant females—flocculent in old people, frothy in children whose mothers take the water, and nurse; itching of the anus, with enlargement of the veins. Relief was obtained of the greater part of the above symptoms by abstaining from food, and by discontinuing the water. One of the provers required antidotal treatment, his symptoms being very severe, threatening dysentery: *Mercurius corrosivus* 30 and *Sulphur* 12, in alternation, restored his health.

Therapeutical Indications.—Disordered state of the digestive organs from different causes, *Psora* principally; gastralgia; gastrodynia; dyspepsia; hepatitis; derangement of the bowels (sympathetic), from any disease of the skin; hæmorrhoids; intestinal worms.

GROUP FIFTH.

Genito-Urinary Organs.—Pain in the glans; itching in the urethra; painful urination, with flocculent sediment; excessive sexual desire; involuntary pollutions; enlargement of the testes; swelling of the vulva, labium, and clitoris; involuntary erections in both sexes. Relieved by bathing.

Therapeutic Indications.—Gravel or stone in the bladder; stricture in the urethra from syphilitic gonorrhœa; satyriasis; nymphomania; priapismus.

GROUP SEVENTH.

Menstruation.—Delayed; too late; painful; scanty; of short duration; leucorrheal, pale, watery, viscous blood, according to temperaments and age, married or not.

Therapeutical Indications.—Difficult, painful, suppressed catamenia.

GROUP EIGHTH.

Circulatory System.—Accelerated pulsation of the heart; pulse irregular, quick, and wiry after a meal, and after active exercise, producing apoplexy or cerebral congestion. I was informed by several persons that some fatal cases of the kind have occurred from the abuse or counterindicated use of the strong sulphur water from the old well.

"No year, unfortunately, passes," says Dr. Kennion, in his *Observations*, page 23, "without carrying off some victims to their own imprudence, who, in the hope of more speedy benefit, take large and unmeasured supplies of this water, and thus precipitate the fate which they were only too anxious to avert. A very short time has elapsed since this occurred to a most gallant and distinguished officer. He came here to drink the water for some slight complaint, and in the course of two days he drank a quantity which ought to have been the supply for as many weeks. The effect was to produce an apopletic seizure, which rapidly proved fatal."

GROUP NINTH.

Skin.—Red spots all over the body, resembling flea bites; eruption of little pustules in different parts of the head and arms, attended with violent itching; pointed vesicles on the fingers; rash-like patches on the chest and abdomen; some in the face, some in the nose, very red—all aggravated by heat and in close apartments. Relieved in the open air.

Therapeutical Indications.—In scabies; impetigo; porrigo; urticaria; rupia; pemphigus; rubeola; lupus; acne; tinea faciei; lepra; ulcers of different kinds—cancerous, fistulous, and gangrenous; scurvy.

GROUP TENTH.

Muscular, Membranous, and Fibrous Tissues.—Shooting

pains in different regions of the body, attended with rigidity of the affected part and accelerated pulse, which are dispersed by friction and slow motion; wandering pains in the extremities, lasting but short time; erratic numbness in the left thigh; torpor in the arms, and stupefaction of the sensorium, aggravated by high winds and change of temperature, rain particularly, and thundery weather.

Therapeutical Indications.—Rheumatism; gout; arthritis; gonagra; curvature of the bones; rachitic complaints; tremor of the limbs from abuse of Mercury, spirituous liquors, and venery.

GROUP ELEVENTH.

Nervous System.—Pressive pains in the sciatic nerve, extending from the hip joint; rigidity of the right thigh; contraction of the right knee and foot for a short time; neuralgic pains in the stomach; violent pain, of short duration, in the facial nerves—the zygomatic process principally.

Therapeutical Indications.—Lumbago; sciatica; prosopalgia; gonitis; gonocele; hysterics; chlorosis.

GROUP TWELFTH.

Lymphatic and Glandular System.—Enlargement and induration of the thyroid gland, with burning sensation, which disappeared by friction; induration of the breasts in a woman nursing; contraction of the nape of the neck; drawing in the neck; painful sensation in the glands of the neck, with pimples and swelling—knot-like formation in them; the lymphatic glands of the neck and lower extremities were enlarged in a person from abuse of bathing, with increased circulation, and relaxation of the pores of the skin; shooting pains in the liver.

Therapeutical Indications.—Scrofula; struma, or king's evil, and chronic hepatitis from Psora; goitre, or bronchocele; glandular swelling in the groin and axilla.

GROUP THIRTEENTH.

Pyrexia.—Real fever was not observed in either of the provers. Some had erratic chills, followed with a sensation of heat in the evening, which passed off by keeping indoors, and

drinking something warm; whilst others had creeping shuddering without chill, no thirst, no sweat. The weather might have had some influence in those who remained late outdoors, as it was then unusually cold for the season (July, 1862). I knew a woman who was suffering from a very mild quotidian intermittent fever. She was not a prover, nor had she taken sulphur waters in any form; but she had been bathing in a cold water spring for several days. I gave her CEDRON* 3, and she got well in two days.

The above thirteen symptomatic groups contain the most characteristic ranges of the sulphur waters of Harrogate as they have been observed in the healthy subject of both sexes and various ages. They are not as complete as I should wish them to be, for it requires much more time to make them so than I could conveniently spare when I visited Harrogate; but I trust that they will be acceptable, such as they are, and hope that some able observer in future will fill up the deficiency, and correct any error that I may have committed.

All medical men of the old school who have written on the medicinal properties of these waters agree in their *powerful action on the body* to cure or to relieve the greater part of the ailments already named; but they were, as many of their colleagues are now, ignorant of another action proper to those, as well as to all other medicinal agents known, viz., the *pathogenetic action*, by which we ascertain their *therapeutic* indications and *effects*. The late Mr. Smith, in his *Medical Guide*, told us a truth on the subject, without being aware of it, when he said (page 5, 3rd edition), that "the action of the sulphur waters upon the human body is both various and powerful, according to the quantity taken and the state of the patient." But, unfortunately, Mr. Smith did not mean what he said. Had he meant that the action of the water is different when taken by a healthy individual than when administered to the diseased, instead of confining its action exclusively to the latter, though he said the action is various, he would, no doubt, have confirmed his unconscious truth. It is by the real meaning of it and by its true sense that those who have adopted the principles of

* See the pathogenesis of this new and valuable drug, published in the 5th and 6th vols. of the *Monthly Homœopathic Review*, edited by John Ryan, M.D.

the present medical reformation understand the signification of the adjective *various* not only according to the quantity taken, but also according to the state of the individual, either in health or in pain.

Dr. Kennion, the living author of another Medical Guide on the mineral waters of Harrogate, already quoted, says, that "the physiological effect of these waters" (alluding to those of the strong sulphureous springs) "is stimulant, aperient, alterative, diuretic, and, in some cases, powerfully sedative; and hence the wide field of diseases upon which their therapeutic action may be brought to bear—for how few chronic cases are there of functional disorder which are not amenable to one or other of these eliminating processes—to stimulate the secreting glands—to rouse the torpid energy of the absorbent vessels—to unload the intestinal viscera, and free the portal system of veins from their obstructed contents" (page 20, 4th edition). But Dr. Kennion mistakes, or rather confounds, the phenomena produced on the diseased, with those excited in the healthy body; the former having for its object to relieve or cure, whilst the latter exhibits diseased conditions of different kinds.

So much for the action of the sulphur waters taken internally. Its administration externally, in the form of bath, has produced similar effects, though not in the same degree of intensity. There being no means of bathing in the water from the old sulphur well, I had to confine my experiments to the water from the Montpelier Gardens' well, which is somewhat milder than that of the old sulphur well, and where there is an appropriate establishment to that effect.

The provings obtained from the baths gave me the same results, though in much smaller compass or intensity, as those obtained from drinking. The difference I believe to consist in the weaker quality of the water and in the short space of time that bathers could conveniently remain in the bath, in its natural temperature, unless used warm.*

* Several persons have bathed for one, two, and three weeks successively without having experienced any appreciable change in their constitution for good or for evil; whereas others have been affected by a single bath of not more than fifteen minutes. This shows that impressionability is not alike in every subject.

The temperature of the water being always below that of the atmosphere, it is never used but warm for all purposes. From 80° F. to 100° was the range of artificial heat used in proving; above 100° it proved injurious to healthy persons, bathing for experimentation more than an hour at the time, in whom the head, the chest, the circulatory and dermoid systems were more or less affected, showing symptoms of faintness and vertigo, palpitation of the heart, difficulty of breathing, and profuse perspiration; whereas in those who used the bath for medicinal curative purposes, it did not exhibit such phenomena at that temperature, or even at a few degrees higher. I believe that the judicious administration of the baths would be much more efficacious than drinking the water for general purposes, particularly when used in massive and large quantities. By that method the liquid, with its mineral substances, is absorbed by the lymphatics and absorbents, and thus carried into the system in sufficient quantity to neutralise the morbific condition or state of the affected organs, and thereby restore the equilibrium of health, without producing aggravation, as it generally does when drank in heroic doses.

From close investigations and personal experience I found that the cold saline hydrosulphuretted waters of Harrogate will positively cure (where curable) any of those maladies named in the therapeutic indications, provided they originate from a suppressed eruption of the skin, or from a psoric-hereditary taint, though it may relieve others. In such cases the medicinal agent has a true relationship, and a proper affinity or specificity with the disease, be its name what it may, not only as a simple sulphureous remedy, which is by some erroneously considered as the absolute specific for all kinds of cutaneous disorders, but as a compound of several elements, of which sulphur in substance and in gaseous form constitutes the material base from which the dynamic or spiritual principle emanates—the *aura mineralis.*

I have also observed that in maladies having the same nosological epithet, and produced by other causes, this famous polychrest has proved impotent generally. I saw several patients who were suffering from similar diseases, and watched the progress of their treatment. I noticed that some of them improved

rapidly, whilst others remained stationary. These circumstances puzzled their friends, when they saw that two affections, having the same appearance in two similar individuals, could not both be cured by the same remedy. In questioning two of them who were suffering from paralysis of the lower extremities, with stiffness of knee-joints, I found that one of them had suffered from a *Psoriasis diffusa* for several years, according to his statement, which he treated with some ointment recommended to him by a friend, having previously employed other ineffectual means. This ointment, he said, *cured* him in a few days, and shortly after this pseudo-cure he felt his right leg weakening by degrees, attended with rigidity of the joints, which he and his medical attendant pronounced rheumatism from cold; whereas the other patient had been affected in a similar manner, from exposure to cold and damp during the previous autumn, in hunting; for which complaint large quantities of mercurial preparations were administered to him in vain, when he was recommended to try the sulphur waters of Harrogate.

The former gentleman was perfectly cured in less than a week's time, by drinking the water from the old sulphur well, in half-pint doses, twice a day, mixed with equal quantity of warm plain water, as it is generally taken by invalids, and having taken two baths att he temperature of 90° F.; whilst the latter derived no benefit whatever from the same means, used for more than two weeks.

I also knew two ladies, suffering from derangement of the digestive organs, in whom there was slow and weak digestion, flatulence, nausea, want of appetite, relaxed bowels, tightness of the abdomen, retarded and scanty menstruation, pale complexion, rather yellowish, and white tongue. I discovered that one of these ladies had had an eruption on the face, which was very troublesome, and disfigured her countenance very much. This eruption, as she informed me, was a rash, in patches of reddish colour, attended with distressing itching, and bleeding when scratched. She was advised to use a cosmetic which soon dispersed the spots, and rendered her skin soft and clean, as she said; but she soon after began to suffer from its ill effects, and became a chronic dyspeptic subject.

The other lady suffered from errors in diet. She had been in the habit of using, or rather abusing, all sorts of stimulant condiments, strong coffee and tea, and eating large quantities of unwholesome food and unseasonable vegetables and fruits. Both cases were classified as *dyspepsia*, and treated *secundum artem allopathicam*, without the least favourable effect. The sulphur waters were recommended as the sole resource, from which the former completely recovered her health, but not the latter; on the contrary, she was much aggravated, and obliged to discontinue to visit the old sulphur well.

The same is the case with many other affections bearing the same name, but produced by different causes, each of which requires different treatment, diseases of the skin particularly. On this subject Dr. Kennion says, in his *Observations*, page 9, *et seq.*: "The fact is, that diseases of the skin are a large and numerous group, depending upon a vast variety of different causes; and it would be as unphilosophical as it is hopeless, to expect that one mode of treatment, of whatever description, could infallibly cure each and all of so large a tribe, differing in relation no less than in origin. I am the more anxious to impress this upon the reader's attention, because of the vast disappointment which is occasioned to numbers every day in the Harrogate season. During this period, scarcely a day passes without my hearing this said, 'I came here to drink the water for this troublesome disease of the skin. I have been here two, three, four weeks: I have drunk so many glasses of the water; I have taken so many baths; and here I am, worse than ever.' I repeat it, this is a daily complaint, and I am sure that every medical practitioner in the place can bear testimony to the truth of this assertion. And why is this? Simply for the reason I have already given—that persons who are afflicted with cutaneous disease believe that sulphur waters and sulphur baths are specific, according to their individual disposition, moderately or immoderately, as the case may be; and sometimes they get well, but not always. And why should they expect it?"

If Dr. Kennion had fixed his attention more particularly to the origin of those cutaneous ailments that *sometimes get well*, and to that of those who are disappointed, he would have found

the same distinction as I have discovered in the origin of those diseases of the two gentlemen and the two ladies already mentioned. To illustrate his assertion he brings two fictitious examples, as follows:—

"A. B. has a scaly disease; C. D. has a scaly disease. In each case the disease may have precisely the same appearance. A. B. has lived well, has indulged in all the pleasures of the table; life to him has been one scene of luxurious enjoyment, without one day of illness, with nothing of care to annoy, or of business to harass him. But he finds one day, perhaps, upon his arm a little white pimple, no larger than a pin's head; and it grows larger and larger, and in a few days he finds another, and *that* grows larger and larger: and then another, and another; and, in the course of time, his arms and his body are covered with scales. Reverse the picture. C. D. is a laborious merchant. He rises early, he late takes rest, he eats the bread of carefulness; that bread, those meals, are snatched at irregular times, amid the hurry of business which oppresses him; and whilst he is thus fevered, anxious, and careworn, it is vain to hope that food so taken can either be perfectly digested, or afford the nutriment which he requires. His strength, his spirits, and his powers of endurance fail him; and he, too, finds a white spot, and another, and another; and in time he, too, is covered with a scaly disease.

"Now here we have the same external disease, possessing a peculiar, distinctive character, presenting itself in two men of such perfectly opposite modes of life as to produce opposite states of constitution. Is it to be supposed that the same mode of treament can benefit A. B. and C. D.? A. B. labouring under plethora and the utmost fulness of body; C. D. suffering from a weak and broken down constitution, the effect of long-continued and over-strained mental and bodily exertion. The same marked difference is found in almost every other variety of cutaneous disease, however similar the external appearance may be."

Had the above cases been real, and had Dr. Kennion taken the trouble of investigating the origin of each case in particular, according to the existing symptomatic groups and historical

account of the ailments, he would have found in one or the other, or perhaps in both, that the opposite state of individual constitution was not the real cause of those similar cutaneous affections, but the internal psora-miasm, which remained latent in the organism for an indefinite period of time, and was brought outward in the form of eruption, as the vicarious representative of an inward disorder, by the exciting causes of excesses of the table in one, and bodily and mental exertion in the other, or by the combined agency of both, as is generally the case.*

But Dr. Kennion was not acquainted with the principles of our reformed medical doctrine, and could not, on this account, discover the real origin of those two fictitious affections, even if they were true, though he knew perfectly well that both cases presented a "*peculiar distinctive character*" from each other, and that such a marked difference being the result, as it often is, of various moral and physical causes, however similar the external appearance may be, could not be treated with one and the same remedial agent. And even supposing they were both produced by a psoric miasm of different nature, they would not in all probability be cured by the same remedy, unless there was a perfect relationship between it and the disease, for we know that every antipsoric agent has its peculiar specific adaptation or affinity not for all, but for a particular form, kind, and degree of chronic psoric disease. This is the reason why the Harrogate sulphureous waters are not specific for all kinds, all forms and degrees of internal or external chronic affections, but for those for which they have the most perfect homœopathicity.

NOTE.—I use the term *Psora* in a generic sense, and mean by it not that kind alone of eruption named *scabies*, where the *acarus* is an inseparable morbid element of the disease, but I include every other variety and form, complicated or not, of chronic exanthemata, bearing different nosological appellations,

* . . . . "Ce sont les chagrins et les soucis qui contribuent le plus fréquemment à faire apparaitre la gale latente sous la forme d'affections chroniques, et a rendre plus graves les maux chroniques déjà existans."—*Hahnemann, Traitement des Maladies Chroniques.* Paris, 1832. Page 182, vol. I.

and produced by a multitude of different causes, which, in opposition to several respectable authorities on dermatology, are *not* independent affections of the skin, but symptomatic representations of the deranged state of the *vital principle,* acting on the whole system, sometimes as cause and sometimes as effect from within outwards, or *vice versâ;* and all the chronic internal diseases, attributed by the ancients to a *morbid condition of the blood, to acrid and peccant humours, cachexia, and dyscrasia,* the greater part of which are nothing more than the effects of the transferred miasm from the periphery to the centre, exhibiting several individual pathological states in one or more of the inner organs, according to the more or less sympathetic relation which may exist between the skin and the mucous membranes of the individual thus affected.

In condensing all chronic exanthemata into one generic term —*Psora,* I do not mean by this technicality to convey the idea that all chronic diseases originate from that miasm exclusively; but I do firmly believe that seventy out of one hundred human maladies are the effect of such a miasm, fifty of which are acquired by hereditary transmission from one generation to another, and twenty from the immediate contact of one individual with another; that the next twenty per cent. are medicinal ailments, brought on by the abuse of drugs, such as *lead, iron, mercury, sulphur, cinchona,* &c., in different preparations, and given in heroic doses; and that the remaining ten are *apsoric* derangements of the system from casualties, from moral, and from hygienic causes.

Such distinctions obviously shew the kind of affections which are most likely to derive the greatest benefit from the cold, saline, hydrosulphuretted waters of Harrogate, provided the pathological symptoms agree with the pathogenetic effects of the remedy.

CHEMICAL ANALYSIS OF THE HARROGATE SULPHUR WATERS.

By A. W. HOFFMAN, F.R.S.

Made in 1854; taken from his *Examination of the Medicinal Waters of Harrogate*, in which are included the analysis of the chalybeate waters of the same place, which, being foreign to the present observations, are omitted on this account.

GRAINS OF SALINE CONSTITUENTS IN THE GALLON OF WATER.

	I. Old Sulphur Well.	II. Montpelier Strong Sulphur Well.	III. Montpelier Mild Sulphur Well.	IV. Hospital Strong Sulphur Spring.	V. Hospital Mild Sulphur Spring.	VI. Starbeck Sulphur Spa.
Sulphate of lime	·182	·594	12·104	5·166	1·215	·870
Carbonate of lime....	12·365	24·182	20·457	25·560	19·794	6·960
Fluoride of calcium ..	trace	trace	trace	trace	..	fnt. trace
Chloride of calcium ..	81·735	61·910	..	..	..	..
Chloride of magnesium	55·693	54·667	17·140	11·595	·336	..
Carbonate of magnesia	..	..	3·251	5·797	10·310	5·390
Chloride of potassium.	64·701	5·750	3·975	10·751	24·970	..
Carbonate of potassa.	..	..	..	..	..	12·207
Chloride of sodium ..	866·180	803·093	232·413	369·014	220·630	121·798
Bromide of sodium ..	trace	..	trace	trace	trace	trace
Iodide of sodium	trace	..	trace	trace	trace	trace
Sulphide of sodium ..	15·479	14·414	3·398	7·155	·301	1·711
Carbonate of soda....	..	..	..	..	..	5·133
Ammonia	trace	trace	trace	trace	trace	trace
Carbonate of iron....	trace	trace	trace	1·060	trace	trace
Carbon. of manganese	trace	trace	trace	trace	trace	trace
Silica	·246	1·840	·165	·535	1·49	1·753
Organic matter.....	trace	trace	trace	1·327	trace	1·740
Total	1096·580	966,456	292·903	437·966	279·046	157·562

TOTAL VOLUME (IN CUBIC INCHES) OF SULPHURETTED HYDROGEN GAS IN THE GALLON.

I.—Old Sulphur Well	26·9
II.—Montpelier Strong Sulphur Well	25·4
III.—Montpelier Mild Sulphur Well..	5·262
IV.—Hospital Strong Sulphur Spring	10·888
V.—Hospital Mild Sulphur Spring	3·54
VI.—Starbeck Sulphur Spa	2·103

TOPOGRAPHICAL SITUATION.

Harrogate, the most noted inland watering place in the north of England, is situated on the western verge of the great plain of York; three miles from Knaresborough, fifteen from Leeds, twenty-one and eleven respectively from the cities of York and Ripon; about midway between the east and west seas; and at

nearly an equal distance of two hundred miles each from London, Edinburgh, and Dublin, the capitals of the United Kingdom.

The town is scattered over a piece of lofty table-land down the side, along the bottom, and up the corresponding slope of a small valley, without much order or regularity of design, yet presenting from all points of view an open, airy, elegant, and substantial appearance. It is nominally divided into High Harrogate and Low Harrogate. The former stands upon the said table-land about 440 feet above the level of the sea, and the latter terminates in a basin-like form at the extremity of the valley, 100 feet below the former, where the principal mineral springs abound. The buildings are all of stone, which gives them an air of great massiveness and durability; while the peculiarity of their situation will prevent them from ever becoming crowded, as the *Parks*, comprising 200 acres of land, are, by special act of the legislature, for ever devoted to the exercise and recreation of the residents and visitors of this favoured place; so that whatever may be the ultimate growth of the town, it will always possess the rural features of a village. The situation is lofty and pleasant, particularly of High Harrogate, commanding extensive views of the surrounding country, and within easy distance of some of the finest scenery in Yorkshire, if not in England; the valleys of the Wharf, the Nidd, and the Ure are clothed with natural beauty, and, along with the magnificent vale of York, full of objects of interest and utility.

I cannot but recommend persons wishing to obtain any information respecting the advantages which the town of Harrogate possesses as a first class place of pleasure for the gay excursionist, and as a comfortable residence for the valetudinarian or invalid, to consult the excellent *Guide and Visitor's Hand-book*, written and published by Mr. William Grainge, of that place, to whom I am indebted for his kind attentions during my stay there, and from whose book I have taken the liberty of borrowing his own words in the description of several localities of interest of Harrogate and its neighbourhood.

GEOLOGICAL FORMATION.—The rock formation on which

Harrogate stands is the millstone grit of geologists; the town occupies the highest part of a round backed ridge of land, which appears at some remote period to have been upheaved by a vast subterranean force acting from west to east; uplifting the land, dislocating the strata, and giving birth to the numerous springs existing there of different kinds of mineral waters. The district in which these famous liquids rise is comprised between Harlow Car on the west, and the river Nidd on the east; the river Nidd and Oakbeck on the north, and the brook Crimple on the south. A line drawn across the country from Colin's-bridge, on the last-named brook, to the bridge at Knaresborough, excludes the magnesian limestone formation on the east, and includes all the mineral springs. This district is about five miles in length, by three in breadth, and consists mainly of high land declining from the central axis * east, north, and south, with various undulations; intersected by a narrow valley, which commences at Oakbeck, near the gas-works, and winds to Low Harrogate and Bath Hospital, in which rise the most noted mineral springs. This valley presents the most remarkable geological phenomena in the neighbourhood; between *Cold Bath Road* and *The Bogs*, and on the opposite side near *Cornwall House*, appear masses of cherty shale, composed of fossilized crinoidal remains; a much older rock than the millstone grit, and said to immediately overlie the mountain limestone. Yet, here, we have it directly at the surface, inclining with a rapid dip in opposite directions, and probably not less than 3,000 feet above its ordinary level. This grand fault or dislocation we suppose gives egress to a stream of salt water, probably derived directly from the sea, flowing along a syphon-like tube through one of the many fissures of the carboniferous series, until here its course is interrupted, and it rises to daylight through many different vents. Were the mass of diluvial detritus cleared away, it is probable that we should see the grand saline sulphur fountain surging from the mountain limestone. This stone is highly valuable in an economical point of view, being the only

* This axis, or highest point of elevation, is near the bridge over the railway on the Strag. From its triangular apex, the strata may be seen dipping in different directions north and south.

material in the neighbourhood adapted for the making of roads, for which it is extensively used. The soil of this district is various, consisting for the most part of coarse sand, clay, and peat, sometimes distinct, often intermixed. Where the gritstone is near the surface, it is sandy and porous, rapidly absorbent of moisture, and tolerably fertile; where the cold, poor, stony clay prevails, it is retentive of moisture, and requires skilful cultivation to render it productive. Such soil and situation are not favourable to the growth of large timber, consequently the trees around the town are not of great bulk, nor many of them of great age; yet the acute observer will occasionally detect a straggling oak of the old forest. Some may be seen in the Victoria Park; one especially, in Queen Street, has all the gnarled, knotted, and venerable appearance which age alone can give to the monarch of the British woods. About eighty years ago, Harrogate was described as "a wild common, bare and bleak, without any signs of cultivation." Since then, numerous plantations have been formed, and the trees add much to the beauty and variety of the scenery. Immediately beneath the surface, on the sides of the hills, the sandstone rock is found, of a brownish yellow colour, generally adapted for building purposes. The strata dip rapidly in opposite directions, as may be seen at Birk Crag, and near Pannal; none is found on the ridge of the hill. Beneath this is shale of different kinds, sometimes slatey, clayey, or bituminous, often twisted in the most fantastic manner. Thin beds of ironstone occur at intervals. Between Bilton and the river Nidd, a seam of bad coal has been worked, and magnesian limestone is found near the same village. The scenery of the district partakes of the nature of the formation on which it rests—generally tame, never grand or picturesque, yet possessed of sufficient variety to render it pleasing as a whole.

Professor Phillips, F.R.S., in his *Rivers, Mountains, and Sea Coast of Yorkshire*, 1853, page 71, writes:—"The little rill which enters the Nidd below Ripley, draws part of its scanty supply from the many health-giving wells of Low Harrogate. These precious waters have their local origin determined mainly by the anticlinal axis of strata, which may be traced in the

higher ground west of Harrogate, between the millstone and grit ranges of Rigton and Birk Cragg, which dip in opposite directions. The sulphuretted water of Harrogate, loaded with common salt, is an indication of a deep-seated spring, rising under peculiar circumstances. The old well is, in fact, a salt spring, with traces of *iodine* and *bromine*, as in sea water, and possibly there may be only one deep source for this water, and the spring east and west of it, as far as *Harlow Hill*, *Starbeck*, and *Bilton*. The differences between these springs, in proportion of sulphates particularly, seem to be explicable as effects due to the different channels through which they reach the surface." Were there any common salt deposits known to exist in any of the localities through which the water runs, it would be right to admit the above doctrine as absolute; but proofs to the fact are wanting in that respect; not so in respect to the existence of those mineral substances with which the water is impregnated besides common salt. In such a state of uncertainty we are bound to support the supposition before stated, namely: that salt water from the sea enters into the ground and reaches that locality through some subterranean crevices; that it traverses one or many fissures of the carboniferous series, together with other different soils containing mineral substances in different proportions; that the water is impregnated with the sulphuretted hydrogen gas given out from those bituminous masses, and with sulphates and carbonates of lime, fluoride and chloride of calcium, iron and other substances quantitatively ascertained to exist from chemical analysis made by Professor Hoffmann in 1854. These channels, through which the sea water traverses to reach the *grand fault*, or dislocation, already spoken of—where it is interrupted and from where it rises to the surface, through many different vents forming as many different springs,—being composed of the above mineralising agents, except chloride of sodium, cannot but impart to the waters as much of their own substances as the water itself can take up by its dissolving powers. Hence the differences between those springs in the proportion of their mineral constituents only.

Botanical Products.—At Harlow Hill, one short mile from the bogs or the principal sulphurous wells, the botanist may

there contemplate the flora of the forest as it existed twenty centuries ago. Without much search, the following plants may be found in their proper season, according to Mr. Grainge's *Guide*, viz.: *Ranunculus aquatilis*, water crowfoot; *Myosotis palustris*, forget-me-not; *Alisma plantago*, water plantain; *Ereophorum vaginatum*, single-headed cotton grass; *Menyanthes trifoliata*, buckbean; *Parnassia palustris*, grass of Parnassus; *Drosera rotundifolia*, sundew; *Vaccinum oxycoccos*, cranberry; *V. myrtillus*, whortleberry or blaeberry; *V. vitus idœe*, cowberry; *Empetrium ingrun*, cowberry; *Erica vulgaris*, common ling; *Erica tetralix*, cross-leaved heath; *Hypericum pulchrum*, small upright St. John's wort; *Blechnum spicans*, common hard fern; *Pteris aquilina*, common brake or bracken; *Vlex europæus*, large flowering furze; *Genista anglica*, petty whin; *Cladonia alcicornis*, elk-horn lichen; *Veronica scutellata*, marsh speedwell; *Orchis latifolia*, marsh orchis, &c. &c. &c. Many species of lichens may be found on the stones and trees, mosses on the boggy parts, and ferns on the drier. The above are only a few of the plants, taken at random, without any attempt at classification.

Harlow Hill, the hill of soldiers, is indicative of military occupation, and yet there are no traces of entrenchment said to exist upon it, and history is silent as to any battle ever occurring there; yet tradition has murmurings that it was the army of Vter Pendragon which encamped upon that hill about 1,460 years ago, and the humble cottage of a husbandman adjoining bore the name of Pendragon's Castle until a very recent period, indeed the name lingers yet. An eminence in a field near Pannal Ash bears the name of Castle Hill. Harlow Hill is about 600 feet above the level of the sea, and there is a tower built upon it which bears the name of the hill. It rises about 100 feet, 90 being stone work, and the remainder is made up by a wooden turret, to which access is had by means of steps. John Thompson, of Harrogate, built this tower in 1829, wishful, if possible, to obtain a glimpse of both seas, east and west; but he was disappointed in this respect, though the prospect from it otherwise is as extensive, grand, and glorious as when he first looked from its lofty battlements and saw, or fancied he saw, the

gleam of the salt waters near the mouths of the Tees and the Humber—for English Appennines for ever frown forbiddingly upon any prospect of the western waters. The top of the tower is 700 feet above the level of the sea. Inconsiderable as this elevation may appear in comparison with the altitude of many mountains, its situation gives it a prospect excelled by few of them; placed on the western verge of the great plain of York, it commands the whole of the extensive, fertile, and interesting region from the Tees to the Humber—bounded eastward at varying distances by the Hambleton, Harvardian, and Wold hills; while on the south, west, and north it commands a magnificent view of mountains, hills, and valleys. The course and confluence of nearly all the great Yorkshire rivers lie within the limits of vision. Telescopes are provided, ready mounted, for the visitors, for a fee of sixpence each, and on a clear day few can enjoy a treat of a higher kind than an examination of the country around by their aid. The nearest object of interest is Harrogate, so near (half a mile and one mile respectively) that with the glasses the tradesmen's signs can be read; the time by the church clock can be ascertained, and at the same time individuals walking along the streets can be identified. Further on, two cities, York and Ripon, with their cathedrals, are distinctly visible, and at times Lincoln is seen on the distant horizon like a small dark cloud. Seven of the great battle-fields of England, and the scenes of at least twenty minor skirmishes may be seen from hence; twenty market towns, seventeen castles, twenty-three ancient abbeys and other religious houses, more than seventy seats of the gentry and nobility, and nearly two hundred parish churches. Numerous as are the objects visible, yet few of them are without their associations of olden time, and some of them rank amongst the shrines to which the student of history makes his pilgrimages. All this fair picture that we look upon is the product of water, or rather waters, for their variety is great, and their rises almost infinite. Like the old Greek lyric, the inhabitants of Harrogate may say:

> "Water, great principle whence nature springs,
> The prime of elements, and first of things."

CLIMATE AND ITS PECULIARITIES.—"The climate of Harrogate," says Mr. Smith's *Medical Guide*, "is also highly favourable to the welfare of the patients. In situation high and dry, unshaded with woods, and uncontaminated by effluvia, whether marshy or smoke, Harrogate has the advantage of the purest air which this kingdom affords. Its inland position secures it from those keen blasts which so often seem to cut delicate people to the bone, as it were, on the coast; while its open aspect as a plain prevents those partial currents of air which the neighbourhood of great hills is apt to occasion." And Dr. Kennion, in his *Observations* already mentioned, writes:—"The air of Harrogate is peculiarly pure and bracing, and, as we commonly remarked, possesses more of the freshness and elasticity of the sea air than almost any other inland place; and to this, without doubt, in conjunction with the salutary effects of the waters, invalids are indebted for much of the improved health and strength which they find here.

"The position, too, of Harrogate is such that we may recognize, at least, two distinct climates; the air of Low Harrogate being comparatively mild, even when a strong and cool breeze may be blowing on the most exposed 'common' at High Harrogate; while from the sandy nature of the soil, and the excellent drainage which has recently been carried out at large expense, there are few days in the year when the ground is not sufficiently dry for the most tender invalid to walk with comfort and safety. Of how great advantage this dryness of the soil must prove to invalids, I need not stop to remark; the advocates of sanitary reform will learn with interest that ague, as an indigenous complaint, is unknown, proving the dryness of the climate; that cases of fever are rarely seen, and when occurring, being brought by strangers from a distance, the infection has rarely, if ever, been propagated, which affords a cogent proof of the salubrity of the air; and that no single case of cholera has ever occurred here."

The above is the opinion of an eminent physician, for many years resident in Harrogate, who has had ample opportunities of observing the phenomena of that climate. But the learned colleague does not enter into the reason why Harrogate has

been exempted from the epidemy of cholera, which, in different epochs, has visited most parts of the United Kingdom. This is a peculiarity of that atmosphere which deserves noticing. For instance, the immunity, I believe, consists in the quantity of gases and mineral substances with which the air of Harrogate is highly impregnated, such as sulphuretted hydrogen, carbonic acid, and carburetted hydrogen gas; and with chloride of sodium, sulphates and carbonates of other substances, emanating from the numerous springs of different mineral waters abounding in Low Harrogate particularly, and its neighbourhood. Some of these salts can sometimes be seen accumulated on old trees and walls of those localities; and I also believe that the aggregate of all these substances, or some one in particular, acting as a neutralising power to the cholera-producing agent, would prevent its generation, and at the same time exert its prophylactic powers on individuals. So that we may come to the following conclusion, viz., that those gaseous and mineral emanations (perhaps chloride of sodium in particular) are to Asiatic Cholera, and to other epidemic diseases, what the marsh malaria of different low-hot countries is to certain kinds of diseases of the respiratory organs, Phthisis pulmonalis, viz.: an antagonistic force or power acting on the organism in a conservative manner to preserve the health of mankind, and perhaps that of other animals.

In confirmation of my assertion I will quote the following paragraph from the *Philosophical Magazine*, on Kirchoff and Bunsen's discoveries—*Analysis of Spectra*:—

"More than two-thirds of the earth's surface is covered with a solution of chloride of sodium, fine particles of which are continually being carried into the air by the action of the waves. These particles of sea water, thus cast into the atmosphere, evaporate, leaving *almost inconceivably small residues*, which, floating about, are almost always present in the air, and are rendered evident to our sight in the sunbeam.* These

* The sea is from 70 to 80 miles distant, east and west, from Harrogate on each side respectively. It is, therefore, a questionable point to determine whether the chloride of sodium, seen with the naked eye on the trees and old walls—even on some places of the ground—in the neighbourhood of the

minute particles perhaps serve to supply the smaller organized bodies with the salts which larger animals and plants obtain from the ground; in another point of view, however, the presence of this chloride of sodium in the air is of interest. If, as is scarcely doubtful at the present time, the explanation of the spread of contagious disease is to be sought for in some peculiar counteraction, it is possible that the presence of so antiseptic a substance as chloride of sodium, *even in almost infinitely small quantities*, may not be without influence upon such occurrences in the atmosphere."

It has been observed that large quantities of salt, taken during the prevalence of epidemic diseases, will prevent infection, owing to the large amount of chlorine evolved by the stomach, this gas being the most disinfecting with which we are acquainted.

There is another peculiarity in the climate of Harrogate deserving noticing, viz., the Homœopathicity of the air, thus impregnated with mineral substances and gases, to certain affections of the human body; curing or relieving ailments which these substances have the power of producing; and *vice versa*, producing disorders on the healthy subject similar to those it cures. I have spoken to different persons, who assured me that they became so sensitive to those emanations, as to be obliged to remove far from them on that account. The female attendants of the Royal Pump Room—old sulphur well—and of the Montpellier Gardens, complained also of rheumatic pains and headaches. The latter was obliged to leave her situation in June last, because of her sensitiveness to the emanations from the springs in the tap-room, where she was compelled to attend from six in the morning to the same hour in the evening. Similar effects (*i. e.* the effects of Iron) were observed by Hahnemann on the inhabitants of the neighbourhood of Chalybeate Springs, more or less exposed to the ferruginous emanations

springs, is carried there from the sea; or whether that salt is evaporated from the saline waters, condensed and deposited in those localities by the heat of the atmosphere, which is always higher than that of the water, and thus suspended in the air. I am inclined to believe that the latter supposition is the true one, though the former is by no means improbable.—J. N. C.

of the waters on the continent. (See his Mat. Med. article *Ferrum.*)

The above properties of the climate of Harrogate, which have come within my personal observation, are the only phenomena that I can answer for, having resided but few weeks in that place. The writers of medical guides are silent with respect to meteorological observations, as if this kind of information is of no material importance to invalids who seek a suitable place for residence during their impaired health. I ought, nevertheless, to observe that the mean temperature of the whole year is about 46° F. in High Harrogate, and about 49° to 50° F. in Low Harrogate, according to information received; the latitude being between 53° to 54° N.

Note.—The peculiarities of some climates, or localities of some countries, in producing or curing certain kinds of diseases, are such that need not be mentioned here; but I shall call the attention of the reader by stating those of three localities which have been within my personal observation, viz.:

1st. The neighbourhood of the saltpetre works, near the port of *Yquique*, in Peru, where all kinds of syphilitic affections are spontaneously cured by merely residing there for a few weeks.

2nd. On the *Chincha* Islands, near the coast of Peru, certain kinds of skin diseases are also spontaneously cured by exposure to the emanations of the large quantity of *Guano* which exists there; and

3rd. In some localities near Algiers, in Africa, almost all forms of affections of the lungs are cured by residing under the malaria atmosphere generated in those places; and yet there has been no case of pulmonary consumption known to originate there at any time, nor of diseases of the skin in the Chincha Islands, or of syphilitic maladies in Yquique. The same antagonism which seems to exist between the atmospheric agents of those regions and the already named maladies exists also between the mineralised atmosphere of Harrogate and cholera. Hence the immunity from its ravages possessed by the inhabitants of that place.

NOTES FROM PRACTICE.

By Dr. Richard Hughes.

Pain after Food.

Of the many forms under which that Protean disorder, Dyspepsia, presents itself to our notice, none occurs more frequently than *pain after food.* I have been greatly more successful in my treatment of this symptom since studying it in its physiological and pathological relations, as under.

The pain may come on immediately upon taking food, or about two hours after. In the former case I believe its seat to be the stomach,—in the latter the duodenum.

When the stomach is the organ in fault the pain may arise from a morbid condition of any of its constituent elements. Excluding the cellular and peritoneal investments, as practically without concern in this matter, we have remaining: 1. The mucous membrane. 2. The muscular coat. 3. The nervous supply.

1. For the mucous membrane to cause painful digestion it is necessary that it should be in a state of irritation or inflammation. The pathognomonic signs of this condition are the red, raw or glazed, tongue; and epigastric tenderness. Its unfailing remedy in my hands has been Arsenic. As the affection has always come before me in the chronic form, my usual potency has been the 3rd decimal. A predominantly vegetable diet, and a continual wet compress to the epigastrium, are two most valuable adjuncts. Were Arsenic ever to disappoint me, I should fall back upon Mercurius corrosivus, Kali bichromicum, or Tartar emetic.

Of course pain after food is a symptom of ulcer and cancer of the stomach; but my object here is to speak of cases in which this special symptom is the one subject for treatment.

2. There are three conceivable ways in which the action of the muscular coat in digestion might become painful. This coat might be affected by the *rheumatic* poison, *spasmodically* contracted, or so weakened that its normal movements might be effected only with pain (*myalgia*). The last mentioned is

hardly likely to occur: should it do so, its remedy would probably be found in Arnica. The two former are not uncommon.

When a rheumatic taint prevails in the general system, it is not uncommon for the movements of digestion in the stomach to be performed with pain, stiffness, and soreness. This is the most common form of pain after food among old persons; and I believe it to arise from a chronic rheumatic affection of the muscular coat of the stomach. It is nearly always relieved or cured by Bryonia, in the 1st cent. dilution.

The spasmodic form of pain is more severe, and is specially characterized by being paroxysmal. This is the pain known as "gastrodynia" or "cardialgia." It is generally accompanied —perhaps excited—by excessive flatulence. It is in the removal of this affection, especially, that Nux vomica has attained so high a celebrity as a stomach remedy.* I find the 1st dilution give most speedy relief in acute attacks; while to remove the chronic predisposition I run rapidly down the scale from the 12th to the 3rd, generally remaining at this point till the cure has been effected. Should any other remedy be required, it may be remembered that Hydrocyanic acid has the reputation in the old school of being a specific for this disease, while its general power of exciting spasm shows its curative virtue to reside in its homœopathicity. Here, also, as in most spasmodic disorders, Aconite forms a worthy third in the triad.

3. Cases of pain after food frequently present themselves, in which no signs of inflammation, rheumatism, or spasm can be detected. These are generally young persons, of delicate frame, often complaining of debility, and liable to neuralgic attacks. I am disposed to refer the pain in these instances to a morbid sensibility of the *nerves* of the stomach; and am confirmed in this supposition by the brilliant results which generally follow the administration of the higher potencies of Arsenic,—the 6th and 12th, especially the latter.

The pain which comes on about two hours after the ingestion of food, and which I refer to the duodenum, is nearly always

* I see no reason to suppose that Nux vomica has any direct specific action upon the digestive *mucous membrane*. The more this element is involved, and the less the nervous and muscular constituents contribute, the less becomes the value of Nux vomica, and the greater that of Pulsatilla.

connected with chronic irritation or inflammation of the mucous membrane. I have only seen two well-marked instances of this disorder, and in both cases the symptoms, which were of some months' standing, yielded in a few days to the 3rd dec. trituration of Arsenic. In these cases, it is of great importance to give the duodenum rest by making the diet predominantly *animal.* One of the two cases mentioned above illustrates this rule. He had been under old school treatment for eleven weeks, during which his attendant kept him almost entirely upon a farinaceous diet. No improvement whatever ensued; and he came to try what Homœopathy could do for him. I immediately ordered him an animal diet, which order he strictly carried out. I had him under my observation for three or four weeks, during which time the only attack of pain he had (after the first three days,) was after partaking of rabbit-pie, and eating the crust rather freely with the meat.

I have not attempted in these remarks to give an exhaustive account of the forms or the remedies of "pain after food." I have only endeavoured to describe the forms in which it has come under my own notice, and the remedy which I have generally found successful in each variety.

Vertigo.

The symptoms of nearly every medicine contained in Jahr's "Codex" begin with "Vertigo." In the presence of this distressing *embarras de richesses,* it may be useful to set down the results of some little experience of the treatment of the symptom in question.

Symptom it is, and nothing more, in organic disease within the cranium, in apoplexy, and in acute gastric derangements or "bilious attacks." Persistent in the former case, temporary in the two latter, in either it affords no point for special treatment. But Vertigo not uncommonly comes before us unconnected with either of these causes, and sufficiently prominent to require special attention and medication.

I believe Vertigo to be in all cases dependent upon disorder of the cerebral circulation. Such disorder, however, may arise either from local causes, or from deficient action of the heart.

The symptom has come under my notice in three leading forms: 1st, with hyperæmia of the intra-cranial mass; 2nd, with sudden anæmia, apparently dependent upon excitation of the vaso-motor nerves; 3rd, with signs of a feeble heart.

1. I have never met with acute congestive Vertigo apart from apoplexy, unless the phenomena of sun-stroke are thus to be understood. For this affection Glonoine is as valuable a remedy as it is a perfect pathogenetic analogue. Gelseminum might occasionally form a useful succedaneum. Chronic congestive Vertigo is a not uncommon ailment. For this affection I find nothing so useful as Iodine, in the 3rd or 2nd decimal dilution. The powerful influence of this drug over the cerebral circulation is exhibited by many instances cited in Dr. Cogswell's treatise.

2. The type of the second form is to be found in the frequent dizziness to which epileptics are subject. I believe this to consist in a minor degree of the same arterial contraction which in the epileptic paroxysm causes entire loss of consciousness. I frequently, however, meet with a similar form of Vertigo in persons who are quite free from epilepsy. This form is generally connected with headache. Its cure is one of the most beautiful and unfailing actions of Hydrocyanic acid, which I usually prescribe in the 3rd—more rarely the 2nd—centesimal potency.

3. Still more frequently does Vertigo own a cardiac origin, and testify to deficient supply of the brain from an enfeebled heart. In such cases we shall have some palpitation and breathlessness, a feeble pulse, and a tendency to syncope. Here Digitalis is our grand remedy. The disappearance of the Vertigo is generally the earliest sign of the toning influence exerted by this powerful drug on the muscular tissue of the heart. I give it in the 1st or 2nd decimal dilution.

Hydrocyanic Acid.

I have been unable to carry out my expressed intention of giving a series of cases treated by this rarely-used, but most potent drug. I will set down here, however, the result of my own experience with it since its introduction to the readers of this Journal in the No. for July, 1862.

1. I have spoken above of its value in a special form of Vertigo, often accompanied with headache.

2. It hardly ever fails to relieve that distressing sensation called "sinking at the stomach." Here Nos. 2 and 3 have answered best in my hands.

3. I believe it to stand in the first rank among the remedies for true spasmodic asthma, its only peers being Strychnine and the alternation of Ipecacuanha with Hyoscyamus. I have hardly yet sufficient data for the differential diagnosis of these remedies; but the last named I am inclined to think especially serviceable where there is much cough, and great susceptibility to damp weather. I give the acid here in the form of a solution of the Oil of bitter almonds, so managed as to represent the 3rd decimal potency of the anhydrous acid.

4. Increasing experience convinces me of what pathogenesy so strongly indicates—that Hydrocyanic acid is the best remedy we have for epilepsy. I could cite a score of cases in proof of its efficacy. In this affection I employ the 3rd, or even 2nd, decimal dilution of the acid.

5. A careful study of the much-dreaded "infantile convulsions" has convinced me that they are essentially epileptiform in their nature. I have thus been led to the use of Hydrocyanic acid in their treatment; and from what I have seen of its power, am inclined to rank it as at least equal to Belladonna. I should also give it in the convulsions with which hooping-cough is occasionally complicated.

6. I have *not* found it of service, in infinitesimal doses, in vomiting, gastrodynia, or hooping-cough,—the three affections to the treatment of which its allopathic use is almost confined. It is quite homœopathic to these disorders; but probably requires to be given in the somewhat larger doses employed in old school practice. Meanwhile, we have other remedies which in very minute doses generally answer every purpose required in their treatment.

Gelseminum.

As this drug will probably be extensively tried in Great Britain and Europe, I will note here the result of more than a

twelve-month's use of it in various maladies. It has become a valued remedy in my practice for three important morbid conditions.

1. *For disturbances of the cerebral circulation, of a congestive character.* It speedily removes many congestive headaches, especially that accompanying menstruation. I generally give it as the continuous remedy in anomalous disturbances of the circulation within the brain, reserving Glonoine for immediate attacks, and am well satisfied with the result. My friend, Dr. Madden, I know, thought highly of it in acute congestive apoplexy.

2. *For painful spasmodic affections of the sexual system, male and female*: to which portion of the organism it seems to be a special sedative. It is a brilliant remedy for the ordinary spasmodic dysmenorrhœa, relieving the pain like a charm, and in some cases modifying and even preventing its recurrence on subsequent occasions. This is true in about four out of every five cases in which I have given it. Anomalous uterine pains occurring in the latter months of pregnancy will generally yield to its exhibition, and it is of great value as a remedy for "after pains." It relieves chordee more rapidly and surely than any other internal medicine, and has occasionally proved useful in cases of irritable weakness of the male sexual system.

3. *As a substitute for Aconite in the remittent fever of childhood.* This disorder approaches too near the typhoid type to afford much scope for the action of Aconite; but Gelseminum acts here quite as rapidly as Aconite in the pure inflammatory fevers. It generally requires to be supplemented by Pulsatilla, on account of the implication of the digestive mucous membrane. This winter all the cases of remittent fever I have seen here have had a violent cough, which after resisting Ipecacuhana, Hyoscyamus, and Hepar, has found its remedy in Nitric acid 1.

In the first and third of the above named disorders I give the drug in the 1st centesimal dilution. As a sedative to the sexual system the 1st decimal answers better; and in dysmenorrhœa it may be given with advantage in three or five drop doses.

Measles.

There has been a very extensive epidemic of measles at Brighton—as indeed all over the country—this spring. The treatment I have pursued in the numerous cases which have come under my care has been so thoroughly satisfactory, that I am induced briefly to set it down here. There is nothing new in it; but it has been well tried and proved, and it may be interesting to my colleagues to compare notes, and to the beginner in Homœopathy it may help as a guide to his course.

I have recognized three elements of the malady as points for treatment. 1st, the state of the blood and circulation, as shown by the general fever; 2nd, the irritation of the respiratory mucous membrane, manifesting itself in the reddened conjunctiva, the coryza, the cough, the occasional bronchitis; 3rd, the disturbance of the alimentary mucous membrane, evinced by the coated tongue, the nausea, and the tendency to diarrhœa.

The first of these elements is uniformly and most satisfactorily met by Aconite, in the 3rd decimal dilution. The second yields with equal facility to Euphrasia (1), Hepar sulphuris (3), or Phosphorus* (2 or 3), according as the eye and nose, the larynx and trachea, or the bronchial tubes feel the main stress of the disorder. The third is easily controlled by Pulsatilla (3rd dec.). Thus the treatment of an ordinary case of measles in my hands is this. At first Aconite alternately with Euphrasia, or with Phosphorus if there be bronchitis. Then when the fever and catarrh have subsided Pulsatilla comes in to clean the tongue, and enable a nourishing diet to be resumed. Lastly, Hepar clears away whatever may remain of the cough.

I do not suppose that we cut short the course of so typical a disease as measles by any treatment we adopt. But I am satisfied that we can very materially diminish the intensity of the symptoms by such treatment as that sketched above, and pave the way for a rapid convalescence. The contrast exhibited at many of the schools at which I have attended, between the

* I prefer Phosphorus to any other remedy in the bronchitis of children, on account of the great tendency it has to become complicated with pneumonia. In adults it is different: and here Bryonia answers as well or better.

Homœopathic and Allopathic sufferers from measles, has been sufficiently striking.

I have in all cases mentioned the dose I am in the habit of employing. I cannot agree with the sentiment often expressed, that so long as you choose the true homœopathic remedy, it matters not in what dose you give it. I believe, on the contrary, that the right selection of the dose is of the utmost importance: that he who confines himself to high, low, or medium dilutions, suffers loss thereby; and that we should aim at collecting data upon which some well established posological rules may one day be based. To this end I feel it necessary, when an experience in favour of a particular remedy is mentioned, to state also the dose with which the experiments have been made.

Baptisia in Gastric Fever.

The Baptisia tinctoria is another of the new drugs for which we are so much indebted to our American brethren; there is a short proving of it in the sixth volume of the *North American Journal of Homœopathy*. From the indications hereby afforded, and from the testimony of the so-called Eclectic practitioners of America, Dr. Madden and myself were induced to try the drug in the ordinary endemic form of low fever, known as gastric or typhoid. Our success was beyond our expectations; as we found the disease not merely guided to a safe termination, but in most cases actually cut short in its earlier stage.

I mentioned these facts at a late meeting of the British Homœopathic Society. I repeat them here, because it seems unlikely that the paper in the discussion on which my remarks were made will be published in the *Annals* of the society; and my object in making them was to ask our colleagues to test our experience in their practice.

I find it, moreover, recorded* that at a subsequent meeting of the society a distinguished member was kind enough to say that he did not believe a word of our assertions; and that we had jumped to a very rash conclusion in a very precipitate way.

* *Annals*, No. xii., p. 507.

I cannot find any evidence to show that this gentleman had tested our statements, and in this way had found them wanting. But another member mentioned upon the same occasion that in one case he had verified our experience, and had cut short gastric fever.

I will only add that every case of gastric fever which comes under my notice increases my appreciation of the value of the Baptisia. I give it in drop doses of the 1st decimal dilution, repeated every two or three hours. It is exceedingly rare that the case goes on to assume a typhoid character, and the Baptisia has to be supplanted by Arsenic.

CONTRIBUTIONS TO PRACTICAL MEDICINE.

By Dr. Tuthill Massy.

Among the "Reviews" in the January number of this Journal* I read two very instructive cases under the title, *Anæmia and its consequences*, one given by Dr. Begbie; the other by the reviewer. The disease treated of has deeply interested me, for this reason. Some seven or eight years ago I was called to see a country squire, who resided in an old English monastery encircled by a deep moat, and encompassed with wooded hills. This gentleman had been known to me for some years previously, and was then, in reality, the image of robust health, square shouldered, muscular and powerful in limb and lung. He was about in age from forty to forty-five, with a dark, ruddy complexion, eyes and hair as black as an ancient Briton, and I should say, judging from analogy, one of that stock on the western side of the Malvern range. On my first visit he was just emerging from a hot bath, and complained of a most intense pain in the *right* side, which was covered thoroughly and thickly with *shingles* (Herpes Zoster), engaging half the circle of the body. I saw nothing serious in the case to cause ap-

* *British Journal of Homœopathy*, vol. xxi., p. 125.

prehension, for at that time I was in attendance on a lady with shingles forming a half zone on the *left* side, lumbar region. For both I prescribed the wet compress externally, and to the gentleman I gave *mercurius sol.*, as I suspected the liver to be more or less engaged in developing the clustered vesicles. For the lady I gave *rhus tox.* She quickly recovered.

The gentleman's case lingered most obstinately, crop after crop came out so as nearly to surround the body, and as there is some tradition (be it true or false), that if the shingles form a complete ring, death would be sure to follow; this notion, from the writings of Pliny, terrified my patient, and added much mental anxiety to the already too much bodily pain. After a few anxious weeks the shingles ceased to spread, but the health made no progress to restoration. Not being able to discover any internal organic disease, I concluded that this form of debility and nervousness was prolonged by some external cause, it might be from the impurity of the water of the moat, the imperfect drainage from the court and stable yards, or in fact the general dampness in this wooded locality. On these suppositions I sent my patient to the sea-side, with directions for a generous diet, amusing exercise, and recreative reading. The trip he enjoyed very much; but yet to my view there lingered some unusual phenomena of disease which did not come within the ordinary classification of our nosology. All the framework appeared diminished, including the bony structure with the muscular tissue; the eyes were left unusually bright and prominent, with an expression of alarm, the *thyroid* gland looked large and full, as if it had not entered into this work of absorption, and I was led to conclude that the lachrymal glands had also remained stationary. The heart's action was greatly increased, but the stethescope evinced no structural disease beyond an occasional murmur, the result of debility. Vision was perfect, and in no way altered by the muscular irritability. The nervous and sympathetic actions were greatly exalted, on which account I prescribed *belladonna.*

These symptoms ran a course of three years without fever, our patient took another three returning to health, during which

Digitalis and old port acted in their separate capacities very useful parts.

This cannot be ranked under "Anæmia," as the characteristics of anæmia were absent. In introducing this case I ought to have mentioned that my patient was married, the father of five or six children, remarkably domestic, temperate, fond of farming, with the usual accompaniments thereto.

"According to Trousseau,* Dr. Graves, of Dublin, so early as 1835, *i.e.* two years previously to the publication of Basedow's cases, had pointed out to the notice of his pupils and of Dr. Stokes, a disease similar to that described by the German author, and characterized by disturbance of the action of the heart, exophthalmos and goître." In fact the disease now under our consideration.

In Paris—

"A case of *Exophthalmic goître* was related to the Academy of Medicine on the 1st of April, 1860, by Dr. Hiffelsheim, and in December of the same year the late lamented Dr. Aran read a comprehensive memoir on the same subject. Both these papers were referred to a committee, consisting of Messrs. Bouvier, Baillarger, Châtin, and Trousseau, and about a month ago Mr. Trousseau, in the name of his colleagues, reported on the question.

"They find that, despite the careful inquiries instituted on the subject, and the many names bestowed on the affection, the intimate nature of this singular disease is yet a mystery.

"In subjects afflicted with exophthalmic goître, or, as M. Trousseau calls it, *Graves' disease*, the attention of the observer is at once arrested by a symptomatic *triad*, or threefold group of symptoms, consisting of—

"1. The marked protrusion of the eye-balls;

"2. The enlargement of the thyroid gland;

"3. The visible pulsations of the heart and arteries.

"A fourth element should be superadded—viz., *chloro-anæmia*. The coincidence of these various morbid conditions is pathognomonic, and any one of the first three, detected alone, must suggest the idea of inquiring into the presence of the others. 'When the disease is of long standing,' says M. Woillez, in his *Dictionary of Medical*

* Vide, *Journal of Practical Medicine*, vol. xxxii.

Diagnosis, 'the history of the case shows that the cardiac or arterial throbbings, the hypertrophy of the thyroid, and the exophthalmos, equally mark the incipient stage at the same time that anæmia steadily progresses. The morbid increase of vascular or cardiac pulsation, when sufficient to be detected by ocular inspection, is an infallible sign which, even existing alone, reveals the true nature of the disease; but it acquires its full value only when coupled with hypertrophy of the thyroid.' These phenomena present some interesting particulars of a secondary nature. According to Stokes, the pulsation of the radial artery is always feeble, even though the throbbing of the carotids may at the same time be extremely violent; and Mr. Charcot states that the abdominal aorta is liable, like the blood-vessels of the neck, to become the seat of energetic pulsation, and also the superficial thyroid arteries. The principal arteries present distinct *purring tremor* on palpitation, and the stethoscope reveals the existence of a rough and continuous swelling souffle. In some instances, but not invariably, the extent of the dulness of the precordial region is increased. It is further proper to notice the absence of fever and the preservation of the function of nutrition, except in advanced organic disease, which terminates fatally—*i.e.*, in one case out of every four.

"The debate which followed did not throw on the nature and treatment of exophthalmic goître more light than the report itself. Messrs. Bouillaud and Beau, however, imparted some slight information on the ætiology of the disease. Mr. Bouillaud has observed twenty-one cases, and the patients appear to have almost invariably been boys, girls, or young women who presented the signs described by Tissot and Lallemand as characteristic of sexual, and especially of solitary indulgence. Hence he is disposed to trace exophthalmic goître to the anæmia consequent on this cause of exhaustion. Mr. Beau, on the other hand, adduced instances which show the influence of deep irremediable grief on its production. It is therefore probable that the affection may especially result from physical or mental agencies of a depressive and enduring character, and that it differs from chloro-anæmia but by the development of special symptoms, the predominance of which has not received any satisfactory explanation."

We have since received the conclusion of the French debate on *Graves' disease,* which is as follows—

"The mission of the Academy of Medicine is assuredly not to supply a solution for all pending scientific problems. Its debates unquestionably promote the advance of knowledge, by the publicity conferred on all novel ideas, which are thus conspicuously brought forward, and widely promulgated. The conflicting views elicited by each communication of the kind, give birth to a desire for closer and more attentive inquiry into the yet obscure points of the various branches of the healing art, and in this respect, the recent discussion on exophthalmic goître cannot be said to be entirely destitute of interest. Although Messrs. Trousseau, Beau, and Bouillaud, cannot agree as to the pathology and treatment of Graves or Basedow's disease; although Mr. Trousseau persists in classing it with neurosis, Mr. Bouillaud with complicated chlorosis, and Mr. Beau with anæmia, the eloquent reporter is entitled to our gratitude for having made us acquainted with publications, which had not hitherto found their way into France, and for having called the attention of the profession to the investigations instituted by the late lamented Dr. Aran, and to the researches of Messrs. Charcot, Léon Gros, and Hiffelsheim, on the morbid condition alluded to. The discrepancies we have mentioned can now be reconciled but by carefully observed facts, and we shall confine ourselves to the statement of an experiment adduced by Mr. Trousseau in support of his argument, which points to the ganglionic system as the seat of the disease: an extremely ingenious physiologist, Dr. Schiff, instantaneously causes exophthalmos in the rabbit, by irritating the peripheric extremity of the sympathetic nerve after dividing it in the region of the neck."

I must not omit to mention a medicine which has been of benefit in a case recorded by Von Willebrand, of Helsingfors. It is *ergot of rye*, which he extols for its specific action on the muscular structures and organic nerves in this disease.

While on this review, I may be permitted to add another medicine to the *one* agent (Arsenic) which Dr. Begbie has found so efficacious in the "Relation of Rheumatism and Chorea," and this can best be done by giving the notes from my Dispensary case book, page 591, A.D. 1853.

Extract from the letter of recommendation:—

"Jane Alcott, an overgrown girl, nearly 14 years of age, has been suffering for a month from St. Vitus' Dance, and has been under

Allopathic treatment most of the time, without experiencing relief.

"Symptoms: weakness and involuntary movement of the muscles of the right side, the arm and leg nearly useless.

"She is very restless, particularly at night, enjoys no comfortable sleep, starts fancying she sees frightful objects.

"She has no appetite, at times is quite silly, laughing without incitement; at other times is easily moved to tears; cannot bear to be observed by strangers; spoils her clothes by picking at them. She is of an affectionate disposition, naturally shy and timid, since her illness is very capricious."

On reading the note I questioned the mother of the girl as to any former illness, when she mentioned the suppression of an eruption before the appearance of the present *chorea*. This led me to prescribe *sulphur*. A fortnight after I received a note telling me, "the symptoms had quite vanished and the girl's health was restored." The girl had been in the Hereford Infirmary during the month referred to in the letter. Last year I visited the governor of the infirmary, who sent the girl to the Worcester Dispensary, and he said, "Jane Alcott continues well, much to the surprise of the infirmary doctors."

There is one more passage which I am led to refer to in reading the "Review" before us—the one from the pen of Dr. Hanna, on "*The Last Days of our Lord's Passion.*" I did not wonder at a theologian writing in a theological sense on such a sacred subject; but when I found it made medical, and three physicians quoted to give support to what can be only a supposed theory, I could not help feeling a degree of awe mingled with sorrow; moreover, I remembered that in the works of art by the oldest painters and sculptors, I frequently noticed a difference as to the side of "our Lord" which was pierced; one artist representing the right side, another the left, and on referring to the "*record*" given by St. John, who was standing by the Cross, I find he did not particularize the side which was pierced, but merely stated the fact to prove the scriptural fulfilment of the prophetic writings. Had Dr. Stroud turned his attention to "the resurrection and the life" of Christ, he could not, beyond a moment, indulge his thoughts in so mysterious a subject, for "God's ways are in the sea, and His

paths are in the great waters, and His footsteps are not known."

The unbelief of Thomas is a history in itself sufficient to expel the idea of a "ruptured heart." "Reach hither thy hand, and thrust it into my side." We here behold our risen Saviour with His returned spirit reunited to a body which did not see corruption, in which even a bone was forbidden to be broken, and in which were performed all the functions of life, which functions could not have been performed with a ruptured or torn heart; but "with God all things are possible," yet I must feel that it would be well if Dr. Hanna were to take the able remarks from the "Review," and thereby remove those speculative thoughts from the biography of the learned and the good Dr. Chalmers.

ON THE ACTION OF DIGITALIS UPON THE HEART.

By Henry R. Madden, M.D., and Richard Hughes, L.R.C.P., Ed., (Exam.) M.R.C.S.

In the fourth volume of the *British Journal of Homœopathy* there appeared a most able and exhaustive Essay by Dr. Black, "On the Physiological and Therapeutical Properties of the Digitalis purpurea." The greater part of his observations are naturally directed to the action of this powerful drug on the heart. He details, at length, numerous experiments made with it by himself and others, besides analysing the symptoms ascribed to it in the *Materia Medica Pura*. His conclusions are to this effect. The essential condition of the heart, induced by Digitalis, may be described as "a deprivation of its ordinary nervous stimulus. By this it is meant that the power of acting, which the heart derives from the brain, is modified and deranged." He considers that the pulse is more commonly quickened by the drug than the reverse; but regards both quickening and retardation to be "primary and alternating symptoms," and varying expressions of one and the same essential derangement of the cardiac function.

Since the appearance of this paper a mass of material has been added to our knowledge of the action of Digitalis. Controversy still rages as to whether it quickens or slows, strengthens or weakens the heart's action. The advocate of each cause brings forth new facts and experiments in relation to the subject; and we believe the time has now come when in the light of an advanced physiology we may re-open the subject, and see how far the conclusions arrived at by Dr. Black in 1846 will hold good in 1863.

We must begin by laying down certain physiological data. If we are to know the manner in which a given organ is affected by a drug or a disease, we must understand the rationale of the normal action of that organ. What, then, does physiology tell us about the heart, with its functions and relations?

This organ is a hollow muscle, having in virtue of the inherent property of its tissue the power of contracting its cavity, and thus of expelling its contents. The natural stimulus which ordinarily causes it to contract is the direct contact of the blood. The rhythmical character of the alternate contractions and expansions appears to be a peculiar property of its tissue; but it is capable of modification through the nervous supply derived from the cerebro-spinal and sympathetic systems. These modifications are as follows. The pneumogastrics appear to exert a remarkable controlling influence over the heart's action. A very gentle stimulus applied to them will increase the frequency of its pulsations; but anything like a vigorous excitation produces a precisely opposite effect,—the heart's action being much retarded or altogether stopped. That this result arises from nothing more than an increase in the ordinary function of the nerves appears from the fact, that when they have been paralysed by Woorara (a drug which leaves the muscular tissue intact), no galvanic current, of whatever intensity, is able to modify the heart's action through their medium. If, on the other hand, the pneumogastric nerves are divided in the neck, the heart bounds forward like a steed released from its rein, and in its greatly increased frequency presents all the phenomena known as "palpitation." A similar influence seems to be exerted through the cardiac branches of the sympathetic. Here,

however, an ordinary amount of stimulus always increases the force and frequency of the heart's action, and only an excessive excitation gives an opposite result. We have, moreover, no means of knowing whether a division of the cardiac branches of the sympathetic causes an acceleration in the pulsations of the heart.

It results from these facts, that under the ordinary and equal amount of stimulus normally supplied, the pneumogastric and sympathetic nerves are antagonists in their bearing upon the heart,—the latter keeping up, the former reining in its pulsations. It would also appear that a poison has three ways of affecting the heart's action: 1st, by a direct influence upon its muscular tissue; 2nd, by an action upon the cerebro-spinal centres, communicated through the pneumogastrics; or, 3rd, by an action upon the sympathetic system, conveyed through the branches of the cardiac plexus.

What, then, are the facts concerning the action of Digitalis upon the heart, which upon the above physiological data we are to endeavour to harmonize and to understand?

1. The systematic writers on toxicology and Materia Medica are pretty unanimous in their account of the phenomena produced by large poisonous doses of Digitalis in health. They agree that under its influence the pulse always becomes slow, often also irregular; and that coincidently the force of the heart's action is much impaired, so that slight changes in position influence much and quickly its frequency and rhythm, and syncope is easily induced. The statements as to the effect of Digitalis when administered medicinally vary considerably, according as to the disease for which it is given is cardiac or otherwise. In the latter case it produces its usual toxicological phenomena in the sphere of the circulation; but when the heart itself is in fault, the results are somewhat different. All admit that the frequency of the pulse is diminished; but they hesitate to say that its force is also weakened, or its rythm disturbed. On the contrary, there are many who affirm that Digitalis actually tones and braces a weak heart, and that an irregular pulse may be restored to regularity by its use.

2. In Dr. Black's paper we obtain information from another

source in addition to that derived from poisoning and from medicinal use. The records of many "provings" of the drug in moderate doses upon persons in health are here brought together, and their results demand careful consideration. First, we have the experiments of Dr. Saunders, which seem to indicate that Digitalis, taken by healthy persons in from 10 to 20 drops of the tincture, nearly always increases both the force and the frequency of the pulse. These experiments seem to us invalid for many reasons, but especially on account of the form in which the drug was administered. Not only is there reason to believe (as we shall hereafter show), that alcohol is a direct antidote to Digitalis, but it is questionable whether from 10 to 20 drops of alcohol would not, without further aid, suffice to increase somewhat the force and frequency of the pulse. The same objection renders nugatory the succeeding experiments of Dr. Hutchinson, which were performed with doses of the tincture, ranging from 12 to 80 drops, and frequently repeated. This prover caused violent disturbance of his general health by the doses he took, the symptoms being those of gastro-enteritis, and commencing cerebral meningitis. We then come to Professor Jörg and his band of provers, and find a very satisfactory series of experiments. The drug was administered in small doses of the powdered leaves. The pulse was always (when affected at all) rendered softer, weaker, and smaller; and was generally accelerated. Lastly, we have Dr. Black's experiments upon his own person. These were made with the tincture, and gave no very positive results, the pulse being rather irregular and uncertain throughout the proving.

3. We pass over the symptoms collected by Hahnemann, and set down in the *Materia Medica Pura*. Dr. Black's careful analysis has shown them to have been mostly observed in persons labouring under disease, to whom the drug had been given medicinally; and for this and other reasons to be of little value. Hahnemann's own conclusion is that it is the primary action of Digitalis to reduce the frequency of the heart's action.

4. Dr. Bähr, of Hanover, has written an essay on Digitalis, which has obtained the prize of the Homœopathic Central Society of Germany. His conclusions as to its cardiac influence are as

follows. Acceleration of the pulse is almost invariably the primary effect. The adherents of the retarding view have made their observations at the sick-bed, and therefore ascertained the emative, and not the pathogenetic effects of the remedy. Irregularity and intermission are almost always noticed in the pulse. When the pulse is quicker, it is always weaker and smaller; when slower, it may be fuller and stronger. The ultimate poisonous effect is paralysis of the heart,—the right side failing more rapidly than the left.

5. Some interesting experiments have been made on animals by Traube, of which Dr. Wood, in his *Materia Medica*, gives the following account. The injection of an infusion of Digitalis into the jugular vein of a dog reduced its heart's pulsations nearly one-half. If then the vagi on each side were divided, the pulse quickly rose to more than its original frequency. If, on the other hand, the vagi were divided before the injection was made, little or no retardation took place. It is naturally inferred that Digitalis exerts that peculiar influence upon the pneumogastric nerves or centres, whereby the heart's action is reined in and retarded.

From the above facts, the following would seem to be the fair conclusions.

A. Digitalis in small doses quickens, in larger doses retards the frequency of the heart's pulsations. The latter effect unquestionably depends upon an excitation of the pneumogastric nerves; and since a very weak galvanic stimulation of these nerves quickens the heart, we may fairly conclude that the acceleration of the pulse caused by small doses of the drug is also effected through their medium.

B. Digitalis also acts directly upon the muscular tissue of the heart, which it weakens even to the extent of paralysis.*

C. Irregularity and intermission of the heart's action are also constant effects of Digitalis. These may arise either from the weakened state of the muscular tissue, or from a disturbance of the controlling power of the pneumogastrics.

But these doctrines, which embody the generally received

* It is probably that the increased frequency of the pulse depends somewhat upon this weakened condition of the muscle: nature endeavouring to make *up by greater* frequency for diminishing power.

views on the subject, have lately been impugned by Dr. Handfield Jones in a very able and interesting paper read before the British Medical Association at its Annual Meeting in London, August, 1862. It is published at length in the *British Medical Journal* of August 23rd, in that year. Dr. H. Jones is struck with the remarkable curative action of Digitalis in cases of enfeebled heart. To admit the ordinary view of the pathogenetic action of Digitalis is to grant the truth of the Homœopathic law in this instance; and Dr. Jones, naturally loath to arrive at this conclusion, inquires whether it is not possible that the action of Digitalis is, after all, stimulating, rather than depressing. He performs some experiments on animals, and finds the heart, after poisoning by Digitalis, contracted and empty. He argues that this implies tonic contraction rather than paralysis of the muscular tissue; and therefore that Digitalis acts through both pneumogastric and sympathetic nerves as a cardiac tonic and excitant.

These experiments, undoubtedly, at first sight appear to conflict with the view of which we have adduced such abundant evidence above. But their results receive a full explanation, and the whole question (as it appears to us), a settlement, by the researches of M. Claude Bernard. A summary of his doctrines is given in the New Sydenham Society's *Year Book* for 1860.

Digitalis is, according to him, one of the poisons which acts directly upon the muscular tissue, paralysing and killing it. It affects that portion of muscular tissue which constitutes the heart earlier than any other; so that in cold-blooded animals—as frogs—the heart's action may cease for four hours before general death ensues,—there is (as Dr. Harley expresses it), a dead heart in a living body. Rigor mortis sets in exceedingly early, and on opening the thorax immediately after death, the heart is found contracted, rigid, motionless, and totally empty. A farther examination discloses remarkable chemical and electrical changes in the heart and other muscles. The muscular juice is acid instead of alkaline, and the external surface is electrically negative to the cut surface, instead of (as normally), positive.

We think these results conclusive as to the identity of the

pathological action of Digitalis with that which has been inferred from the symptoms it occasions. And Dr. Handfield Jones' experiments here obtain their elucidation. The heart poisoned by Digitalis is contracted and not dilated; but its contraction is *the rigor mortis.* The immediate cause of this phenomenon has been shown to be the change of the muscular juice from alkaline to acid; and this very change is involved in the destructive action of the drug upon the integrity of the muscular tissue.

It follows from the above considerations, that Digitalis is Homœopathic to every form and stage of weakness of the heart up to complete dilatation or paralysis. Simple enfeeblement of the muscular walls of the heart we apprehend to be a very common morbid condition. It lies at the bottom of half the cases of vertigo, tendency to syncope, breathlessness, and palpitation which come under our notice. It is easily recognised, and in Digitalis finds a most potent and unfailing remedy. We can add our testimony to that of Dr. Handfield Jones, that Digitalis is "our cardiac tonic, κὰτ' ἐξοχήν, specially to be resorted to in cases of asthenia and peril from failing circulation." But we cannot understand how, upon his theory of its action, it can exercise more than a temporary stimulant influence over an organ which it affects only through its nerves. A drug can give strength to a tissue only by acting directly upon the tissue itself, or upon the blood which nourishes it.—The organic form of enfeebled heart is dilatation of the right ventricle, leading sooner or later to dropsical effusion. In these cases, though cure is hardly to be hoped for, Digitalis is of immense service in prolonging life, keeping off dropsy, and quieting distressing symptoms. These uses of Digitalis are truly Homœopathic; but it may be used as an antipathic palliative in two other conditions of the heart. The one is where the orifices of the heart are narrowed, and where the frequency of its contractions prevents it from returning to a functionally normal standard, and keeps up the disturbance of the circulation. It is in this affection that Digitalis is most frequently used by practitioners of the old school, and they speak in high terms of the benefit obtained by the retardation of the heart's action,

however temporary, which the drug produces. The other is in the rapid circulation which characterises pulmonary phthisis, and which seems a potent cause of the exhaustion and wasting of the frame. It is not fever, and is quite beyond the control of Aconite. Digitalis was formerly much used to lower this excited circulation; but a much better agent for the purpose has lately been discovered in the Ozonised oils.

A few words as to the dose and mode of administration of Digitalis. It seems strange that a drug so perfectly and primarily Homœopathic to weakness of the heart should not aggravate rather than cure this condition in the full doses prescribed in the old school. Yet they seem to obtain nothing but beneficial results from doses of the tincture varying from 5 to 15 minims. Lately, a still more surprising administration of the drug has taken place. The tincture has been given in *half-ounce* doses, several times repeated, as a remedy for delirium tremens, and with great and general success. Any attempt, however, to give the same quantity of the infusion has always brought on alarming symptoms,—while yet the tincture is eight times as strong as the infusion. It is a fair inference from these facts, that the presence of alcohol—as in the tincture—directly opposes * the action of the drug; the drug itself, on the other hand, being antidotal to alcohol, and so proving beneficial in delirium tremens. If, then, the tincture be used for Homœopathic purposes, the counter-acting influence of the alcohol must be borne in mind, and the lowest potencies selected. We have derived most benefit from the 1st decimal dilution; but not unfrequently ascend to the 1st centesimal, or drop down upon the mother-tincture. In organic disease of the heart, we are very fond of prescribing the 3rd decimal trituration of Digitaline,—an alkaloid which has been proved to contain all the medicinal virtues of the crude drug; and continuing this, in doses rising from gr. ½ to gr. iij, for a length of time.

* The dose of the powdered leaves of Digitalis is laid down by Neligan as half-a-grain; half-an-ounce of the tincture contains twelve grains.

AGARICUS IN CONTINUED FEVER.

By Dr. Drysdale.

It has long been felt and acknowledged by most homœopathic practitioners that we have not met with the success in treating continued fever that we meet with in other diseases, or that we have a right to expect. Whether this arises from the proper specific medicines not being as yet contained in our Materia Medica, or from our inability to recognise them if there, or from insufficient doses being used, or from clinging to the medicines formerly found good in fevers after the type has changed and they are no longer applicable, I do not undertake to determine. Probably all those causes are more or less at work; but of this we may be certain, that we have no ground for supposing that such fevers stand in a category by themselves, to which the law *similia similibus* does not apply. Therefore we may always hope that a thorough study of the fundamental sphere of action of the medicines exhibited in their action on the healthy body will display one or more, having an essential similarity to the pathological state lying at the root of each varying epidemic of continued fever. If it fails to do so, we must just renounce the hope of getting the mastery of the disease during that variety of fever till new and more suitable medicines are discovered. It appears to me that the best way of finding the remedy for an epidemic disease is not to view each case as standing alone, but to obtain, as far as possible, a picture of the essential symptoms and characteristic phenomena of the disease, by a comparison of a sufficient number of cases, and then endeavour to find the corresponding medicine, by a careful study of the pure symptoms of the medicines. A medicine thus found ought to be tried extensively in the epidemic, and in various doses, till its full sphere of usefulness is determined by experience.

Dr. Roth's study of Agaricus* gives us an admirable analysis of the proper sphere of action of that medicine, while it otherwise shows us how much our knowledge of medicines may be improved, and rendered precise and accurate, by the revision of

* *British Journal of Homœopathy*, vol. xviii., p. 268.

the sources of our Materia Medica, and the unsparing rejection of all doubtful and false symptoms. Dr. Roth shows the strong resemblance of the action of Agaricus to the ataxic forms of typhus fever; and as many cases of the fever now prevailing here correspond closely to that pointed out by Dr. Roth as the agaricus fever, I suggested to my colleagues here that we ought to try it fully. The first opportunity that offered itself was Dr. Hayward's case, which is here given in his own words.

Case of Typhus Fever. By Dr. Hayward.

"Mr. C., æt. 30, of nervo-lymphatic temperament, a tee-totaller, and commercial traveller. Had rheumatic fever some years ago, followed by sciatica, for which he was treated in the infirmary.

"Seen, March 8th, 1863.—Six days ago, after exposure to cold whilst perspiring, he became chilled; and this was followed by burning heat, dryness of throat, slight cough, great thirst, headache, loss of appetite, and great weakness, and mental and bodily prostration. He put himself under allopathic treatment, but all the symptoms gradually increased.

"*Present state* (March 8th).—Eyes heavy, suffused, and blood-shot; he appears stupid, and very weak and tremulous; skin hot and dry; tongue moist, but thickly coated with brown fur; pulse 120, very soft and weak; he complains of dull, heavy headache, no appetite, great thirst, feverish heat alternating with chills, aching rheumatic pains throughout body, and that his senses are dull and memory bad, especially for numbers and dates.

"*Treatment.*—Ordered wine and beef tea, and plenty of water. Bryonia A, gtt. v. every two hours, and to have a professional nurse.

"*Progress.*—This treatment was persevered in for three days, but he continued to grow worse, and on the 11th the tongue had become dry and brown in the centre; he was more stupid and tremulous and delirious, and he refused the wine; he was becoming deaf, and the pulse was 130, smaller and weaker. To have a glass of good port wine one hour, and of beef tea the next. Bryonia ♁, gtt. 1 every two hours.

"This treatment was continued for three days, except that on the 13th he was ordered to have every third hour the wine replaced by two tablespoonfuls of brandy. Still he continued to grow gradually worse; the pulse became more frequent and small, and the first sound of the heart gradually disappeared; the deafness increased, and he sank down in the bed; he became more restless and delirious, and the dryness of the tongue increased, so that at midday on the 14th (the 12th day of his fever) the pulse was 140, and the first sound of the heart scarcely audible with the stethoscope; tongue very tremulous and quite dry and blackish, but moistenable; delirium constant; does not know his relations, and throws his wine and medicine at his nurse; hands tremulous; very restless, and delirious.

"Dr. Drysdale, who was called in now in consultation, recommended Agaricus muscarius ♀, gtt. v. every two hours, and to continue the wine, brandy, and beef tea as before. When seen in the evening he was evidently quieter, and less tremulous and delirious, and the pulse had fallen to 135: and the nurse remarked that every dose of the last medicine appeared to do him good (he had had four doses).

"The next night (the 14th) was passed much more quietly, and he had some refreshing sleep. At midday on the 15th he was much more himself, and recognised his mother; pulse had fallen to 124, and was fuller, and the first sound of the heart was returning. To see if more medicine would increase the rapidity of the improvement, seven drops were ordered per dose now. The next night (15th) was still quieter and better and in the morning the pulse was 120, and better—in the evening 110; tongue still black and dry, except at the edges. The next night (16th) still better, and he had a good deal of sound quiet sleep, and very little delirium; and on the morning of the 17th the pulse was 100, eyes less suffused, deafness diminished, heart's sounds equal, no tremulousness, and the tongue, though still blackish, was very easily moistenable; in the evening the pulse was 90, and from this time he rapidly improved, the tongue cleaned, the deafness disappeared, and the eyes became natural; the stimulants were gradually diminished, and solid food administered. On the 19th (the 17th

day of illness) the pulse was 80, good and full, and the heart's sounds nearly normal, and the tongue moist, though still a little brown, and as he had a little hoarseness, Phosphorus Φ, gtt. ½ every two hours was ordered, and this was continued for three days; and then as the tongue remained brownish and digestion weak, he was ordered Nux vomica 3, gtt. ij. every three hours, and after a few days he was sent into the country, where he rapidly regained his usual health.

"It would appear that the rapidity of the cure was not increased by an increased dose of the medicine."

The next case occurred in my own practice, and is as follows.

A boy, æt. 10, had for a week febrile symptoms, with catarrh. The fever was not of a decided character, moderate, and might have merely depended on the catarrh till about the 8th day, when it put on the signs of idiopathic continued fever, while the cough and catarrh were not worse. He then became excessively restless and tossing, and the tongue dry; constant delirium, and scarcely any sleep, hands tremulous and subsultus tendinum. There was picking of the bedclothes, and he lay almost always unconscious, though he could be roused for a minute when questioned. The pupils rather contracted; no eruption on the skin of any kind; the bowels were loose, pale, and offensive; pulse 132, small and weak. This state had lasted about two days, and he had had ʒ ij wine every four hours during that time. On the morning of the 4th of May, 1863, he was ordered five drops of pure tincture of Agaricus every two hours, and ʒ i brandy every two hours. In the afternoon the symptoms were much the same, with somewhat less delirium.

5th May.—Had a much better night, and quieter; pulse 118 in the morning, and 104 the same evening; all the symptoms improved, and tongue moist and cleaning; the cough troublesome. Continue medicine and brandy, and two doses of Phos. 1 interposed.

6th May.—Pulse 90; tongue quite moist; no delirium nor subsultus; one stool, natural. In the night he grew cold and faint, probably from careless nursing, but was easily revived by an additional dose of brandy. During the day he slept much,

and began to take liquid food more readily; cough troublesome. Phos. 1 alternately every two hours, with Aga ℗.

7th May.—Appetite returning; had a good night and no delirium; slept much; no symptoms but cough and debility. Continue Phos. and Aga.

8th May.—Febrile symptoms continue better, and appetite is coming back; but the cough is more troublesome, and the pulse 100. Stop Aga., and give Phos. 1, Pul. 2, alternately every three hours.

9th May.—The strength, tongue, and appetite continue improving, and there are no febrile symptoms proper; but the cough is still troublesome, and the pulse keeps up at 100; some large crepitating râles, and slight dulness in the left inferior scapular region. Tart. 1 in water every two hours. Stop the brandy, and give ʒ ij wine every three hours.

After this day the cough gradually improved, and the convalescence went on uninterrupted.

In both these cases the attendants spontaneously remarked that perceptible improvement set in from the time the Agaricus was begun. In the first case no other change in the treatment was made, and the quantity of stimulants and food was continued exactly the same. In the second case some addition was made to the quantity of stimulants at the time the Agaricus was commenced. But both, as far as they go, yield a testimony of the power of the medicine over the fever, as the amendment set in very soon, and convalescence may be said to have been established in from one and a-half to three days.

In the second case the remedy seemed to have specifically quelled the typhous febrile element, and, as it were, dissected it out of the total disease, leaving the inflammatory catarrh unaffected, and the pulse actually rose again to 100 when the cough became more troublesome.

As to the particular form of fever in these two cases, it was neither the enteric nor spotted typhus, for there was no eruption of any kind throughout the disease. The leading characteristics seem to have been that the delirium was a prominent and violent symptom; so also the trembling, the dry tongue, the small, quick, weak pulse, and alcoholic stimulants were needed and *well borne.*

GELSEMINUM SEMPERVIRENS.

(Continued from page 318.)

ALTHOUGH our plant grows wild on the east coast of our continent, from 34 S. lat. in the Carolinas, Florida, Georgia, and all the States further west in the district of the Mississippi, and, on account of the beauty of its form and its delicious scent, has become a denizen of every garden as an ornament, yet I have never yet succeeded in finding a single case of poisoning by it recorded in the numerous Botanical works and travels. John Lawson, 1709, in his *Recent Travels to Carolina*, which expatiate much on Indians and natural productions, merely mentions the poison in general, but does not enter into detail. At page 195 he relates that the natives understood poisoning very well, and also that it was employed on account of the consequences; that they could also poison wells; but whoever did it was publicly put to death in the most horrible manner; sometimes, too, they were put to death when quite innocent.

1. A child, four years old, suddenly complained that it could not see, and died in a quarter of an hour. On the *post mortem* a great quantity of the flowers of common wild jessamine was found in the stomach.—*Charleston Courier*, 1840.

2. At Sumterville, South Carolina, about ten years ago, the following painful occurrence took place:—A gentleman was in his garden very busy transplanting yellow jessamine; and, after he had cut off some roots and thrown them aside, two of his little children, about three and five years old, had picked them up. Beyond a doubt they had chewed and swallowed some. Shortly after the youngest came to his mother, lay down near her, and, as she thought, fell asleep. After awhile she wished to awaken it, but it awoke no more. She stooped down to raise the little thing, but it was dead! The other also fell ill and died in like manner, in a few hours.—*Philad. Ledger*, May 15, 1852.

3. A planter on the Mississippi, who was suffering from severe

bilious fever, which had resisted all ordinary remedies, sent a servant into his garden to fetch a certain medicinal root to make tea of it. By mistake, the man took another root, that of the yellow jessamine, and boiled some tea of it for his master. Soon after drinking it, the following symptoms set in: Total loss of muscular power; he was incapable of stirring a limb, or even lifting his eyelids, though he could hear and observed all that was going on around him. His friends, very uneasy, gathered round him; and, with much anxiety, awaiting the result, expected him to breathe his last every minute. In a few hours he recovered gradually, and was astonished to find the fever had left him.—King's *Dispensat. of the Eclectics.* (This is probably the first notice of it, and thus the tincture came into the market. —C. Hering.)

4. E.E. Dr. Cleaveland, with much sang froid, tells us that, "in fact, several fatal cases had occurred in New Orleans from the administration of Gelseminum, but that it was always from the tincture only, because the poisonous principle is soluble in alcohol, but is not contained in the aqueous extract; wherefore the latter alone should be used. The cases of poisoning with decoctions and Tilden's aqueous extract give him the lie, as well as the chemical analysis of the root in the *Journal of Pharmacy.*

A.A. Moderate doses begin to act in half an hour, and cease to act in one or two hours. They leave no unpleasant results behind. Excessive doses caused death.—Wood Bache.

H.H. Death may ensue primarily through weakness and destruction of the vital power of the motor nerves, or through congestion and apoplexy of the brain and spinal cord.—Hale.

(O that these quotations may act homœopathically as prophylactics to similar gratuitous assumptions in Germany.—C. Hering.)

5. The sailors of a Mississippi steamer tapped a cask of tinct. Gels. under the impression that it was brandy. All who partook of it were more or less affected. Of three men who had drunk pretty freely about a pint each, two died. I have the particulars of this case in full from Mr. Hill, who was on board.

The symptoms were about the same as in the planter. The third was saved by *Quinine* and *Capsicum* in large doses, aided by external stimuli.—Hale.

To this most meagre of all notices our monographer adds (not thinking it worth while to give the details alluded to just as he received them)—that it is most deeply to be deplored, and that by the whole body of the Faculty, that the bodies of the poisoned men were not examined after death. Such an examination by competent physiologists would for *ever have cleared up the mystery of the action of this wonderful medicine!* Under this astonishing delusion the teachers in the chair and the great authorities in our literature are walking and acting! They not only pull down awkwardly as he does the curtain from the picture, but they never once afterwards hold their tongue, but bawl like the tooth breakers of old at the fair! When have the matadors of Pathology once been able, to this day, to explain one single medicinal action even by the most careful examinations?—C. Hering.

6. A condemned prisoner in the North Hampshire public prison swallowed 1½ oz. of the fluid extract with the intention of poisoning himself. The effects were great feebleness, nausea, and vomiting, dilated pupils, inability to speak or move, cold on the surface, weak pulse, &c. These all passed off, under treatment with suitable antidotes, within twenty-four hours.—Dr. Pattee in *Tilden's Journal.*

7. In the case of a woman to whom I gave ten drops of Gels. in water every four hours for daily hysterical convulsions, it alleviated the spasms and interrupted the periodicity. But on the next day there appeared these symptoms as entirely new to her:—Dryness and burning in the throat; tongue red, inflamed in the middle; violent burning in the gullet from the mouth quite down to the stomach; spasmodic sensations and cramp-like pains in the gullet; hawking up of bloody matter. During the fits, sanguineous brown mucus ran out of her mouth. The burning at times seemed intolerable, and swallowing was painful; food and drink (especially warm) aggravated

the sufferings. I gave Arsen. 3, then Carb. veg. 3, and mucilaginous drinks without any good result. After careful study, I tried Phos. in globules of the 2nd dilution with rapid effect. Even in a few minutes after the first dose it did good, and in a few days the symptoms passed off.—Hale.

8. A woman aged 24, with typhoid pneumonia, took ten drops of the tincture; in an hour after, eleven drops; and in two hours, twelve drops. Shortly after she could recognize no one in the room, though they stood close to the bed. Eyes wide open, with dilated pupils; pulse regular and full; skin as usual; colour healthy; feet and hands cold. She seemed to know every thing that passed, described her symptoms, and said she felt faint, and as if her blood had ceased to circulate, and as if her head were light. After taking Aromatic spirit and Ammonia in water, a teaspoonful every fifteen minutes, she felt perfectly well in half an hour; the fever was subdued, and in four days she could leave her bed.—Dr. Langren, N. C.

9. Dr. B., practising in Georgia, took thirty drops of the tincture for violent nervous toothache. In ten minutes he said, "I cannot see you!" His eyes were wide open, with dilated pupils; pulse 80 to 90. He tried to walk, but staggered as if drunk. Took Ipec. as an emetic. In a few moments there appeared partial paralysis of the glottis, tongue, and eyelids. He was sick, yet vomited but little. He wrote with a pencil on paper, being unable to speak: "I am very ill—want to vomit but cannot." A few minutes after he did vomit, but it all passed through the nares. Hands and feet icy cold; pulse regular, 80 to 90. Warm stones to the feet, hands and ankles kept warm, strong solution of Ammonia rubbed on the nose and the chest. In an hour he could speak again. Next day he still complained of great weakness, and took aromatic spirit of Ammonia. The next day he travelled home twenty-three English miles. It is needless to say that the toothache had left him.—Dr. Langren, N. C.

10. Dr. Lodge, in order to ascertain whether the effect of

tincture made of the dry root was as strong as from the fresh; had a mind to prove the former. A girl in the house was "convenient" for the purpose. He gave her 35 drops, and she died in two hours. The legal proceedings thereanent are to come before the assizes in April. Dr. Lodge believes he can reckon upon an acquittal, and we all wish it heartily. The detai s of this perfectly new law question and the issue of the case will follow immediately after the decision by the very first steamer.

Proving Reports.

1. Dr. Henry, at Montgomery, Alabama, 1852, April 3, took 30 drops of the tincture of the flowers. Pains over the whole of the crown extending to the occiput, with general dizziness and a disagreeable painful sensation in the whole of the head; melancholy, desponding mood; pains shooting from the frontal sinus to the eyes and jaws. In the eye the pains are pricking, and pass from the middle of the eyes to the canthi. On the right side the pains seem to roll about in the eye; pain from the dorsum of the nose to the eyes; pains deep down in the eyeball from above downwards; pains by fits in the left lower extremities; violent shooting pain in the leg by fits, and continually increasing in violence, midway between the knee and ankle; pain in the left hip, only in the joint, yet now and then outside on the thigh downwards: it is a sharp drawing pain, much aggravated by movement; pain in the flexor muscles of the right forearm; pain in the little and the fourth finger; pain in the left ankle, with spasmodic contraction of the toes and drawing pains in them; pains in the neck, limited to the upper part of the sterno-cleido-mastoideus behind the parotid gland; pain in the furthest molar on the right side up towards the temple; short fits of pain in the upper part of the right lung, passing on a deep inspiration from above downwards. *This pain is one of the prominent symptoms.* Rumbling and rattling in the lower bowels, with escape of flatus upwards and downwards; periodic pains in the abdomen with yellow diarrhœa; in the evening pain commencing in the left groin: though the stool is soft, yet there is some difficulty in passing it, as

if the sphincter resisted too powerfully; tongue coated yellow.

2. On the 5th of April he took 30 drops of the tincture. Pain over the whole cranium extending to the occiput; dizziness and disagreeable sensation of pain in the whole of the head; he is melancholy and desponding; shooting pains in the frontal sinus, which extend to the eye and jaw; pricking pains in the eye from the centre to the canthi: the pains seem to twist about in the right eye; pain from the back of the nose to the eyes; deep inward pain in the left eye, extending from above and downwards. *All these symptoms much more violent than after the first dose.* Spasmodic pains extending from the inner condyle of the humerus to the axilla; appearance of smoke before the eyes, with pain above them; total blindness very soon after the dose, with severe vertigo; pain as if from a band round the head, with shooting pain in both jaws and parietal bones; pains in the left side of the head, extending from the protuberance of the parietal bone to the mastoid process periodically; fitful pains in the muscles of the chest; chilly sensation over the whole body at the same time every day; yellow colour of the skin—even the eyes yellow; great prostration and emaciation, whilst he kept taking more every day for a week.

Dr. Joshua Stone, of Westfield, in the State of New York, communicated the following provings as a dissertation. He took the same tincture which Dr. Henry had prepared from the flowers and had sent into Philadelphia to Dr. Neidhard:—

3. J. Stone was 21 years old, with black hair, clear complexion, lives moderately, drinks neither intoxicating drinks, nor coffee nor tea, does not use tobacco; sometimes has digestive disorders, otherwise he is, except very cold hands and feet, in good health.

Nov. 21, 1852. At ten p.m. took six drops of the tincture in water.

Nov. 22. Restless all night—plagued with unpleasant dreams. Throughout the day aching in the occiput, much increased by movement, especially on stooping; much worse towards evening.

Nov. 23. Pains in the head and limbs.

Nov. 24. No symptoms noticed. At ten p.m. ten drops. Nothing observed from the 25th to the 29th.

4. Joshua Stone again took, November 29, at ten p.m., 50 drops.

Nov. 30. Had a very restless night, with disagreeable dreams after midnight; dull pain in the abdomen, which became very violent towards morning; similar pain in the region of the sacrum and loins; dull painful sensation of weight in the occiput; emission without erection; urine much increased. At ten a.m. dull pain in the left side of head and also in the lower extremities, as if deep in the muscles; feels very chilly all day, especially morning.

Dec. 1. Aching in the back, especially in the sacral and lumbar region, since three a.m.; similar pains, deep-seated, both in the upper and lower extremities, and all joints; tongue coated whitish yellow; a sensation as if he felt something in the epigastric region; emission without erection. All the pains aggravated by the warmth of bed, and got far worse after midnight. The above pains last all day, but in a lower degree. Evening. Pain in the eyes as if sore; it is as if some foreign body were irritating the conjunctiva.

Dec. 2. Very restless all night long, especially towards morning; rheumatic pains in the bones and joints of the extremities and the back, as last night; stomach-ache towards morning; pain in the head; dull aching in the occipital region, extending now and then into the frontal bone; the eyes as if sore all night, without proper pain, only soreness with sensitiveness to light and copious lachrymation; slight chilliness all day.

Dec. 3. Awoke about three or four a.m. with violent pains in both the upper extremities, which seem to be seated deep in the muscles; worse in the left arm and forearm, and in both the calves; general uneasiness with chill after breakfast; for several days as if stupid, not inclined to say a word, which was remarked by his friends, who did not know he was "proving."

Dec. 4. The same rheumatic pains in the limbs, yet not violent; sore pain in the eyes all night.

Dec. 5. As yesterday, in the night the eyes smarting much.

Dec. 6. Awakened by pain in the limbs at four a.m. After breakfast dull aching in the head, becoming more violent as the day advanced in the occiput. At ten a.m. he went to the Dispensary, where he saw several men badly wounded. At other times such a thing did not affect him, but to-day he was very seriously affected by it. He grew weak, his comrades remarked that he had turned very pale, whilst he felt some nausea and shivering of the lower extremities for about ten minutes. All this went off in the open air. The headache, however, increased till after dinner, when it abated, but about four p.m. returned worse than before, and seemed to increase constantly, till in the evening it was intolerable, with some nausea. Shaking the head seemed to relieve it. At the same time he felt very chilly at nine, went to bed; lying down did not diminish the pain, yet he succeeded in getting to sleep, and slept from half-past ten to half-past two, when he was awakened (Dec. 7) by very severe painful aching in the left frontal region, extending to the right occipital region, often all over the head. It lasted an hour, then passed off entirely. Next he observed a dull aching in the umbilical region, which lasted till he got up; deep internal painful aching in the muscles, relieved by movement. After breakfast sharp shooting pain from the right shoulder to the vertebral column.

Dec. 8. During last night the same pains in the limbs, worse after midnight, abating during the day; the previous headache in the occiput; quivering of the abdominal muscles about three minutes; dull pain in the lower lumbar and sacral region.

Dec. 9. During the night pains of the limbs as usual, especially forearm and calves; also in the elbows and knees, all like the previous, only less violent.

Dec. 10. Early in the morning sharp shooting pains in the joint of the last phalanx of the right thumb; dull pains in the muscles of the right arm and shoulder, now and then also in the left arm and lower extremities.

Dec. 11. During the night pains in the limbs. At three a.m. sharp drawing pain in the right calf. At six p.m. the same pain in the right wrist. At seven p.m. dull pain in the left thigh and

under the left scapula. At half-past seven violent aching in the left elbow; all day dull pains, which change their situation.

Dec. 12. Last night no prominent symptoms, only slight pains in the muscles of the limbs. Through the day he felt himself excessively stupid and prostrated, but with less pain in the muscles; dull pain in the occiput. At nine p.m. pain in the right wrist of a dull kind, with great weakness of the part.

Dec. 13. The pain in the wrist diminished, but the weakness continues.

Dec. 14 and 15. Nothing observed.

5.—Dec. 16. At ten a.m. ten drops of the tincture.

Dec. 17. Very restless night. Through the day tendency to headache on moving, especially in going upstairs.

Dec. 18. Slight pains in the left hypochondria.

Dec. 20. At eleven a.m. very violent aching in the occiput for a few moments; very stupid, as if deaf, with objection to all study.

6.—Dr. Franklin Bigelow, aged 24, of sanguine nervous temperament.

1852. Took 20 drops daily for a week, and at first made notes of no symptoms, as he thought them too trifling; at last he was convinced they were not insignificant, and wrote as follows:—Sensation of weight and pressure in the head; violent pressive pains in the forehead and crown; the headache is most oppressive; sad, disinclined to exertion of any kind; easily tired and is exhausted immediately; headache beginning after dinner and lasting till evening. At the same time very violent, tensive, spasmodic, contractive pains in the lower extremities, from the thigh down to the toes. The pains appear to proceed as much from the bones as the muscles. Violent spasmodic pains in the whole of the right foot; during a walk and after it all the symptoms much aggravated; it seems as if he had no power over his limbs to make one other step; the pains are always either above or below the knee. Violent, tensive, and contractive pains in the left gastrocnemius, which do not go off in a sitting posture as all the other pains in the limbs; no posture and no position relieves it. Drawing sore aching, which seems to proceed from the bones; heaviness, sensation like a

burden, in the limbs; very little inclination to sleep, and when he does sleep he dreams about business, &c.; eyes very much inflamed and weak, now and then with lachrymation.

10.—1859.—J. J. Douglas. I have repeatedly, both by myself and with seven or eight others, proved this medicine, and what we all experienced nearly alike after the dose of one to five drops of the tincture was as follows:—

Within a few minutes (sometimes two or three) a marked depression of the pulse is observed, with a diminution of 10, 15, or 20 beats per minute; but this only in a state of rest; when moving, it is very variable. Chilliness, especially along the spine; pressive pain in the head, principally the temples, at times in the occiput, at others all over the head. Directly after the chill comes a flying heat and pricking in the skin, rapidly followed by perspiration, which at times is profuse and lasting, even from 12 to 24 hours. Directly after the reaction has followed the chill, the pulse rises as far above the normal state as it had been previously below it. During these symptoms the eyelids are as it were puffed and swollen, and have also the appearance of being so; slimy, disagreeable, bitter taste in the mouth; feeling of weakness in the back and limbs, with sleepiness.—Hale's *Domestic Medicine.*

[In the *United States' Journal of Homœopathy*, 1860, he added to his provings of this valuable medicine, from the previous year 1858, the symptoms obtained on himself and at least fifty others, but only gives "a compressed extract." As these symptoms are arranged after the manner of a register, we reserve them for our register, where we shall incorporate them with the others.

Douglas made his provings mostly with doses of one to five drops, but does not tell us the strength of his tincture. A few trifling provings were made with the 3rd attenuation, and in all these last three appeared a characteristic eruption, which will be described in the list of symptoms.—C. Hering.]

11. Dr John Morgan, of Alton, Illinois. Extracted from the *American Journal of Materia Medica* (edited by J. H. Shipman, Chicago), 1861, No. 4, s. 188. It is decidedly the best *of all the* provings. Dr. Morgan took, on the 1st day, 4, 4, 4,

4, 5, 6 drops; on the 2nd day, 7 drops; the 3rd day, 5 drops; the 4th day, 5, 7 drops; the 5th day, 8, 9 drops; the 6th day, 10, 15 drops; the 7th day, 21 drops; and made observations up to the 12th day, when he broke off: so he took within seven days 114 drops.

At different times I had previously, on healthy days, taken dry on the tongue some globules soaked in tincture of Gels. Each time I remarked, within a few minutes, some degree of fulness in the sinciput, which soon passed off.

April 4. I took after midnight, on going to bed, four drops. In 15 minutes a stitch diagonally downwards over the right eyelid; afterwards a feeling of contraction in the scalp on the middle of the forehead. Good sleep till eight a.m. Took four drops on rising. At ten a.m. insufficient stool. At eleven took four drops. Perspired easily on walking or other movement; frequent discharge of flatus upwards and downwards. At noon, slight heartburn and pain in the scrobiculis cordis during the walk. At eight p.m. 4 drops. At eleven five drops. In the afternoon and evening some sensitiveness of the right testicle; then drawing pain extending into both groins and the hypogastrium, followed by discharge of flatus with alleviation of the pain. At half-past eleven, movement of flatus in the lower bowels; slight colic as if for stool; eructation, accompanied by discharge of an insipid fluid; violent but not long continued itching on small spots in the face and at the roots of the hair, on the right side of the forehead and elsewhere on the scalp; itching on the elbows and forearms; aching of the left rutus muscle of the thigh, and drawing in the right calf; sneezing, followed by tingling and a sense of fulness of the nose. At twelve six drops. Good sleep till seven a.m.; difficult awaking and weariness.

April 5. On rising took seven drops. General liveliness. At breakfast, dull aching on the right side of the head; gastric oppression, obliged to slacken his clothes; then a sort of colic on the left side below the navel, as if stool would soon follow. After breakfast, a transient feeling of giddiness, followed by indistinct vision, especially of distant objects; when he turns his eyes, the sight is slow in following, things for some seconds

seem to quiver; the eye remains unsteady in the new direction, yet without cloudiness or other confusion. This symptom I had during my long recovery from fever in the previous year, when I had taken Gels. on the first day, and I had it for a whole week, till Nux vom. 3 partly relieved it, and Acon. 3 removed it entirely. It is accompanied with an inclination to close the eyes partly, as if one wanted to make the eyeball steadier by the pressure of the orbicular muscle. At eleven a.m., after the ordinary evacuation, another stool passing tediously, with an after sensation as if there were more to pass and over fulness of the abdomen. The indistinct vision gradually passed off in the evening; sound sleep the greater part of the night.

April 6. At eight a.m. five drops of another tincture. General feeling of strength. After breakfast a good stool; then a very remarkable return of the indistinct vision, with eyes looking dim, which might be compared with the effects of alcohol. When he held his finger perpendicularly below his nose (pressing on it), or if he closed one eye, the loss of sight was considerably diminished. Feebleness and sleepiness when sitting or leaning, yet it was a short time before a thunderstorm. On getting up, dull pain in the occiput and slight pulsation on the right side of the head; before, at breakfast, transient slight cutting pressure on the left side (of the head). At ten a.m., some heat and dryness of the hands. At eleven a.m. pulse, when sitting, 76. In the afternoon, feeble and sleepy when sitting down to study. Slept an hour, and when he was awakened was at first hardly willing to move; the eyes transiently injected. Less feebleness after walking about a little. On lying down again, pulse 54 to 60; when sitting up, 64 to 68. Hands, especially the palms, hot and dry. In the evening, pulse 72 when sitting, and normally full and strong; the indistinct vision diminished again. After dinner a second stool, consistent. Wakeful till one in the morning, with longing for study: previously a pain behind the fifth rib towards the left edge of the sternum, relieved by eructation; small spots on the surface of the prepuce are irritated and reddened all round; sound sleep the latter half of the night; weary on awaking.

April 7. At ten a.m. five drops. In a few minutes a stool,

at first consistent, then pappy, bilious, homogeneous; previous to this, escape of flatus all morning. At two a.m. seven drops. At three p.m., in a draughty church, he felt aching and drawing about the left elbow for a quarter of an hour. At four he took a small tablespoonful of red wine. Immediately, for the first time that day, came the eye sufferings, but only for one hour, but were so severe that others might have suspected drunkenness; previously dejection with undefined pain of the head; with this stomach ache and colic. In the evening, colic pains under the navel down to the scrotum, caused by wind, and relieved after its escape.

April 8. At eight a.m. eight drops. All day, more or less indistinct vision. At eleven a.m. cardialgia when driving; confusion of head. After breakfast, pappy stool of dark yellow colour. At three p.m., whilst he was reading exciting news, a transient chill on the upper half of the body, especially on the top of the neck. At half-past eleven nine drops. At half-past twelve, whilst sitting at his studies, a rising up of tasteless semi-fluid matter up the gullet, with heaving and a sensation as if something were sticking in the throat, only less painful; good sleep.

April 9. At eight a.m. discovered a painful pimple on the left side of the neck. Ten drops in water. Exciting news caused, as he thought, urgency to stool; stool as yesterday; dull pain on the right side of the head; transient spasmodic pain on the inside of the thigh in walking; eye symptoms as previously. At half-past five p.m. 15 drops. In an hour, rheumatic pains in the right knee and left side of the neck—the latter on lying down, the former on walking, soon passing off: the disordered vision got worse during the evening. At half-past nine, sneezing and dull pain in the head; continued pain in the scrobiculus cordis, and eructation when sitting; pulse 72; the pimple is painful, and has a circle of the size of a pea, very much inflamed and red; never had the like before.

April 10. At half-past eight a.m. 21 drops in water. Till four p.m. the disordered vision was in an aggravated form; disagreeable humour; incapable of reflexion as after intermittent fever, with a dull not violent headache the whole day, and

digging in the right ear the whole afternoon. At half-past nine a soft bilious stool, as if diarrhœa were threatening; the latter renewed at noon when he heard exciting news, and latterly when walking; at the same time, when walking, a feeling in the knee joint as if the relative position of the bones were deranged and they would not act, as if from a partial dislocation; often through the day he found the saliva coloured yellow as if from blood, and during the latter half of the day a disgusting putrid taste and breath, with a longing to rinse the mouth or to spit out; the tongue thickly coated white. At five p.m. contractive sensation in the right side of the neck; afterwards he remarked, when writing, headache on the crown, afterwards in the occipital region; directly after in both sides and in the nape; then back again to the crown, and then on the left side. All this whilst occupied a few minutes in writing. Afterwards a fixed, dull, drawing pain, especially in the occiput, in the region of the mastoid, and extending from above in the neck towards the shoulder, relieved by leaning the head and shoulders on a high pillow. Soon after supper, in sleeping and on awaking, still some headache; mind collected and clear. At half-past eleven, after writing awhile, pulse 64 to 68; palms dry and hot; lips the same.

April 11, p.m. Nothing more. Still observed two pimples, one in the region of the right corner of the os hyoides, the other on the anterior edge of the left temple over the brow. Towards noon, when sitting, a stitch in the *meatus auditorius externus;* afterwards, when he left the warm room, aching on the anterior portion of the left trapezius muscle of the neck; threat of diarrhœa; stool after breakfast as yesterday; redness without pain about the orifice of the urethra; eyes somewhat affected during the morning. During the night he had to sit up a long time with a patient dangerously ill; for five hours was obliged to sleep on a hard footstool. Drove home on the 12th of April, before breakfast (half-past eight), and as usual, after exertion whilst fasting, headache on the right side, pulsatory now and then when moving. After breakfast teacoloured stool, more consistent; slept a few hours; upon this the headache was better, but was renewed by every exertion; one pimple more,

smarting like a wound when touched on the left near the larynx: it is the first that aches less, more like a little induration of skin. During the afternoon, inactivity of mind and body. At supper time, after writing, coming into a warm room, he felt thirst, faintness, and aching in the sacral and lumbar region, also in the lower half of the left thigh, as if he had the fever; the pains worse when eating. He had only eaten very moderately when he suddenly felt himself full. After hot tea it was pretty tolerable, only still a little pain and headache. After writing for a few minutes, he had cramp-like pain in the bend of the right elbow. During the evening, lasting pain in the left thigh and both knees; colic with urgency to stool, but only a copious discharge of flatus; headache ceased when sitting, as formerly; dreamy sleep and early awaking.

April 13. The semi-lateral headache returns; dark yellow soft stool after breakfast; the first pimple was the most painful, the others less so.

April 14. Creeping in the nostrils; sudden snapping or twisting on the inner side of the patella whilst sitting at breakfast; afterwards bloody mucus in the nose; tea coloured half solid stool.

April 15. The pimples going off; the semi-lateral headache continues, no doubt caused by the news of the day; bilious stools, otherwise no further symptoms of moment except aggravation of the previous ones for some days. His diet was neglected; his mind disturbed by the excitement of the day (the struggle for freedom already begun). There was no thought of any more observations.

12. During some experiments (to be communicated later) for the purpose of ascertaining by the pulsometer the influence on the beating of the heart, which only demands the greatest attention on the part of the observers, Dr. Zumbrock remarked, after three drops of tincture in four minutes:—Drawing over the eyes; three days after, after five drops in eight minutes, drawing over the right eye; ten minutes more, humming in the ears; in 20 minutes, drawing on the right side, on the crown towards the occiput.

[The remainder of the paper is occupied with an account of

the judicial proceedings in reference to the case of accidental death after the administration of Gels. by Dr. Lodge, alluded to above. The victim was a female negro servant, and she died apparently with symptoms of serous apoplexy two hours after taking 35 drops of the tincture.—ED.]

ON THE PATHOGENESY OF ACONITE: WITH CLINICAL OBSERVATIONS.

By J. H. NANKIVELL, Surgeon, Penzance.

(Continued from page 66.)

"RETRACTION of umbilicus, especially early in the morning, before breakfast. Burning in the umbilical region, sometimes spreading to the pit of the stomach, with anxious throbbing, piercing, and vanishing with a chill. Pinching, griping, and wringing in the umbilical region. Compression of the navel, with spasmodic pressure at intervals. Sensation above the umbilicus, on the left side of it, as if something cold were pressing out in that region. Drawing pains in the abdomen, extending from both sides to the navel, which are excited by stooping with the abdomen."

These sentences are included in one group, because they refer more or less to sensations in and about the navel, and because their totality points to those spasmodic conditions which are usually described as "colic." Moreover, it is as plainly demonstrated by this portion of the pathogenesy as it frequently is by clinical experience, that in abdominal cramp we have the first stage of inflammatory disease; and consequently we learn that Aconite cannot be too promptly administered for the relief of these alarming pains. Hartmann says that if colic should have lasted until an inflammatory state is developed, Aconite is required, which will remove the whole trouble; but Hempel, in a note on this passage, very justly remarks that Aconite should be given from the commencement, and that Hartmann commits the same mistake as most other physicians in supposing that spasms and inflammation are two different conditions. Hempel further recommends that in bilious and spasmodic, or inflammatory colic, Aconite should be given, either in pure tincture of the root, or in the first attenuation.

Now, although we have reason to believe that many parts of the body may be racked with cramp or spasm without the existence at the onset of an inflammation of the affected structures, yet it is also true that abdominal spasm requires a most careful diagnosis and supervision, more especially if it is associated with "burning in pit of stomach, tearing in umbilicus," &c. Colic is not a prevalent disease in the county of Cornwall, and, as far as I know, our house painters are not much subject either to lead colic or lead paralysis. Many years since we had amongst us a wandering portrait painter, who bore the distinguished name of "Opie" (pronounced *Oppy*), and who was indeed of the same lineage as the great painter of that name. By some chance our artist became affected with colica saturnina, and sent for me. He was suffering intensely from wringing pains about the navel, and extreme constipation. He took moderate doses of Tinct. opii., followed (of course) by Castor oil, and those medicines, aided by hot fomentations to the abdomen, afforded relief, so that in a few days he was convalescent. (My fee was a portrait, which even now suggests Cowper's beautiful cry, "Oh! that those lips had language.") I did not then know that in the provings of Opium were the following symptoms:— "Colic as if from a cold; colic before and after stool; drawing colic; pain in the abdomen, as if the intestines were cut to pieces." Indeed, my treatment might be called allopathic homœopathy; and I verily believe, that in every allopathic *cure* which is worthy of the name of cure, some homœopathic agent has been at work in bringing relief and benefit. But cure is a word which might well be removed altogether from medical writings; that is to say, in the sense in which it is commonly used. If by cure is merely understood that care, and watch, and ward in disease which ends in recovery, there is nothing objectionable in it; but if there is meant a predominant, supreme, autocratic act on the part of the physician (and this is the common signification amongst unthinking people, both in and out of the profession), then let the word be allowed to fall into disuse altogether. The allopaths do not deny that "cures" take place under our treatment; but with a purblind self-complacency, and a one-sided view of things, a kind of moral squint, they can

only see herein such recoveries as nature herself, and alone, brings about. It never does, and probably never will occur to their illogical minds, that the recoveries which take place under their own treatment are also principally brought about by the recuperative reactionary powers of nature, maugre the drugs, and that such recoveries are often very tardy and altogether incomplete, in consequence of the depletions which are practised on the patients.

But we must return from this digression.

"Drawing from the side of the abdomen to the back, the side feeling painful when pressed upon. Intolerable cutting pains in the abdomen early in the morning, when yet in bed, so violent that he screams, tosses about, and is almost beside himself. Stitches under the ribs, in the side; during an inspiration they are felt in the right side, and when laughing aloud, in the left."

The first sentence strangely enough does not specify which *side* of the abdomen is referred to, viz., right or left; and as the word *side* is repeated, it is evident that one side only can be meant. The second sentence gives the symptoms as coming on *early in the morning*, as also does the first sentence under the heading of "Abdomen;" viz., retraction of the umbilicus *early in the morning*. One could desire that these passages, and others which seem to be closely related, might be bracketed in future editions. The paragraph we have thus far referred to does give us symptoms, in some degree, in a natural order; but then we come to what seems comparatively unimportant, at all events to the medical practitioner, as he is not often called to prescribe for pains which are elicited by "laughing loud." Whenever a worthy edition of our Materia Medica is published, it ought to contain a scientific, intelligible, suggestive grouping of the symptoms, thereby bringing up before the mind of the student morbid conditions, as they are met commonly with at the bedside. The immortal Hahnemann has left us a rich and inexhaustible mine of wealth, but he has also left us a tremendous and most laborious undertaking to work out. It is not always an easy thing to take up our Materia Medica, and therein see, as in a mirror, the "totality of the symptoms." Truly each case of disease must ever be a separate study; but

notwithstanding this, every homœopath knows that there are great types or genera of diseases, amongst which the exceptional conditions have to be carefully excepted.

"* The abdomen is sensitive to the touch. °*Inflammation of the bowels and peritoneum;* °*inflammation of the bowels,* with intense burning and tearing pains in the umbilical region, these pains becoming intolerable when the parts are touched, and increasing by turning to the left side, accompanied with *distension of the abdomen, paroxysms of anguish,* frequent singultus, constipation, loss of appetite, and sleep."

The first sentence, taken in connection with the preceding passages, goes far to prove that the pathogenetic effects of Aconite will, up to a certain point—indeed, as far as may be necessary for our guidance in practice—simulate peritonitis, enteritis, or both combined; for, indeed, these diseases frequently co-exist in the same manner as pleuritis and pneumonia do; or, rather, would it be more correct to say that inflammation beginning in one structure, is not long isolated in its operation, but soon extends to associated tissues.

The other passages quoted give symptoms (as the sign indicates) which have not been observed in any provings upon the healthy body, but which have nevertheless been removed by Aconite. Since my recognition of the grand truth involved in the formula, "Similia, similibus curentur," I have had to treat many cases of abdominal inflammation of more or less intensity, and have seen numerous instances in which the incipient stages of peritonitis and enteritis have been promptly relieved by Aconite; but when the flame of disease has been allowed to gain full intensity before medical aid has been sought, I have not met with invariable success.

For instance, I remember treating a poor boy, living in a wretched hovel, whom I found labouring under peritonitis in a most severe form. He took Acon. and Bel. in the 3rd dilution, and had fomentations assiduously applied to the abdomen. The lad was several miles from my house, and it was impossible to pay that close attention to the case which it so urgently required. The abdomen soon became tympanitic, there was frequent retching and hiccup, and in a few days the boy died.

Another case I remember, in which the termination was in recovery, A young woman, aged 22, got wet feet during a "period." There was sudden suppression of catamenia, followed by great pain below the umbilicus, hot skin, bounding pulse, and the passage of some blood from the bowels. The abdomen was extremely sensitive, and the least pressure gave great pain. In this case Aconite behaved well, and rapidly produced amelioration of the more urgent symptoms. After the acute stage was passed the girl had Pulsatilla, and made a good recovery.

I few weeks since I saw a case of subacute inflammation of the intestines, which had come on in a stealthy and treacherous manner. The patient was a plucky outspoken labourer, and he first complained of a pain in the stomach, extending to the back and loins. There was occasional vomiting, obstinate constipation, and after a few days tympanitic distension. Aconite relieved the inflammatory symptoms, but the bowels were not unloaded, during five days, although warm water enemata were repeatedly given. The swelling of the abdomen was increasing, and with it the distress and alarm of the patient. Castor oil would certainly have produced distressing vomiting; I therefore did not hesitate to give the 1st trituration of Mercury, with chalk L. P.; a truly homœopathic preparation. A few grains of this produced three copious evacuations of dark fœcal matter. The tympanitic condition soon subsided, and all did well.

Now, whether this administration of Mercurius was consistent with a pure, most refined, and transcendental homœopathy I wist not, but sure I am that it was right practice. Every rational homœopath holds himself at perfect liberty to give any medicine in any dose which he thinks most likely to benefit his patient, and gladly extends the same freedom of action to the whole medical world. The organisms of infants and young children respond very charmingly to our dilutions; and from what I have seen, I should not hesitate to treat disease in such fresh patients with Lehrmann's dilutions (200); but in people of middle age, who have for years been accustomed to take powerful medicines, one has to allow a wide margin for the range of dose.

My experience in allopathic practice leads me to the conclu-

sion that the only drug which in large doses has any power in controlling enteric inflammation is Opium, and that in this disease Calomel, either by itself or even combined with Opium, is very injurious. If it is not a presumption in me to give an opinion in this matter, I should say that many cases of peritonitis which now succumb in allopathic practice, might be brought to a favourable termination by means of Opium, a *few* leeches, enemata of warm water, and fomentations of the abdomen.

A long time ago a boy, aged 17, was ploughing in a downy croft. The ploughshare struck against a rock, and one handle of the plough came with great force against the boy's abdomen. He soon after became extremely ill, and suffered mortal pains, or rather was in a state of most imminent danger. He took Opium, in full doses, with some alleviation of his misery; but a warm bath was indispensable—not a very easy thing to procure in a cottage just large enough to turn about in. But whenever a thing seems to be impossible it must be done. A large brewing utensil was procured, and from all the cottages about, the worthy people came trooping with kettles, crocks, and cauldrons; and soon was our poor boy in Elysium, fairly ensconced in his tub. Much persuasion was required to induce him to get into his bed again. I left him much relieved, and on going to see him the next day, learnt that during the night the pains had returned with great violence, and that the poor sufferer had ordered his bath to be again got ready as quickly as possible. This was done; and when he had once got into it, he remained there for two hours, in spite of the entreaties of his friends. The temperature was kept up so as to be agreeable to the feelings of the patient; the inflammation subsided entirely, and the gulf was bridged over.

It is not likely that Adam Bray, of the Cornish Gossmoors, will ever read this "case;" but if he does, he will recognise it with no little pleasure.

"Weakness of the bowels, as felt after taking cathartic medicines; rumbling and fermentation in the abdomen, sometimes accompanied with a sensation as if the parts were raw; some-

times those sensations are experienced only at night, during the whole of the night."

The above sentences are not consecutive in the text, but I have taken the liberty to place them together, because they are more closely related to each other than either of them to "dropsy and ascites." In this manner much might be done to bring the pathogenesy into something like a natural order and connection. If we observe attentively the behaviour of the dilutions of Aconite when administered for the relief of disease, we cannot fail to remark that at times they manifest their powers in disturbing and affecting unmistakeably the nerves and vessels of the intestinal mucous membrane, and producing like symptoms to those which we are considering. The first sentence naturally suggests a protest against the still prevalent idea that purgatives afford the most powerful means of combating disease. Now, whereas it is very certain that most of the maladies which we have to treat, either arise in debilitated systems, or at all events rapidly induce weakness and exhaustion, it does seem marvellous that the nutrient organs should (during the treatment of disease by physicians in general) be subjected to an outrage and disturbance, for the purpose of repairing *indirectly* the damaged animal machinery. The bowels are the nutritive roots of the flesh and blood. What folly, then, is it over and over again to sluice off the material, the pabulum, from which only strength can be derived and life be maintained.

"*The abdomen is distended, and swollen as in dropsy. °Ascites. Colicky pains in the abdomen, with tension and pressure, as from flatulence. Hot flatulence. °Inflammation of the hernial stricture, when accompanied with bitter, bilious vomiting," &c.

Swelling of the abdomen, *as in dropsy*, would scarcely arise in Aconite proving from actual effusion of serum into the peritoneal sac; and it is somewhat rash to assume or conjecture what the pathogenetic condition was which is so briefly described. One can understand that there might be produced by our drug a general vascular engorgement in the abdominal organs, accompanied with tympanitic swelling; but the simulation of actual dropsy in unintelligible.

We next have the word "dropsy"? placed interrogatively. Hempel states in his very useful, but very unequal book on Materia Medica, that Aconite may cure a dropsy induced by a retrocession of an acute eruption, or by sudden stoppage of cutaneous exhalation through exposure to dampness or keen winds; and, further, that it may cure a dropsy brought on by a fright. In fact, we know that Aconite would be eminently curative in cases of effusion or exaggerated secretion from overloaded capillaries in so-called sthenic states of the system; but it is rarely if ever required in dropsies resulting from "general debility," or from organic changes in noble organs.

It may be perhaps convenient and pardonable to take the remaining sentences in reference to hernia and its effects. In this part of my medical gossip I shall (as I have seen but little of the effects of Aconite in hernia) recount, as briefly as may be, the prominent features of the few cases of strangulated hernia which I have had to treat during the last twenty-five years. It may not be out of place to state that every homœopathic physician, if called early to a case of strangulated hernia, would think of Aconite, and would certainly not hesitate to give the mother tincture in full doses, if he found that the dilutions did not act with sufficient force and promptitude. Hempel says if the constricted portion of the bowel is inflamed, painful, hot, and constitutional fever has developed itself, Aconite and Nux vom. will prove able to remove the stricture, and to pave the way for an easy and natural reduction of the hernial tumour. In the congenital hernia of young children, it is often impossible, from their fright, and constant straining and crying, to reduce the tumours; and if these patients cannot be soothed, it is better to give Aconite, and desist from all attempts at reduction until they are asleep, when the bowel will often return spontaneously, or the parents can be instructed to use gentle pressure.

I have recently had an instructive case of this kind, in which there was incarceration, and in which every attempt at using the taxis induced such a violent fit of crying, that no advantage was gained. The child was placed in bed, soon fell asleep, and in an hour the tumour had disappeared. The parents

state that the child is so irritable and passionate that he will never wear a truss. For the present he is taking Nux vomica, and occasionally Chamomilla. He is a delicate boy, two years old, of weak fibre, and should he become more robust, there will be sufficient muscular development and tone to close the canal. One case has come under my notice in which a truss was required for congenital hernia until the age of puberty, after which it was no longer needed.

I remember, on one occasion, being summoned to visit a gentleman suffering from strangulation of an oblique inguinal hernia on the left side. Three days previous he had called in a medical man, who had given him purgatives. Getting worse in consequence of this treatment, he sought the advice of another surgeon, who administered Opium in full doses, and attempted to effect reduction by the usual means, but unsuccfully. It became necessary to perform the usual operation, and this having been done, the bowel, in a state of the utmost congestion, and probably in incipient gangrene, was relieved. The patient died a few hours afterwards. My present opinion is that the case would have had a different termination if appropriate homœopathic remedies had been given from the first, or if the operation had been resorted to at an earlier period; but I give this opinion with much hesitation, and in no captious or critical spirit, because I have had but little experience in the treatment of severe cases of hernia; and the records of our hospitals, where the patients have every possible advantage surgically, show that with the utmost care and skill some of them will have a fatal issue.

A man, aged 70, had for three or four years suffered from inguinal hernia on the right side. Sy some chance the bowel slipped down, and the patient was not able to reduce it. Severe symptoms of strangulation came on; also great pain, constipation, sickness, dragging pains about the umbilicus, &c. I saw the man after he had been several hours in this condition. The hernia readily yielded to the taxis. About twelve months after, the same patient was in great distress from a precisely similar cause; but there was extreme suffering, and the taxis could not be borne. No medicine of any kind was given; indeed, the

sickness was so extreme, that whatever was given could not be retained on the stomach. As the intestines in general and the hernial tumour in particular appeared to be much inflated with gas, an enema, consisting of half-an-ounce of ol. Terebinth in a pint of warm water, was administered. The Turpentine had the desired effect, by diminishing the calibre of the intestines, and probably increasing the peristaltic action. Whether this explanation be correct or not the result was satisfactory, as the hernia was almost instantaneously, and, as it were, spontaneously reduced. Yet once more was this patient reduced to a state of great misery by his troublesome hernia. On this third and last occasion, the condition of the patient was so alarming, that at one period I had decided on sending for assistance, believing that the operation with the knife would be required. The usual means of relief were tried in vain, and time was going on. It occurred to me that by passing the finger under the bowel, between it and the pubes, there might be some chance of success, and having done this, grasping at the same time the whole hernia in the palm of the hand, the peculiar gurgle of a returning bowel was soon heard, and all was well. The patient lived for several years after these events, and died of apoplexy.

A woman, aged 50, had a femoral hernia, which had been down for twenty-four hours; but as at first it did not give the patient much inconvenience, she did not take alarm. By-and-bye she began to suffer pain in the tumour, and in the abdomen generally, and on my reaching her house, far away in the country, she was rapidly falling into the state characteristic of hernial strangulation. The hernia was easily reduced.

A woman, aged 70, perceived that a tumour rather suddenly formed in the groin. It was painful at times, especially when she was standing; in bed she felt but little inconvenience from it. She thought it varied in bulk, viz., that it was larger when she was standing. There were some unpleasant painful sensations in the abdomen, but there was no constipation, no vomiting; the pain in the tumour was aggravated when the patient coughed, but the bulk of the tumour was not increased thereby. The pain and inconvenience increasing, I was requested to see the patient, and, from all the circumstances, I came to the conclu-

sion that a portion of omentum had slowly descended through the crural canal, without the knowledge of the patient (she is a very thin, attenuated person), and then had suddenly come forward through the saphenous opening. It had a soft, doughy feel, unlike that which intestine gives. I could not reduce it. The patient got Acon. and Bel. alternately, and lotion of Belladonna to the tumour; the pains subsided, the tumour has diminished in bulk a little. It is now five weeks since the symptoms occurred, and the patient is going on well.

Whilst penning these reminiscences, I was summoned to a woman, aged 60, who for ten years had suffered from a femoral hernia. She had never worn a truss, and the tumour had been reducible *until the twelve months last past.* Four days before my visit, the hernia became painful, and the bowels utterly constipated. There was frequent vomiting, and much abdominal pain. The woman had been taught that Aconite would arrest inflammation, and that Nux vom. would stop sickness; and so, from Monday to Thursday, she, in a heedless manner, trusted her life to these remedies. It is probable that if she had taken purgatives she would have died; but as it was, the risk run was very great, and might serve as a caution to people not to rely on their *little knowledge of some properties of a few medicines, whilst at the same time they are ignorant of the nature of disease.* When I arrived, I was informed that something was coming up which ought to go down—in other words, that there was stercoraceous vomiting. The pulse could scarcely be felt, the eyes were sunken and had a dark circle around them, the countenance was collapsed, the voice weak and low. I tried the taxis at once, but it could not be borne; a turpentine enema was then given, which brought away a mass of fæces. Immediately after, the taxis was tried once more, and happily with success, The patient has made a rapid recovery, and of course has been supplied with a truss. The marvel is that so long a time should have been allowed to elapse without medical assistance.

Now, although these ordinary contingencies of country practice have but little that can interest men who see important cases in large towns and in hospitals, yet every fact which may have any bearing and influence on surgery, so as in the least degree

to render the use of the knife less necessary, is entitled to consideration, and this is my apology for the insertion of these incidental remarks.

"O. Z.—Painful drawing in various parts of the bowels; cuttings in the bowels, darting through the chest to the right shoulder, and almost obliging him to scream during evacuation. Pressing pain in the abdominal integuments, first on the right, then on the left side, returning, for several days, *at almost regular intervals.*"

This group would seem to be a "simile" to rheumatic neuralgia in the walls of the abdomen and in certain parts of the alimentary canal, giving rise, by means of nervous communication, to an extension of pain towards the right shoulder, much in the same manner as we find it to exist in some forms of liver disease. The pains have a shifting, wandering character, and are marked with a tendency to periodicity. Hempel maintains that Aconite is specific when the muscular coat of the stomach or intestines is the seat of disease.

STOOL AND ANUS.—"Hard stool passed, with hard pressing. °Retention of stool in acute affections. Diarrhœa, with nausea and sweat, either before or after. *Frequent, scanty, and loose stools, with tenesmus. Diarrhœa, with enuresis and colic. Unexpected discharge of loose stool, the prover imagining that mere wind would be emitted. *Watery diarrhœa. **White stools*, with red urine. Momentary paralysis of the anus, with involuntary discharge of the fæces. Pain in the rectum. Stinging and pressure in the anus. Flowing hæmorrhoids."

In the sentences which, in the text, immediately succeed the two first, we shall find an enumeration of forms and complications of diarrhœa. On what does this alternation of pathogenetic effect depend? Were the opposite effects of constipation and diarrhœa produced on one and the same prover? What were the circumstances giving rise to such a change in the susceptibility of the intestines to Aconite working? Were these different effects produced exclusively on different persons? It is easy to understand that in constipation Aconite may have a laxative effect, and in diarrhœa it may remove the causes of it, and so cure the disease; but we are at present engaged in a

consideration of the effects produced by our drug on healthy persons. It is certain that in the compilation of our Materia Medica much more might have been said and done by way of commentary on the symptoms, thus affording a clue to many things which are not readily understandable at present.

The second sentence, as the cypher indicates, describes an empirical symptom, and carries its own explanation with it, seeing that the removal of any acute affection by Aconite, especially if the disease were in the intestines, would of necessity be followed by a return of the natural and healthy condition of the digestive and excretory functions.

In many cases in which I have given Aconite for acute and chronic disease not connected with the abdomen, I have been informed by my patients that the medicine had caused relaxation of the bowels. Hempel observes that Aconite will not only relieve constipation in general, but that it may be used with advantage in such cases as are induced by the abuse of cathartics, restoring, as it does, the weakened contractile energies of the intestinal fibre; and, further, he observes that he has often tried the difference between the attenuations and the tincture, and that his experience is uniformly in favour of the lowest preparations. Rückert states that Aconite, from the 1st to 5th dilutions, cures peritonitis and enteritis more speedily and certainly than the higher dilutions. But to return: "diarrhœa with nausea and sweat" would almost necessarily be accompanied with extreme pain; but diarrhœa with sweat and diarrhœa with *enuresis* are not very common forms of disease, especially the latter, as we find that when there is a heavy drain of fluids from the intestines, as in choleraic affections, the function of the kidneys is much arrested. When enuresis does coexist, it is most commonly at the commencement of the diarrhœa, and might be reasonably attributed to an irritation conveyed to the kidneys through the network of the mesenteric and renal plexus of nerves. When sweat coexists it generally indicates considerable prostration.

The remaining sentences of his paragraph appear to arrange themselves in one order, and for the most part point out venous engorgement of the rectum, for which our drug is often plainly

indicated. I know no subject more deserving a thorough investigation than that of hæmorrhoidal affections. Very many persons are more or less subject to this disease, and notwithstanding the vaunted virtues of medicines, we are not as yet able to prescribe with certainty and invariable efficiency for this troublesome affection.

A poor fisherman, aged 40, has lately sought relief at our Dispensary, and stated that from exposure to cold and wet he had long been subject to piles, and that recently he had become palsied in his legs. The doctor who had previously seen him believed that the paraplegia was intimately associated with the hæmorrhoids, and had proposed to extirpate the latter, as the surest method of extirpating the paralysis. There is, I fear, some very deep-seated lesion of the spinal cord itself, which a surgical operation will not touch. The heart is grievously hypertrophied.

o. z. "Discharge of black, fetid, fæcal matter. Occasional stitches darting through the anus into the urethra. Painful contraction around the anus. ***Burning or sensation of heat in the hæmorrhoidal vessels.*** Sensation as of a warm liquid coming out of the anus. Flow of white mucus from the anus, with itching."

Symptom 1 seems to prove that Acon. has the power of causing a discharge of black bile. Experience teaches us that in some cases of bilious disorder the liver will secrete and pour forth a considerable quantity of crass stuff, not unlike in appearance to the portions of meconium expelled by new-born infants. One may notice in passing how strange it is that the advocates for purging the bowels do not learn a lesson from the fact that during the intra-uterine life the fœtus receives into the alimentary canal secretions and much waste material, and retains these until a short time after birth without any inconvenience whatever.

Symptom 2.—I have met with but one case of Proctalgia. The patient was subject to a sudden lancinating pain through the rectum, and to such an intense degree that he feared there must be some cancerous affection of the bowels setting in. The pain was neuralgic, but so agonizing that the sufferer felt as if he must have died had it been protracted. We know that the

mucous membrane of the rectum is very largely supplied with nervous ramifications, and the wonder is that it is not more commonly the seat of nerve pains.

Symptoms 3, 4, and 5 refer to hæmorrhoidal affections, with much painful congestion, and for these conditions Aconite is doubtless eminently curative, if the affection is treated early, and before it has become chronic and inveterate. In the latter case it will require a master's hand to disperse the disease by medical means, and if these fail, resort must, in desperate conditions, be made to surgery. I remember one case of this kind of many years standing, which was so severe that the swollen veins acted mechanically (and perhaps to some extent by producing spasm) on the neck of the bladder, and thus induced complete retention of urine. Another surgeon was called in in consultation, and rashly suggested, in the hearing of the patient, that the hæmorrhoids should be painted over with strong Nitric acid, and that Strychnine should be given as a medicine. On retiring from the sick room, I reminded the celebrity that we had met for consultation, and that the monologue at the bedside was neither deferential to myself, nor, as I feared, likely to benefit our patient. The next morning, on calling to see my friend, I enquired if the prescription had been duly honoured, and was not a little amused at the reply, which was to the following effect:—"My dear Sir, *nitric acid is aqua fortis, and strychnia is a deadly poison; I shall neither use the one nor take the other, besides I find to day that I am almost well——!*" He made a good recovery.

The last symptom in the paragraph recalls to my mind a case which I had to treat many years since, in which the patient (an old man) was troubled with a constant discharge of fluid from the rectum. The disease was a form of blennorrhœa, sometimes called "white piles." There was no pain, and a careful examination of the patulous bowel did not enable me to detect anything beyond a relaxed state of the mucous membrane and muscular coats of the intestine, and I could only come to the conclusion that the disease was one effect of the "debility of old age."

Urinary organs—"Retention of urine, with pressure in the

bladder, or stitches in the regions of the kidneys. Painful, *anxious urging to urinate*, which is sometimes excited by merely touching the abdomen, and at times results in the frequent discharge of a large quantity of watery urine. Difficult and scanty emission of urine with frequent urging, and sometimes accompanied with pinching around the umbilicus. Burning and tenesmus of the neck of the bladder (between the acts of micturition). The bladder feels painful when he walks."

It will be observed, by comparing these sentences with the pathogenesy, that all the passages referring to difficult micturition have been brought together: not that it is intended thereby to convey the impression that the sentences have any very direct relation to each other in their sequence, but only because greater facility for their consideration is afforded. The stitches in the kidneys resemble those which we observe when there has been protracted retention of urine in the course of disease, to such an extent as to interfere with the flow of urine from the kidneys through the ureters. I have witnessed the good effects of Aconite in several cases of retention of urine, but not having taken notes, I am unable from memory to give anything beyond a very bald recital of a few cases.

In a case of retention of urine from enlarged prostate gland, the medical attendant had made an effort to introduce gum elastic catheters of different sizes, and on their beaks reaching the prostate gland, the stilets were withdrawn, for the purpose of tilting the point of the instruments into the bladder. The catheters were severally pressed onwards up to the hilt until they *seemed* to have entered the bladder. No urine flowed, and a statement was made to the patient that there was no urine! A silver prostatic catheter was then introduced by another surgeon, to the great relief of the patient.

I have never met with more than one case of acute idiopathic inflammation of the kidneys. A husbandman had been labouring hard in the field, and being weary, he threw himself on the ground, and fell asleep. On awaking he felt chilled, and the next day complained of much pain in the region of the kidneys. He had high fever, the urine was burning, deep coloured, and

there was scanty micturition. At that time I knew nothing of the uses of Aconite and Cantharis, and so relied on general and local bleeding, Calomel, Opium, Nitras Potassæ, &c. The patient continued in extreme agony for three days, and then sank into a state of coma, and died.

I am thoroughly convinced that *without* depletion and *with* homœopathic treatment, this patient would have had a better chance of recovery. But regret is vain: may these recitals prove of some use to the younger members of our profession.

The irritable states of the bladder, resulting from the mistreatment of gonorrhœa, do at times present themselves for treatment; but the treatment of gonorrhœa itself appears to have got almost exclusively into the hands of druggists, or, still worse, of soldiers and sailors. I have seen many lamentable effects produced by the "receipts" of such amateurs, and lifelong mischief and misery from the administration of Mercury, Copaiba, and strong injections. In truth, a large part of medical practice consists as much in attempting to repair the mischief caused by the blunders of ignorant pretenders, as in combating disease at its first onset.

"*Enuresis*, sometimes accompanied *with profuse sweat*; with diarrhœa and colic; or with distortion of the eyes, and spasmodic contraction of the feet. Copious discharge of urine, depositing a bloody sediment after standing. Brown, burning urine, with brick-coloured sediment, ° Scanty, bright red, hot urine, without sediment. Momentary paralysis of bladder, with involuntary emission of urine. Vibratory movement (as of water in a full pail when carried) in the region of the bladder during micturition."

Enuresis *with sweat* is so rare, that it might be well borne in mind, as an indication for Aconite. *Enuresis, with diarrhœa and colic*, we have also had in a preceding sentence, as "diarrhœa with nausea and sweat, diarrhœa with enuresis and colic:" a morbid circle of disorders, having its range through the nervous ganglions of the abdomen. The distortion of the eyes noticed in the provings would seem to point to a far advanced stage of renal disease, or to morbus Brightii, with *convulsions*.

In this county a man of high attainments in our profession has lately, in the spring time of life, succumbed to this fell disease: during the last few weeks of his life he had a succession of *quasi epileptic fits.*

The lectures of Dr. C. B. Radcliffe, which have lately appeared in the *Lancet*, are extremely interesting, as throwing light on the physiology of muscular spasm, and the conclusion he arrives at will go far to do away with any lingering fondness for blood-letting, which may still exist amongst some of the allopathic school. The practice of bleeding has nearly died out, because Hahnemann demonstrated how absurd and irrational it was. The allopathic physician now tells his patient that he does not bleed; not because in itself it is a monstrous practice, but *because the type of disease has changed!* All this is very disingenuous, but it is vain to expect much poetical justice from that very indifferent compound yclept "human nature." In the *Lancet* of May 30, Dr. H. Bennet says, "Having been guided by these (non-depleting) views in my practice for the last fourteen years," &c.;" as if he had originated those views! No recognition of our dear Hahnemann, who taught the same thing more than *four times fourteen years* ago!!

I have seen one case of irritable bladder in which the painful spasms were always ushered in with great pain in the soles of the feet. It was not much benefited by treatment, although the patient consulted several physicians.

"Urine depositing a bloody sediment."

Two cases of this kind have lately been under my care. One of these had not improved under allopathic treatment, and immediately got better under Aconite 3, followed by Canth. 3. The other, occurring in a delicate youth with marked predisposition to phthisis, was promptly cured by Arsenicum 3.

The sentence, "Brown burning urine," I must link with two or three sentences from the pathogenesy under the heading of *stomach and abdomen*, in order to fill up the simile of a case. Thus: ° "Violent pains in the stomach after eating and drinking, and pressure in the region of the liver, with oppression and arrest of breathing. * Jaundice."

During the last month (April) a married woman, aged 27, came to the Penzance Dispensary, stating that she was the mother of two children. That ten months since she had ceased to menstruate, and had supposed that she was again in the family-way. Soon after, an abdominal fulness confirmed her suspicions; but feeling ill, she consulted her usual medical attendant, who also thought that she was pregnant. The full period of gestation was allowed to elapse, hoping all would be well at last. During this time formidable disease was going on in the liver. When this patient consulted me her countenance had a dingy, sunken expression; the malar bones were very prominent; the eyes were slightly jaundiced; she was weak, and walked with some difficulty, the abdomen being prominent, as from a gravid uterus. She stated that a week since she had had a period, the discharge being very black, and that this, and this only, had led her to entertain any doubt about her pregnancy. Urine was only passed once a day. A specimen of this was brought to me, which had the character above quoted. She suffers from thirst, perspires much, and is obliged to take a small quantity of fluid at a time, otherwise it is soon vomited. Everything swallowed gives a burning pain in the stomach. There is œdema of the ankles, pain in right shoulder, and shoulder blade. Cannot account for her illness, except that she has been "intoxicated" with trouble.

Sorrow had indeed produced a toxic effect. She had suffered from blighted hope and neglect: and although at last some tardy reparation had been made, the poison had entered into her soul. An examination of the abdomen demonstrated enlargement of the liver to such an extent, that its sharp edge was to be felt as low as the umbilicus. Aconite has been a noble palliative, allaying very much of the internal burning pain. She has also taken Sulphur, Ignatia, and China; but the disease made progress, the peritoneum became filled with serum, and she died early in June.

"o. z. Single shooting stitches in the urethra when he walks. Stinging in the fossa navicularis, worse when urinating. Stinging tingling in the glans, followed by violent stitches in

the orifice of the urethra. Burning in the urethra, from one orifice to the other, during micturition."

All these symptoms are much like those experienced in the first stages of gonorrhœa, and declare very plainly what experience confirms, that Aconite is an important remedy in the early periods of this disease.

The symptoms given under the next heading are, for the most part, such as might be more conveniently written in the Latin tongue; and this remark applies with equal or greater force to similar passages in connection with the provings of other drugs. *Nil humanum alienum* is an axiom much to be regarded by physicians; nevertheless, the veil of an ancient language might well have been thrown over the description of some of these affections.

I have found lotions of Aconite very useful in prurigo. Calendula lotion is also extremely curative in balanitis. Stinging in the glans and urethra is by no means an uncommon symptom, and I have known a few instances in which persons affected in this manner have felt great anxiety, from an impression that it was the relics of their former aberrations; that, in fact, it was a proof of their still having in the system the remains of venereal poison. Conscience or imagination will so magnify these troubles that they begin to fancy they have stitches in various parts of the body, and that such stitches are a proof positive that they still have a poison in the blood. It is at times very difficult to convince such persons that they are really sound, and but too frequently they become the victims of sordid adventurers. In two cases of seminal weakness, accompanied with an extremely nervous condition—as fear, dread, hypochondriacal fancies, pallor, exhaustion, and the usual catalogue of miseries accompanying this state, I have found Phosphoric acid the most reliable remedy.

A remarkable case of orchitis came under treatment a few years since. The patient was a young man, aged 20, and had suffered from general paralysis when a child, in consequence of some severe damage to his nervous system whilst passiug through an attack of hooping cough. When I visited

this young man he complained of severe pain on the left side of the abdomen, just below the kidney, and a painful tumour was found there, extremely tender when pressed on. The hand being placed on the scrotum, to discover if there was any retraction of testicle, it was evident that the left testicle had never descended, and consequently the nature of the case became clear. We had, indeed, orchitis within the abdomen. The pain was of that sickening character which inflammation of testicle generally produces. The case did well under "antiphlogistic treatment." Soon after came another trouble. The paralysis which I have mentioned had much impaired the muscular vigour in all the limbs, but more especially in the lower extremities, so that the man walked with a shambling gait. On one occasion he was enjoying some village sports, and, unfortunately attempting to run, he suddenly fell backwards. The ligaments of the patellæ both snapped off, and the patellæ were drawn upwards two inches above the knee joint. Mechanical appliances were used, but the tendons did not reunite in a satisfactory manner. About two years after the accident this poor fellow, who in olden time would have been thought to have been born under an evil star, died of consumption.

FEMALE GENITAL ORGANS.—"**Profuse menses, more so than usual,* °especially in plethoric females. °Suppression of the catamenia in lively plethoric young girls leading a sedentary life. Frenzy on the appearance of the catamenia. Metrorrhagia. Copious, tenacious, yellowish leucorrhœa. **Complaints attendant on pregnancy,* such as *apprehension of death* in particular; stinging burning soreness of the liver; vomiting and nausea, with pain in the stomach after every meal, and headache. °Phlegmasia alba dolens of lying-in women? Increase of milk in the mammæ. °*Milk fever,* especially in plethoric females, and when violent delirium sets in. °*Puerperal fever,* especially when accompanied with peritonitis, previous to the exhibition of other remedies. °Varicella and benign rash of infants."

Amongst the different affections of the uterus referred to in the text, it would seem that many of them are characterised by local plethora, and in such our drug would be most useful. In

the suppression of the catamenia in young plethoric girls leading a sedentary life, Aconite might be very useful; but a more useful prescription would be active exercise in the open air, and unfortunately this is just what these patients cannot get. Most commonly these unfortunate young people, are shut up in a close room for twelve or sixteen hours a day, engaged in stitching, and are the opposite of plethoric. Their digestive organs first suffer; they do not make good blood; and then, if the "period" is delayed, they apply to some one as uninformed as themselves for what they call "forcing medicines." The period is often induced in this manner, and leaves them weaker and worse. They never consider that the functions of the uterus are adapted to the existing status and condition of the body, and that the only emmenagogue which should be tolerated is general common-sense hygienic discipline, combined with such medicines as may lend an aid in improving the state of the assimilating, sanguifying organs. Two cases, such as I have attempted to sketch, have lately come under my treatment, and have been benefited by the 2nd and 3rd decimal dilutions of Ferrum. I have known an instance in which a poor girl, with angular curvature of spine, and extreme paralytic weakness of the legs, and the usual accompanying debility and bloodless condition, was so injudicious as to take some powerful medicines, because she had had a temporary interruption of the "period." The medicine, whatever it was, had the intended effect, but caused such prostration of strength, that her paralytic condition became most alarmingly aggravated.

Tenacious leucorrhœa could only be present when the uterus is in a state of hyperæmia, and Aconite must in such cases act favourably. It might be too much to affirm that injections are never required for the cure of leucorrhœa, but unquestionably they are often prescribed in a very indiscriminate manner, and are productive of permanent inconvenience. The cold water douche, or (when it can be had) sea bathing, should be tried. Physicians do not inject the colon with Nitras argenti for disease of its membrane; why should the uterine passages be molested with lunar caustics? And, finally, the use of the

speculum is, according to my judgment, very seldom required.

Under the section referring to uterine disorders, we have, amongst other things, "Complaints attending on pregnancy, such as apprehension of death in particular, stinging, burning soreness of the liver, vomiting and nausea, with pain in the stomach after every meal, and headache."

In close relation with the above, we find in a former part of the pathogenesy, "Moans and lamentations arising from the apprehension of her death being near." In the course of a very extensive midwifery practice I have seen many instances of the melancholic state of mind accompanying pregnancy—oftentimes a fixed presentiment of certain death, which was to take place either during labour, or immediately afterwards. In one instance this melancholia was protracted for a month after the confinement. It first manifested itself in extreme taciturnity and sighing, with much sadness and dejection of the countenance. As some members of the patient's family had been affected with insanity, this shadow of puerperal mania caused much alarm and anxiety. Happily, with attention to the general laws of a rational hygiene, the cloud passed away, and the patient has continued, to the present time (fifteen years), in pretty good health. She has not since borne a child.

Another instance of this kind occurs to my mind, and which I saw in consultation. The patient had been very nervous, and apprehensive of coming evil during her pregnancy. A few days after her confinement she had a strange, scared, wild look, and would sit up in her bed, and stare at her friends, without apparently recognising them: she, too, was very silent. Her medical attendant had had her head shaved, and applied a few leeches to the temples; some cordial medicine had also been given. At the end of six weeks there was an improvement, and as her family were impressed with the fear that she might commit suicide, she was placed in an asylum. After the lapse of two months she returned to her home, quite well.

The mechanical pressure of the uterus on the stomach and

liver, with the pain and inconvenience occasioned thereby, do not require much comment. I have more than once seen great distress occasioned by a dropsical condition of the ovum—an enormous quantity of Liquor amnii. In such cases the fœtus generally dies at the seventh or eighth month, and I have noticed that the mother is very liable to severe uterine hæmorrhage after the birth of the fœtus, from the same cause that gives rise to hæmorrhage when twins occasion an over distension of the uterus.

As a general rule, if a fœtus becomes extinct a few weeks before it is born, the uterine sinuses become closed and obliterated, and there is no hæmorrhage; but this is not always the case; I have met with a few exceptions.

"Phlegmasia alba dolens of lying-in women?"

This question may be answered affirmatively, no doubt. My experience in the treatment of such cases has, however, been exclusively allopathic. I have attended two sisters in their confinements, and they both suffered from this form of phlegmasia. They were both of highly nervous temperament, and there was in their family a tendency to melancholia. One of the sisters made a perfect recovery, the other had a second attack of "white leg" during a subsequent confinement, and has ever since suffered from varicose tumefaction of the left extremity, with a tendency to ulceration.

One case I saw many years since which seemed to have been aggravated by injudicious treatment. By withdrawing all the lædentia, and adoping little else than an expectant treatment; convalescence was rapidly established. Several other cases of more or less severity have fallen under my notice. They all terminated favourably; but as they are not apropos to Aconite, as far as my treatment is concerned, it is not necessary to go into detail.

"Increase of milk in the mammæ. °Milk fever, especially in plethoric females, and where violent delirium sets in. °Puerperal fever, especially when accompanied with peritonitis previous to the exhibition of other remedies."

Without controversy, Aconite must be one of the most important and reliable remedies in t[illegible]-mentioned conditions.

The indications for its use are so well known in our school that it is not necessary to set down any bald repertorium truisms in this place. I shall rather continue my tracings of disease as they are suggested from the subjects mentioned in the pathogenesy. I am convinced that most of the lying-in troubles connected with the mammary secretion arise from mismanagement, and I have for many years laid down a strict injunction that new-born infants are not to be supplied with any nourishment, except that which the mother's bosom affords, and that within an hour after their birth they are to be allowed to take the breast when prompted by the mere instinct, I will not say of hunger, but rather of thirst. If such a practice were honestly carried out, cases of milk fever would be very rare. But they will sometimes befal, especially in primiparæ of nervous temperament, if the nipples should be tender, and the act of suckling becomes distressing. One case is in my mind, accompanied by the most obstinate constipation, I have ever had to prescribe for. This condition did not yield to any of our most approved remedies, aided by enemata and castor oil, and at last we were compelled to yield to the general entreaty for a little house medicine of senna tea, after which all went well.

Now, in such cases as these, where the bowels are so obstinately shut up, it is not so much that there is any particular danger to the patient thereby absolutely, but the perturbation of the mind is so great that indirectly, as it were, there is a danger is such a state of things. The doctor may try to persuade the patient, and nurse, and friends that all is going on well, but if on the fourth or fifth day from the confinement the bowels have not been unloaded, there will be an anxiety in the sick room which cannot be allayed by his philosophy. If we neglect these not unreasonable expectations, we almost deserve to come to grief, and to have called in over us an expert in the art of administering purgatives who will work a miracle, who will not make the least of his wonderful performance, and homœopathy may thus become scandalised.

If a lying-in patient is in all respects well and happy, then, on no account should laxatives be administered; but if she is

alarmed at the prolonged constipation, has pain and fulness in the breasts, is restless and feverish, the physician will find it not only most politic for himself, but I think most convenient for the patient, that a diet and medicine should be prescribed which shall give the intestines the jog which they require. In short it may be said of the law of *similia similibus curentur*, as well as of every other, that "Suprema lex est summa injuria."

In most cases of constipation after childbirth *there is no real disease to combat*, and therefore we need not be surprised if our usual remedies fail to bring about organic reaction, or increased peristaltic action. What we have to contend against is a state of mental misery arising from an accident that has nothing really morbid in it, but which education, and a kind of instinctive feeling, lead people to suppose is either disease, or if not this, that it is at least a condition which may at any time give rise to serious results. In such a juncture the physician must act according to the dictates of common sense, knowing, as he does, that the most rapidly fatal disorders are those which originate in mental causes.

I have treated three cases of puerperal fever with homœopathic medicines, and the notes of those cases were published in the *Homœopathic Review* about three years since. To my mind, these cases afforded some of the most convincing proofs of the truth of our science. Aconite aided by Belladonna were the remedies which gave the most distinct and positive relief. The patients were rapidly brought from a state of extreme agony and danger into one of comparative ease and safety; and I feel confident that if in earlier life I had been enabled to fling off the chains of dogged prejudice with which I was then hampered, and if I had, after due study, practised according to the homœopathic law, it would have been for the advantage of many.

One sometimes hears such an expression as the following, viz., that the suppression of the secretion of milk is *apt to be followed by internal inflammation*; whereas the truth is that the mischief has already begun in the uterus before the suppression has been noticed. Many circumstances, many causes, may give rise to inflammation of the womb in the puerperal

state, but a primary suppression of the milk is rarely one of them. Suppression of milk and lochia are consequences, and not causes of disease.

I believe that puerperal fever is sometimes caused by inattention to cleanliness, by the neglect of careful ablutions and spongings with warm water, especially in hot weather: instead of this, many women among the poorer classes, go through a whole confinement with nothing of the sort, the linen and bedding becoming charged with putrid exhalations. The monthly nurses have but one idea, and that is the dread of the patients "catching cold." Whether disease originating in the way I have described is to be attributed to a putrid contagion conveyed by the puerperal organs, or to a putrid infection made through the lungs, I am not prepared to give a dogmatical opinion; certain it is that in puerperal fever much benefit is felt from the operation of syringing the vagina with warm water. This operation gives great comfort, and soothes the uterine pain. It has the effect of removing the disordered secretions, and of relaxing and unloading the vessels of the mucous membrane. It is probable that the disease may originate sometimes in one and sometimes in both ways I have mentioned. I further believe that if there has been a laceration of the perineum in a first labour, the chances of infection from the cause above referred to are much increased.

And whilst on this subject, I may be pardoned for inserting a brief note touching this accident to the perineum. When I first went into practice I followed (as in duty bound) the advice of my teachers. I was directed in the conduct of a labour to take care, and make tolerably firm pressure on the perineum with a napkin, when the head of the child was passing out; but, notwithstanding my most assiduous ministrations, I, in common with my neighbours, met with two or three cases of ruptured perineum. In one instance the laceration was extensive, and was followed by a degree of prolapsus uteri. In conversing with my seniors on this subject, one of them informed me that some laceration of perineum very commonly happened to his patients in first labours; and another, that he

had found the best means of preventing the accident was by *retarding the passage of the head, id est,* by pressing it gently back against every expulsive pain! About this time it occurred to my mind that I had never heard or read of any woman having suffered laceration of the perineum who had been confined under circumstances of shame and concealment, who had give birth to a child unassisted by the pottering interference of a doctor or of a midwife; and, therefore, adopting the axiom, "Seek Nature's laws, and wild opinions leave," I resolved that in future my functions in the lying-in room should consist (in natural labours) in applying a warm sponge to the perineum about once an hour, and that when the head of the child was protruding, I would allow Dame Nature to do her own work without hinderment or embarrassment. Since that time my cases have all done perfectly well in this respect.

(To be continued.)

MEDICAL ANNALS OF A YEAR.

The New Sydenham Society's Year Book of Medicine, Surgery, and their allied Sciences, for 1862.

In some respects this volume is an improvement on its predecessors; but we note the want of some general supervision of its contents, for the same facts and cases in many instances appear in different portions of it, showing that the several editors have done their work too independently of one another. This might have been avoided had there been, besides the five compilers, one general editor to superintend and compile the whole. We are able to cull a good many useful and interesting bits of information from the collection of all sorts of medical facts of which the book is composed.

Vaccination in Small-pox.

While medical theorists are disputing, with more zeal than knowledge, according to their prejudices, respecting the efficacy or the reverse of vaccination, a few facts like the following are worth a cartload of opinions. Dr. Gibson states that in Camp-

belton, of 217 persons who had small-pox, 140 were vaccinated and 77 not. Of the 140, only 1 died; but of the 77, there died 18. Of the 140, only 5 had the disease confluent; of the 77, it was confluent in 53. Of 333 persons, 175 were vaccinated, and had not had small-pox previously; all of these were exposed to the infection, and 69 only were attacked. Of the same 333, there were 55 unvaccinated, and who had not had small-pox before; of these only 1 escaped the disease.

Are other Diseases communicable by Vaccination?

An American writer, with forty years' experience, arrives at the conclusion that vaccine lymph is *never* the medium by which other constitutional affections are transferred from one individual to another.

Another American, Dr. Lyman, records injurious consequences resulting from vaccination with decomposing lymph, or with lymph taken from persons who had been recently blistered. Erysipelatous and gangrenous inflammation were produced, and several died. He cites several instances in which syphilis was communicated by vaccination.

Sarracenia in Small-pox.

Dr. Morris recommends it as an immediate and absolute remedy in small-pox, and probably in all contagious diseases. Dr. Miles also regards it as a specific in variola.

Arsenic in Ague.

Sistach gives $1/9$ gr. of *arsenious acid* 4 times a day, until the fit is cut short; afterwards $1/12$, $1/16$, or $1/28$ gr. The results were favourable. Almès prefers *arsenic* to *quinine* in all malarious fevers except the pernicious. He gives the first day $5/6$ gr. of *pot. arsen.*, and on the four succeeding days half as much.

Physiological Effects of Arsenic.

Martin and Sistach find *arsenic* an excellent tonic, but in the doses in which they give it it produces cutaneous eruptions, conjunctivitis, and œdema. They would probably get the good effects without the bad if they gave smaller doses.

Effects of different Modes of Treatment on the production of Heart Affections in Acute Rheumatism.

Dr. Dickenson gives the following as the result of his experience ;—

Treatment.	No. of cases.	Endo- or pericarditis.	Average No. of days in Hospital.
Venesection	8	3 or 4	41
Calomel and opium ..	24	6	37
Opium in frequent doses	21	14	—
Nitre	74	7	27
Saline treatment:—(Less than ℥iij of veg. salts per diem.)	62	18	—
Full alkaline treatment: (℥ss. to ℥i ss. of salts daily)	48	1	25

None so blind as those who wont see.

Hardey bleeds much less frequently now than he did 25 or 30 years ago. The cause of this change in his practice he does not ascribe to some glimmering of sense having been forced into allopathic practitioners by the more successful results of the treatment of those whom they are pleased to designate irregular practitioners, who are averse to the shedding of blood. On the contrary, he comes to the conclusion that diseases modify their characters by cyclical periods, and that, under the present dispensation, venesection is not required as it was a generation ago. We suppose that Mr Hardey and those who think with him, are keeping their lancets sharp, in the expectation of the speedy advent of another cyclical period when venesection will be again demanded by diseases. We wonder if doctors are subject to cyclical periods of alternate sense and folly, for their periodical rage for heroic measures would seem to bear out the notion that they are subject to intermittent fits of therapeutical unreason.

Carlsbad Water in Gout.

Meryon thinks this water as specific for gout as *quinine* is for ague.

Kill or Cure.

Roser thinks that the reason so many patients die of delirium

tremens under the narcotic treatment is that practitioners do not give enough of *opium*. He recommends 2 grs. of *morphia* to be given at once, and 1 gr. repeated hourly, until the pupils are strongly contracted, and the respirations descend to 10, 8, or 6 a minute. Dr. Sangrado was of opinion that his patients died because they did not drink enough warm water, nor submit to be sufficiently bled.

Two to one against you.

Mackenzie treated three cases of delirium tremens with half-ounce doses of tincture of *digitalis*. Two of them died with symptoms of furious mania; the other case would have gone the same way, in all probability, had not the *digitalis* treatment been abandoned, and stimulants and *opium* given instead.

Treatment of Delirium Tremens.

Kinneau and Ferneley give cayenne pepper; Weaver gives immense doses of opium—in one case as much as ʒ ij of solid opium in one dose; Sayre and Smith use the iced bath. Echennia says the expectant treatment is the most successful, and the only rational. Pirrie gives Camphor and Ammonia, with some saline diuretic and strong broths; this he calls the eliminative and supporting plan. Laycock says the expectant system is the most successful. Of 40 cases, only one terminated fatally.

Treatment of Epilepsy.

Ramskill gives fractional doses of Belladonna—$1/8$ to $1/4$ and $1/3$ of a grain of the extract, or $1/120$ of a grain of Valerianate of Atropia. Westphal thinks tracheotomy useless. Read cured a case by trepanning on the spot where a blow had been received, injuring the anterior inferior angle of the parietal bone. Bristowe gives, with good effect, 5 drops of Liq. arsenicalis three times a day.

Indications for Oxalate of Cerium in Epilepsy.

Ramskill says it is serviceable when the premonitory symptom or aura is a feeling of agitation at the epigastrium, accompanied by a sense of sinking, fainting, and disordered movements, but not palpitation.

A new Remedy for Epilepsy.

Ogle gives an account of the popular treatment of epilepsy at Tain, in France. From 800 to 900 patients are there annually treated, in May and September, with the expressed juice of Galium. The patients fast for 24 hours, and then take from 4 to 5 oz. of the juice. Ogle says he has treated some cases with the extract with good results.

Valerian Baths in Hysteria.

Beau makes his patients take baths, in which he puts an infusion of 1 lb. of the root in a pint of water.

Belladonna in Hooping Cough.

Vollant cures hooping cough in the spasmodic stage in three or four days, with $1/5$ of a grain of powdered belladonna root, given once, twice, or four times a day.

Attempt to Murder.

Gaspero says he cured some cases of convulsions with Aconite in large doses. In one case he gave as much as 730 grains of the extract the first day, and the next day half as much again. Of course Gaspero's statement is quite correct, only we imagine his Aconite extract was worthless. Further on it will be seen that four grains killed a full-grown man.

Treatment of Tetanus.

Haughton cured three out of five cases with Nicotine, ½ to 2 drops, three to six times a-day. It lowers the pulse, and causes an immediate relaxation of the spasms of the muscles of expression, deglutition, respiration, back and abdomen, cessation of delirium, and relief from agonising pain, profuse perspiration with smell of snuff, tendency to sleep.

Ghesini cured a case of traumatic tetanus by subcutaneous injection of Curare. As much as 47 grains of Curare were injected in 60 single and 32 double and treble injections. The treatment was commenced on the 5th day, and the patient was convalescent on the 17th.

The last new Remedy for Chorea.

Sulphate of Aniline was tried in five cases, in all doses, by

Fraser, without effect. They were afterwards rapidly cured by Arsenic.

"Poisons by themselves expelled."

Lee gives three cases of stramonium poisoning cured by opium; also a case of belladonna poisoning cured by Opium, and one of Opium poisoning cured by Belladonna.

Groenfeldt avenged.

The medicine for giving which internally Dr. Groenfeldt was put in Newgate at the instigation of the College of Physicians is now spoken of by Mr. Bride as "an agent most powerful to rekindle the waning spark of vitality," in some severe affections, as typhoid pneumonia, animal poisoning, gangrenous erysipelas, low stages of typhoid fever, and cholera. The dose he gives is from 1 to 1½ drachms of the tincture of Cantharides.

Wild Thyme in Spasmodic Cough.

Joret gives, with surprising good results, an infusion of wild thyme, slightly sweetened, and mixed with gum, in all periods of pertussis, also in stridulous sore throat, and catarrhal coughs.

Treatment of Pneumonia.

Barthez gives his experience of 212 cases of pneumonia in children. Only two died, and these were cases of double pneumonia of a typhoid type. Half of the patients had no treatment whatever, the other half only purgatives, emetics, or baths. When active treatment was employed, especially blood-letting, "the period of convalescence was very notably protracted."

Hagan treated numerous cases of pneumonia in a military hospital. Not one was bled, and not one died. The treatment was chiefly very mild counter-irritants.

J. H. Bennett says the antiphlogistic treatment of pneumonia is improper, because it cannot remove exudations and induces debility, which interferes with the necessary cell-transformation. His treatment consists in supporting the vital strength—how, this deponent saith not; but whatever the treatment may have been, its success was undeniable. Of 105 cases treated during

the last fourteen years, by Bennett, in the Edinburgh Infirmary, there were—

	Cases.	Average duration.
Single, uncomplicated	58	15·5 days.
Double „	19	20 „
Complicated	17	15·8 „
Of uncertain duration	8	—
Fatal, complicated	3	—

The average age of all the cases was 31¾ years. Simple pneumonia under non-debilitating treatment, he says, always recovers.

T. K. Chambers treats pneumonia by bloodletting, general or local, jacket poultice and food every two hours, with or without wine. No statistics of the results of this treatment are given. Were it not that Dr. Chambers is the author of the *True Art of Healing*, for which he arrogates the title of the "Rational System" *par excellence*, we might have entertained opinions unfavourable to the rationality of the treatment here advised, where the patient has his vital fluid tapped off, and at the same time is supplied with the materials for forming more of this vital fluid. One would think that the same object would be gained by leaving the blood in the body, as Bennett advises, and then there would be no longer the necessity for cramming the patient with food and wine. If this be a fair specimen of Dr. Chambers's "Rational System," we should imagine it to deserve that appellation only on the *lucus-a-non-lucendo* principle.

What comes of a little Homœopathic Knowledge.

Trousseau eschews bloodletting in pleurisy, but gives Calomel, in the wonderfully small dose of $1/_{13}$ of a grain every hour, with tincture of Aconite and Digitalis. He agrees with Aran, that right-sided pleurisy is generally of tubercular origin, while left-sided is simple.

Iron in Phthisis.

Jones gives Iron for a very long period—one, two, three, or more years. He gives three to five drops of a 10 per cent.

tincture of the perchloride twice or thrice daily. We have seen very good effects follow still smaller doses of the perchloride of Iron in phthisis—one drop twice or thrice a day.

Podophyllin.

This remedy is coming much into vogue with the allopaths as a cholagogue cathartic. Ramskill and Clark strongly recommend it for this object. Podophyllum was, we believe, originally introduced into practice by the American homœopathists, if the so-called eclectics were not its first patrons. The preparation called Podophyllin is, we believe, too often used by homœopathists as a purgative, which is certainly not a homœopathic employment of the drug, nor is it even unattended with danger. Not a week since this writer was summoned out of bed to visit a lady apparently seized with a severe attack of cholera, watery purging every two or three minutes, vomiting, coldness of surface, and great prostration. On inquiry he found that these alarming symptoms were due to a pill containing podophyllin, recommended to her by a homœopathic practitioner.

Vermifuges.

Our old and esteemed worm medicine, *Cina*, is coming greatly into repute with our allopathic brethren in the form of *Santonin*. Abbots gives an account of 50 cases where it was used. In 21 the entozoon was the thread-worm, in 17 the tape-worm, and in five the round-worm. Of these, 19 were cured, 15 much relieved, 9 somewhat improved, and 7 not benefited.

Colin advises the pomegranate bark in tapeworm. He gives 2 oz. in 3 portions, made into a decoction, at intervals of a quarter of an hour, fasting. We have found this method most successful in several instances.

Dysentery.

Duclos gives enemata of Nitrate of Silver night and morning, each containing 4 grs. of the salt in 5 oz. of water. He finds this method successful in all kinds of dysentery cases.

Blacklock finds Ipecacuanha the best remedy in dysentery. This homœopathic remedy is not, however, used by him in infinitesimal doses, but in considerable quantities.

Gayton records a case of severe chronic dysentery, of 18 months standing, cured by Ipecac. Lead was, however, given at the same time. When will allopathic practitioners be content to prescribe one drug only at a time?

Diabetes.

J. Hughes tried the saccharine treatment with a purely negative result.

Kempler had a case of diabetes in a patient 26 years old. After a blister to the neck the sugar disappeared from the urine. By a repetition of the blisters the disease was permanently cured.

Very like rude Homœopathy.

De Chégoin records an instance of the good effects of flying blisters in arresting herpes zoster, and preventing the persistence of the distressing neuralgia. This may be a hint to us to try Cantharis in this disagreeable affection.

A discriminating Caustic.

In speaking of the efficacy of the external application of the solution of the pernitrate of Mercury in epithelial cancer, lupus exedens, and the induration of chancre, Gay remarks: "The obvious value of this agent lies in its being fatal to the disease, and harmless on the healthy tissues. The one it destroys, while it spares the other; . . . . . and not only so, but it appears to quicken the healing energies of the latter; so that no sooner is the last vestige of the disease gone, but the wound is cicatrised."

Sad News for the Wig-makers.

Dauvergne has invented a pomade to prevent the hair falling off. Its composition is as follows:—Lard, 30 drs.; Norwegian tar, 3 drs.; butter of nutmegs, 2 drs.; benzoin, 2 drs.; Fiovarenti balm, 3 drs.; baume de commandeur, 3 drs.; musk, 3 drs.; essence of patchouli, 30 grs. We are not told if this unguent will make the hair grow again after it has fallen off, so that the perruquiers need not quite abandon themselves to despair. By the way, this writer has also a nostrum for preventing the

hair falling out when it has a tendency that way, and it also seems to have some power to make hair grow in again, after it has fallen out. It is a hair-wash, and should be rubbed into the roots of the hair with a piece of sponge. The composition is the following:—Acetic acid and spirits of rosemary of each 1 part; water, 6 parts.

How to kill the Nerve of a Carious Tooth.

Every dentist has his specific for killing the nerve, but we believe that Arsenic, in one form or other, is always the effective ingredient. Here is Becquet's paste:—Acidi arseniosi, 3 j; Morphia, 3 ij; Creosote, q. s. In 24 hours after the cavity has been dressed with this, the tooth has lost all sensibility. Suppose the patient were to suck out this delectable dressing during his sleep, he might run the risk of losing permanently his own sensibility.

What's one Man's Poison may be another Man's Food.

Gerard affirms that poisonous fungi may be eaten with impunity (*qu.* with advantage?) if they are steeped previously for two hours in water well acidulated with vinegar (1 to 2 oz. in a pint), or having salt mixed with it, and then well washed and boiled for twenty or thirty minutes, and then washed again.

Electro-therapy.

The following is a brief account of Erdmann's report on this subject. Remak has recorded some cases of the central transference of peripheral anæsthesia and of reflex spasm. These he believes to depend on an irritation communicated to thn centre from some part of the surface. They were removed by constant currents. Becquerel states that he prefers strong rapidly intermitting induction currents, passed through moist sponges, applied to the skin, in the treatment of neuralgia, to the faradisation of the dry skin, recommended by Duchenne. The current causes at first severe pain, which soon ceases, and on stopping the current the neuralgia has disappeared. It returns in some hours, but may be removed permanently by five to sixteen repetitions of the proceeding. Meyer cured perma-

nently a case of epileptic paroxysms and constant quivering of the arm by faradisation, and also a case of vomiting after meals by the same proceeding applied to the vagus. Faro cured anteflexion and retroflexion of the womb by faradisation, one pole being applied to the os uteri. Beau has treated successfully in the same way inflammatory and hypertrophic affections of the cervix uteri, which had resisted cauterisation. Holsbeck, Bitterlin, and Taylor have cured amenorrhœa and dysmenorrhœa by electricity: the latter used Pulvermacher's chain. Kobell has cured many cases of impotence in the male, both the anæsthetic and hyperæsthetic forms, by electro-cutaneous irritation of the skin of the penis, combined with faradisation of the muscles of the perineum. In cases where the hyperæsthesia of the genital member is complicated with involuntary emissions, a constant current from a battery of 15 to 20 Daniell's elements is passed from the middle of the spinal column downwards to the sacrum for three or four minutes. Then the positive pole is placed on the perineum and the negative on the glans or the dorsum of the penis, and the current passed for the same time. Finally the current is interrupted a few times. Congenital nervous deaf-dumbness has been treated by Duchenne by faradisation with some benefit. He says that if the first application of the current produces the sensation of taste or of noise in the ear, the deafness almost certainly is not the result of organic disease.

Althaus mentions several other therapeutic uses of electricity. The coagulation of the blood in an aneurismal sac; the cure of hydrocele; the removal of opacities on the cornea; the absorption of rheumatic effusions; the cure of glandular enlargements, of ulcers, various kind of paralysis, &c.

Electricity as a therapeutic agent is at present exciting much more attention than it has done for many years; and there is no doubt that it is powerfully curative in many cases, and is well worth the attentive study of every practitioner.

Glonoine.

This substance, which was introduced into medicine by Dr. Hering, of Philadelphia, is exciting considerable attention in

allopathic circles. Demme says it is a powerful and rapidly acting poison, like Nux vomica, but more effective than it or its derivatives in many cases. He employs it chiefly in non-organic paralysis. A few days ago the present writer made an involuntary proving of it, which was far from agreeable. A homœopathic chemist showed him a two-ounce bottle of it, which he had recently obtained from Germany, and asked his opinion as to its purity. On attempting to take out the cork, the whole contents of the bottle suddenly exploded in his hand, and frothed out to a considerable height, like a bottle of very effervescent ginger beer. No effect was observed at the time, but about three hours later the characteristic headache of Glonoine—well known to the writer, who made repeated provings of the medicine when first introduced—came on with hitherto unknown severity. The pain was of the most violent aching description, apparently at the base of the brain. The least movement increased it to agony; the peculiar constricted sensation about the neck, with throbbing of the arteries, was present. This headache lasted all the evening and throughout the night, and was even felt till after breakfast next morning.

Burns.

The frequency of extensive burns among the weaker sex, owing to the facility with which their dresses, extended by the present ridiculous fashion, catch fire, renders any suggestion for the successful treatment of such fatal injuries very acceptable. Hebra treats extensive burns by the constant immersion of the whole body in warm water. He has devised a peculiar apparatus, by which the patient can be kept suspended in warm water for any length of time. A case he gives illustrates the treatment and its effects so well that we give it entire.

"On May 27th, a washerwoman, aged 38, was admitted into the hospital, extensively burnt, from her clothes having caught fire on May 19th. On the calves of both legs there were wounds eight inches long by five broad; on the sides of the legs, on the buttocks and back were others. Most of the sores were still covered with firmly adherent sloughs. The knees were bent, the thighs drawn up; she could neither stand, sit, nor lie down

straight. She cried from the intense pain, and screamed whenever her wounds were touched; the pulse 120. On the 28th she was placed in the bath, and the water was kept at 99° Fah. An hour later she could stretch her legs, the pain had disappeared. In the first 24 hours the pulse fell to 80, the thirst diminished, the appetite increased. The sloughs were thrown off, and the wounds commenced cicatrising from the edges. She remained constantly in the bath at a reducod temperature (88°) for 504 hours without injury. At the end of that time only the centre of the wound, about the size of half-a-crown remained uncicatrised; it soon healed."

A new Remedy for Gonorrhœa.

This time it is an injection of pernitrate of Mercury, half a minim of the solution (12 grains to the drachm) to 1 oz. of water, three times a day.

Transfusion of Blood.

As a sort of reaction, we suppose, from the bloodletting propensities of the last generation, we have now much talk about the artificial replacement of blood that has been lost. Nussbaum relates a case. He apparently saved a patient's life by injecting about a pound of defibrinated human blood into the veins of the arm. Esmarch was not so successful with the injection of 14 oz. of defibrinated calf's blood. Weickert successfully transfused a quantity of pure human blood into a woman apparently dying of post-partum hæmorrhage. Hamilton recommends it in similar cases.

Pulverisation of Liquid Medicines.

The reduction of fluids, by means of suitable apparatus, to a state intermediate between rain and vapour, is the last fashionable mode of administering drugs. Whether it has any advantages over the old modes, beyond amusing the patient, we cannot say.

Toxicology.

Sulphuric acid.—Smoler relates the case of a girl, of 23, who

swallowed a poisonous dose of Sulph. ac., from which she seemed to recover; but on the 8th day she was seized with pneumonia of right lung, which proved fatal in 48 hours. *Post mortem.*—Mucous membrane of tongue covered with greenish yellow coating, that of fauces greenish grey; in the neighbourhood of the epiglottis here and there sloughings of epithelium; similar appearances in trachea and bronchial tubes; lungs moderately distended; recent pleuritic effusion on right side; upper lobe of right lung well filled with air; both lower lobes showed red, friable masses, surrounded by serous infiltration; right pleura contained 8 oz. of serum; similar pathological appearances, but slighter, in left lung; stomach slate coloured, marbled with reddish brown; veins on surface much distended; mucous membrane of same colour, and so soft it could easily be peeled off the subjacent muscular layer, which was greenish red. Pia-mater gorged with blood; some sero-purulent, sub-arachnoid effusion."

Leyden and Munk describe two fatal cases of poisoning by Sulp. ac., where, in addition to usual symptoms, there was acute nephritis. During life the urine contained blood and albumen. One case showed fibrinous casts and epithelia, the other cellular elements only. Microscopic examination of the kidneys showed recent inflammatory process. (Granular opacity and fatty degeneration of epithelial elements; recent cleaving of the nuclei of interstitial tissue, particularly along course of vessels.)

Phosphorus.—A girl of 13, took an unknown quantity of Phosphorus paste. This was followed by vomiting, recurring at intervals, till the fourth day, when it ceased, after milk had been taken. Seen on the fifth day: her state was as follows:—Epigastric pain; no distension or retraction of belly; moderate pyrexia; urine depositing a considerable sediment; intelligence normal; articulation slow. In the afternoon the patient became drowsy, and was delirious in the night. She died the following day. Death was preceded by increased drowsiness, gradual failure and acceleration of pulse, and loss of power of swallowing. *Post mortem.*—Body well nourished; cutaneous surface generally dusky, exhibiting numerous patches of livid discolouration, in some parts distinctly jaundiced; rigor mortis

absent; muscular substance pale; numerous recent hæmorrhages between the ribs and muscles, particularly of lower part of chest; cellular tissue of anterior mediastinum markedly jaundiced; sanguinolent fluid in both pleural cavities; numerous hæmorrhages under costal pleura, a few under pulmonary; no adhesions; lungs permeable to air throughout; hyperæmic at base, containing little blood in upper lobes; 1 oz. of serum in pericardium, under visceral layer of which are isolated minute hæmorrhages; surface of liver yellowish, red, smooth; section soft, exuding an abundant slime of same colour; acini distinct, each exhibiting at the centre streaks of bright green colour; abundant dark fluid blood in portal veins and branches; hepatic veins empty; spleen enlarged, and containing much blood; brownish red fluid in stomach and upper part of small intestine: numerous recent hæmorrhages in mesentery. Microscopic examination showed an almost universal infiltration of every tissue with fat, liver, kidneys, lungs, muscles, &c.

Koch relates a case of spontaneous disease that presented quite the appearance of acute poisoning by Phosphorus. It never occurred to him to give Phosphorus for its cure.

Bromide of potassium.—A curious physiological effect of this substance is the production of anæsthesia of the fauces and palate.

Liquid ammonia.—A remarkable effect produced in a case of poisoning by this substance was the occurrence of erysipelas in both arms.

Arsenic.—Wilks has observed endo-cardiac ecchymosis in all the cases of arsenical poisoning that have come under his notice at Guy's Hospital.

Acetate of zinc.—Bartels holds with Rademacher, that the action of Zinc is analogous to that of Opium in every respect, excepting in its not affecting the vascular system. He has employed the acetate in all cerebral affections in which the brain is over-excited without hyperæmia; as, for example, in sleeplessness from mental anxiety or over-exertion, delirium nervosum, traumaticum and ebriosum, and in the delirium of typhus and other acute exanthemata. He gives 2 grs. every two hours.

Aconite.—A male adult, after taking 4 grs. of extract of

Aconite, was found by Pratt in the following condition :—He lay on his back, with the thighs drawn up, and the arms in constant jactitation. On seeing the doctor he jumped from his bed, and complained of pains in his legs, and alternating sensations of cold and heat in the tongue. His countenance was expressive of great agony, and he said he was very ill. Death soon took place. It was preceded by failure of pulse, gasping respiration, and dilated insensible pupils. *Post mortem.*—Excessive congestion of mucous membrane of stomach, duodenum, and part of jejunum. *

Hanson was called to a child of 5, who had taken a poisonous dose of Aconite. The pulse was weak and irregular, the breathing slow (5 per minute), the limbs relaxed. Vomiting could not be induced, so he gave tincture of Nux vomica, three drops for a dose, repeatedly. After the first dose the impulse of the heart became stronger, the breathing deeper and stronger; the other symptoms passed off, and the child recovered.

Digitalin.—Stadion performed experiments on himself with repeated doses of Digitalin. The results were as follows :—It produces a diminution of the quantity of liquid excreted by the kidneys; it diminishes the principal constituents of the urine, *e. g.*, the urea, chloride of sodium, phosphates and sulphates, but increases the uric acid. It diminishes its specific gravity. The pulse is at first accelerated, subsequently retarded. It causes rapid wasting of body and depression of the exchange of material. It temporarily but completely annihilates the sexual function.

Rhus toxicodendron.—Clarus gives us the results of numerous experiments on man and animals with Rhus, from which he concludes that it exerts no physiological action whatever, and says it ought to be expunged from our pharmacopœias. He must have been singularly unfortunate in the specimen of Rhus with which he operated, which seems to have borne the same relation to the poisonous sumach that a Whitechapel weed does to a Havannah cigar.

* Apparently the Aconite extract in this case was of a better quality than that employed by Gaspero (*v. ante*, p. 451).

REVIEWS.

1. *How far Hempel is to be trusted as a translator of Hahnemann's works?* By Mr. D. WILSON. *Monthly Homœopathic Review*, 1862 and 1863.
2. Dr. COCKBURN and Dr. FENTON CAMERON *on the same.*
3. *Hempel's Translation of Hahnemann's Materia Medica.* New York: Radde.
4. *New Repertory of the Hahnemann Society.* London: Turner.

THE subject of the correctness of the English version of the *Materia Medica* has lately been brought before the Homœopathic public by Mr. D. Wilson, in a series of articles of great power and accurate knowledge of the subject. These have excited a kind of controversy which touches on subjects of the deepest importance to the existence and progress of our method. Dr. Cockburn first stepped forward as the vindicator of Dr. Hempel, in a tone which we are quite at a loss to understand, as if Mr. Wilson were doing some personal injury in making corrections in a work of vital importance to us all. Dr. Fenton Cameron answers Dr. Cockburn, but neither seem to have tested the correctness of Mr. Wilson's statements by actual reference to Hahnemann's original work, and close comparison of it with Dr. Hempel's translation. Before going further, we think it necessary to do that, and give our readers the result.

Let us first take the alleged omissions, by Hempel, of Sarsaparilla symptoms, at p. 475 of *Monthly Review*, vol vi. On going over the bulk of these, and comparing Hempel with Hahnemann, we testify to Mr. Wilson's correctness: as to the precise value of the omissions, that question will be entered on presently. We may here, however, dispose of Dr. Cockburn's defence of Hempel, in which the apologist supposes that Hempel considered them not omitted, but represented by parrallel expressions. These he (Dr. C.) puts in columns alongside of each other, with Wilson's alleged omitted symptoms. It is unfortunate that Dr. Cockburn did not take the trouble to compare Hempel with Hahnemann, or he would have seen that the supposed equivalent symptoms are, in reality, simply a translation

of some symptoms, while others are left out in an arbitrary manner, and some simply translated in a careless and imperfect manner, as Mr. Wilson says; so we give the latter completely right on this point also, though in one instance he lays stress on the language of the original, by giving it in full, thus: "Constant sweet taste in the mouth, almost like that from liquorice wood, for several days." (Wilson, p. 339, vol. vii.) Now it is very odd that "on referring to the original," *i.e.* Hahnemann's Sarsaparilla, we do not find that symptom at all! But we do find it as a symptom of Sabadilla—not a Hahnemannic medicine—so how Mr. Wilson came to mix it up with a critique on Sarsaparilla it is very difficult to understand, and may dispose him to mitigate a little the severity of his language, even while justly correcting the errors of Hempel, near the close of an immense labour, such as the translating, or even the copying, of hundreds of thousands of symptoms involves.

Next, as to the correctness of translation we have carefully compared the list given by Mr. Wilson, at p. 530, vol. vi., with the original and with Hempel, and find that in every instance, except those to be mentioned below, Mr. Wilson's criticism is just and valid, while in eleven examples the alteration is so important as to restore the essential characteristic of the symptoms which had been lost by omission and incorrect rendering. In five cases the alteration is hypercritical. And besides the upper thigh, formerly noticed, we find symptom 326 thus rendered:

HEMPEL.	WILSON.	HAHNEMANN.
Painful constriction of the bladder without tenesmus.	Painful constriction of the bladder without urinary distress.	Schmerzhaftes Zusammenschnüren der Blase, ohne Harndrang.

This we would render, "Painful constriction of the bladder without desire to pass urine."

Thus far we find Mr. Wilson has shown it to be a fact that Hempel's translation contains errors and omissions; but when, not content with denying that, Dr. Cockburn proceeds to argue on the subject, that a general want of accuracy in such small matters (as he considers them), is of no great importance, then the question assumes a more serious aspect, and in the face of

such arguments we have only to hope that Dr. Cockburn represents himself alone, and not any number that could be called a party. Indeed we cannot but express our wonder that any one who has practised Homœopathy so long, and has written books, should show such an incomplete perception of what constitutes the necessary points to observe in proving a medicine and applying it to practice. In these matters we think he has been fully answered by Dr. Cameron and Mr. Wilson, who vindicate the Hahnemannic principle of pushing the provings to the fullest development of detail, while Dr. Cockburn contends for the more general knowledge of the action of medicines, such as is sufficient to content the specificker, as being on the whole easier to attain and more likely to be correct. But after all what is this but a renewal of the old strife between morbid anatomy and real pathology which includes semeiology? Will medical theorists never tire of contending about matters wherein *both are right* as far as they go? No doubt all strong minded practical men will feel the perpetual uncertainty and want of firm holding ground which would necessarily be engendered if we had positively nothing to guide us in actual practice except the detached subjective symptoms of the Materia Medica, however accurately observed, finely discriminated, and faithfully translated. Added to this, suppose we carry out to its extreme limits the principle of rejecting the *usus in morbis*, and the reading symptoms by the light of their connection on any pathological theory, thus acting on the theory of total independence of each case of disease on all others past, present, or future? Such is not done, nor ever has been done, even by Hahnemann, from the earliest times, and the great efforts of Homœopathists in later years have been directed, and on the whole rightly directed, to discovering the fundamental sphere of action of medicines by all the resources of modern physiology and pathology. But this has, as usual, gone into extremes, and some have been led to believe that by pursuing this track we shall ultimately arrive at some mode of getting at the essence of the action of each medicine in a short easily remembered form, and thus dispensing with those cumbrous arrays of subjective symptoms that constitute our present Homœopathic Materia Medica. This we

have always held is a mere delusion, and we shall not cease to combat it as destructive of the real progress of Homœopathy. And on this account we welcome Mr. Wilson and Dr. Fenton Cameron and Dr. Carrol Dunham as the champions of what is now most necessary to defend in real Homœopathy, as Drs. Hering, Gross, Stapf and others were some years before. The truth of the matter is, those pathological studies of the Materia Medica are good and needful in their place, but they are to be *added to* the symptom lists of the medicine, not in any sense or degree to be *substituted for* them. It is, in fact, through the finer shades of the symptom list that we make the differential diagnosis of the medicines, and it is in this that the real core of Homœopathy lies. We quite endorse, along with Mr. Wilson, this sentence of Dr. F. Cameron, "Is it not generally allowed also that the characteristics both of drug and disease are, in very many cases, found NOT in prominent and marked symptoms, which the most careless observer can hardly overlook, but in some apparently trivial symptoms, which the patient thinks hardly worth naming, and which often require a good deal of questioning and examining to elicit a description of." - That is to say, with the clause understood *ceteris paribus*, which really means the same as the "totality of the symptoms," as said by Hahnemann. Of course when we say that the choice of medicines depends on the correspondence of certain minute resemblances in the individual symptoms, that means that the correspondence in the large pathological states is understood, and that among certain groups of medicines whose general action correspondence is known, the differential diagnosis among the medicines composing these groups is determined by the correspondence in minor points, such as is displayed in our symptom lists. It may happen that in a comparatively new medicine, which we only know by disjointed lists of symptoms, we may be led by the correspondence in some minute single symptom, to give it in a case of disease and thereby make a hit and cure the patient; but that can only happen where the medicine also was unwittingly suitable to the general pathological state, and such a cure is only an experiment, as every case must be where we do not wittingly or unwittingly cover

the *totality of the symptoms* in its wide sense. Such cases are useful as advancing our knowledge, but they do not favour either one or the other party, either the specificker or the Hahnemannist. For we maintain that the good Hahnemannist ought, and generally did tacitly or expressedly consider the general action of the medicine while he was making the ultimate differential diagnosis depend on some apparently minor correspondence of symptoms. On the other hand, the more the specificker relies on the merely general action of the drug (often, indeed, partly ascertained *ab usu in morbis*), the more he approaches to the allopathists, who will, ere long, equal him or even surpass him, if indeed they do not do so already often, as allopathy is much altered, and many medicines are given alone, and more faith in their specific powers is displayed since the establishment of Homœopathy. So to go forward, or even maintain our ground we must cultivate more strenuously our special vantage ground, viz., the minute symptomatology of the pathogenesis of drugs.

To return to the question of the omissions. Hitherto it would appear, from the tenor of Mr. Wilson's remarks, that if our Materia Medica were only correctly translated, we (the English reader), would be put in possession of a vast additional store of healing materials, and that the want of correct translation was the main, or one at least of the chief causes of the imperfections of Homœopathic practice, and of the prevalent negligence of practitioners in consulting the original provings in daily practice. Would that it were so! for that would be a matter of small difficulty to correct. But surely Mr. Wilson, as well as the majority of us, must know very well that the evil lies much deeper, in fact in the errors and incompleteness of the original Materia Medica. For many years this has been recognized by the Germans who, far from being satisfied, as Mr. W. seems to imply that the English reader ought to be if put on a level with them, have for years been engaged in sifting, revising, and reproving the original provings of Hahnemann. Dr. Roth, of Paris, has done most in this way; while more lately Dr. Kleinert and Dr. Laugheinz have commenced their

contributions to the revision, while the Austrian Society are still engaged both in revision and reproving.

In No. 23, vol. xiv., of the *Vierteljahrschrift*, which has just come to hand, Dr. Roth takes up the revision of Dulcamara, and shows that a large number of the most prominent symptoms of that medicine are not purely pathogenetic symptoms, especially those of *Carère*, which are mainly taken from patients. Incidentally he goes back upon the general question of the purity of the Materia Medica, and concludes, "it is not pure, because it contains *several thousand* incorrect quotations; it is not pure, because it contains *many thousand* symptoms improperly observed in sick persons, and because it contains many thousand ill-observed symptoms." So that the great work we have still to do is to revise and correct and complete it. At p. 166 he says, "our Materia Medica must be revised, continually revised, yearly, daily, hourly must it be revised. At one time we may detect thousands of errors, at another only hundreds, at another only one, and then perhaps none at all. The labour is thereby not lost. What has passed through the fire of purification acquires all the more value." To this we cordially agree, and go further, for a time must come when no more errors are to be found in the materials gathered from books already written; but the book of nature is always open and is never finished, so we shall for ever have new experience of the effects of medicines, and we shall never be able to say the Materia Medica is complete. Thus every edition is only for a time, and must in the course of time be superseded by something more complete. The same must apply to Repertories, which must keep pace with their materials. This is a reason why it is not wise to wait for more correct translations than we already have, nor a more perfect Repertory till the revisions and reprovings of the medicines are complete. Such a time will never come, so let us have in our day and generation the best that it affords.

Dr. Roth states here, that with the provings of Langhammer, Apelt, Hromada, N-g, F. Hahnemann, Gersdorff, and others, he concludes he has already detected 16,140 erroneous, or at least doubtful symptoms in the *Materia Medica*. Of Nenning (N-g)

he speaks as follows: "The symptoms of Cajetan Nenning ought on no account to remain in the Materia Medica. The prover has himself admitted that his provings were not conducted with due caution. This has been forgotten. Therefore it appears to me it will be useful to bring it to mind again. In the *Allgem. Hom. Zeitung*, 10th June, 1839, Nenning says, 'If I have perchance made too many provings, for it is remarked that I have furnished too many symptoms, that should, in my opinion, deserve rather sympathy than ridicule. The exhortation of Hahnemann, not only to enjoy, but to put our hand to the work, animated my zeal, and the active support of Hartlaub rendered it possible for me to do that which perhaps strikes Hahnemann as surprising. A number of persons, partly related to me, and partly friendly, were gathered together by me, and in consideration of board and payment, made experiments. Along with them were also my two daughters, and with complete reliance on the honesty of them all, I gave one medicine to one and another to another, writing down all that they reported. It was a matter of conscience on my part also not to omit the smallest particular; and that thereby frequent repetitions have arisen I grant readily, but I thought that just in that way the sphere of action of the medicine could be best recognized. If I failed in this it was the general failing of the provers at that time, and it is, therefore, not fair to judge me by the rules of the present provers. If I also received a proportionate support, still no one has a right to believe that I invented or multiplied symptoms in order to obtain a larger honorarium. Nothing but perfection and the exhortations of Hahnemann were my inducement; if I did not attain that, at any rate I cannot reproach myself with dishonesty. It is true that lately Dr. Hromada has had it cast up to him that he used salaried provers, as I did; but I still consider this the best way to get good results, provided you can trust the honesty of the individuals. Few persons are to be found who will stand such trials a second time; and if you follow strictly all the rules and regulations prescribed in later times, nothing good will be attained for a long time.' This is the language of a fine honest fellow, but one who is totally deficient in the necessary qualifi-

cations of an accurate observer. To make provings of medicines is one of the most difficult undertakings, so difficult, that I have never been able to bring myself to publish my own provings, 26 in number, and all of them even the very newest, that were made along with Dr. Trippier, shall be consigned to oblivion. How little Nenning possessed the necessary qualifications one can easily convince himself who reads through with attention his practical essays in the *Allg. Hom. Zeitung.* Dr. Watzke has demonstrated this clearly also in the *Allg. Hom. Zeitung.* If it were only a few scattered symptoms in a few medicines that Nenning had furnished we might pass over all this in silence, but the evil is far greater than many persons think. The following is a table of his contributions to the Materia Medica from the years 1828 to 1836 in Hartlaub and Trinks's *Annalen* and *Materia Medica*, and Stapf's *Additions to the Materia Medica.*

	Sympt.		Sympt.
Aethusa cynapium . .	143	Millefolium	77
Agaricus muscarius . .	26	Natrum carb. . . .	594
Alumina	662	Natrum sulph. . . .	340
Ammonium carb. . .	465	Niccolum	446
Ammonium mur. . .	448	Nitrum	359
Bovista	266	Oleum animale . . .	525
Baryta carb.	309	Phellandrium	369
Cantharis	489	Phosphorus	531
Causticum	173	Plumbum acet. . . .	287
Castoreum	276	Sabadilla	18
Chelidonium	138	Sarsaparilla	347
Dulcamara	51	Senega	19
Graphites	178	Strontiana	206
Helleborus niger . . .	77	Sulphuricum ac. . . .	249
Indigo	266	Tinctura acris . . .	285
Kali carbon.	365	Tongo	185
Kali hydriod.	303	Tabacum	104
Laurocerasus	739	Zincum	456
Magnesia mur. . . .	646		
Magnesia sulph. . . .	355	Total .	11,447

Of these eleven thousand symptoms Cajetan Nenning has not observed one single one in his own person! This he has

not concealed, but states it in the *Allg. Hom. Zeitung*, in 1833." Dr. Roth quotes some further remarks by Nenning which we need not quote, and concludes by expunging his symptoms from the Materia Medica.

We have thus good reasons for doubts, in addition to those strongly expressed by Hahnemann himself, respecting Nenning, and though many of his symptoms may hereafter be confirmed, it is our opinion that they ought, *provisionally* at least, to be rejected. These we see exceed eleven thousand, and good reasons exist for treating many thousands more by other observers in like manner. To this Mr. Wilson observes, that Bönninghausen told him he "had no reason to doubt the trustworthiness of Nenning's provings," and also Mr. Wilson's practice "tends to confirm Bönninghausen's experience:" likewise Mr. Wilson "thinks he has [been] enabled to discover why Hahnemann, in a peevish mood probably, penned those remarks [about Nenning] which seem quite unworthy of so great a man." Mr. Wilson does not disclose to us why Hahnemann did so, but even if he did, would that or the above reasons be sufficient to confirm Nenning's symptoms without re-proving? We do not think so, nor will, we apprehend, any one who reflects on this irreparable evil caused by introducing false or doubtful symptoms into the Materia Medica. To practise Homœopathy requires an almost unlimited supply of minutely described symptoms of medicines; and a small number of proved similar symptoms cramps our power of healing disease proportionately. But when these are eked out by symptoms false, or even doubtful, we are not only led astray by these latter and fail to cure, but lose all confidence in the minute indications of the Materia Medica, and gradually neglect the use of it, falling back on the more general action of the medicines which is well enough given by abridgements, and therapeutic repertories, &c. It is this that is much more the cause of the neglect of the Materia Medica than the incompleteness of the English translation. As far as Hempel is concerned it must be recollected that almost all the medicines given by Mr. Wilson, p. 474, vol. vi., as having many omissions, were partially proved by Nenning.

On testing the omissions in Sarsaparilla, we find the great majority of them are Nenning's symptoms. Thus, for example, taking the first 20 symptoms given (correctly) by Mr. Wilson as omitted by Dr. Hempel in Sarsaparilla, we find 17 of them are by Nenning, 1 by Hahnemann, 1 by Teuthorn, and 1 by Schreter. While in the same space of the Materia Medica, viz. between symptoms 4 to 71 of Hahnemann's *Materia Medica*, we find that Hempel has admitted 8 symptoms by Nenning. On what ground he has omitted 17 symptoms and admitted 8 by Nenning we are quite at a loss to discover. Was it, that influenced by the prevailing distrust of Nenning he left out his symptoms as a rule, and only admitted some that were strengthened by collateral evidence? To test that we took symptom 53, which is by Nenning, and admitted by Hempel. It runs thus, "As if screwed together in both sides of the head after breakfast." Sarsaparilla. In Nenning's proving of Magnesia we find, "Pressure as if the head were screwed together from both sides." Under Phellandrium, "Pressing together from both sides of the head." Under Alumina, "As if the right side of the head were screwed or squeezed against the other." Under Causticum, "As if screwed together." This symptom is, therefore, most likely merely a natural headach of the prover, and not to be trusted any more than the rest of Nenning's.

While, therefore, a close analysis of Hempel's translation of the Materia Medica shows a considerable number of omissions and imperfect translations in several medicines, yet we must not forget that it also shows that he has the power and the will to translate with fidelity and correctness. We have gone through at random considerable portions of the earlier medicines, such as Aconite, Belladonna, Arnica, Cocculus, &c., and tested the translations, symptom by symptom, for pages of consecutive symptoms without finding a single substantial error or omission, though the wording is not exactly that of one writing in his native language, of course. Therefore, though we must give right to Mr. Wilson as far as he goes, we contend it is impossible to give such a sweeping censure of Hempel as he has done. In fact, to pronounce an exact criticism would require

one to go through the whole work—a labour almost equivalent to translating it anew.

It may here be stated that the subject of Hempel's translations were fully discussed in the Repertory Committee of the Hahnemann Publishing Society, as it was necessary to obtain the assistance of working members not familiar with German. The imperfection of Hempel's translations was known to the German reading members, and special search was made on the point, and the conclusion come to was, that after recognizing the defects subsequently pointed out by Mr. Wilson, yet the bulk of the best medicines was sufficiently correct to admit the use of it: though from want of close accuracy it was a serious drawback to the completeness of the Repertory, yet it was not sufficient to incur the evil of indefinite postponement till an absolutely perfect translation should be published.

The conclusion as regards mere translation we come to is as follows. It is true that in some medicines, chiefly the later ones, Hempel's translation contains a considerable number of imperfect translations and omissions, but that the greater part of these occur in respect to the symptoms furnished by N-g, which are justly suspected of doubtful authenticity. Some of them, however, have not that excuse, while, on the other hand, Hempel's ability and good will to furnish a correct translation are amply proved by the way in which he has translated the bulk of the earlier and best proved of Hahnemann's medicines. The probable conclusion, therefore, is that the imperfections of the later parts arise from mere oversight and omissions produced by sheer weariness and over-work.

While upholding the necessity of strict Hahnemannism in practice as far as regards taking the minute symptoms into account, in which we entirely go along with him, Mr. Wilson recognizes the necessity of a complete repertory and concordance of the symptoms as a key to the vast Materia Medica, and at the same time he objects to the Hahnemann Society's Repertory as containing errors and omissions. As to the fact he is no doubt correct. Of mere mistakes in the details we fear many must exist, when we consider such a large and complicated work done by joint labour; but as regards omissions, he

has probably overlooked the introduction where such are declared beforehand, and the question whether such omission is a fault or a merit must depend on each case. The evils resulting from using Dr. Hempel's translations are admitted and explained above.

With respect to question of omission, let us take in detail some of the symptoms of Sarsaparilla admitted into the Repertory, since Mr. Wilson takes that medicine as his test one. Let us look, for instance, at those of the stomach and its functions from "taste" down to "heat and burning in stomach," comprising from No. 175 to 222, that is 47. Of these N-g furnished 33 symptoms, all of which are omitted for the reasons above given, while those vouched for by Hahnemann himself have been entered with fidelity and minuteness except Symptom 216, which has been omitted for what reason we know not; and Symptoms 215 and 217 show that the Sarsaparilla symptoms have been cyphered from Hempel's translation, and contain each a slight error; thus 215 stands in Hahnemann "Nausea and weariness or weakness after dinner." It is, however, not to be found under "weariness after meals," and on looking into Hempel we find it is there translated faintness, and *sar.* is therefore entered under nausea and faintness at p. 323 correctly. Likewise 217 appears to have been done from Hempel as "Anfühlen" is translated "touching." From this it appears there is a reason for the omissions which probably most persons will hold to be good, and that they are a merit rather than a defect. It must be remembered that the omission of N-g's symptoms, and those placed in the same category, does not waste or destroy them, but they are still in the archives of our literature, and merely provisionally excluded from our practice till they are revised or confirmed by competent hands.

The Repertory is, we believe, at present at a stand, owing to the lamented death of our loved and valued colleague, Dr. Atkin, who had the urinary chapter in hand. Will not Mr. Wilson come forward and help to finish it? We think he would bestow his talents to good purpose in such a work. Our readers may recollect that at the last meeting it was resolved to finish the first volume down to the end of Genitals on the present plan,

and wait for the appearance of the German Repertory before beginning the next, in the hope that it would give similar completeness without the drawback of the use of cypher. We have not been able to procure a specimen of the German plan for minute inspection, and therefore cannot say whether it is likely to attain that object; but we confess we have strong doubts of the possibility of getting so numerous concordances in a book of any practicable size without cypher or abridgments that are just as bad; so that, any way you take it, there is no royal road through such a forest as the Hahnemannic symptoms.

In conclusion, it appears to us that the Materia Medica is in a most unsatisfactory state, more particularly to the reader of English alone, and that the evils act and react on each other in a way tending to prolong this state. We have an incomplete translation too closely printed, and this, combined with the imperfections of the original, has weaned away so many from daily use of the Materia Medica, that it would not pay to print a better translation. Besides revision of the original is going on, and that also inclines people to wait, while in the meantime our practice is deteriorating in one respect, and the demand for a more perfect Materia Medica is to that extent continually lessened. The only remedy we can see is to work diligently at a serial standard book like the Hahnemann Materia Medica, which should consist of elaborate provings of medicines in the order in which they are offered, and afterwards bound up alphabetically whenever there is enough of matter to form a volume. Whoever is able to furnish a complete proving of any medicine, whether new or old, or even a mere perfect translation of already known medicines, ought to come forward and let his colleagues have the benefit of it through that work.

Die Homöopathie in ihrem Wesen, ihrem Verhältnisse zur Allopathie, zum Staate, und den Angriffen ihner Gegner gegenüber, dargestellt von Dr. WILHELM STENS, &c. Sondershausen, 1863.

Homœopathy: its nature, its relations to Aliopathy and to the State, and its position in reference to the attacks of its adversaries. By Dr. WILLIAM STENS, &c. Sondershausen, 1863.

THIS is not a new work by Dr. Stens of Bonn, but merely a reprint of the second part of his *Therapeutics of our Days,** published in 1854, and reviewed at length in our 15th Vol.

The lapse of nine years since the work originally appeared has not shown the author the necessity of making any important changes in the original text. We accordingly find that the author repeats the statements respecting the statistics of cholera, the microscopic investigations of Meyerhofer, and other objectionable parts of the original work in the same words as before, and he does not even indicate the source of the long quotation from a paper by Hering, but still passes it off as his own, though the author Dr. Hering, in his *Trost Elegie*, reviewed by us in Vol. XVI indignantly protests against this wholesale appropriation of his brains.

Though we think there is sufficient good stuff in this second part of Dr. Stens' work to warrant a reprint of it, yet we confess we are disappointed at finding that the author has not taken the trouble to cancel or remodel a good deal of his original writing before launching this second edition. Moreover we think it would have been fairer to the purchasers of his first work to announce on the title-page that this is in effect only a second edition of a part of that work, than to lead them to suppose, from the complete alteration of the title, that this is a new work, by this little ruse inducing them to buy again a book which they have already purchased.

As Dr. Stens is fully capable of writing what his colleagues would delight to read, we trust he will not again disappoint us by servng up a rechauffé of an old work when we are longing for a new one. The mere change of name does not make the venerable antiquity a bit more palatable.

Taschenwörterbuch der Kinder-Krankheiten, &c. Von Dr. ALTSCHUL. Bellmann, Prag, 1863.

Pocket Dictionary of Children's Diseases, &c. By Dr. ALTSCHUL. Bellmann, Prague, 1863.

THE idea of this little book is not bad, but its execution is scarcely up to the mark. The diseases are arranged alpha-

* A translation of this by Dr. Massiah has recently appeared.

betically by their Latin names. The ordinary German name is added to the title. A description of the disease then follows in popular language; then come the homœopathic remedies and their indications and doses; then any simple allopathic prescriptions the author can light on in the works of the best writers; and finally the popular remedies for the disease in question. Though we cannot always commend the descriptions of the diseases, nor the indications for homœopathic remedies, still there is a good deal of information to be got out of this little book, especially as to popular remedies. It is interesting to observe how often the simple allopathic prescription—when our allopathic colleagues are sensible enough to prescribe simply—corresponds with the homœopathic remedy.

Outlines of Veterinary Homœpathy, &c. By JAMES MOORE, M.R.C.V.S. Third Edition. Turner, London, 1863.

WE do not profess much acquaintance with the diseases of horses, their very names seem strange and uncouth to us in many cases. But we have, from experience, the greatest confidence in the skill of Mr. Moore, whom we may consider the representative man of Veterinary homœopathy. The publication of a third edition of his "Outlines" is a proof of its merits, and we would here draw to it the attention of all who have to do with horses, as we are convinced that by the aid of Mr. Moore's little guide they would be more successful in the treatment of the diseases of these valuable animals, than if they confided them to the care of the ordinary horse-doctor, whose treatment is generally as unsuccessful as it is barbarous and inhuman.

Die Homöopathische Therapie auf Grundlage der physiologischen Schule. Von Dr. J. KAFKA. 1 Heft. Eupel, Sondershausen, 1863.

Homœopathic Therapeutics on the basis of the Physiological School. By Dr. J. KAFKA. Part I. Eupel, Sondershausen, 1863.

THE attempts that have hitherto been made to write systematic works on the practice of medicine from a homœopathic point

of view have been on the whole unsatisfactory, nor is it difficult to perceive how this has been the case. The authors of these works have slavishly followed the plan of the approved works on the practice of medicine, and have given descriptions of diseases, their origin, course, and progress in the approved synthetical fashion of old school writers; but as homœopathy is eminently analytical, and deals as much in individualities as the old school does in generalities, the author is forced to cut up each disease he describes into such a great number of varieties, distinguished from one another by some slight differences of symptoms, which the allopathic nosologist would deem quite insignificant, though in them lies the essence of homœopathic therapeutics, that his fine model description of the disease is almost of no practical value, and the practitioner would scarcely give himself the trouble to read it, but would at once turn to the list of the varieties in order to ascertain the treatment he should adopt. In fact so essential to the homœopathist are these minute varieties of symptoms, that the writer of a systematic treatise must furnish for every disease a small repertory of the medicines likely to be useful. The repertory is in fact the true homœopathic manual of therapeutics, and writers of systematic treatises only encumber the repertory with these better or worse descriptions of the origin, course, and progress of diseases, which are seldom read by the practitioner, as he knows he can derive but little practical advantage from their perusal. Descriptions of diseases, or treatises on nosology, are no doubt very useful and very essential for the practitioner, but in nine cases out of ten he would refer for his nosological information to some of the standard works of our best pathologists. As hitherto no homœopathist of great pathological repute has published a systematic work on diseases in general, the works of that description that have hitherto appeared are, if original, of very doubtful value, and if not original, they are compilations from the treatises of the great pathologists, and liable to all the objections that can be brought against works of that sort. The description of a disease by Schönlein, Andral, or Williams may be very good and very useful to the homœopathic practitioner, but it won't make up to him for his repertory. Nor will it

adapt itself well to the uses of the homœopathic compiler, for as it has been written in order to assist allopathic medication, it is on that account very ill adapted for homœopathic purposes, and the most superficial reader must perceive that there is something wrong in this attempted dove-tailing of the homœopathic repertory with the allopathic nosology.

The announcement of a fresh attempt by a homœopathist to furnish us with a systematic treatise on medical practice caused us an uncomfortable feeling. The very title shows Dr. Kafka's book to be a compilation—"Homœopathic Therapeutics on the Basis of the Physiological School." That means, as we at once perceived, the nosological descriptions of the physiological school, copied with more or less fidelity from its standard works, and a homœopathic repertory tacked on to the end of each disease. We will not say that Dr. Kafka's attempt is a failure altogether, nor can we say it is a success. No doubt his descriptions of diseases are correct enough, but they sadly lack the freshness of original research, and the lists of medicines for the disease are much the same as those in Jahr's or any other Repertory, but there is even less attempt in general to fix the indications of the several remedies named for each malady.

Looking at all the attempts that hitherto have been made by homœopathists—from Hartmann to Kafka—to give us systematic treatises on the practice of medicine, we cannot help coming to the conclusion that the time or the man has not yet come to give us a satisfactory work of the sort. There is perhaps only one man among the homœopathists who, from his great pathological acquirements and practical skill, is fitted to give a satisfactory work on practical medicine, but we apprehend this angel will fear to tread where other characters hesitate not to rush in.

Dr. Kafka, in his preface, takes to himself great credit for a *novel and perfectly peculiar* mode of selecting the remedy for sundry diseases he names, among which is spasm of the glottis; but on referring to this disease, which is treated of in this part, we do not find that the remedies he advises differ from those recommended by Hartmann. We observe, however, that he counsels them to be given *per anum*, which perhaps may be an

advantageous mode of administering the medicines in this affection.

We are sorry not to be able to commend thoroughly the work of Dr. Kafka, with which he has evidently taken great pains, but if he has to a certain extent failed, he may console himself with the reflection that success was almost impossible under present circumstances, and that the nosology of our allopathic writers, even those of the physiological school, is not capable of being adapted to homœopathic purposes without retaining indelible signs of the unnatural union. We would earnestly advise all those who may feel inclined to write a book on homœopathic practice, to cultivate the Materia Medica, and do something for its purification and more facile apprehension, for homœopathic therapeutics is emphatically to be found in the Homœopathic Materia Medica and the homœopathist's handbook of practice is a good and trustworthy Repertory.

MISCELLANEOUS.

PRESCRIPTION FORMULÆ.

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

GENTLEMEN,—

The methods of writing prescriptions adopted by physicians practising homœopathically are so various as to render it desirable that some attempt to produce uniformity in this very important particular should be made. Practising in a city where there is no scope for a homœopathic chemist, patients visiting here who are under the care of medical men in London and other towns where facilities exist for getting prescriptions dispensed, occasionally bring their prescriptions to me, asking how they may get them prepared. This morning a gentleman called on me with one written by a physician of considerable reputation in the South of England; the medicines were clearly enough Sulphur and Nux vomica, but in what form—whether in tincture, trituration, pilule, or globule—whether in solution with water, or in powder, it was impossible for any one but the chemist to whom the prescription was in

the first instance sent, to make out. This difficulty has happened to me several times. The habit of writing a prescription so as to be understood by only one chemist is open to many objections, not the least of which is the suspicion it gives rise to of a commercial connection between the physician and chemist. In the case I have alluded to such a suspicion would, I am sure, be extremely unjust, and therefore it is the more to be regretted that any cause calculated to excite it should have occurred. It prevents patients, travelling from place to place, getting their prescriptions prepared in shops most convenient for them, and establishes a most unjustifiable monopoly for one tradesman over another. If an allopathic practitioner writes a prescription, he does so in a form capable of being understood by every pharmaceutical chemist, and every physician and surgeon in the country. Why then should not those of us who practise homœopathically do the same? We have nothing to conceal; we wish our practice to be as widely known and as clearly understood as it is possible for it to be. The plan which appears to me to be the simplest, as well as the most readily intelligible, is that most closely approximating the one adopted by allopathic practitioners. To say that a prescription so written savours of allopathy is simply puerile. If the medicine corresponds homœopathically to the disease it is prescribed for, however large the dose, or however the directions for its use are written, the prescriber ordering it is a homœopathic one. I would therefore suggest such formulæ as the following; I think I have seen similar in Dr. Quin's *Pharmacopœia*:—

℞ Glob. Sulph. (dil. 30), iij.
Sacch. Lactis, gr. iij.
Fiat pulv.
Mitte tales xij.
Sig. Pulv. qq. vesp. sumend.

℞ Tr. Nucis. Vom. (dil. 3), gtt. vj.
Sacch. Lactis, q. s.
Fiat pulv.
Divide in chart. xij.
Sig. Pulv. qq. mane et vespere sumend.

℞ Tr. Acon. Nap. (dil. 1), gtt. vj.
Aq. Destill. ʒ iij.
ft. Mist.
℞ T. Bellad. (dil. 1), gtt. vj.
Aq. Dest., ʒ iij.
ft. Mist.
Sig. Coch. max. sumend. qq. 3 tiâ horâ.
Misturæ in alternatione sumendæ.

℞ Pil. Colocynthis (dil. 3.)
Mitte tales, xxx.
Sig. Pil. qq. 4 tâ horâ sumend.

℞ Trit. Merc. Iod. (dil. 1) gr. xj.
Sacch. Lactis, gr. xij.
ft. pulv.
Divide in chart. xij.
Sig. Pulv. qq. 4 tâ h. sumend.

℞ Tinct. Bryoniæ (dil. 1), gtt. vj.
Sacch. Lactis, q. s.
Frit pulv.
Sig. Solvend. in Coch. max. xij Aquæ puræ.

℞ Tinct. Belladonnæ (dil. 1), gtt. vj.
Sacch. Lactis. q. s.
Frit pulv.
Sig. Solvend. in Coch. max. xii. Aquæ puræ.
Solutiones sumend. in alternatione;
Coch. max. ʒ tâ horâ.

Formulæ such as the above comprise nearly all needed for general use. They can be perfectly understood by every medical man, and by every homœopathic chemist who knows his business. And that I presume is one of the objects of writing a prescription. The desire for uniformity I know exists; the question having been the subject of a conversation at a meeting of the Northern Homœopathic Medical Association, at the October meeting of last year. Its attainment seems to me easy if practitioners will,

in this merely mechanical proceeding, consent *stare super antiquas vias.*

One other point in the matter of prescription writing is still more important. Not long ago I saw a prescription of a very excellent practitioner to the following effect:—

℞ Tinct. Veratri Virid. ʒ ij.
Sig. Guttam qq. Vespere capiat.

An allopathic druggist saw this and said, after remarking on the power of the drug, "Why isn't it in mixture; it takes a clever man to drop a drop; he's just as likely to get half a dozen without knowing it."

On another occasion a patient, consulting a medical friend of mine, was somewhat surprised to see him pouring a few globules into some sugar of milk, and asked him what he was about. On being told that he was preparing his medicine, the patient, pulling a two drachm bottle of the pure tincture of Nux vomica from one pocket of his waistcoat, and a similar quantity of pure tincture of Belladonna from the other, said, "This is what my doctor gave me." Now I think it cannot be doubted, that to put patients in possession of such large quantities of drugs, so powerful and dangerous as Veratrum viride, Belladonna, and Nux vomica, is, to say the least of it, indiscreet. If it is persevered in, some accident will inevitably arise from it. Far better would it be to give the patient a six or eight ounce phial containing the requisite number of drops in water for a few doses than to trust him with medicine enough to poison him. Even when centesimal dilutions are ordered, much greater accuracy will be obtained by giving them in divided doses.

I trust this subject will receive the consideration the rapidly increasing development of homœopathy entitles it to.

I am, Gentlemen,
Your obedient Servant,
York, 28th May, 1863. ALFRED POPE.

Homœopathy in Australia.

Among the notices of "books received" in our penultimate Number was *The Medical Record of Australia*, Vol. II. No. 7, with this general notice appended:—"This periodical shows a more

liberal and impartial feeling than the medical journals of the old country, as it admits letters in defence of homœopathy, written by representatives of our system in the colony. The present number contains an able letter on homœopathy by Dr. Berigny." And there is now before us a later number of the same—No. 10, saved from the wreck of the Columbo—in which there appears another letter by the same zealous representative of homœopathy in Melbourne. It is evidently in continuation of a mild paper war, which, judging from what Dr. Berigny here says of the editor, Dr. Reeve, who seems to have himself entered the arena—"I grant that you are distinctly understood in your controversy to have no hostility towards homœopathy; the love of truth animates you throughout"—has been carried on in something like the true spirit of earnest controversy. While it is a humiliating reflection on the interests of civilisation, that here with us, in this ancient empire of medical orthodoxy, a very different policy directs the allopathic press, we congratulate our distant colleague on the superior advantages he enjoys, in this particular, in his sphere of usefulness, and wish him all success in sowing, in his corner of the antipodes, the good seed of homœopathy. Of his letter, which is headed *Homœopathic Statistics Rectified*, and addressed to the editor of the *Record*, we subjoin the latter half, which is perhaps the most apposite:—

"We find that, about thirty years ago, in Paris, the conceited enemies of Homœopathy, beaten by the failure of their arguments against the Hahnemannian doctrine, astutely conspired to devise a new plot to exterminate and smother the gigantic infant. The stratagem consisted in admitting the practicability of homœopathic cures; an invitation was made to test its merits upon hospital patients, just as you generously intimate in your controversy. But the artful pretence of impartiality being soon obvious, prevented its being carried out to the satisfaction of the interested public. Now, as these alleged experiments are quoted as your only clinical authority against the system, it is incumbent upon us to point out to your readers the history of these experiments, and they will judge of their value.

"Here is the allopathic version (see *Medical Record*, Vol. I., No. 3, page 28)—We do not think that Dr. Curie speaks of the great success he obtained at the Hotel Dieu, alluded to by Dr. Bailly, who spoke after M. Andral. He said, 'I wrote some months back to Drs. Curie and Simon, and stated that I was quite at their service to

test the value of Homœopathy. During five months these gentlemen have treated a great number of cases in my wards; a book has been kept for the purpose of registering the cases, and the benefits derived from the treatment: during the whole of this period not one has received any benefit, and so convinced was Dr. Simon of its inutility, that he withdrew. The register was then produced for inspection.'

"Now the truth as it remains unanswered in France.—The experiments carried on at the Hotel Dieu, by Drs. Curie and Simon (the homœopaths) were made in compliance with the offers of Dr. Bailly (the allopath.) The latter having promised that the experiments should be complete, divided his patients into four portions. He gave one to a student, one to Dr. Piorry, kept one for himself, and intrusted the following cases to the homœopathists in order to test the practical value of the system so much talked about.

"1st.—Two sexagenarians with pulmonary catarrh.

"2nd.—A case of chronic hepatitis with hemorrhoidal discharge.

"3rd.—A case of pulmonary emphysema of 15 years standing, the subject having been affected with the itch five times, and had kept it for five years last time.

"4th.—A case of typhoid fever in a patient labouring under tuberculous consumption.

"5th.—A case of paralysis of the tongue.

"6th.—Two consumptives having reached the third degree of consumption.

"7th.—A case of uterine cancer.

"8th.—A case of fibrous ovarian tumour, with dropsy, the patient already punctured twelve times, and in last degree of emaciation. In all, ten patients.

"Messrs. Curie and Simon were not long in perceiving that the invitation was a snare to entrap homœopathy, and they kept a minute record of the proceedings and treatment. The experiments were carried on for one month only, and during that time Dr. Bailly abstained from meeting the homœopathists. At the expiration of a month, Drs. Curie and Simon refused to remain the tools of such duplicity, and wrote to Dr. Bailly to that effect.

"When the discussion on homœopathy took place at the Academy of Medicine, Dr. Bailly did really express himself as reported in your columns, *but the register had never been produced.* The homœopathists who affirmed that this document proved in their favour, as

two patients had been cured and some improved, wrote several letters to Dr. Bailly to produce it, and after many entreaties Dr. Bailly answered that '*this register had been mislaid in moving his library and furniture,*' and upon such evidence the great Academy gave its verdict against homœopathy, as it had formerly done against the discovery of steam power, vaccination, circulation of the blood, the electric telegraph, &c., &c. Now I leave your readers to judge for themselves of the value of a decision of a class of men who are not experts of what they condemn.

"The crucifixion of every great truth or discovery is the brief history of that great Academy, which is an authority whose sentence you invoke against homœopathy. Such learned bodies have been to the progress of science what the inquisition was to the doctrine of Christ. Society would do much better without such a trammel—a startling proposition I feel capable of proving. Scientific despotism, theological despotism, and political despotism, are the triumvirate presiding over our social miseries. These tyrants dwell side by side, and live sumptuously at the expense of the down-trodden credulous mass, the contemptible mob, as M. Thiers terms it. Legislative enactment has provided penalties against the imperfect moral organization guilty of a case of manslaughter, but there is no redress to be obtained here below against the notorious enemy of progress; nay, its destructive sway is even encouraged if it flatters the mighty despots. Wholesale murder is still legitimate in the nineteenth century. It is orthodox in politics to let a powerful empire carry on a most destructive war, whereby the relative strength of our own country is augmented; it is orthodox in the Church to keep within the intellectual boundaries of our ancestors and religious teachers; and it is orthodox in medicine to remain satisfied with conflicting opinions, the sorrowful and melancholy results of authorised medicine. Heresy in all departments is the herald of a dispensation of better days for the human family; but every one is marked and stigmatised as a heretic, whose name has been associated with any social effort to unfetter society of the chains of habit, tradition, and antiquity.

"In returning from this digression, for which I beg to apologise, I apprehend you will ask, 'What about M. Andral's experiments?' who declared before the Academy that he had made a series of the most rigorous and exact experiments on 132 to 140 cases; the rules laid down by Hahnemann had been most carefully followed, and he had not met with a single case where benefit had been derived from

treatment. Answer—M. Andral's experiments of what he understood to be homœopathy, were made upon 35 patients; it is true that he administered homœopathic medicines to them without benefit, but it is not true that these medicines were administered in accordance with the principles of similitude; and his printed record, which I have before me, is a written testimony that stultifies the alleged 'expériments to test the practical value of homœopathy;' the remainder of M. Andral's experiments were made upon the healthy; not in a single case were the rules laid down by Hahnemann followed, the very statements of Andral being the proofs I invoke. With an impaired vision, I may as well bring for argument against the Armstrong guns that I tried them with 'a most rigorous and exact' aim, and never could hit the mark. Andral acknowledged himself not satisfied with their rigorous and exact nature, when he promised several years afterwards to commence them *de novo*.

"If homœopathy were really worthless, we need not go so far as the European continent to find it out, for there are several thousands in the Australian colonies who can testify to its merits or demerits, and the testimony of the living is more admissible than the hallucinations of the past.

"If your readers wish to have the testimony of English statistics in lieu of continental reports, I beg to remind you that when the cholera was making great ravages in England, it was proved, beyond contradiction, that the mortality of cholera patients in the ill-adapted homœopathic hospital was 16.4 per cent., and the most successful treatment under allopathic physicians and surgeons recorded a mortality of 36.2 per cent. A Board of Health was then instituted to report upon the returns of the various systems of treatment. The returns made by the homœopathic hospitals, under the inspection of an allopathic inspector, were sent in, but suppressed by the board; and when Sir Benjamin Hall was questioned in the House of Commons as to the cause of this omission, he produced a resolution passed by the council, to the effect that '*by introducing homœopathic statistics they would compromise the value and utility of the averages of cures as deduced from the operations of known remedies.*' The same authorities do not fear to compromise the same averages when slanderers are the officious inspectors of homœopathic clinics. In like manner, when Peruvian bark was first introduced into Europe by an Englishman, the physician of Cromwell let him die of ague sooner than he should be cured by a 'quack.' But Louis XV. was

not so credulously obedient to the learned faculty; when he found that he could not receive relief from his medical advisers, and that many people preferred to get well under 'quackery,' he sent for the English quack. Before proceeding to administer his Peruvian nostrum to his august Majesty, the King having promised to the rabbi of orthodox medicine that he might be examined to judge of his qualification to prescribe, thought they would puzzle him by asking, 'What was intermittent fever?' '*A disease*,' he replied, '*which you cannot cure, but I can.*'

"In conclusion, I may say that I can refute all the alleged facts which you have brought forth in the *Medical Record;* but, not to be tedious, I trust that the two cases I have referred to will be sufficient evidence against the correctness of your quotation.

"I have the honour to be, dear Sir,

"Yours respectfully,

"TH. BERIGNY, M.D."

Ipecacuanha.

Recherches Expérimentales sur l'Action Physiologique de l'Ipécacuanha. Par G. VECHOLLIER. In these researches the author employed emetine, which is the sole active principle of the drug, as well as the drug itself. The animals selected for experiment were rabbits and frogs—the former, because they do not vomit. The following are the results of the inquiry: 1st. In regard to the circulation, it was found that Ipecacuanha considerably diminished the number and energy of the pulsations of the heart in rabbits. 2nd. In reference to the action on the respiration and the tissue of the lung, it was ascertained that it notably reduced the number of respirations in the animal, as well as the afflux of blood into the lung. Indeed the paleness and exsanguineous state of the pulmonary tissue displayed after death were remarkable: it was a veritable depletion of the lung. With respect to the action of Ipecacuanha on animal heat, it resulted that, in animals under its influence, the temperature of the mouth, of the axilla, and of the ear was lowered, while that of the rectum remained stationary or rose. Ipecacuanha seems to exert a counter-stimulant action on the gastro-intestinal canal; characterized by efforts at vomiting, hyperæmia of the digestive tube, and the disappearance of sugar from the liver. Its action on the nervous system was investigated in frogs. It reduced promptly the energy of the nervous system, and determined considerable collapse. The

paralysis induced by it manifested its impression mainly on the sensory nerves; while the motory nervous power and the muscular contractility were merely diminished, and not wholly abolished.—*Lancet*, April 25th.

Tertiary Syphilis.

Tertiary Syphilis (writes M. Diday), must not be considered as one of the stages of evolution of a disease. It is a distinct pathological condition, distinguished from secondary syphilis by its clinical character, its prognosis, and its treatment. Secondary syphilis may be produced at will—excepting the case of immunity due to nervous syphilis; its radical cure is its ordinary termination; and its lesions are contagious. But tertiary syphilis cannot be produced at will, nor can its accession be anticipated; spite of all remedies, it is a persistent disease; and its lesions are not contagious.

Comparing these two groups of characters, we find that those of secondary syphilis belong to the class of virulent affections, or poisoning by morbid secretion; whilst those of tertiary syphilis belong to the class of diathetic diseases. Tertiary syphilis is, in fact, syphilis poisoning which has passed into the stage of diathesis; from being essentially transitory, it has become essentially permanent.

To what cause is this transformation (which does not occur in all cases,) due? Certainly not to long duration of the secondary stage of syphilis. Secondary lesions may last for three or four years, and yet not produce tertiary syphilis. Neither is it due to the neglect of any specific treatment; for observation shows us that tertiary syphilis arises as often whether specifics have been used or omitted.

The true agent of tertiarism is doubtless the varying degree of power of the virus; and above all the varying degree of resistance offered by the system to its action. Persons of weak vitality, or who are enfeebled by age, or dyscrasiæ, &c., are they in whom the syphilis becomes tertiary and permanent.

Experience, as shown by the powerlessness of medicine, confirms these views. Mercury almost invariably fails; Iodine, an admirable palliative, is only a palliative. To cure a diathesis, a radical and permanent change of food, of residence, of profession even,—in a word, of all social and moral habits, is required. Hereby alone can we hope to obtain a cure. This is what few patients can be made to understand; and why, therefore, the radical cure of tertiary syphilis is so rare.—*British Medical Journal*, January 10th.

Cholesterine: its Physiological and Pathological Import.

Cholesterine is a product of the animal body regarding which, though it is found in sufficient abundance, and the localities in which it exists are tolerably well determined, physiologists have as yet failed in ascertaining precisely where it arises, or what becomes of it, or whether it has any pathological importance beyond its frequent presence in gall-stones. Thus, Longet, writing in 1861, says that "it is one of the products destined to be expelled from the economy;" but in what manner he does not attempt to show. Robin and Verdeil also speak of its physiological import as altogether unknown; and, not to quote more instances, our physiological treatises in general are equally deficient of information on more than the existence and locality of this substance.

Dr. Austin Flint, junior, of New York, has made some observations in order to clear up the unsettled points relating to this substance, and has published his researches, with the results at which he has arrived, in the October number of the *American Journal of the Medical Sciences*. He has examined cholesterine in its relations with seroline, a substance found hitherto occasionally in small quantities in the blood, but which Dr. Flint discovers to exist normally in fæces, and which he therefore calls *stercorine*. He holds that these two substances—cholesterine and seroline or stercorine—have a direct relation to each other; that the knowledge of this relation is likely to be of great pathological as well as physiological importance; that, in fact,

"What the discoverer of the function of urea has done for diseases which now come under the head of uræmia, the discoverer of the function of cholesterine may do for the obscure diseases which may hereafter be classed under the head of cholesteræmia."

The general facts that cholesterine is found in the bile, brain, liver, brain and nerves, and also in the crystalline lens, meconium, and (occasionally) fæcal matter, and that it is eliminated by the liver, being recognised, Dr. Flint applies himself to the examination of the question: Where is the substance formed? Its principal seats being the liver and the nervous system, he has endeavoured first to determine whether it is formed or merely deposited in the brain and nervous system, by making comparative analyses of arterial and of venous blood. His results, in six experiments on animals, show a marked increase of cholesterine in the blood of the internal jugular

vein, and also an increase in the blood returning by the femoral vein, as compared with the blood of the carotid artery. He infers hence that the cholesterine is produced in the brain and absorbed therefrom by the blood; and, since the increase in the blood of the jugular vein can only have come from the formation of cholesterine in the brain, he argues, supported by the known results of chemical analysis of the tissues, that the cholesterine found in the general venous system must be produced in the nerves.

To further confirm this theory, he has analysed blood taken from each arm of three patients suffering from hemiplegia; the result being that on the sound side the blood yielded from 0·481 to 0·808 parts of cholesterine per 1000; while on the paralysed side not a trace could be found.

Dr. Flint has also made analyses of the blood of the portal and hepatic veins, as compared with that of the carotid artery. He finds in them proof that cholesterine is eliminated by the liver; and that, apparently, the diminution of cholesterine in the blood of the hepatic vein is nearly equal with the increase of this substance in the blood that has passed through the brain. Hence he sees in the bile two important elements having separate functions.

"1. The bile contains the glycocholate and taurocholate of soda; which are not found in the blood, are manufactured in the liver, are discharged mainly at a certain stage of the digestive process, are destined to assist in some of the nutritive processes, are not discharged from the body, and, in fine, are products of secretion.

"2. It contains cholesterine; which is formed in the blood, is merely separated from it by the liver, and not manufactured in this organ, is not destined to assist in any of the nutritive processes, but merely separated to be discharged from the body, and is a product of excretion."

At this point, Dr. Flint takes up the examination of the hitherto undetermined question: What becomes of the cholesterine after it has been discharged from the liver?

Cholesterine has been said by several authors on physiology and physiological chemistry to be present in fæces. Dr. Marcet, however, has noticed its absence; and Dr. Flint's analyses lead him to the same conclusion. Convinced, however, that the substance must be discoverable in some shape, he has, by treating dried fæces with ether and alcohol, etc., obtained a substance in the form of delicate transparent needles, having all the characteristics of seroline. This

substance being found in large quantities in the fæces, he terms *stercorine*. It is not, according to him, the same substance as that which has been described by Dr. Marcet under the name of *excretine*.

The observations which Dr. Flint has made in regard to stercorine are as yet incomplete; but he brings forward the following evidence to show that it is the result of a change of the cholesterine during the digestive process. Cholesterine is found in the meconium, where stercorine is absent. This arises from the fact that bile is formed long before any food is taken into the alimentary canal, and before the intestines have had an opportunity of performing their digestive function. As soon, however, as digestion is established and the digestive fluids are secreted, the cholesterine is lost, and stercorine appears in the excrements. In hybernating animals also, cholesterine is found in the fæces during the period when no food is taken, but disappears when the animal awakes and takes food. Again, normal fæces do not contain cholesterine; but, by examining the discharges of fasting animals, Dr. Flint has succeeded in finding small quantities of cholesterine in conjunction with the stercorine. Hence he infers that the change of cholesterine into stercorine is evidently connected with the digestive process.

The effect of cutting off the supply of bile from the intestines on the presence of stercorine in the fæces has been noticed by Dr. Flint in the case of a patient who had jaundice from duodenitis. The fæces were clay-coloured for a time; and, on examination, no cholesterine nor stercorine could be found in them. Nineteen days afterwards, when the fæces had regained their normal colour, they were examined; and 0·34 of a grain of stercorine was found in 502 grains.

Further, the theory of the conversion of cholesterine into stercorine is supported, according to Dr. Flint, by the fact that the amount of stercorine found in the fæces corresponds very nearly with the calculated average amount of cholesterine discharged from the liver.

Regarding the pathological relations of cholesterine, Dr. Flint promises more complete observations than are contained in his present paper. So far, however, as his investigations have gone, he has arrived at the conclusion that the retention of cholesterine in the blood is liable to produce a train of symptoms of blood-poisoning, which he designates *cholesteræmia*. He explains in this way the difference in the gravity and fatality of the symptoms of two forms of jaundice; one being attended only with yellowness of the skin, and dependent merely on the retention of the bile in the excretory

passages, and the absorption of its colouring matter; while in the other the cholesterine is retained in the blood. In the former case, that of simple jaundice, such as that depending on duodenitis, the amount of cholesterine in the blood is not necessarily increased; while in jaundice connected with structural change, as cirrhosis, the increase over the average maximum in healthy blood has been found by Dr. Flint as high as 146 parts in 1000.

The morbid condition which Frerichs terms *acholia* is explained by Dr. Flint on the theory of the retention of cholesterine. In it there may or may not be jaundice; but, as described by Frerichs, the patients may "become unconscious, and be afterwards seized with noisy delirium, from which they pass to deep coma, and in this state die." In one case observed by Frerichs, there was "spasmodic contraction of the muscles of the left side of the face." In such cases, attempts have been made to discover the elements of the bile—biliary acids and pigment—in the blood; it being argued that they ought to be accumulated in this fluid in the same way as urea in uræmia. Yet, as has been shown by Frerichs and Moleschott, they have not been found. Dr. Flint suggests, however, that if search had been made for cholesterine, the result would have been different. As regards this acute form of jaundice, Dr. Flint has not had an opportunity of actually determining the retention of cholesterine; although the analogy of the symptoms referrible to the nervous system with those found in cases of cirrhosis, where the retention of cholesterine has been ascertained, is strongly marked.

The degree to which cholesterine may be retained, and the quantity of stercorine in the fæces correspondingly diminished, varies in cases of cirrhosis with the amount of structural disease. If the liver be but partially affected, the symptoms of cholesteræmia may be slight or absent; for the same reason that the function of the kidneys may be partially interrupted without producing symptoms of uræmia.

These researches of Dr. Flint, of which we have given an outline, and which we hope he will extend, are apparently of considerable importance. They seem to show that, physiologically, cholesterine bears the same relation to the liver and bile as urea does to the kidneys and urine; and that, pathologically, the retention of cholesterine in the blood produces a train of symptoms designated by Dr. Flint as *cholesteræmia*, which may be compared with those resulting from the retention of urea—uræmia. Finally, as Dr. Flint observes:

"When we add to these conditions the cases of what is ordinarily

called biliousness, attended with drowsiness, an indefinite feeling of *malaise*, constipation, etc. (and all this relieved by a simple mercurial purge, which is said to promote the secretion of the liver), cannot we hope that some light will be shed on their pathology by a knowledge that there is a condition called cholesteræmia? As yet this is but speculation; but the discovery of the important function of cholesterine opens an almost boundless field of inquiry in this direction; and ere long the physician may talk of 'biliousness' and 'liver complaint' with some definite ideas of their pathology."

Here for the present we leave Dr. Flint and his researches. If at a future time he should continue and publish his observations, we will endeavour to lay them before our readers. What he has already laid before the profession on the subject of cholesterine, we commend to the careful attention of British physiologists and chemists, and practical physicians; in order that they may test for themselves how far the observations of our able American *confrère* are trustworthy, and his conclusions sound.—*British Medical Journal*, February 7th, 1863.

The Successful Use of Iodide of Potassium in the Treatment of Aneurism.

By William Roberts, M.D., Physician to the Manchester Royal Infirmary.

[*Reported by* Mr. E. Dawson, *Clinical Clerk.*]

"Gentlemen,—I propose to draw your attention to-day to a case of thoracic aneurism, which has been under my care, in No. 68 Ward, for the last six weeks.

"The case affords an advantageous example for the illustration of the various points of importance in the diagnosis of aortic aneurism; but I shall pass over these with only a brief recital, in order to bring before you at length certain points of interest bearing on the use of Iodide of potassium in the treatment of aneurism.

"J. P., a collier, aged 39, unmarried, was admitted into the Royal Infirmary, on October 6th, 1862, complaining of pain in the chest, a troublesome cough, and difficulty of breathing at night. He stated that about four months ago, when in a state of intoxication, he was kicked in the chest by a policeman. From that time he has been

subject to paroxysms of excessively severe pain, persisting for several hours at a time, in the back, neck, and running up to the left side of the head and left shoulder. He compared the pain in the latter situation to having pieces of his flesh torn out. There has not been hæmoptysis at any time. About two months after the above occurrence, he observed an unnatural prominence of the upper part of the sternum.

"When admitted, the patient had the appearance of good health; the pulse was 96, and the respirations were 22 per minute. The superficial veins of the upper arms and the external jugulars were somewhat distended; the right radial pulse was slightly feebler than the left. The speaking-voice was unaltered, but the cough-voice possessed the peculiar stridulous character distinctive of interference with the function of the recurrent laryngeal nerves.

"The pupil of the left eye was motionless, from previous accident, the right pupil was natural. There was some dysphagia—when the chest was uncovered, the first bone of the sternum and its immediate vicinities were observed to be bulged out, and to be the seat of a heaving pulsation. On the left side of this prominence, in the second intercostal space, close to the sternum, there was a soft pulsating elevation, standing out about a quarter of an inch above the surrounding level. The elevation was conical in shape, and had a base about the size of a shilling. The heart's apex beat in the fifth interspace within the nipple line.

"Percussion revealed a considerable area of diminished resonance over the bulging parts. Transversely, in the level of the second interspaces, the dulness measured four inches and a half, extending more to the left than the right of the middle line; vertically, there was dulness for three inches and a half below the sternal notch. There was no fulness or pulsation in the last-named spot. The cardiac sounds were normal over the precordial region; they were loudly audible over the seat of dulness above described.

"The first sound was faintly murmurish over the soft elevation, and a distinct though faint systolic murmur existed in the course of the innominate artery; this was intensified over the right carotid and in the acromial angle. No murmur existed over the left carotid and subclavium. With such an array of symptoms and physical signs, the diagnosis could not remain for a moment doubtful. The case was one of aneurism of the arch of the aorta, making its way forward through the parietes of the chest.

"On October 10th, the patient was ordered to take five grains of iodide of potassium three times a day; to keep his bed; and to restrain as much as possible the quantity of liquids taken in the way of drink. Three days later the iodide was increased to seven grains and a half three times a day. Six days after the commencement of the treatment the patient reported himself a great deal better; the paroxysms of pain no longer recurred; the cough and difficulty of breathing were less troublesome, and the soft pulsating elevation was slightly less prominent. The physical signs remained otherwise unchanged. The iodide was now increased to ten grains three times a day.

"From this date (October 16th), to October 27th (a period of eleven days), the patient went on favourably. He continued free from pain, difficulty of breathing, and dysphagia; and the soft elevation had almost altogether subsided to the level of the surrounding parts.

"He was now allowed to get up, and the restrictions as to fluids were relaxed. The iodide was increased to fifteen grains three times a day.

"On November 18th (thirty-ninth day of treatment), the dulness measured four inches across, and two inches and three-quarters vertically. The dose was now raised to twenty grains.

"On November 4th (twenty-fifth day of treatment), the area of dulness was carefully measured again. It had now contracted to three inches and three-quarters transversely, and two inches and a half vertically; so that from the commencement of the treatment, it had diminished three-quarters of an inch in one direction, and one inch in the other. The soft elevation had sunk to the level of the surrounding parts, and has become wholly inappreciable to the eye. Pulsation was still felt over the spot. The patient was free from pain and difficulty of breathing, and felt himself exceedingly well. The cough was still stridulous in character, and the veins of the neck and upper arms were not perceptibly less distended. The inequality of the radial pulses had not disappeared.

"This is the sum of the improvement after a treatment of six weeks; and it is certainly a striking result in so unmanageable a disorder as a protruding aneurism of the arch of the aorta.

"[Since the delivery of this lecture the patient has continued the use of the iodide of potassium up to the present time (Dec. 23). An obstinate diarrhœa necessitated the diminution of the iodide to five

grains three times a day. The bulging of the first bone of the sternum is conspicuously less, and the limits of dulness correspond to the following dimensions: transversely, three inches and a half; vertically, two inches and a quarter.

"The state of the radial pulses and of the superficial veins of the neck and arms, together with the character of the voice, remain unaltered, and there is decided emaciation.]

"I will now relate to you the history of two other cases, within my knowledge, of aneurism treated with iodide of potassium.

"About a twelvemonth ago I saw in consultation with Mr. T. Windsor, who first called my attention to this mode of treating aneurism, a lady, twenty-nine years of age, suffering from an undoubted aneurism of the arch of the aorta, implicating the commencement of the arteria innominata. There were violent pains on the right side of the head, paroxysmal dyspnœa, excessive pulsation at the root of the neck on the right side, and sleeplessness. A dull space extended from a little to the inside of the right sterno-clavicular articulation for a distance of two inches outward. Over this space there was a heaving pulsation. No murmur existed with either sound, but the sounds were intensified over the arch and towards the clavicle. Repeated slight hæmoptysis had been observed.

"For an account of the further progress of the case, and the treatment, I am indebted to Mr. Windsor.

"In the succeeding six months the condition of the patient becomes steadily aggravated, in spite of a persevering observance of the recumbent posture and a regulated diet. On several occasions the voice was temporarily lost. In addition to some dysphagia there was constant troublesome cough, with tenacious scanty expectoration, and occasional severe paroxysms. The difficulty of breathing and pains were often so severe that the patient was forced to quit her bed, and to walk about. She had become considerably emaciated, and so weak as to be unable to leave her room. The clavicle also began to project, and at length stood out half an inch beyond its natural level. The pulsation at the root of the neck increased, and the right eye became the seat of a severe congestion.

"The Iodide of potassium was first administered in April last, in the hope of diminishing the pains in the head. The desired effect was speedily produced, and the medicine was discontinued after it had been used a week. In July, the patient growing daily worse, and a fatal termination appearing not to be very far off, Mr. Windsor

again administered Iodide of potassium in doses of five grains three times a day. This quantity was shortly after increased to ten grains, but owing to the occurrence of violent salivation, the dose was again brought down to five grains. This quantity agreed, and the patient has been taking it until the present time with great benefit, as you shall hear. The general symptoms subsided quickly; the cough, pain, dyspnœa, and dysphagia disappeared; the occasional hæmoptysis ceased to recur; the patient gained flesh and strength, and two months ago she was able to walk six miles—and, more important than all, the projection of the clavicle progressively receded, until it has now almost gone back to its natural position.

"The third case which has come under my personal notice is a patient of my colleague, Dr. Wilkinson.

"This man was admitted into the infirmary on October 20th, with a thoracic aneurism coming forward in the neck. In a few days it formed a tumour as large as a child's head, extended on the left side from the clavicle almost to the angle of the jaw, causing very great distress, and passing on to what appeared a speedy termination by rupture. This man was put under gradually increasing doses of the Iodide of potassium until the quantity attained was fifteen grains, three times a day. No positive amelioration can be said to have taken place in the condition of the aneurism; but the distress is scarcely so great as it was, and the rapid growth of the tumour seems to have been stayed.

"[Seventeen days after the delivery of the lecture, Dr. Wilkinson's patient died. Death took place from pressure of the tumour on the left pneumogastric nerve, and consequent pulmonary mischief. The vagus trunk was flattened out and atrophied for the space of an inch and a half in the neck. Only a few nerve-tubules could be discovered in this part by the microscope. The left lung was the seat of several patches of gangrene, as large as hen's eggs, surrounded by areas of consolidation. The pulmonary gangrene had been detected a week before death. The sac of the aneurism was lined with thick layers of coagulated fibrine, and a large firm branched clot, attached by a somewhat broad pedicle to the upper parts of the parietes, floated freely in the sac.

"So far as I know, the first notice of the use of Iodide of potassium in aneurism occurs in a clinical lecture of Professor Nélaton (*Clinique Européenne*, July 1859). M. Nélaton had been consulted by a Pole on account of a tumour in the lower part of the neck.

Several physicians of eminence—Bouillaud, Andral, Beau—had previously seen the case, and had diagnosticated an aneurism of the innominate artery of the aorta. The patient stated that while residing at Warsaw, Iodide of potassium had been administered to him with great relief. Nélaton took the hint, aud prescribed the same. To his astonishment, a very notable amelioration followed, which went on almost to complete disappearance of the tumour, and the patient returned to his country in a satisfactory state of health.

"In a late number of the same journal (August 27th, 1859), you may find a very brief account of a number of cases by Bouillaud. One was a woman with aneurism of the carotid artery. Iodide of potassium was administered in *gramme* doses, then in two-*gramme* doses for two months. At the end of that time, the tumour, previously as large as a pigeon's egg, had diminished almost to disappearance. The second was an aneurism of the aorta and innominate in a man. The tumour, which had a very considerable volume, had suffered displacement and very great diminution of size under iodide of potassium. The case was under treatment when reported.

"A third instance related to a large aneurism at the point of origin of the carotid and subclavian. The tumour had diminished considerably in a few weeks under the iodide.

"A colonel, with an aneurism of the carotid, furnishes a fourth case in which Bouillaud saw the tumour almost wholly disappear after taking the same drug.

"The next reference to the subject comes from a wholly independent source, and is, for that reason, of additional value. It occurs in a paper by Dr. Chuckerbutty, of Calcutta, published in the *British Medical Journal*, for July, 1862. He gives an account of four cases.

"The first of these was an aneurism of the innominate artery, growing steadily upward into the neck. The growth ceased on the administration of Iodide of potassium in decoction of cinchona, and the sac gradually solidified. The patient, however, was carried off, some months afterwards, by an attack of bronchitis. The autopsy revealed a sac as large as a pear, filled with dense coagula, leaving merely a narrow channel on the outer aspect, through which the right carotid and subclavian arteries communicated with the aorta.

"In a second case, marked temporary relief followed the adminis-

tration of the Iodide in an immense aneurism of the aorta. The aneurism finally destroyed the patient by rupture. A *post mortem* examination, three hours after death, showed the sac to be filled with dense solid coagula.

"In a third case of large aortic aneurism, temporary amendment took place so far that the patient left the hospital, considering himself cured. Three months later he returned, with intense aggravation of all his symptoms, and died in a few days.

"In the fourth example, an aortic aneurism which formed a dome-shaped tumour, two inches in diameter, coming forward through the sternum, had been treated in vain by turpentine, sulphuric acid, and other remedies. After the administration of Iodide of potassium internally, and the application of tincture of Iodine externally, the patient steadily improved in every respect; the thoracic pain disappeared, the swelling diminished, the hæmoptysis ceased, and the patient ate and slept like any other man.

"I do not wish to make too much of these facts. The erratic course of aneurismal tumours, and the occasional occurrence of spontaneous consolidation of their sacs are well known. Nevertheless, the twelve cases here brought together form a very remarkable series. In all of them, save one, striking relief of suffering followed the use of the drug; in eight, an undoubted diminution of the size of the sac took place, and in a few, complete subsidence of the swelling seems to have occurred.

"The cases of Dr. Chuckerbutty would appear to indicate that the beneficial effect of the Iodide was owing to its power (hitherto wholly unsuspected) of increasing the coagulability of the blood. Dr. Wilkinson's case lends support to this view; for not only was the sac lined with layers of fibrine, but a very firm, decolourised, fibrinous mass, attached on one side, floated in the cavity of the aneurism. The value of the above observations, as bearing on the conclusion inferred, is greatly increased by the circumstance that they are derived from two distinct and wholly independent sources.

"Enough has certainly been advanced to encourage an inquiry into the power of Iodide of potassium as a general hæmostatic, and to demand a fuller trial of its effects in internal and external aneurisms, in the treatment of which no internal remedy hitherto employed has succeeded in gaining even a temporary footing."—*British Medical Journal.*

On the Inhalation of Chloroform as a Remedial Agent.

By Samuel S. Dyer, M.D., Ringwood.

[*Read before the South Hants Medico-Chirurgical Society.*]

Although the administration of chloroform as an anæsthetic is as highly estimated as it is extensively practised, it certainly is not so much used as a means for the relief of disease as it might be; and feeling persuaded that its useful agency in this particular is not fully appreciated or resorted to, I am induced to report a few cases, which might serve the purpose of drawing attention to the subject.

In the following remarks, I shall confine myself exclusively to the uses of chloroform by inhalation as a remedial agent; and not allude to the great blessing of freedom from pain through its agency during operations, nor to the opportunity thereby afforded the surgeon of undertaking many cases, wherein, without such means, severity of pain, or risk of the effects of shock, might have checked his hand, and deprived the patient of the benefit of his art.

The first thing to be observed in the consideration of administering a remedy through the respiration, is the facility of application, and our absolute independence of the patient's will, power of swallowing, and condition of stomach; for, whereas in some cases the irritability of this viscus at once ejects every medicine we may give, leaving the sufferer unrelieved, so, in other cases, difficult or impeded deglutition altogether hinders us from the administration of physic. Another great advantage, almost peculiar, is the promptitude with which the effect desired can be produced.

The first case which I would bring before your notice is one of uncomplicated spasmodic asthma in an otherwise healthy man, of middle age, to whom I was called five or six years ago, when suffering from a worse than usual paroxysm. He was sitting in an arm-chair, with shoulders raised, and in the greatest distress imaginable; was living, as it were, with his chest full of air, yet nearly suffocated. The chest was resonant; but the lung-tissue was so affected as to be unable to expel the air it already contained and receive a fresh supply. I hardly ever witnessed greater distress than at this moment; the patient had been seen by me in the morning, and was taking full doses of compound sulphuric ether. His residence was but a few yards from my own house, so I quickly fetched some chloroform, more quickly gave him complete relief without producing

insensibility, and in a few minutes left him quite comfortable, and found him so the next day.

Since this case occurred, Dr. Hyde Salter's very able work on 'Asthma,' has been published, in which he says:—"One of the most powerful and speediest remedies which we possess for asthma, to which I should, perhaps, give the first place of all, is chloroform. Its marked physiological effects early suggested its appropriateness, and the result has fully justified the trial. I have not had many opportunities of witnessing its effects personally, because when asthmatic patients consult one they are generally not suffering from the disease at the time; but in the cases in which I have witnessed it, I have been very much struck with the completeness of the control which it exercises over the asthmatic condition, and with the absence of all danger in its administration, provided the asthma is of the uncomplicated spasmodic form. If the only source of dyspnœa is bronchial spasm, it seems to me that it may be as safely given to an asthmatic in the height of a paroxysm as to a healthy person."

I at once proceed in the narration of another and different kind of case, my object being to pass these shortly in review; and then, from the conclusions we should arrive at, at the end of their recital, to express our opinion as to what class of remedies chloroform should rank in, and what variety of human ill it is most fitted to remedy.

Two years ago, a powerful young man, a cooper by trade, who had twice previously been under my care for delirium tremens, was rushing about the streets only partially dressed, wielding a large sledge-hammer, and vowing vengeance against a respectable inhabitant of the town who had offended him. After some trouble, two men closed upon him, took him to his home, and sent for me. I found him being forcibly restrained, and his room full of spectators attracted by curiosity. I sent out all who were likely to be of no service, and persuaded C. P. to come quietly to his bedroom. He was very tractable, as such patients generally are with one who shows that whilst he is kind he will be firm and determined. At my bidding, he took off his boots and trousers and got into bed. I took three opiate pills from my pocket, and, taking a cupful of water from his dressing-table, desired he would swallow the pills. With much civility, he took pills and cup from my hand, but tossed the former violently away, dashed first the water and then the cup into my face; drew me on the bed with one arm around me, and gave me a violent blow with the fist. All this was the work of an instant; and had

not two men come up from below, I fancy it would have been quite an unequal contest, in which I should have come badly off. I left the house to fetch a restraining belt from my surgery, and before I could get back again, met a messenger to say that C. P. was running about the street in his shirt again, on the look out for his fancied offender. He was taken into his house once more; but we could do nothing with him until I had procured and quieted him with some chloroform; whilst he was under the influence of this, I put on the belt, made of a broad piece of web similar to that used for girths, having affixed thereto wristbands, also of web, lined with wash-leather, the whole secured by appropriate buckles. I continued for some little time to hold the inhaler occasionally before his face; and within an hour he was sufficiently quiet to take some medicine, and be left to the care of two men who voluntered their assistance. After taking a few doses of tartrate of antimony and opium, with plenty of cold water, he was pretty well, and in two days at his work.

I might enumerate and enlarge upon cases of convulsions in children, in whom life seems endangered by the immediate effects of the fit, but the danger was staved off by the effects of chloroform as the fits threatened or approached, until the removal of irritating matters from the intestine, or the lancing of gums, etc. has more permanently cured the cause; but it will be unnecessary to take up your time by reading these cases, since the good of their recital will be better shown by the report of other, and, to a certain extent, analogous cases; so I pass on to a well marked one of this type.

William B., aged 52, foreman in a brewery, but of very temperate habits notwithstanding his occupation, consulted me some few years ago for what I considered nightmare. He told me that every three or four weeks he would suddenly awake from an apparently disturbed sleep in which dreams had been frightening him; that after a few minutes he recovered, and was soon asleep again. He had some symptoms of indigestion, for which I prescribed, and advised some necessary alteration as to kinds of food, and hours when taken, and thought but little of his case. Some months later his wife called upon me, and described a worse train of symptoms as seizing her husband, but exactly similar in mode of attack; that is, he would be to all appearance in perfect health, go to bed quite well, and soundly to sleep; but that she would be awakened in the night by a loud snoring, and find her husband slightly struggling, from which, in a

few moments, he would recover, awake to perfect consciousness, and in the morning be quite well, and ignorant of the slight temporary disturbance of the night. I again gave advice and medicine; and for some months heard no more. Then I was called to him one night as being in a fit; but in the quarter of an hour it took me to dress and get to him, he was so thoroughly recovered that I could hardly imagine there had been much the matter; there was no history of foaming at the mouth, no bitten tongue, and in this short space of time no confusion of intellect. A few weeks later, I was again called in the night to see a most severe attack of epileptiform convulsions. There was great struggling on one side, the opposite limb being paralysed; the face was drawn to one side; there was foaming at the mouth; the eyes were staring, and the pupils slightly contracted and inactive; the veins of the head and face were distended; the skin thereof was dusky, and its whole surface was perspiring profusely. I gave directions for such remedies as were at hand; such as mustard poultices to nape of neck and feet, cold water rags to forehead, etc.; and putting the patient in a favourable position in the bed, I ran home for my inhaler and chloroform case, which is ever kept ready "charged." This only took a few minutes. On returning, I found W. B. just as I had left him; wailing and lamentations in his family; and the neighbours giving up all as without hope. The strugglings were as bad as ever; the stillness of opposite side as complete; urine was passing involuntarily; and there was the same cerebral and scalp congestion. After holding the chloroform before his nose and mouth about one minute, all this had given place to quiet sleep, in which he continued an hour, and awoke with headache and general uneasiness, which, however, soon passed off. That evening I saw him sitting up, and the next day he was at work. Stomachic and alterative medicines were given for a fortnight, the diet more stringently regulated, and he has continued in good health till this time.

In October of last year, I was summoned to H. T. J., a solicitor, in the prime of life and general good health, living in Ringwood. I found him writhing in agony from pain in the loin, through one groin, into the testicle of the corresponding side. He told me that he had felt some uneasiness in these regions for an hour or two; but had been suddenly seized with the more severe pain but a few minutes before sending for me. He had been sick. It was quite clear that a calculus was passing through the ureter. I applied hot foments-

tions; gave some ether and opium, which was quickly vomited, and an enema of warm water and laudanum; left a mixture of chloric ether and tincture of opium, with directions for the taking of it, and returned to my house; but in an hour or two was again called up to this patient, whose importunities for relief were loud and great, and who told me all my physic was vomited as soon as swallowed, as was everything else he took. I now had chloroform with me; after a few inspirations of which my patient was comfortable. I occasionally held the inhaler before his face, but did not render him unconscious; and after sitting an hour by his bedside, I left him with nothing to complain of but languor and a feeling of exhaustion.

These four cases serve as examples in proof of the above assertion concerning the great power, prompt effects, ease of application, and independence of the will of the patient. In one case he would not, and in another he could not, swallow; in a third swallowing was useless, as the stomach would retain nothing; and in a fourth, I wanted a rapid effect produced, but was ignorant of a means of producing it.

The surgeon obtains in chloroform nearly equal good to that which the physician experiences in his practice, which he derives not only from its powers as a sedative and antispasmodic, but also as a depressant of muscular resistance. On one occasion I found its use of great service in the relief of retention of urine in a case of spasmodic stricture, enabling me to pass a catheter with ease, after having been for some time foiled in my attempts.

In a case of dislocation of the head of the thigh-bone on the dorsum of the ilium in a strong, muscular, middle-aged patient, reduction was quickly effected, with only two persons to keep up extension and counter-extension whilst I directed the head of the femur into the acetabulum.

About six years ago, I was just about to operate for strangulated hernia, after my brother-in-law, Mr. Henry Smith, Staff Assistant-Surgeon Jessop and I had tried the taxis in vain. Chloroform was being administered during the most violent struggles and contortions of the patient's body; but when at length he was quiet, and I had taken the knife in my hand, we found to our surprise the rupture returned, and, on recovering consciousness, the patient asked to get up to relieve himself, which he did very copiously. Other instances have occurred to myself, as to others, wherein the effects of chloroform, by relaxing muscular fibre, enable one to reduce herniæ or dis-

locations. Its effects in this way supersede the necessity of warm bath, venesection, tartar emetic, and tobacco enemata—means formerly resorted to for overcoming muscular resistance by the faintness to which each or all of them would give rise.

There is one other instance in which the surgeon derives great assistance from a moderate use of chloroform—viz., the removal of foreign bodies from the ears or the eyes of children. A child was once brought to me with a glass bead in its ear, every attempt to move which the wriggling of the child baffled. A very slight inhalation of chloroform served to stop this, and I at once took out the bead with the spoon end of a director. On more than one occasion I have been unable to remove a piece of steel from the cornea, because it was impossible to keep the lids sufficiently separated. Chloroform enabled the lad in each case to bear the eye being kept open, and the offending substance was easily taken away.

In midwifery practice chloroform is of the greatest possible service. I have administered it frequently, at the request of patients, as an anæsthetic on such occasions. It is not to its use in this particular, however, that I allude; but to its effects in relaxing muscular fibre, and thereby overcoming resistance. In many cases wherein I have administered it, I have been convinced of its great service in this particular, and that its use has singularly expedited matters. It will be found to have no effect whatever upon the involuntary muscular fibre of the uterus; the pains or propelling power continue of as forcible a character as before its exhibition; but the resisting power is so much lessened, that delivery is more quickly accomplished.

In the treatment of puerperal convulsions I look upon chloroform as the sheet-anchor, and consider it has saved some lives in my own practice, as I doubt not it must have done very many in the hands of others. With an inhaler and plenty of chloroform in such a case, I trust that I am not too sanguine in asserting that I should not fear the result. The great danger to life in convulsions is congestion of the brain and its consequences, the effect of pressure upon the veins by the violent spasmodic contraction into which the muscles of the neck are thrown. No sooner does the inhalation of chloroform begin to operate upon the patient than this spasmodic action ceases, and with it the effect to which it has given rise, and which is so much to be feared.

In February, 1853, I had been some hours in attendance upon a

primipara—a very lingering case. Towards the close of the labour, we were alarmed by the sudden accession of convulsions. All the muscles of the face, neck, and extremities were quickly set into violent action; the head was presently jerked backwards; the bitten and bleeding tongue protruded; the eyes became prominent, the face of dusky hue, and veins greatly distended. I sent in haste for my assistant at that time, Mr. Jessop, to bring forceps and chloroform. In a few moments there was an intermission of the convulsive action, but it quickly returned. As soon as the means of relief arrived, the patient was put under the influence of chloroform, and in a few seconds appeared in a calm sleep, during which interval of rest from spasmodic action I delivered her, by means of the forceps, of a living female child. Other fits followed in quick succession, but were immediately on their approach cut short by the inhalation of chloroform; the attacks were less and less frequent, and in a few hours the patient could be pronounced convalescent.

In August of 1859 a similar case occurred in my practice. I was attending a young woman with her first child, when she became violently convulsed, and had several severe fits, being quite unconscious during each short interval. Here also chloroform and speedy delivery by forceps were the means used to terminate the case, and equally satisfactorily to the mother; but the child was still-born.

October 31st, 1861. I was called in by a woman, aged 30, pregnant for the fourth time, whom in previous labours I had attended and no bad symptom had arisen during pregnancy or delivery. She was now near the end of her time, and was anasarcous, with albuminuria. Her condition and the recent accession of these symptoms convinced me that pressure upon the renal veins, causing congestion of the kidneys, was the cause; and I told her that her labour must be at once brought on, to which she demurred, saying she wished to wait a day or two. Her bowels being confined, I sent her some large doses of compound jalap powder. During the succeeding night, I was called up by the husband telling me his wife was in a fit. I went immediately; but there was no sign of convulsion to be detected. I passed a catheter through the os uteri, separating the membranes from their attachment for about an inch. In the morning, Mr. Pridham of Broadway, who was then assisting me, visited this patient, and soon sent for me in consultation. She

had just then recovered from a convulsive fit, and was unconscious. Mr. Pridham had found the os dilated to the size of half a crown, soft and dilatable. He very quickly turned and delivered. We gave a turpentine enema, and soon left the patient better. An hour afterwards a messenger came to say the woman was much worse. I attended immediately, and found her in one of the most violent convulsions she had yet had; countenance purple with venous congestion, &c. The administration of chloroform at once relieved this, and put her quietly to sleep. In the after part of the day she had another fit, whilst Mr. Pridham was with her; and as he considered it left much congestion of the brain, although the muscular spasm ceased, and taking into consideration the congested state of the kidneys and a full habit of body, he bled her largely from the arm, and purged her freely. Although in this complicated case, which terminated favourably and quickly, other treatment was very properly adopted, it yet serves to show how completely the sedative effects of chloroform will check convulsions, and, where these depend upon uterine irritation only, will enable the practitioner to subdue the *effect*, whilst he removes the cause. In the case we have just been considering, the complication demanded other and more energetic treatment.

It is now thirteen years since I first adopted the inhalation of chloroform as a remedial agent, and though, unlike subsequent cases, it failed in saving life, I had the satisfaction of affording great relief in one of the most trying cases a surgeon can meet with—one of tetanus. In September 1849, a labourer, aged 44, was taken ill with symptoms of lock-jaw a fortnight after having wounded his foot, between the first and second metatarsal bones, with the prong of a large fork, whilst digging potatoes. He thought nothing of this occurrence at the time; and, indeed, when I first visited him for tetanic symptoms, he seemed to have almost forgotten the circumstance. Various means for his relief were adopted by my late father and myself; but the only thing which gave him any comfort was chloroform, which I constantly administered as spasm approached; but this at last became continuous, and the administration of nourishment impossible; the diaphragm and muscles of the glottis became affected, and he died of suffocation. This case was fully reported at the time in the *Provincial Medical and Surgical Journal;* and, in my remarks, the failure of the chloroform in giving the more complete and permanent relief which I had anticipated was

attributed to the fact that the seat of irritation in tetanus is in the spinal system, over which chloroform does not exert the same influence it does over the cerebral.

After very many instances in which I have used chloroform in the treatment of disease, my first impressions of its applicability to a certain class of cases have been fully confirmed; and I think we may rank chloroform by inhalation as our best sedative and antispasmodic, and resort to its use not only in the cases where the effect of such a medicine is quickly and in great power demanded, but always depend upon its efficacy, as is now so generally done, whenever we may have to overcome muscular resistance, saving our patients from the debilitating depressants in use before chloroform was resorted to; adopting it especially in the treatment of convulsions arising from reflex irritation, since physiology, pathology, and practical experience combine to recommend it.—*British Medical Journal.*

---

*A New Water Cure. The reverse of the Medal.**

By C. A. HARTMANN, M.D., Cleveland, Ohio.

In the course of his "Lectures on New Remedies and their Therapeutical Application," published in the *American Medical Times*, Professor S. R. Percy, of New York, gives two cases of stone in the bladder, in both of which he injected his own urine three times daily into the bladder of the patient, continuing the practice, in one instance, for seven, and in the other for nine weeks, and, as he declares with the most happy result, for the doctor's urine dissolved the patient's calculus, and a complete cure in either case was the consequence. The professor feels, evidently, rather proud of his discovery, and pronounces his urine emphatically a new remedy. That is, however, a mistake. New only is the taking of the doctor's own urine, and the caution to those inclined to follow this dirty practice to keep their water clean of alcohol and tobacco! In the last century, Dr. Sachs von Loewenheim testifies that it was a particular secret of Dr. Pansa to break up urinary calculi by means of crabs' eyes dissolved in "spiritus urinæ," (a preparation from human urine), which solution he injected into the bladder with the aid of a peculiar instrument. Instead of merely improving upon such an antiquated and deservedly forgotten practice, it is certainly more congenial to the progress of the times to examine carefully

* *Vide* page 335.

what the really efficient ingredient or constituent was in those old compounds, and human as well as animal matters, in vogue with our forefathers. Many of these disgusting things had their value, although the virtues of a great number were only imaginary. It looks as if some of them had been too hastily discarded, and since pepsine, urea, and similar preparations have been admitted into the materia medica, being only new forms of old remedies of the class referred to; since even the celebrated "Album Græcum" has had its resurrection in Churchill's hypophosphites, we are at a loss to find fault with Percy's proceeding, considered as an experiment. To recommend its introduction into general practice is more than ridiculous, it is an absurdity. Admitting that the statement, as published, is true, that healthy urine, injected into a bladder containing a calculus, possesses the power of dissolving the concretion and removing the disease, under certain conditions, then we have only to find, by chemical analysis and further experiment, what element of healthy urine possesses that valuable power, and it will naturally follow that we employ that element, in such a manner as its character will dictate, instead of the changeable and too readily polluted refuse food from our body. In order to facilitate the researches in that direction, the recommendation of older writers may find here a place, for their manifold methods of employing animal urine against calculous affections may furnish some useful hints as to what direction it might be best to follow for the discovery of a really new and useful remedy.

The urine of many animals, but especially that of men, oxen, and he-goats, was in great repute among the old physicians as a remedy for the stone. Dr. Crato von Krafftheim, physician to one of the German emperors, wrote as follows: "The water distilled from human or bovine urine, if not distasteful to the patient, is a good but mild diuretic for calculous troubles." Claudius Deodatus, and Weickard corroborated this. Petrus Johannes Faber pronounced the tincture of human urine a sublime secret for the cure of stone. He distilled the urine over a very slow fire, poured upon the residuum rectified spirit of wine, and obtained a tincture which had to be rectified repeatedly to destroy its disagreeable odour. It was taken in scruple doses, mixed with an appropriate amount of water. The same author stated that the urine found in the bladder of a newly-born he-goat or calf, drunk immediately, was the very best remedy for the purpose of destroying stones in all parts of the body. Rodol-

phus Gocklenius, professor at Marburg, took the concretion accumulating on the bottom and sides of night utensils, dried and powdered it, then mixed it with brandy, and allowed it to settle in a warm place. Of this mixture he gave a spoonful morning and night. Schroeder extolled the volatile spirit and the volatile salt of human urine as excellent lithotriptics. Three or four grains of the salt were taken with parsley-water, or chicken-broth. Rolfink mentioned the same spirit on account of its aperient and diuretic power, taught the best methods of preparation, and added, it might be taken in beef-soup prepared with parsley or parsnip, or in French or Rhenish wine. A man by the name of Conrad Hoster, finding he could not pass his urine, took three spoonfuls of his boy's urine in a glass of Rhenish wine, and soon experienced relief. Arnold Wendel took for diabetes seven or eight drops of the spiritus urinæ, mixed with beef-broth. Untzer was told by an experienced chemist that either the rectified spirit of urine, or the volatile salt, or the magisterium of the same, or the oleum luti, given in some aromatic water, would give speedy relief in renal calculi, provided the patient could bear the nasty smell, for they would not only keep in order the passage of the urine, but expel also gravel and stones. Dr. Wedel thought much of the urine spirit. The essence of human urine was believed to destroy calculi in the kidneys as well as in the bladder. Dr. Salamo Albert recommended two lavements made with urine. The one at the same time expelling the water from the abdomen, was prepared in this manner: boil an ounce and a-half of good sour dough with a little salt and water, enough to make the whole eight ounces; filter and add of urine of a pure boy, four ounces; clarified honey, one ounce; oil of rue, three ounces; mix. The other clyster served to keep the bowels open, and to regulate the urine. A handful of toad-flax was boiled in a pound of beef-broth, an ounce and a-half of boy's urine, half an ounce of the oil of rue, and two drachms of the electuar. hier. nocol. added, and the whole mass mixed together. For an external application, spirit of urine was mixed with oil of rue and some aromatic oil, to conceal the smell, and used warm as an embrocation. And, remarks another old author, all remedies prepared from urine exhibit their diuretic and lithontriptic effects by the virtue of the volatile salt they frequently contain.

Buckard Walbuerger, as soon as he felt trouble in his kidneys, drank his own urine, or that of a she-ass. Judith Loewffeltantzin took, also, for the same trouble, her own urine, adding to each

mouthful ten drops of the distilled oil of chamomile. Barbara Guentherin, having no he-goat, used her she-goat's urine. The salt of the stag's urine, taken in scruple doses was not less esteemed as a good diuretic. A sow's urine was thought particularly efficient. Schoot pronounced the wild boar's urine still more powerful, and sometimes ordered this animal's bladder to be eaten, particularly smoked. Of bovine urine, Helmont narrates that a girl had frequently passed blood instead of urine. He therefore ordered the bladder of a newly-born male calf, and of the fluid contained therein (resembling urine to some degree, but not entirely like it), the girl had to take two ounces every morning, mixed with some white wine. She was soon fresh and healthy again, and remained free from calculi. A trial of the same kind with the bladder of a newly-born he-goat turned out still more favourable. The same statement about the fluid in the bladder of a bull has been repeated by Grembs, and Schroeder has maintained that a he-goat's urine, drunk immediately after being passed by the animal, was the most praiseworthy of all urines, on account of its great power to expel the stone and increase the urine.

Against vesical calculi, a water distilled from human excrements, had also its admirers. The famous all-flower water, prepared from cow-dung, was prescribed for the cure of renal calculi. So was the dung of nearly all the ruminating animals; of mice, pigeons, chickens, geese, swallows, &c. It would be too tedious to give all the particulars about these singular medicines. What has been stated may suffice to give an idea of the extensive exhibition of urine and its preparations in calculous diseases, practised up to the last century. For the sake of humanity do we hope that the age which can permit such medication has passed for ever.—*American Medical Monthly.*

How to Prevent Pitting after Small-pox, in a Letter to a Physician from F. Bowen, M.D., &c.

My dear Sir.—With much pleasure I accede to your wish expressed this morning with regard to the means I adopt to prevent pitting in small-pox.

An incident happened to me some thirteen years ago which induced me to devote much attention to this subject ever since, not only in this country, but in some of the large continental cities.

In the year 1850, I was connected with the Marine and Emigrant

Hospital, Quebec, Canada. I had been directed by the Senior Surgeon, Mr. Douglas, to puncture the vesicles on the face and neck of one of the hospital patients then suffering from small-pox, with a needle dipped previously in a strong solution of nitrate of silver. I felt sceptical as to the success of this treatment, and secretly determined to apply the needle and solution to the vesicles on one side of the face and neck only, and watch the result. I did so. The patient recovered; but the disfigurement was really frightful, for while one half of the face was deeply pitted, the other half was smooth and free from spots, as before the attack. The superintending medical officer was not inclined to discharge this patient, but ever and anon produced him before the class in the lecture-room, where he, poor fellow, was laughed at, while I was twitted. At last the man turned rusty, and threatened to do me some personal injury. To my great relief he was induced to leave the country, not before a purse, however, had been collected for him, towards which I subscribed most liberally.

Among the many plans recommended, and all of which I have tried over and over again,—charcoal and starch and mercurial plasters; collodion; solution of india-rubber with chloroform; sulphur; iodine; nitrate of silver; down to tripe-water, much in vogue among the poor,—I have found none so effectual, none so easy of application, and none so altogether free from annoyance to the patient, as puncturing the vesicles with a needle dipped in a solution of nitrate of silver. I have used it, I may safely say, over 300 times with most satisfactory results.

1. When do I puncture the vesicles?
2. What kind of needle do I use?
3. What strength of the solution of the nitrate of silver?
4. What results from this treatment?

1. About the fifth to the seventh day,—it depends on the development of the vesicles,—when the small vesicles, somewhat depressed in the middle, surrounded by an inflamed margin, and circular, can be seen on the top of each pimple; certainly before the contained matter assumes the appearance of pus. Even in the confluent forms I would puncture, and have always done so; but I cannot speak with the same confidence with regard to results as in the more common or modified small-pox. In the former cases there are generally grave and serious complications of one form or other to deal with, and which tend to an unfavourable issue of the case.

2. The kind of needle I use is the one commonly employed for twisted suture, flat and sharp at the point; it makes its way very easily, carries with it enough of the solution for each vesicle, and its shape favours a slight discharge on withdrawing the instrument, which can be absorbed by lightly touching the part with a piece of soft cotton wool held in pliers.

3. The strength of the solution I use is ℈iss, to the ℥ of water; it is strong enough to effect the change sought to be produced; what more can be required? in twenty-four hours the result is apparent, the vesicle has dried up, no itching or unpleasantness remaining.

4. This results from the treatment; the application in the way recommended is not tedious; the nurse can do it; it does not cause the patient the slightest inconvenience, which is more than can be said of the many disgusting appliances one sees in daily use; and it prevents pitting.

I do not pretend for one moment to say that I offer a new idea to the profession. I only wish to say, that, having tried all modes of treatment recommended, I am satisfied, after much experience in treating both rich and poor, to abandon them all in favour of puncturing with the needle and solution of nitrate of silver at the time indicated.

I shall feel glad if you will ask some of your medical friends to try the puncturing, especially now when small-pox is so prevalent in London. The plan proposed may be modified, perhaps improved upon; sooner or later, the time will come, I feel sure, when, from a conviction of the value and advantage of this mode of procedure, it will be adopted as a settled rule for future guidance.

Believe me, my dear Sir,
With great respect,
Your obliged and faithful friend,

62, Upper Berkeley Street, F. Bowen.
Portman Square, W., May 16th.

(*Medical Times and Gazette*, May 23rd, 1863.)

Agaricus in Cardialgia. By Dr. Drysdale.

A lady who had been under Homœopathic treatment, in a neighbouring town, for some time, for various gastric and bilious symptoms, was, in most respects, so much better that her health had become quite tolerable; but there still remained the following symptom,

which had resisted all medicines hitherto for two or three months, and she had given up treatment in despair. The following is the symptom: Daily, about three hours after a meal, she has a burning at the stomach, which changes into a dull pressure, like a foreign body, with nausea. On consulting the Repertory I found at p. 351, under " FalseSensations, like a foreign body," Aga. entered with the cypher of burning pain and nausea, and referring to the fourth section. On turning to the fourth section I found the very symptom, almost word for word, in the order of succession, copied in MS. from the Appendix, p. 494. This is taken from Dr. Roth's excellent sifted and revised Symptom List of Agaricus (*British Journal of Homœopathy* Vol. XVIII p. 271).

As the correspondence was so remarkable between the morbid symptom and that of a well-proved medicine, I anticipated benefit with confidence. One drop of the pure tincture of Agaricus was prescribed three times a day.

In about a fortnight I heard from the patient, expressing great gratification at the relief from her distressing symptom, she having scarcely felt it since beginning the Agaricus.

Asthma. By Dr. J. Burdon Sanderson.

Dr. J. Burdon Sanderson read a paper on this subject at a recent meeting of the Harveian Society, London. After stating that the definition of Asthma as a species of disease must be founded exclusively on the study of its development during life, with but little assistance from morbid anatomy, the author proceeded to describe the phenomena of an attack, dwelling particularly on the nocturnal onset of the affection, and the complete remission of all the symptoms during the intervals. The characteristic elements of asthmatic dyspnœa were stated to be, (1) excessive expansion of the chest, (2) resisted but forcible efforts to expire, (3) diminution of the exchange of air in the chest, and consequent venous condition of the blood. In the asthmatic state the chest is arched forwards in extreme inspiration, the diaphragm sinks below its normal level, so that its power is lost, while the almost fruitless efforts to renew the air in the chest are accomplished by an elevation of the upper ribs. The expiratory muscles of the abdominal wall are in excessive action, but, in spite of their efforts, air is expelled from the chest with extreme difficulty and in small quantity. The condition of the blood

which is thus produced gives rise to the sensation of want of breath, and impels the patient to make conscious and voluntary efforts to get rid of the used air, which is as it were locked up in the chest, so as to enable himself to obtain a fresh supply. In order to arrive at an explanation of this remarkable state, so different from every other form of dyspnœa, the circumstances must be considered under which it is developed. Asthma comes on during those hours of the night in which sleep is ordinarily most profound. At night the respiratory function is modified; the quantity of air exchanged is diminished. This diminution is partly, though not entirely, dependent on a change in the respiratory function of the vocal cords, which in nocturnal breathing approach each other more closely than in the waking state, that muscular action by which they are kept apart is relaxed. The more profound the slumber the greater the relaxation, and the narrower the chink of the glottis (*e.g.*, in snoring expiration). Assume for a moment that this natural relaxation becomes excessive. As the laryngeal resistance is normally greater to the egress than to the ingress of air, the chest fills more and more with each respiration, the inspiratory power of the diaphragm lessens, the exchange of air is diminished, the blood becomes less arterial, and thus without any agency beyond the intensification of that condition of respiration which exists in natural sleep, all the elements of asthma are developed. In short, it is possible to account for asthma as a result of disorder in the respiratory function of the glottis. But if it be remembered that the muscular fibres on which this function depends are governed by the same nerve as the contractile fibres of the lung tissue (as is shown by the experiments of Donders and others), it will be readily admitted that if in asthma the respiratory fibres of the glottis are relaxed, those of the lung are in a similar state of relaxation, which would afford an additional explanation of the remarkable dilatation of the chest. This view accords perfectly with what is known as to the intimate relation of asthma and emphysema. Emphysema cannot be regarded as the cause of asthma; it would even be more correct to speak of it as its consequence. Emphysema results from resisted but powerful efforts on the part of the expiratory muscles to expel air from an expanded lung. This is precisely the state of things in asthma. But the relation between the disease and the lesion is rather that of community of cause than of consequence. Temporary over-expansion of the lung is a constituent of asthma; permanent expansion cannot exist

without emphysema. Under the head of "Diagnosis," the author distinguished between asthma and spasmodic dyspnœa, in all forms of which the relation between the inspiratory and expiratory act is the reverse of that which holds in asthma,—*e.g.*, in the spasmodic dyspnœa of phthisis and acute bronchitis, and dwelt on the importance of determining the relative duration of the inspiratory and expiratory acts, which may be best effected not by listening to the chest, or observing its movements, but by the auscultation of the larynx. As regards treatment, the author had found that no remedies were useful during the attack of asthma, excepting stimulants, of which ipecacuanha in large doses, alcohol, and coffee were instanced as most important.—*Medical Circular*, May 27th, 1863.

Death of Dr. Des Guidi.

We have just received a notice of the death of the venerable Dr. Count des Guidi, who, in 1830, introduced Homœopathy into France, and by his *Lettre aux Medecins Français*, published in 1832, so powerfully contributed to the spread of a knowledge of the doctrines of Hahnemann among the medical men of France.

The *Daily Telegraph*, of 22nd June, in noticing the death of our respected colleague, makes the very absurd mistake of attributing to Des Guidi the conversion of Hahnemann.

We subjoin the notice, which is a curiosity of contemporary history:

"The death of Count S. G. S. M. Dei Guidi is reported to-day at Lyons. The count was in his ninety-fourth year, and was the father of Homœopathy, having in 1828 converted Hahnemann from the heresy of allopathy. Count dei Guidi had previously been a Neapolitan conspirator against Queen Caroline (in 1799), a prisoner, exile, professor of mathematics, inspector of the University of Grennoble, a doctor of medicine, and finally of anti-medicine, and has died a chevalier of the Legion of Honour—an odd career, extending over nearly a century, and that century the most important in the history of France."

Our readers scarcely need to be informed that the late Count des Guidi was converted to Homœopathy in Naples, about the year 1828, by Dr. De Romani, who, along with Dr. De Horatiis, was at that time in full practice as a Homœopathic physician at Naples.

Strychnia as a Poison.

By THOMAS D. MITCHELL, M.D.

Professor of Materia Medica and Therapeutics, in Jefferson Medical College, Philadelphia.

But a few years ago, no antidote for the poisonous action of strychnia was known, the treatment being purely remedial, and in no sense chemical. The spasms or jerks were often attempted to be controlled by what we usually style antispasmodics, and such articles were passed into the stomach as are called demulcents, emollients, and the like. As a matter of course, the patients generally died, after a brief period of terrible suffering.

In later years the use of this poison has very greatly increased, partly because of the smallness of the dose, and partly because of the easy methods of concealing its administration. The multiplication of cases, however, has led to a more perfect understanding of its action, and the means of controlling its fatal tendency have had a corresponding increase, so that now we have abundant facilities for meeting the worst cases.

It not unfrequently happens that an individual who has attempted self-destruction by this agency, very soon after the poisonous symptoms develope themselves, announces the reality of his condition, so that the poison being certainly known, we have no difficulty in combating it. In other cases no such information can be had, and then we must rely on those marked, prominent signs present, which no practised eye can ever mistake. The *tetanic jerks or spasms*, speaking for themselves, need no interpreter. The physician who is rightly informed understands all this, and decides on instant and vigorous action. He empties the stomach at once, by repeated use of the pump, or by means of a prompt emetic, as of ten grains of sulphate of zinc or sulphate of copper, every ten minutes, until the organ is thoroughly evacuated.

As to the query, "how much strychnia will kill an adult," no fixed answer can be given. Very much depends on the fulness or emptiness of the stomach at the time of swallowing the dose, not a little likewise is due to the previous habits of the patient, the morbid or healthful state of the system, &c. But when a physician is at the bedside of one who is actually under the influence of the poison, after

evacuating the stomach as fully as may be, he must lose not a moment in administering the antidote.

The following facts are recited in my lecture on strychnia, at every session, and are now presented to the public in a group, for the purpose of furnishing the profession at large with an array of means that will be found entirely adequate to any emergency.

Tannic acid and iodine were, for a time, almost the only proper antidotes in use. Both have succeeded, and are therefore reliable. *Braithwaite's Retrospect*, part 42, page 311, has evidence in point. The acid may be given dissolved in water, ad libitum; at least an ounce should be put in a quart of water, to be drunk freely and largely. The use of it forms an insoluble and inert tannate of strychnia.

The tincture of iodine has also proved decidedly antidotal. Give twenty drops in mucilage of gum arabic or sugared water at once, and in ten minutes after thirty drops, and, if need be, forty drops for the next dose. The administration controls the spasms, and the patient is safe. An insoluble and inert hydriodate of strychnia is formed in this instance. See *Braithwaite*, part 41, page 62.

The *Vermont Caledonian*, July 1857, says that ninety grains of strychnia were swallowed by a man, in half a pint of strong gin, without his knowledge that the poison was present. As soon as the discovery was made, an emetic was resorted to, and recovery ensued. In this case we have a manifest instance of the antagonism of poison to poison. The gin alone was competent to kill, and no one can doubt as to the potency of such a mammoth dose of strychnia, *per se*.

A case not very unlike the above is also given. A man who was perfectly drunk under the use of rum, swallowed sixty grains of strychnia at a dose. He recovered. In this instance as in the other, the alcoholic spirit and the strychnia were antagonistic poisons, either alone having abundant power to kill. Ordinarily, one grain of the alkaloid would destroy life, if there existed no morbid condition to counteract it.

Camphor has also been found to have an antidotal power; how, in a strict chemical sense, is not perhaps well understood. Dr. Claiborne, of Petersburgh, Virginia, reports the case of a man, aged 30, who took two grains of strychnia. In forty minutes he was seen to be labouring under severe jerks or spasms, which continued nearly two hours, almost incessantly. Respiration and deglutition were

nearly impracticable. Very large doses of camphor were exhibited, amounting altogether to 60 grains in less than an hour. Recovery ensued.

Sulphate of morphia is another antidote, and of course opium would prove so. In the *Western Lancet*, Dr. Phillips gives the case of a lady who was poisoned by swallowing three grains of strychnia at a dose, in mistake for sulphate of morphia, which she had long used for a spasmodic affection, and the dose of which had been gradually augmented. On making the discovery, the lady was placed in a very warm bath, and in less than two hours she was made to swallow five grains of the morphia salt. The action of the poison was completely arrested, and she recovered.

Chloroform was resorted to by Dr. Jewett, of Boston (see *Boston M. and S. Journal*), in a boy aged 15, who in mistake swallowed two grains of strychnia. Medical aid was not procured until half an hour after the accident, when the jerks were violent and deglutition almost impracticable. He was relieved by the inhalation of chloroform for ten minutes, and partial anæsthesia kept up for four hours saved him.

The case reported by Dr. O'Reilly, of St. Louis, is too well-known to be detailed here. He saved a patient fully poisoned by strychnia by the exhibition of table spoonful doses of infusion of tobacco. The following experiments, reported in the *Dublin Hospital Gazette*, December 8, 1856, are in point. Two baths were made, each having five ounces of water, one of them five grains of strychnia, the other five grains of pure nicotina (a most terrible poison and the proximate principle of tobacco.) In one of the baths a frog lived four minutes. A similar frog put in the other lived one minute. The two baths were then mixed, so that the water now held the strychnia and nicotina in solution. A frog, in all respects like the others, was put into the mixed bath and appeared to be very little injured at the end of 47 minutes, and it did not die till 24 hours had elapsed. The antagonism of the strychnia and nicotina is so obvious, that we need not stop to speak of it.

Still more recently we have an account of the antidotal power of Hydrocyanic Acid in the *Medical Times and Gazette* of August 6, 1859. We remark, in passing, that this acid is more speedily fatal than strychnia.

A physician owned a favourite dog, now become mangy and so offensive, that it was decided to kill him with strychnia. An ample

portion was given to the beast, but it only set up terrible jerks, without speedily killing, as was anticipated. To relieve the dog from his torture, a drachm of strong hydrocyanic acid was given in a saucer of milk. The whole was lapped up speedily, and soon the animal vomited, got on his legs, ran off a considerable distance and recovered. Here was most obvious antagonism.

The last antidote to be named is Arsenious Acid. On the next day after my lecture on this subject, three years ago, Surgeon Judson, of the U. S. Navy, handed me a printed slip, taken from *Bell's Life in Sydney*, which shows conclusively that so terrible a poison as arsenic can control the poisonous action of strychnia. A farmer's grounds were much infested with crows, and to get rid of the pest he shot an opossum, cut into its body, and placed in the cavities a large quantity of strychnia. The opossum thus prepared was hung to the fork of a tree. A favourite sheep-dog, attracted by the stranger in the tree, made out, by vigorous efforts, to grasp it, and then to eat freely of the meat. Very soon he was thrown into tetanic jerks of great severity. The owner resolved to put a period to the animal's suffering by the use of arsenic, a large spoonful blended with water was passed down the throat. Presently the dog was evidently more quiet; the jerks soon ceased, and in one hour recovery was complete.

In this brief paper we have no less than ten articles, each of which is capable of counteracting the poisonous action of Strychnia, viz.: Gin, Rum, Tannin, Iodine, Sulphate of Morphia, Chloroform, Tobacco, Hydrocyanic Acid, Camphor, and Arsenic.

Purposely we have passed over the *modus operandi*, as well as the tests of strychnia, partly because these are of less practical moment to the profession at large, than the immediate treatment of cases; and also because those points have been, as we think, fully met by the wide publication of the celebrated *Palmer* case (in London), and by the numerous essays growing out of that affair. Our main design was to furnish practitioners with such a bird's-eye view of the reliable means for the arrest of the poisonous action of strychnia as can be found in no volume known to the profession.

Before we dismiss this interesting subject, it may be well to group the points involved in the question, "how much of any poison is competent to destroy life?" This is the more important in view of the obvious lack of information just here.

The points that cross our path in attempting a direct answer to the question cited are:

1st. The purity or worthlessness of the article. Ten drops of Croton oil, we are told, did not seriously hurt a child ten years old, although given at one dose. The oil, however, was very largely adulterated with another oil, and so made harmless. So, too, spoiled digitalis leaves, or leaves from a plant raised in soil unfriendly to its perfection, are inert in any dose. Extract of Belladonna, utterly decomposed by excessive heat employed in its preparation, would hurt no one in drachm doses.

2nd. The condition of the stomach, as to fulness or emptiness. Two men, of the same age and vigour, took each an ounce of laudanum on the same day. Both had medical aid in two hours after the accident. The one died, while the other speedily recovered. The full stomach of the one, and the empty stomach of the other, accounted for the difference. The one took the poison an hour before the usual dinner time, the other an hour after he had dined.

3rd. The presence in the system, either in the body or mind, of a potent counter-agent, calculated to antagonise the poisonous dose.

The antidotes, named above, for a poisonous dose of strychnia, are in point. The strychnia and the antidote were mutual antagonistics. So, too, the case reported in a foreign journal many years ago, of a medical student who, in a fit of desperation amounting to insanity, swallowed twenty grains of acetate of morphia. The terrible mental excitement of the man absolutely controlled the agency of the mammoth opiate dose, and he was restored, although not visited until two hours had elapsed. The presence of a full dose of liquid chloride of soda in the stomach of the *Fire King* or American Buffoon as he was called, saved the man from the poisonous action of a drachm of hydrocyanic acid swallowed in the presence of hundreds of wondering spectators, and it is on the very same principle that alcoholic spirit, taken until complete intoxication results, is a well known expedient to save life after the bite of the most venomous serpent. The bane and the antidote are perfect antagonists. While, therefore, one grain of any known poison might kill an adult in full health and with an empty stomach, another person of the same age might swallow, with comparative impunity, ten or twenty grains of the same poison under circumstances such as those above stated.—*Canada Lancet*, May 15, 1863.

Case of Poisoning by Veratrum Viride.

By G. N. Edwards, M.D., Cantab.
Assistant Physician to St. Bartholomew's Hospital.

On Thursday evening, December 18, I was summoned to see a gentleman (a scientific chemist) who had taken, experimentally, one drachm of tincture of green Hellebore (equal to about twelve grains of the powder). On my arrival I found him sitting in the water-closet, vomiting into the pan. His features were sunken; skin cold, and covered with a profuse, clammy sweat; his pulse quite imperceptible. He complained of intense pain about the epigastrium. The vomited matter appeared to consist at first of the food and contents of the stomach; afterwards, of glairy mucus. I gave him immediately about an ounce and a half of pure brandy, which at once checked the vomiting. At this time I was joined by Mr. Buxton Shillitoe, the patient's usual medical attendant. As he had slightly rallied we had him moved into a room a few yards from the water-closet, and laid on the couch in front of the fire. The surface of the body was still very cold, especially the extremities. The clammy sweat continued, but the pulse could be felt indistinctly, beating, very feebly and irregularly, fourty-four in the minute. A dose, containing Sp. æther. sulph. co. ʒss., and Sp. ammon. arom. ʒj., was given, but immediately rejected by the stomach; but some brandy, given directly afterwards, was retained. A large mustard poultice was applied to the epigastrium, and a hot water bottle to the feet. Two or three efforts at retching afterwards took place, and he once or twice vomited food, mucus, and a small quantity of blood. Warmth gradually returned to the surface, and the pulse became somewhat better in volume and power. Brandy was given at short intervals, and after about an hour a second dose of Æther and Ammonia, which was retained. The patient then fell asleep, slept for about a quarter of an hour, and awoke with the expression, "I am all right now," and appeared comparatively well. There was no diarrhœa throughout. He had two or three times a slight return of the symptoms; did not sleep during the night, but was quite easy, and the next morning only felt the discomfort arising from the mustard poultice, and the soreness of the muscles caused by the retching. He then gave us the following account of his feelings during the attack:—

"Before taking the dose of the tincture, I had consulted Pereira; and finding Dr. Mead's dose of the tinct. Helleb. nig. to be two teaspoonfuls twice a day, and knowing the green hellebore to be of

the same tribe, I considered, in taking one teaspoonful, I was rather under than overdoing it. The drachm of the tincture was taken about half-past four or a quarter to five o'clock, p.m., and my stomach soon afterwards whispered that I had admitted a troublesome guest. I went upstairs and sat down, thinking a cup of tea would set all right; but the uneasy constriction of the stomach continuing, with a tendency to sickness, made me retire to the water-closet. The sickness, once commencing, soon became alarmingly violent, with the most excruciating pain in the lower part of the stomach, the pain extending to about the size of my hand; the feeling of the seat of the pain was, that all the tea, warm water, etc., that I took to provoke the vomiting, went under the pain, making the constriction more and more violent. Finding the case getting desperate, I sent off for medical aid; the pain continued to increase, and the ejection from the stomach was now glairy mucus with blood, with running from the nose and eyes. The most painful and profuse cold sweating now came on, and the difficulty of breathing became more and more laboured. I could not help wondering at the presence of anything like heat or constriction of the throat; my mind was perfectly calm; and, although I thought it more than probable that I should die, I did not feel alarmed. Hearing and recognising the voice of one of my medical friends is all I recollected for some time afterwards. Immense circles of green colour appeared round the candle, which, as vertigo came on, and I closed my eyes, turned to red. The pain continued excruciatingly at the pit of the stomach, and a slight tendency to cramp existed when my legs were touched. It was some hour or more afterwards when I awoke, and found myself comparatively well. The sting of the mustard I can well recollect, and the horror of being forced to swallow brandy is even now with me. My bowels were not at all acted on. The next morning I took a dose of citrate of magnesia, and, in the evening, a blue pill, with colocynth, which relieved my bowels this morning."

Veratrum viride does not appear to have been much used in this country; but, in America, a pamphlet has been published, on its employment, by Dr. Ephraim Cutter, of Woburn, Mass.; and several articles have appeared in the medical journals respecting it. It is also described in the last edition of "Pereira's Materia Medica," where the symptoms from an overdose are stated to be precisely those observed in our patient. No authenticated case of poisoning by it has been recorded. The full dose of the tincture is eight minims.

Medical Times and Gazette, Jan. 3, 1863.

Inefficacy and Dangers of Cauterisation in the Treatment of Diphtheria.

Cauterisation was formerly resorted to with no sparing hand in cases of diphtheria, but of late years public opinion has undergone considerable change with regard to the efficacy of the measure. Some eight or ten years ago, Professor Trousseau was in the habit of touching the fauces of children afflicted with diphtheria and croup with concentrated muriatic acid, the solid lunar caustic, or a strong solution of nitrate of silver. His practice in this respect is now entirely different, and the improvement in the treatment is remarked on by Messrs. Fischer and Bricheteau, Internes of the Hospital for Infancy, in a pamphlet entitled, *Treatment of Croup or Diptheritic Laryngitis.**

The authors do not, however, absolutely reject cauterisation in croup and diphtheria, but the objections which have been adduced to the procedure appear so well founded that they consider themselves justified in stating them, and conceive that these charges are fully borne out by clinical observation.

The difficulty of effectually applying cauterisation in children is exceptional, and would not afford a sufficient reason for the rejection of the method, if it checked the formation of false membranes, prevented their reproduction, and could obviate the extension of the diphtheritic secretion. Many physicians now entertain strong views on the subject, and resort to cauterisation of the fauces with extreme reluctance. This procedure affords no security against the development of croup; frequently diphtheritic angina has been followed by croup, although active cauterisation had been instituted, and had even been successful in effecting a local cure of the pseudo-membranous disease of the throat.

"It frequently occurs," says Messrs. Fischer and Bricheteau, "that, during an epidemic, an infant is brought to hospital, who for a few hours only has suffered from sore throat. The disease is therefore observed in its earliest stage. On inspection of the fauces, a small diphtheritic patch is discerned on the surface of one tonsil, and so on.

"It has also been remarked that cauterisation in no wise affects the primary cause of the complaint, which is of a general character, with a tendency to local manifestations on the mucous lining of the

* A pamphlet, 8vo, pp. 120. Adrien Delahaye, Paris.

respiratory organs. The pustule which would subsequently become a Hunterian chancre may legitimately be destroyed, but what would be the advantage of cauterising ecthymatous pustules, consequent on infection of the system? Syphilitic ecthyma is but the result of a general taint, and false membranes likewise are but the local expression of the diphtheritic diathesis. The peculiar virus of miasma, the morbid poison which gives rise to diphtheria, is unknown to us, but betrays its existence by its consequences. It is the cause, and not the effect, the practitioner should contend with."

Messrs. Fischer and Bricheteau believe that the morbid intoxication precedes the formation of the false membranes. They have on several occasions observed *ab initio* symptoms, which attested the presence of the virus in the blood, a rapidly fatal termination supervening, although but a very few insignificant greyish spots were discernible in the pharynx. If, as has been argued, the infection were consequent on the diphtheritic exanthema, its manifestations should be proportionate to the number and extent of the pseudo-membranous deposits, from which the poison is alleged to have been derived. But this is not the case; The most malignant forms of diphtheria are not those in which the local symptoms are most considerable. The treatment adopted at the Hospital for infancy also suggests to the authors another sagacious remark. Tracheotomy is very frequently resorted to in that institution; after the performance of the operation, when respiration has been re-established, the entire treatment consists in watching the condition of the pulmonary organs, and in supporting the patient. Very little further attention is wasted on the false membranes; they are never touched with any caustic, no local remedy is applied, and the confidence thus reposed in the efforts of nature has never been betrayed. Chlorate of potash is, however, prescribed for a few days after the operation.

The previous remarks are adduced for the purpose of showing the inefficacy of cauterisation; it is further alleged to be a hazardous practice.

The application of muriatic acid has induced gangrene of the fauces, and Messrs. Blache and Guiet have related cases in which cauterisation was followed by fatal spasmodic contraction of the larynx. The method, moreover, is open to the objection of causing violent irritation, and of promptly and fatally exhausting the strength of the patient by determining energetic effort and temporary excitement of vital powers. When tracheotomy becomes neces-

sary, the previous application of escharotics has another great disadvantage. The necessity of supporting the system is then universally acknowledged, and active cauterisation gives rise to an unconquerable aversion to food, and to considerable pain in deglutition. The children obstinately refuse to take nutriment, and if they have the good fortune to escape the perils of abstinence under these unfavourable circumstances, their recovery is materially retarded. Cauterisation with muriatic acid is especially injurious, and one of our unfortunate colleagues bore witness, before his death, to the tortures inflicted by the use of this agent.

Messrs. Fischer and Bricheteau's paper shows that the local remedies in croup and diphtheria should be selected from the class of astringent substances, and not from the list of escharotics. Chlorate of potash, alum, and tannin should be insufflated or prescribed in gargles. If necessary, a solution, containing one quarter of its weight of nitrate of silver, may be applied with a brush, but the lunar caustic, which imparts a greyish colour to the mucous membrane, and may prevent the surgeon from detecting genuine patches of diphtheria, should be cautiously avoided.

Inhalations of medicated and pulverised fluids may also be resorted to with benefit. The composition of such fluids may vary *ad infinitum*, and the system has the two-fold advantage of conveying the remedies directly into the respiratory passages, and as Mr. Barthez has observed, is a perfectly innocuous procedure, which interferes in no wise with tracheotomy, should the operation be indispensably required.—*Medical Circular*, May 20th, 1863.

Railway Travelling.

Dr. Waller Lewis, the medical officer of the London Post Office, states in his report just issued that he has arrived at these conclusions from observations of the health of the travelling officers of the Post Office. That railway travelling has little, if any, injurious effect on healthy, strong, well-built persons, if the amount be not excessive and if they take moderate care of themselves; but that persons who take to habitual railway travelling after the age of twenty-five or thirty are more easily affected than those who begin earlier, and that the more advanced in age a traveller is, the more easily he is affected by this sort of locomotion. Weak, tall, loosely knit persons, and those suffering under various affections, more especially of the head, heart, and lungs, are very unsuitable for habitual railway travelling.

Our Journal.

Since the death of their lamented colleague, Dr. ATKIN, the Editors have been constantly on the out-look for some one to supply his place. They are happy to say that they have now secured the co-operation of Dr. RICHARD HUGHES, of Brighton, whose name is already familiar to the readers of this Journal through the excellent articles he has repeatedly furnished to its pages. The Editors are sure that their Journal will be a great gainer by the accession to its editorial staff of one who has already enhanced its value by his occasional contributions.

OBITUARY.

Death of Mr. Gelston and Mr. Brooks.

Since our last Number appeared death has removed from among us our esteemed colleagues and valued contributors, Mr. James Gelston of Liverpool, and Mr. W. L. Brooks of Warrington. We have no space left in this Number to do more than pay our brief tribute of regret to the memory of these excellent homœopathists.

BOOKS RECEIVED.

Outlines of Veterinary Homœopathy, by JAMES MOORE, M.R.C.V.S. Third Edition. Turner, London, 1863.

Gedanken eines Homöopathen über Brunnencuren, von Dr. G. PORGES. Prague, 1863.

An answer to the enquiry, How can such small doses have any effect? by H. V. MALAN, M.D. Fourth Edition. Headland, London, 1863.

Homœopathy Triumphant, by Dr. EADON. Headland, London, 1863.

Dyschromatoderma; or, Discolouration of the Skin, by ERASMUS WILSON, F.R.S. London, 1863.

Hom. Zeitschrift für Homœopathische Klinik.

The Monthly Homœopathic Review.

The Homœopathic Observer.

The American Homœopathic Review.

El Criterio Medico.

Bulletin de la Société Homœopathique de France.

L'Art Médical.

The Canada Lancet.

W. DAVY & SON, Printers, 8, Gilbert Street, W.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

A STUDY OF IODINE.

By Drs. Henry R. Madden and Richard Hughes.

Although a substance of extensive and well-ascertained pathogenetic power, Iodine has by no means played an eminent part in homœopathic therapeutics. To rescue it from this undeserved neglect, and to define as precisely as possible its sphere and mode of action, is the object of the following paper. The facts of which we have made use are drawn chiefly from two works, the *Prize Essay upon Iodine and its Compounds*, by Dr. Cogswell (Edinburgh 1837), and a paper by Dr. Wilcox, entitled, *Observations on the Curative and Noxious Effects of Iodine*, illustrated by cases, and published in the first volume of the *Annals of the British Homœopathic Society*.

Physical and Chemical Characters.—Iodine is a metallic looking substance found in both the mineral and vegetable kingdoms, but chiefly obtained from the ashes resulting from the burning of various kinds of sea-weed. The Iodine of commerce is sublimated for medical use. Thus prepared it appears in the form of small crystalline scales, often accreted into masses, of a blueish black colour, with a metallic lustre. It has a strong disagreeable odour resembling that of Chlorine, and a very acrid taste. Its density is 4·948. It evaporates slowly at the usual temperature if exposed to the air, and more rapidly if moistened. It fuses at 225°, and boils at 347°. Exposed to an increased temperature it is volatilized in the form of a beautiful violet-coloured vapour, whence it has derived its name

(Ἰώδης, violet). It requires 7000 parts of water for its solution, to which it imparts a brownish colour. An ounce of alcohol, sp. gr. 840, will take up about 40 grains. It is still more soluble in ether. Solutions of the Iodides in water will take up as much Iodine as exists in the compound salt. Iodine forms acids with both oxygen and hydrogen, and readily enters into combination with the true metals.

PHYSIOLOGICAL ACTION.—The range of Iodine is very extensive, being surpassed only by that of Arsenic and Mercury. We shall consider its physiological effects in the order of their importance, treating therefore of, 1, its adenotic; 2, its tissue-irritant; 3, its neurotic; and 4, its hæmatic action.

I. *Adenotic.*—We use this term (from ἀδήν, a gland) to express the peculiar influence exercised by Iodine over the glandular organs. There is scarcely a gland in the body which escapes its power: but they are affected in very different degrees. Arranging these again in descending order we have 1, the lymphatics and lacteals; 2, the salivary glands and pancreas; 3, the liver; 4, the glands of the generative system; 5, the thyroid; 6, the kidneys.

1. By far the most important and peculiar action of Iodine lies in the sphere of the *nutritive* system. The leading character of this action is the production of emaciation and atrophy, general and local.* This emaciation is generally accompanied with colliquative sweats† and diarrhœa,‡ and with fever of the hectic type; but appears to own no necessary fellowship with any other symptoms of Iodism. There are three ways in which it has been attempted to account for this. The first and most common is to say that Iodine, like Mercury, is a stimulant to the absorbents; and that thus, absorption being rendered over-active, atrophy follows upon its use. But however well this doctrine may seem to explain the local effects of Iodine in removing hypertrophies and melting down tumours, and even such

* See Wilcox's first five cases, and writers on Mat. Medica and Toxicology generally.

† Wilcox, Cases I and V. "With individuals who have suffered debility and emaciation from the use of Iodine, it is common to experience profuse sweats." (Cogswell, p. 49. See also p. 50.

‡ Wilcox, Case II, and Cogswell, p. 52.

phenomena as the occasional disappearance of the mammary glands and testicles under its use, it quite fails when applied to the emaciation of the system at large. The "absorbent" system is set for the nutrition, not for the wasting of the body as a whole. The lacteals take up the chyle from the intestines, and the lymphatics absorb the not altogether effete products of the disintegration of the tissues, and the residue (if any) of the liquor sanguinis which has been poured forth from the capillaries for their nutrition. Chyle and lymph, thus selected and taken up by the absorbent vessels, are passed through the chains of absorbent glands, in which they undergo that progressive elaboration which at length fits them to be discharged, as blood, into the torrent of the circulation. It is evident, therefore, that a drug which has the property of healthily stimulating the absorbent system, must promote rather than lower the nutrition of the frame.* A second view would account for the atrophy of Iodine by the chronic gastro-enteritis which it undoubtedly occasions, attributing it to the impairment of digestion which must result from this state of the *primæ viæ*. But the emaciation by no means runs parallel with the gastro-enteric symptoms, and is often quite out of proportion to them; while other substances, as Arsenic, which affect the alimentary canal far more severely, cause by no means so rapid and intense an emaciation. Lastly, Iodine has been styled a "liquefacient" of the tissues, and is supposed to promote their disintegration with such rapidity that the waste is in excess of the supply, and hence atrophy. But we have already called to mind that the very function of the lymphatic absorbents is to take up such tissue-substance, disintegrated but not altogether effete, and, having elaborated it into blood, to pour it into the current of the circulation. Thus, supposing the absorbent system to continue healthy, the result of such increased rapidity in the disintegration of tissue would only be an increase in the purity of the substance and the energy of the functions of the entire

* The notion here combated is identical with the Hunterian theory of ulceration, which supposed this process to depend upon an over active state of the absorbents. Long given up in this sphere, it still holds its place in speculation on the *modus operandi* of drugs.

organism. In this "supposing" we have indicated what we believe to be the true direction in which to look for an explanation of the atrophy of Iodine. We believe its sphere to be the great absorbent system; but we regard its action there as depressant rather than stimulant. The preceding considerations have satisfied us that defective supply, rather than increased waste, is at the bottom of this emaciation; and that the faulty point in nutrition is not to be found in the *primæ viæ*. There is no reason for seeking it in the liver,—which seems to play to the nitrogenous elements absorbed by the vessels of the stomach the same part as the mesenteric glands to the carbonaceous elements taken up by the lacteals. We are thus left to the lacteals and mesenteric glands themselves as the seat of the influence of this drug.* It has already been shewn that were its action in this sphere excitant, nutrition would be promoted rather than retarded. But suppose a sluggish taking up of the fatty elements of food by the lacteals, and an insufficient elaboration of their contents by the mesenteric glands: and we have at once a most important channel of nutrition choked up and rendered useless. The fatty aliments being those which the lacteals chiefly take up, the emaciation becomes more rapidly apparent than if it had been the albuminous elements whose supply was cut off. But Prof. Hughes Bennett, following Dr. Ascherson of Berlin, has shewn that the presence of oil is essential to the assimilation of albumen; and infers that if the fatty elements of food be insufficiently supplied, the albumen, remaining unassimilated in the blood, will be deposited in the tissues as tubercle. Accordingly, in more than one instance,† there has been a development of phthisis pulmonalis in iodized patients, in whom no previous tendency to tubercle had existed. —The stress of the depressant action of Iodine falls upon the lacteal,—that of Arsenic upon the lymphatic portion of the absorbent system. Consequently, atrophy is more marked as an effect of the former drug, while local œdema appears more commonly as a result of the action of the latter.

2. Iodine causes salivation more frequently than any other

* In one case of slow poisoning, the agminated glands (which belong to the lacteal system) were enlarged, as in typhoid fever. *Cogswell*, p. 35.

† One has come under our own notice.

drug save Mercury. The salivation is often accompanied with sore mouth, fœtid breath, ulceration of mucous membrane, &c., as with that of Mercury.* We seem to have here a specific irritation of the salivary glands; and may infer a similar action upon the pancreas, which is merely a large salivary gland situated in the abdomen, having special properties of its own.

3. From two cases of poisoning with their autopsies, Christison concludes that Iodine has the power of inflaming the liver.† The biliary, like the other secretions, is usually augmented under its moderate use.‡

4. In the last two instances the specific action of Iodine has seemed to be of an irritant nature. Upon the glands of the generative system, however, its influence appears uniformly atonizing and depressing. The mammæ and testes have more than once wasted and disappeared under its use;§ and a diminution in the functional energy of the ovaries shews them to be similarly affected. It has caused barrenness in females young and previously prolific,‖ and in full Iodism the menses are commonly suppressed, less often becoming profuse and watery.¶

5. The peculiar power of Iodine over bronchocele can hardly be referred to anything else than a specific action of the drug upon the thyroid gland. This action appears to be of an irritant character: for Dr. Wood states, "sometimes the tumour (bronchocele), instead of yielding immediately, seems to be stimulated into inflammation, swelling, and becoming somewhat painful." (*Materia Medica*, Vol. II, p. 334). We have ourselves seen a case in which this phenomenon occurred during the first week of the administration of the hundredth part of a grain each of Iodine and Iodide of Potassium three times a day. Coindet, Graefe, and others bear witness to the frequent occur-

* See *Wilcox*, p. 278, 280; *Cogswell*, p. 23, 36, 43—46, 104; and *Taylor on Poisons*, 1st Ed. p. 282.

† On Poisons, 3rd Ed., p. 180, 182. In one "after the emaciation was far advanced a hardened liver could be felt;" in the other there was, P.M., "enlargement and pale rose-red colouration of the liver."

‡ *Wilcox*, p. 280; *Cogswell*, p. 36, 89, 91.

§ *Wilcox*, Case IV; *Cogswell*, p. 47, 105; *Christison*, *op. cit.*, p. 180.

‖ *Cogswell*, p. 46; *Christison*, p. 181.

¶ *Wilcox*, Cases IV and V; *Cogswell*, p. 105.

rence of a primary aggravation of the disease;* and there is one case on record, in which goitre was actually produced *ab initio* by the administration of ten grains of Iodide of Potassium daily for a week.†

6. Iodine exercises a slight irritant action upon the kidneys, manifesting itself chiefly in diuresis. This influence belongs especially to the Iodide of Potassium.‡

II. *Tissue-irritant.*—The tissue-irritant influence of Iodine is nearly as extensive as that of Arsenic: but, except in the upper part of the respiratory mucous membrane, is by no means so intense.

1. *Mucous membranes.*—A. *Alimentary.*—When taken internally, Iodine acts as an irritant of the whole alimentary canal, manifesting its influence alike in the throat, stomach, and intestines.§ The only part of this tract, however, in which we have evidence of any specific action is the stomach, which has become inflamed from the external use of the drug.‖ Therapeutical facts make it probable that the throat and intestines also are specifically inflamed by Iodine. The gastritis of Iodine, like that from any other cause, produces loss of appetite with thirst; but Iodine stands almost alone among poisons in occasionally giving rise to bulimia. This is probably a symptom of the disappointment of the tissues whose supply is inadequately furnished through the depressed mesenteric glands.

B. *Respiratory.*—The whole respiratory mucous membrane feels the irritation of Iodine, but especially the upper portion.¶ Catarrhal symptoms in the nose and frontal sinus are frequently produced in a very severe form by Iodide of Potassium;** and the larynx and trachea exhibit various symptoms, running on from dry cough to hoarseness, aphonia, chronic inflammation, and phthisis trachealis.††

* See *Brit. Journal of Hom.*, Vol. X, p. 472.

† *Wilcox*, p. 285. ‡ *Wilcox*, Case I; *Cogswell*, p. 36, 48, 104.

§ *Wilcox*, Cases I, II, V; *Cogswell*, p. 37—40; and all authorities.

‖ *Wilcox*, p. 280; *Cogswell*, p. 89.

¶ *Cogswell*, p. 31, 36, 42; *Wood, op. cit.*, Vol. II, p. 326.

** *Wilcox*, p. 282; and *Joerg*, quoted by *Wilcox*, p. 281; *Cogswell*, p. 103, 104; *Taylor, op. cit.*, p. 281.

†† *Wilcox*, Cases III, IV, p. 278, 281, 282.

2. *Serous membranes.*—Our knowledge of the specific influence of Iodine upon the serous membranes is derived from therapeutical rather than physiological evidence. Nevertheless Dr. Hempel tells us that Wallace states pleurisy to have been three times occasioned by his large doses of Iodide of Potassium;* and in Zink's autopsy, recorded by Christison, there was found serous effusion into the pleura and peritoneum.†

3. *Skin.*—It would seem that all irritants of mucous membrane have a similar influence upon its external continuation, the skin. Iodine is no exception to this rule. The forms of eruption most commonly caused by it are erythematous, papular and pustular.‡ Dr. Vogel saw it produce a dingy appearance of the surface similar to that which Mr. Hunt describes as characteristic of Arsenic.§ Dr. Inman records a striking case of intense erythema resulting from large doses of Iodide of Potassium.‖

4. *Heart.*—Palpitation, with corresponding frequency of pulse, is a constant symptom of "Iodism."¶ In one case, there appeared all the symptoms of an acute endocarditis: "oppression of the chest; weakness to fainting; intermitting, heavy, and tumultuous pulsation of the heart, and intermitting pulse; tense pain across the chest; loss of appetite, and vomiting; the right ventricle gradually became dilated."** A symptom mentioned by Hahnemann is sensation as if the heart were squeezed or compressed.

5. *Lungs.*—Congestive oppression of these organs is very common as a morbid effect of Iodine.†† Hæmoptysis occurs with hardly less frequency;‡‡ and actual inflammation has at least once occurred, ending in death.§§

III. *Neurotic.*—The influence of Iodine upon the nervous system is only seen in very severe cases of poisoning, or when

* *Materia Medica*, p. 542. † *Op. cit.*, p. 182.

‡ *Wilcox*, p. 280; *Cogswell*, p. 49, 50, 105; *Wood, op. cit.*, p. 327; and *British Medical Journal*, Jan. 22nd, 1859, where pustular eruptions were produced in three cases by Iodide of Potassium.

§ *Cogswell*, p. 49. ‖ *New Theory and Practice of Medicine*, p. 270.

¶ *Wilcox*, Cases I, IV, p. 278—280; *Cogswell*, p. 29. ** *Wilcox*, p. 285.

†† *Wilcox*, Cases I, II, III, V, p. 278, 282; *Cogswell*, p. 24, 25.

‡‡ *Wilcox*, p. 281; *Cogswell*, p. 42. §§ *Wilcox*, p. 281.

the system is saturated with it. It has most power in the *motor* sphere, causing here a trembling of the extremities, resembling the "tremor mercurialis,"* which sometimes goes on to twitchings and other convulsive movements,† and sometimes shews its essentially asthenic character by terminating in paralysis.‡ In the *sensory* sphere, there are manifested in some susceptible persons various derangements of sensation, as obscuration of vision, partial deafness, illusions of the sense of touch, &c.§ In the *ideational* and *emotional* sphere Iodine acts much like Arsenic. There is great and lasting anxiety and despondency, which "differs from hypochondriasis in this respect, that the patients occupy themselves with the present instead of with the future. Patients describe it in common as a feeling of discouragement and dispiritedness, which is particularly depressing; and they have been heard to complain of this even when suffering violent pain."‖ There is usually more or less determination of blood towards the head, causing headache with sense of fulness, giddiness, drowsiness, epistaxis and even intoxication.¶

IV. *Hæmatic.*—The hæmatic influence of Iodine is still rarer and more remote than the neurotic. It is, like Mercury, an antiplastic; and under its long continued influence the blood and the secretions become thin and watery.**

THERAPEUTICAL ACTION. We shall consider this in categories parallel with those under which we have ranged its physiological properties.

I. 1. We have described the changes in the general nutrition of the frame induced by Iodine, as dependent upon its depressing influence on the absorbent and blood-making system of lacteal and lymphatic glands. The simplest form of idiopathic disease thus induced is known as Atrophy or Marasmus. It is most common in children; and, its dependence upon a morbid condition of the mesenteric glands having been per-

* *Wilcox*, p. 278, 279, 282; *Christison, op. cit.*, p. 180.
† *Wilcox*, p. 279, Case II; *Cogswell*, p. 49, 103. ‡ *Cogswell*, p. 41, 103.
§ *Wilcox*, p. 279. ‖ *Wilcox*, p. 279, Case II.
¶ *Cogswell*, p. 20, 36, 40—42. ** *Wilcox*, p. 282.

ceived, is frequently styled " tabes mesenterica." There is no evidence, however, that organic disease of these glands is always present in infantile marasmus: although such disease might readily be expected to supervene upon their depressed functional activity. The second and most characteristic stage of this disease presents an exact picture of the morbid effects of Iodine. There is rapid emaciation, dry laryngeal cough, profuse night-sweats, slow fever: the appetite is sometimes ravenous, sometimes lost: and the bowels tend towards diarrhœa. In this condition, Iodine is a most effective remedy. Under its use the night-sweats usually disappear in two or three days: and the remaining symptoms, under proper diet and hygiéne, steadily subside. A similar group of symptoms not unfrequently characterizes a derangement of health in older persons: and yields with even greater readiness and certainty to this drug.—If the doctrine of Professor Hughes Bennett concerning scrofula and tuberculosis be correct, there is a close dependence of these dyscrasiæ upon a diminished functional activity of the mesenteric glands. The same deficiency of the oily elements of nutrition which in one case gives rise to atrophy, in another hinders the due assimilation of the albuminous elements, which are accordingly effused into the tissues in the form of tubercular deposits. But whatever be the true rationale of scrofula and tuberculosis, it is unquestionable that Iodine approaches more nearly to the place of their specific remedy than any other drug.* It is most useful in the torpid inflammations of the lymphatic glands so characteristic of scrofula :† but it also exercises a marked controul over the ulcerations,‡ the ophthalmia,§ and the caries,‖ which depend upon this constitutional taint.—

* See medical writers in general: but especially Lugol on the effects of Iodine in Scrofulous Diseases, transl. by O'Shaughnessy. London, 1831.

† *Cogswell*, p. 71—73, 108—110; *Wilcox*, p. 293. ‡ *Cogswell*, p. 54.

§ *Cogswell*, p. 74, 175; *Hempel*, Mat. Med., p. 1023. A coliyrium of Iodine, gr. ij., Iodide of Potassium, gr. iv., and Aq. destill. lbj, is strongly recommended in chronic irritable ulceration (strumous) of the cornea. (*Cogswell*, p. 178.)

‖ *Hempel, op. cit.*, p, 554. It is said also to aid the union of fractures in scrofulous subjects. Ibid. p. 555; *Cogswell*, p. 84.

Of its value in phthisis pulmonalis we shall speak when we come to its therapeutical action on the lungs.

2. Iodine is one of the most efficient remedies for the salivation and stomatitis caused by Mercury.* In these cases it is to be compared with Nitric acid and Chlorate of Potash. In idiopathic salivation, as from pregnancy, it will sometimes effect a cure where Mercury fails; a striking case is recorded by Wilcox.

The pancreas is a gland so nearly identical, both in structure and function, with the salivary glands, that a drug which acts upon the latter may be fairly expected also to influence the former. Iodine accordingly appears as the leading pancreatic remedy in the organology of Rademacher. Several cases of acute and chronic disease of this gland are cited by Wilcox, in all of which Iodine effected a cure. The symptoms of the acute disease were violent, copious, watery vomiting; profuse watery or foamy stools; with pain in the region of the gland. In the chronic form there were severe cardialgic pains, vomiting, constipation (more frequent than diarrhœa); yellowish gray colour of the countenance, with suffering expression of the features: and an increased flow of saliva.‡ "In a case observed by Dr. Reil, in which for days, and even weeks, the most copious salivation alternated with profuse watery vomiting and obstinate constipation; he believed that these symptoms originated in an irritation of the pancreas induced by pregnancy, and after all the anti-nauseants had been exhausted, he gave Iodine with immediate and permanent relief." (*Wilcox*, p. 293.) The rare disease known as diarrhœa adiposa, in which quantities of fat are passed by stool, has several times been ascertained to exist in connexion with pancreatic disease. This may serve as an indication for the use of Iodine as its remedy.§

3. Iodine is the favourite remedy of the old school in chronic hepatitis and hypertrophy of the liver, with or without ascites.

* *Cogswell*, p. 45 (17 cases); *Hempel, op. cit.*, p. 543.

† *Wilcox*, p. 283.

‡ *Wilcox*, p. 292. A fatal case of this disease (*not* treated by Iodine) is cited in the New Sydenham Society's Year-Book for 1859, p. 260.

§ See Watson's Practice of Physic, 4th Ed., Vol. II, p. 546.

The Iodide of Potassium is usually given internally; and Iodine ointment applied over the organ.*

4. It was in the cure of bronchocele that Iodine first obtained its great reputation. It continues to be the leading remedy for this affection.† Dr. Wood well describes the cases in which it will probably prove curative. "It certainly will not cure carcinoma of the thyroid gland, nor any one of those new formations or degenerations in which the normal structure has been replaced by the diseased; but in all cases of pure hypertrophy, or resulting from an obscure chronic irritation or subinflammation in the tissue—in other words, all cases of pure goitre, as distinguished from other special diseases which may be seated in that as well as in any other tissue—a cure may be reasonably hoped for."‡ It is also unsuited for that form of goitre lately described as associated with protrusion of the eyeballs and palpitation (exophthalmic goitre), and which seems to depend upon a localized paralysis of the vaso-motor nerves. Here such remedies as Strychnia and Secale—vaso-motor excitants—have proved most serviceable. (Dr. Drysdale has seen great benefit from Plumbum in one such case.) Iodine has been found curative in true goitre, even in the 30th dilution.§

5. Very favourable results have been obtained from Iodine and Iodide of Potassium in amenorrhœa, especially in scrofulous subjects.‖ The physiological effects of the drug shew that an increased flow of the menses, if evidently connected with atony of the ovaries, would be no counter-indication to its use. The remarkable cure of a case of galactorrhœa with atrophy, recorded by Hempel,¶ illustrates the same truth—the mammæ being physiologically a portion of the ovario-uterine system. Iodine holds out more hope than any other remedy for the cure of ovarian tumours, which have several times yielded to its administration.** Dr. Wood's remarks upon goitre are probably applicable also here—so that ovarian *dropsy* would hardly afford indications for our drug. Mammary tumours have occasionally

* *Cogswell*, p. 81, 82, 113. † *Cogswell*, p. 69, 107; *Wilcox*, p. 284.
‡ *Op. cit.*, Vol. II, p. 334.
§ *Wilcox*, p. 286; *Brit. Journal of Hom.*, Vol. III, p. 469.
‖ *Cogswell*, p. 77, 105. ¶ *Op. cit.*, p. 549.
** *Cogswell*, p. 78; *Brit. Journal of Hom.*, Vol. XX, p. 581 (by an Iodized mineral water.)

yielded to its (external) use.* The tumours of the uterus which have occasionally "melted down" under the influence of Iodine appear to have invariably originated in the cervix; the glandular and secreting structure of which assimilates it with the ovaries, and renders its diseases amenable to treatment.† Thus we get to Iodine as a remedy for inflammations and indurations of this part,‡ and for leucorrhœa,§ in all of which disorders it is a remedy of tried value. Iodine should be borne in mind in cases of sterility in the female, and of impotence—with or without spermatorrhœa—in the male subject, especially where the strumous diathesis exists.

6. Iodine has never been used in renal disease, to our knowledge; and its physiological effects in this sphere would not lead us to anticipate any advantage from it as a remedy.

II. 1. A.—Iodine is not a leading remedy in affections of the mucous membrane of the alimentary canal. It has sometimes proved a useful remedy in the anginæ which indicate Mercury, when the latter remedy has failed to complete a cure ‖ It naturally follows from this, that it is a leading remedy in syphilitic affections of the throat.¶ In chronic gastritis it may occasionally be the most appropriate remedy;** as also in gastric ulcer and chronic vomiting.†† A characteristic symptom indicative of Iodine in affections of the stomach is a ravenous appetite, which nevertheless does not hinder the progress of emaciation.‡‡ The diarrhœa and vomiting of phthisis and marasmus, when recent and not severe, will often yield to Iodine; though in worse cases it has to be supplemented by Arsenic. Hempel recommends Iodine in the diarrhœa of scrofulous children.§§

* *Cogswell*, p. 111.

† ‡ See Dr. Ashwell's Paper and Cases in Guy's Hospital Reports, Vol. I, p. 136; *Cogswell*, p. 77; *Hempel, op. cit.*, p. 548.

§ *Cogswell*, p. 77, 112. It must be in cervical rather than vaginal leucorrhœa that Iodine may be expected to prove useful (see Tyler Smith on Leucorrhœa).

‖ *Wilcox*, p. 282, 291.

¶ See a striking case by Dr. Ozanne in the *Brit. Journal of Hom.*, Vol. IV, p. 68.

** *Wilcox*, p. 291, 293; *Hempel, op. cit.*, p. 1025.

†† See a case in the New Syd. Soc.'s Year-Book for 1859, p. 242.

‡‡ *Wilcox*, p. 291. §§ *Op. cit.*, p. 546.

B.—While Iodine is thus inferior to Arsenic as a remedy for affections of the alimentary mucous membrane, it just as far excels the latter drug in the sphere of the respiratory tract. In influenza, with much prostration, Arsenic is required; but Iodide of Potassium should be (and is) a valuable remedy in severe local coryza, where the nose is very red and swollen. A case of recovery of the sense of smell, lost for three years, under the use of Iodine, is cited by Wilcox: the patient was taking the drug for a chronic ophthalmia.* Iodine is highly recommended in strumous ozena.† We remember a case of profuse dark discharge from the nose, without constitutional symptoms, occurring in a child after exposure to the contagion of diphtheria. After the failure of K. Bich., Merc. Biniodo, Mur. Ac., and Ars., immediate improvement and rapid cure took place under the 1st dilution of Iodide of Potassium. We may speak here of the value of Iodine in catarrhal deafness—in which affection the mucous membrane of the eustachian tubes appears to be mainly at fault. It is generally recommended,‡ and we have succeeded in curing several cases by its use. Iodine is equalled only by Bromine and Bichromate of Potash as a remedy for affections of the larynx and trachea. The Spongia Usta has long been the leading homœopathic remedy (first indicated as such by Hahnemann) in laryngitis and croup.§ We use the drug in this form only in the cough of ordinary catarrh, for which it is a most effectual remedy; and follow the great body of our colleagues in using the Iodine itself in the graver diseases above mentioned. The great efficiency of Iodine in croup has been attested by Koch, Tietze, Elb, and many others;‖ and (in the form of inhalations) by Arnold¶ and Drake.** Dr. Elb's admirable Essay on Croup should by all means be studied to obtain a knowledge of the precise place and mode of administration of Iodine in this dangerous disease.†† We cannot yet

* *Wilcox*, p. 282. † *Hempel, op. cit.*, p. 543.
‡ *Cogswell*, p. 84; *Wilcox*, p. 284.
§ See cases in *Brit. Journal of Hom.*, Vol. V, p. 294; Vol. VIII, p. 348.
‖ *Wilcox*, p. 287—289.
¶ See *North Amer. Journal of Hom.*, Vol. VII, p. 236.
** *Ibid*, Vol. X, p. 296.
†† Translated in *Brit. Journal of Hom.*, Vol. X.

assign its distinctive place as a remedy for croup with those equally valuable agents, Bromine and Bichromate of Potash. In the last three cases of croup which have come under our care we have relied upon the last named drug, with very satisfactory results. Iodine should always be thought of in cases of chronic cough, with emaciation and night-sweats. If no tubercle be actually present, it will generally bring such cases to a rapid cure. Dr. Elb recommends it in the cough of plethoric children, with profuse mucous secretion, which they cannot expectorate; and Gross and Syrbius found it curative in epidemic catarrhs, where the cough was kept up by an incessant tickling.* Chronic cough and asthma—especially asthma laryngeum, or laryngismus stridulus—may arise in scrofulous children from an affection of the bronchial glands; in which case Iodine may be of eminent service.† Spongia is recommended by some physicians to be given alternately with Aconite in acute bronchitis.‡

2. Iodine—in the form of Iodide of Potassium—has a high reputation among physicians of the old school as a remover of serous effusions and dropsies. It is stated to have cured some desperate cases of acute hydrocephalus in the stage of effusion;§ to have reduced a chronic hydrocephalus to normal dimensions;‖ and more than once to have dispersed the fluid of hydrothorax.¶ We refer its curative influence when injected into the sac of a hydrocele to this mode of action. It is commonly supposed to act here by setting up adhesive inflammation in the walls of the sac; and to be merely a more manageable substitute for the old port-wine injection and the modern wire-seton. But M. Jousset** has adduced numerous facts to prove—1st, that the production of inflammation is not essential to the success of this operation: 2nd, that inflammation rather prejudices its success than otherwise: 3rd, that a cure has several times been effected by the injection of a watery

* *Wilcox*, p. 287.

† See a case in *Wilcox*, p. 286; and *Hempel, op. cit.*, p. 1084.

‡ *Hempel, op. cit.*, p. 1084. § *Ibid*, p. 1022. ‖ *Cogswell*, p. 76.

¶ *North Amer. Journal of Hom.*, Vol. IV, p. 536.

** *Brit. Journal of Hom.*, Vol. XVI.

solution of Iodine,—water being incapable of dissolving more than one part in 7000. To this we may add, that the first successes with Iodine in hydrocele were obtained by M. Ricord from the topical use of compresses dipped in the diluted tincture, and in one case from the Iodide of Potassium given internally.* We therefore feel justified in concluding, with M. Jousset, that Iodine cures in these cases by a specific alterative influence exerted upon the serous walls of the sac.

3. Iodine is always ranked among the remedies for cutaneous diseases, although opinions vary as to its comparative value. Dr. Neligan considered it superior to any other drug in these cases: he names psoriasis, lepra, ichthyosis, and lupus as the forms of disease in which he had found it most useful. He usually gives the Iodide of Potassium.† Mr. Hunt, on the other hand, has little to say in its favor: but highly extols Cod Liver Oil as "the only medicine to be compared with Arsenic in its power over skin-diseases."‡ We shall have to enquire presently how far the power of this oil is to be ascribed to the Iodine it contains. Cogswell quotes several testimonies to the value of Iodine in chronic cutaneous eruptions.§ A remarkable improvement in the beauty of the hair and cleanness of the scalp has been observed to follow its use in strumous children.‖

4. Little is known of the therapeutic value of Iodine in diseases of the heart. It should be useful in some forms of palpitation, especially organic. Dr. Neligan states that he has found the Biniodide of Mercury a very valuable remedy in the treatment of organic diseases of the heart, more especially in those valvular affections which permit regurgitation.¶

5. The tendency to hæmoptysis, whether from pulmonary congestion or from cardiac disease, is often under the control of Iodine. We have cured with it an old case of chronic pneumonia, in which abscesses repeatedly formed and discharged. But the most important use to which Iodine can be put in this

* *Cogswell*, p. 82, 113. † Medicines, their Uses, &c., 3rd Ed., p. 407, 418.
‡ On Diseases of the Skin, 5th Ed., p. 30.
§ *Cogswell*, p. 80; see also a case in *Brit. Journal of Hom.*, Vol. I, p. 409.
‖ *Wilcox*, p. 281. ¶ *Op. cit.*, p. 398.

sphere, is as a remedy for pulmonary phthisis. No drug presents so perfect a pathogenetic picture of this disease as Iodine. Locally, we have pneumonia and hæmoptysis: constitutionally, emaciation and night-sweats; wasting fever and rapid pulse; cough, diarrhœa and vomiting, and, in females, amenorrhœa. If "similia similibus curantur" be true at all, and phthisis be curable, Iodine ought to be its remedy *par excellence*. And if the virtues of cod liver oil in this disease depend in part, as many think, upon the Iodine it contains, we have here the practical affirmation of the *à priori* suggestion. But Iodine itself has been tried in phthisis, chiefly in the form of inhalation; and has obtained much commendation.* We ourselves have found decidedly more benefit from Iodine than from any other drug in the treatment of this terrible disease; and are firmly persuaded that, so far as medicines go, our best hope of future success lies in the careful study of the relations between it and this drug. We mean as to the class of cases for which it is most suitable,—the dose—the form of administration, &c.

III. Iodine has been used with apparent success in many cases of paraplegia, chorea, &c.† It is difficult to ascertain the distinctive features of the cases of these diseases cured by it. It is a very useful remedy in tremor of the limbs, whether idiopathic, or from exposure to the influence of Mercury. We have found it of much value in chronic congestive vertigo in old people: and it has proved curative in a case of persistent heavy headache, with dizziness on active exertion.‡

Iodine has also proved useful in the following diseases, in which we cannot refer its action to any physiological head.

1. Applied locally in the form of tincture, it has relieved the severe pain of rheumatic arthritis,§ has caused the abortion of boils,‖ and the disappearance of corns.¶

* *Cogswell*, p. 73, 111; *Wilcox*, p. 290; *Hempel, op. cit.*, p. 551; *North Amer. Journal of Hom.*, Vol. I, p. 382.

† *Cogswell*, p. 75; *Hempel, op. cit.*, p. 540.

‡ See *North Amer. Journal of Hom.*, Vol. VIII, p. 395.

§ *Ibid*, Vol. VII, p. 221.

‖ *Dr. Rigby*, in *Med. Times and Gazette*, July 24th, 1858. It is also highly recommended as a local application to carbuncle. See *Brit. Med. Journal*, August 8th, 1863. ¶ *Med. Times and Gazette*, January 15th, 1859.

2. Dr. Arnold, of Heidelberg, ranks it with Calc. carb. as the leading remedies for mollities ossium.*

Compounds of Iodine.

Compounds with the Alkalies and Alkaline Earths. This group must be subdivided into two :— the first comprising the Iodides of Potassium, Ammonium, and Sodium :—the second consisting of the Iodides of Barium and Calcium. The Iodides of the first group are represented by the Iodide of Potassium,—the compounds with Ammonium and Sodium having only been lately introduced into medicine, as cheaper and more convenient substitutes for that salt The Iodide of Potassium (K I) may often be used instead of or in conjunction with pure Iodine, which it resembles very closely in its physiological effects. But it has a very high reputation of its own in the treatment of secondary and tertiary syphilitic affections,† and in chronic rheumatism,‡—in both these dyscrasiæ being specially useful where the periosteum is affected. We shall not here enlarge upon its value in these diseases ; not only because it is well known, but because it rests at present upon a purely empirical basis. We may not on this account allow our patients to suffer by withholding such a means of relief :—for its power over secondary syphilis is perfectly marvellous, and forms one of the brightest pages in the ordinary practice of medicine. But we cannot but feel dissatisfied until its use has been set upon a more rational footing. Its peculiar virtues appear to be due to the presence of an alkali ;—for there seems to be no appreciable difference between the action of the Iodides of Potassium, Ammonium, and Sodium : and Pereira states that its power is increased by combining it with Liquor Potassæ. It does not appear to require or to bear dilution :—for homœopathic practitioners seem always to use the crude drug,§ and the full doses of it (gr. v—xv) resorted to by practitioners of the old school are rarely productive of any inconvenience. The Iodide

* *Wilcox*, p. 294. † *Cogswell*, p. 79, and authors generally.

‡ *Cogswell*, p. 114.

§ *Hempel*, *op. cit.*, p. 1021, 1022; Hahnemann Materia Medica, p. 51; Yeldham's Homœopathy in Venereal Diseases, p. 87, 88.

of Potassium, in grain doses, is highly praised by Mr. Yeldham in prostatitis, after the acute symptoms have been subdued by Aconite with Mercurius or Pulsatilla.*——The Iodides of Barium and Calcium have been introduced as remedies for scrofula, in the hope that the long-known virtues of Baryta and Lime in this disease may be reinforced by the pre-eminent powers of the more modern Iodine.

2. *Compounds of Iodine with the Metals.* Of these we know the Iodides of Iron, Mercury, Lead, and Zinc. These compounds appear in all cases to owe their medicinal energy rather to the bases than to the Iodine with which they are combined.† At the same time, the Iodine is not without its action. Thus the Iodide of Iron has been found a specially suitable ferruginous preparation in the treatment of phthisis and scrofula. The Iodide and Biniodide of Mercury have been of service in cases of strumous cervical glands: and an ointment made with the latter is the favourite Indian remedy for goitre. The ointment of Iodide of Lead is a valued old-school remedy for dispersing enlarged glands, &c.

3. *Iodide of Sulphur.* In this compound, Iodine appears to be the active ingredient.‡ It has been used with much benefit in the form of ointment as an external application to chrônic skin diseases, especially acne, lupus non exedens, and old local psoriasis and lepra.§ In an article in an old number of the *Monthly Homœopathic Review*, we remember seeing the homœopathicity of this drug to influenza, and its curative power therein, advocated and illustrated by cases.

4. *Iodides of Carbon.* The compounds of Iodine—like those of Chlorine and Sulphur—with Carbon have so unique and distinctive an action on the organism,‖ that it would be quite out of place to treat of them in connection with the effects of Iodine.

5. *Oleum Jecoris Aselli.* When this powerful therapeutic agent was first introduced into practice, it was a common opinion that its peculiar virtues were due to the Iodine it con-

* *Op. cit.*, p. 32. † *Cogswell*, p. 126—168. ‡ *Cogswell*, p. 118—121.
§ *Neligan, op. cit.*, p. 419. ‖ *Cogswell*, p. 121—126.

tained.* To the homœopathic physician the infinitesimal quantity of the drug (one part in 40,000) taken in ordinary doses of the oil occasioned no difficulty; and he could point triumphantly to the perfect homœopathicity of Iodine to most of the maladies in which cod liver was found beneficial.† Of late years, however, so much striking evidence has accumulated as to the importance of oily matters in the nutritive operations, that it has become usual, among homœopaths as well as in the ranks of the old school, to regard cod liver oil as a purely dietetic agent. Now without questioning for a moment the great value of an easily digested animal oil as an article of diet in badly-nourished frames, we do strongly doubt whether the whole virtues of cod liver oil can be ascribed to this mode of action. When we remember that in a teaspoonful of cod liver oil we are administering a dose of Iodine equal to a drop and a half of its 3rd dec. dilution, and that we are generally giving it in cases to which the drug is strikingly homœopathic—can we doubt that it exerts a curative action? If we disbelieve this, we have no reason for believing in the action of infinitesimals anywhere. Moreover, were it the oil *per se* which cures, why should all attempts to find a substitute for the oil of fishes be so utterly unsuccessful? We conclude, then, that the virtues of cod liver oil are due in a great measure to the Iodine which it contains, and that the pathogenesy of this drug should always be borne in mind in our prescription of the oil. Iodine will be given best in the form of cod liver oil where there is much cachexia and wasting, as we then introduce at one and the same time both the specific to cure the pathological tendency, and the most suitable pabulum wherewith to repair the anatomical injury already done to the organism by the ravages of disease. The use of cod liver oil and other fatty matters has lately been advocated in the treatment of chronic convulsive disorders—as epilepsy, chorea, &c.—on the ground of the important place of oil in the composition of the nervous tissue. The cod oil is highly esteemed in chronic rheumatism.

* Prof. Hughes Bennett on the Oleum Jecoris Aselli, 1841, p. 51, 52.

† See a paper by Dr. Madden in *Brit. Journal of Hom.*, Vol. VI, p. 433, from which the following remarks are mainly taken.

6. *Spongia.* This marine production has long been used in medicine. It contains Iodine, Bromine, Chlorine, Carbonate and Phosphate of Lime, Iron, Silica, and organic substances. It was for a long time the favourite remedy for goitre, until the discovery of Iodine caused it to be discarded in favour of that substance, on which its curative powers were supposed to depend. Vogt, however, questions the propriety of such an assumption; and states that many goitres have been cured by sponge which had resisted the action of Iodine. Hahnemann has left us a proving of Spongia in the Materia Medica Pura. Its main action appears to be expended upon the larynx and the testes. In the latter it has caused an aching swelling, and has cured inflammation. Its powerful laryngeal action gave it for a long time the first place in the treatment of croup—from which it has now been displaced by Iodine. "But it is to be preferred," writes Dr. Elb, "to every other remedy, when, after the actual croup has been removed by other remedies, even by Iodine, *i.e.* after the removal of the exudation, there remains a rough, dry, almost continual, painful cough, accompanied with scratching in the larynx, and with or without shortness of breath, and sometimes attended with fever."* We find it the best remedy in simple catarrhal cough, and have found it rapidly curative in incipient laryngeal phthisis.

ALLIED REMEDIES. *Arsenic, Bromine, Chlorine, Mercury,* and *Bichromate of Potash.*

PHARMACEUTICAL PREPARATIONS. Iodine should not be prepared in trituration, on account of its volatility.† A saturated solution in alcohol will be about equivalent to the 1st decimal potency: and from this the farther attenuations may be prepared. A very useful preparation (the one by which M. Lugol has obtained such good results in scrofula,) is a watery solution of Iodine with Iodide of Potassium, in the proportion of two parts of the latter to one of the former.

Spongia, on the other hand, is better prepared by trituration, as it is very questionable if all its active ingredients are dis-

* *Hempel, op. cit.*, p. 1083.

† Even the dilutions, it is stated, are more efficient when freshly prepared. (*Wilcox*, p. 288, 289.)

solved out by the alcohol. At any rate, the maceration effects very little diminution in the bulk of the roasted sponge.

Dose. We recommend the 3rd decimal dilution of Iodine as ordinarily the most suitable strength for phthisis, marasmus, croup, &c. In scrofula, and in chronic indurations and hypertrophies, the Iodureted solution of Iodide of Potassium may be the best form; and pretty full doses may be given. The Iodide of Potassium, when administered for syphilis and rheumatism, requires to be given in doses of a grain or more of the pure salt, and seems never to bear raising above the 1st centesimal potency. Spongia may be given in any of the lower potencies: and the 1st decimal trituration of this substance may be the best mode of administering Iodine in goitre.

CEREBRAL DYNAMICS.*

By Dr. McGilchrist.

In a former Paper in this *Journal* we observed, that psychological physiology, cerebral physiology, and mental pathology are just aspects of *cerebral phenomena*, under which title they may all be included. Having already considered the two first—having separately reviewed some of the aspects of psychological and cerebral physiology, we propose here to glance, from a like point of view, at some of the phenomena more especially of the last; to inquire shortly into the facts, ascertained or presumable, of mental pathology. Such inquiries are, we believe, intimately connected with those which have for their object to ascertain proximately the laws of hereditary and other transmission—a field of research which has been too little cultivated.

Hitherto the phenomena of what may be termed *mental pathology* have, for the most part, been studied primarily only. Insanity in all its shades has been made the subject of careful study in the individual patient, and a bulky medical literature of the subject has grown up within the last few years, both here and on the continent, most of it alike honorable to the special

* Under the same title there appeared, in the *Atlantic Monthly* for September of last year, an article, evidently by a physician, which touches part of the ground here enclosed.

authors of it, and valuable to the ordinary physician who chiefly peruses it. Yet something is manifestly wanting in this department of medical science. It is notorious that Jurisprudence conflicts with Medicine on this ground, and that in legal, philosophical, and even in popular estimation, the dicta of those who have devoted exclusive professional attention to insanity are held in little estimation: "mad doctors," as they are irreverently styled, being regarded seemingly as themselves partially insane, or at least hopelessly prejudiced on most points relating to their special field of study.

Whilst very far from endorsing the verdict of the jurist as *versus* the mental pathologist here, we cannot refrain from expressing the conviction, that the misunderstanding is in a sense mutual, and the mistaken and imperfect views—the confusion which reigns in the application of psychological and physiological doctrines and facts to mental pathology, not the exclusive property of the lawyers and the general public. Whatever the mistakes and prejudices of the jurist, one shortcoming of the physician consists in this, that he continues to confine too much of his attention to actual cases of insanity as they come under his notice, either medico-legally or in the general course of practice, without seriously investigating those predisposing causes which lie beyond the individual, and beyond the nervous system, the determination of which were calculated to throw a broad light on the whole subject. Before noticing certain of these causes, or in other words going shortly into the subject of hereditary transmission, we may particularize in a few words the nature of that antagonism which still obtains between Law and Medicine on this vexed question of morbid mind.

It cannot be denied that modern medical authorities on insanity have differed among themselves, both doctrinally and in practice. In our Courts of Law, in recent cases* of inquiry into the mental condition of alleged lunatics, physicians of nearly equal professional standing have given opinions flatly contradictory; Dr. A. concluding from a review of all the facts in evidence that the patient was unquestionably insane, and

* Witness that of Wyndham.

Dr. B. as confidently deciding that he was of sound mind. In the face of this, it is of course not surprising that the impression as to the worthlessness of medical testimony in such cases should increasingly pervade the legal and other circles of the community; and we have, we confess, no sympathy with those of our professional brethren who are perpetually protesting against it, without either acknowledging the manifest reason there is for it, or furnishing some satisfactory scientific reconciliation of the scandalous antagonism.

Leaving out of account, however, special professional differences of opinion, and ignoring certain crotchets of the medical psychologists as to this or that phase of insanity and its bearing on medico-legal questions, we may fairly assume a unanimity of opinion among modern medical authorities on the general question at issue, in so far at least as they accept the corporeal view of insanity, which predicates cerebral disorder or defect as the associated cause or initial pathological condition of every form of mental alienation. This, indeed, however obscured from time to time by the crotchets or the ingenuities of specialists, appears always to have been at bottom the medical view; as on no other could insanity have continued to be regarded as amenable to medical treatment or supervision.* And it is, in

* Although in ancient Greece, and throughout the East, lunacy, like epilepsy, was popularly considered as a supernatural visitation, the work of spiritual beings, yet the same line of demarcation is to be drawn here as on points of religious or mythological doctrine generally—in æsthetic Greece especially—between the popular beliefs and the esoteric or philosophical faith in those countries. Whilst epilepsy and lunacy were termed "the sacred Disease," and hysterical women and other morbidly sensitive subjects were no doubt believed to be inspired, and termed "demons," in the good sense of the term in Greece, and in the opposite or bad sense in Syria and Palestine—yet there is clear evidence that neither the authoritative philosophers nor the accredited physicians entertained amongst themselves any such delusions. A class of professional exorcists there was, who popularly undertook the cure or treatment of lunacy and epilepsy, engaging for a consideration to dispossess the demons by certain sacred or mysterious processes. But that the genuine physicians, as well as the influential philosophers, discountenanced these popular practices, more or less openly, is certain. In the Hippocratic writings there is an essay "on the sacred Disease," in which the proceedings of the exorcists are ridiculed, and the morbid phenomena exhibited by the

fact, the pathological counterpart of the accepted modern physiological doctrine which enunciates, that no change of any kind takes place in the consciousness—whether it be of sensation, or perception, or volition, or ideation—without a necessarily corresponding or initial vital change. Indeed, on the view already insisted on—that physiology, as the representative science of medicine, is inclusive of pathology, and on its own higher principles of generalisation prospectively adequate to the explanation of all pathological phenomena whatever, it cannot be otherwise. The phenomena of mental pathology must necessarily come under those physiological conditions or laws which dominate morbid no less than normal function; and there can therefore be no such thing, in the absolute sense, as a separate or separable science of morbid mind, any more than of morbid body; although for practical purposes, and as a special branch of observation, there may be, as there is with great propriety and advantage, some such separate study.

Such being the accepted modern medical doctrine of insanity —a doctrine which moreover there is reason to believe is very ancient—insanity we hold to be a *cerebral disease*, often subtle, not always traceable after death, but demonstrable functionally, as well as psychologically, during life. By a very simple series of experiments the healthy subject may produce in himself at will, temporarily, various forms and stages of such functional cerebral disorder—by using to excess a narcotic or alcoholic poison for instance. Let a man of sound mind and in good health, whilst engaged in a mathematical calculation or in some literary effort, swallow rapidly a bottle of indifferent port wine, say, or a quantity of brandy, or smoke a little tobacco or opium, and he will speedily find himself more or less incapacitated for such intellectual work. Let him go a step further; let him continue to swallow more wine or brandy, and smoke more tobacco and opium, and he will soon find himself totally incapacitated for the simplest connected intellectual exertion. A

demented distinctly ascribed to disordered function, and of the brain chiefly. And Plato has something to the same effect in the sixty-eighth chapter of the Timæus.

little more, and he will lose the use of his faculties altogether, and become to all intents and purposes the subject of temporary insanity. One step more, and unconsciousness—temporary oblivion ensues. Or let him look at a like series of aberrant phenomena variously produced, artificially, in others; or by similar experimentation with brain and nerve poisons introduced into the circulation of the lower animals; or study the ready-made cerebral experiments of nature, so to speak, in the phenomena of frightful dreaming, idiopathic delirium, coma, &c. The resulting conclusions from a review of all such phenomena point unmistakably to the fact, that all these various disordered or abnormal conditions—of which insanity in its pronounced forms is only another morbid stage or phase—are of cerebral significance and origin.

On this, the physiological view of insanity, man must be regarded as an animal, removed high above all other animals it is true, but differing from his fellow-creatures not so much in kind as in degree; and insanity is markedly a *human* disease, in so far only as man's mental faculties and his cerebral organization transcend those of the animals which are below him in the varied scale of being, and the conditions of cerebral hereditary transmission are consequeutly in him more complicated, cumulative, and permanent.

The other, the popular, and to a great extent also the philosophico-legal view, is more or less, and in a confused way, *metaphysical*. On the whole, it just reverses the physiology of the subject, so to speak. It implies or takes for granted, if it does not enunciate in so many words, that it is the mind which, as a separate and dominant entity, acts primarily on the nervous masses, producing impressions which may or may not effect changes of structure, but which are at all events capable of doing so. It does not necessarily dispute, be it observed, the pathological evidence which goes to show that where there is discoverable cerebral lesion the mental impairment is always proportionate in degree. But in cases of insanity traceable to moral causes acting on the brain and nervous system without *post-mortem* discoverable lesion, it assumes that the moral causes (so-called) belong entirely to the mind, and that the

mind through these moral causes dominates the organization; which organization, however, they cannot help admitting, does in some confused mysterious way re-act again upon the mind. So far, their fallacy lies in the metaphysical assumption, which necessarily underlies all speculative philosophy, of a dominant, separate entity called Mind, capable of acting through abstractions, styled very variously and vaguely "moral causes," "innate ideas," "religious influences," "governing emotions," and so on, which are directly or indirectly held to be primarily independent of nervous matter—of organization.

On this view, Man is considered as a *being*, not at all as an *animal;* regarded as apart from the so-called "lower animals," which are in reality his fellow creatures, and distinguished from them all by that supposed peculiar quality which enables him to be or to become two separate or separable entities—a body and a mind; and it affirms that insanity, though legally speaking "a fact," is mainly or wholly a mental affection, and not necessarily or obviously always related to bodily imperfection. "The introduction of medical opinions and medical theories," says the Lord Chancellor, "into this subject (the medico-legal investigation of insanity) has proceeded upon the vicious principle of considering insanity as a disease, whereas the law regards it as a fact which can be ascertained by the evidence in like manner as any other fact. Therefore we empanel a jury of ordinary men, and call upon them to try the question by proof of the habits, the demeanour, the conversations, and the acts of the alleged lunatic. . . . An evil habit had grown up of assuming that insanity was a physical disease, and not a subject of moral inquiry."*

Accepting this as the authoritative legal doctrine, it seems plain that the physiologist and the jurist are relatively in a condition of misunderstanding if not of direct antagonism on the subject of insanity; a condition which will not admit of reconciliation until the confusion of idea as to man's mental and bodily constitution, everywhere apparent beyond the pale of

* The Lord Chancellor on the "Lunacy Regulation Bill." See *Times* of 12th and 25th March, 1862.

physiology, shall have been clearly expressed and fairly put. So long as jurists and philosophers continue to endorse those metaphysical conceptions of man which are still rife, and which assume that in the phenomena of consciousness—in sensation, in perception, in ideation, in volition—the significance of the organization through which these are exerted is essentially secondary, so long will the answer to the question thus virtually raised by our Lord Chancellor—viz., What is, and what is not, 'a subject of *moral* inquiry?' remain speculative.

The simple question meanwhile, however, is whether the physiological view of the matter is right or wrong; whether insanity be a disease or not.* The jurist and the metaphysician concur with the vulgar in affirming that it is not so; "Therefore,"—in investigating a special case—"therefore," says the Lord Chancellor, "we empanel a jury of ordinary men, and call upon them to try the question by proof of the habits, the demeanour, &c., of the alleged lunatic." And this, again, is making insanity "a subject of moral inquiry," in opposition to that fallacy of the Faculty which would treat it as a calamity, as a disease.

But there is another point of view from which insanity, in all its shades, may much more hopefully be made the subject of inquiry. The facts of hereditary transmission, here as elsewhere, have not been seriously or systematically investigated; but perhaps they furnish the key to the seeming anomalies of the subject. By a proper reference to them the physiological or cerebral view of insanity may be established beyond reasonable doubt. If it be true—as on physiologico-pathological and other evidence there is good reason to believe—that every human being is a *definite* reflex of his or her parents, and not, as on superficial view it might seem, an indefinite compound, then it follows that the moral and intellectual no less than the physical qualities of every man are mainly *inherited;* not

* There is, however, an important difference, which the law does not seem as yet to have clearly recognized, between insanity and imbecility; the former implying mental disease, and the latter merely mental defect.

acquired, but only capable of modification, and that within certain comparatively narrow limits, by the force of such influences as education, social position, and other the like incidental circumstances. No doubt, to this it may be plausibly objected, that many men do not in point of fact resemble either, or represent a compound of both of their parents intellectually, either at all, or at least so much as they should, were this doctrine true. And towards answering this reasonable objection, we may here endeavour to trace and partially illustrate certain of those predisposing causes at which we have hinted as often lying far beyond the individual.

As to certain corporeal affections, it is notorious enough that physicians do often look backwards for one or two generations for an explanation of the fact, that certain families, otherwise to all appearance as little predisposed as others in their individual members to this or that disease, do nevertheless, and in spite of every precaution, fall regularly, and as it were in order, victims to a besetting malady. Yet when the case is one of mental alienation—the old prejudice in favour of regarding the mind as something apart from the body being still inveterate—unless the transmitted taint be direct and palpable, it seldom attracts a like regard. Popularly, too, the same inability or disinclination to look beyond the individual, and his or her nervous system, obtains in most cases of insanity of whatever nature. How often, for instance, do we hear of some unfortunate who has died, as it is confidently believed, or been driven out of his senses by disappointed love, or ambition, or jealousy; or of the otherwise fine amiable fellow who, with every inducement to steadiness and rectitude, has become the inmate of a lunatic asylum from dissipation, or found his way to the Penitentiary in consequence of inveterate cleptomania. It seems never to be suspected—what the more we learn the more reason we have to believe—that such alleged causes of insanity are not the primary ones; that their agency is quite indirect, and therefore small in comparison with those which were in the original constitution of the patient, and which are more or less inherited, or derived from progenitors. For we may rest assured that no man of untainted nerve and brain would die of love, or allow

himself to be driven mad by a reverse of fortune, or deliberately commit theft without an aim. At least, we may confidently affirm, that the cases are very few where pronounced mental alienation has occurred in one whose brain was not vitiated by hereditary morbid taints or tendencies. For insanity, in general, a preparation is laid before the birth of the unfortunate; and until this be better recognised, we shall strive in vain to account for the idiosyncrasies of morbid mind, or to lay a right foundation for that *prevention* which here were more hopeful than *cure*.

To believe that, as to the mental manifestations, there may be primordial movements, so to speak, which, accumulating through several generations, eventuate in pronounced morbid mind, we have only to disregard the metaphysical speculations or complications which have so long usurped the place of facts in this as in all other inquiries of a mixed bodily and mental significance, and regarding man as an animal, as a whole, observe how distinctly and how consistently, up to a certain point, the evidences of hereditary transmission are stamped upon him. Wherever races or families intermarry within a prescribed range, the features of the face, the cast of the frame, and even the minute peculiarities or monstrosities that may have been introduced, descend markedly from father to son; and along with these corporeal bequests the mental dispositions, the intellectual capacities and peculiarities, are also markedly reproduced from generation to generation.* It is only when such races, communities, or families cease to intermarry within their own range; only when by the copious and continued infusion of alien blood a seemingly endless variety and individuality has been attained, that the inherited qualities, which nevertheless still persist under subtler phases, become difficult to trace, and the problem of hereditary transmission complicated.

* The royal families of Hapsburg and Bourbon have often been cited as examples in point. Amongst the more intelligent of the so-called lower animals, the same transmission of both bodily and mental characteristics is strikingly observable—in the domesticated horse, elephant, and dog, most especially. Young dogs of the St. Bernard breed often seem to *inherit* the special kind of sagacity to which their progenitors were *trained;* and pointer puppies will often stand to game of their own accord.

Beyond this, the law that like produces like, and which is imperative in nature only so far as it is necessary to the conservation of the species, becomes, seemingly, relaxed, and within the necessary range of it we have every variety. Besides now representing two others, every individual indirectly represents an indefinite number; and in searching for some obvious sub-law of selection or combination here, we are for the present baffled. We sometimes see the one parent more fully represented, and sometimes the other, without any very obvious reason;* whilst the defects of the parent least represented are perhaps transmitted, rather than the excellencies of the better represented parent; and tendencies to health and strength which both parents seemed fitted to transmit, may be overborne by obvious opposite tendencies to disease, for which we can account only by referring them back to a former, and probably unknown or untraceable, progenitor, Yet over all this seeming complication we may be sure there broods order and sequence; since Nature admits no real confusion into that seemingly inexhaustible variety which is characteristic of her operations. Nay, it explains why it is that hereditary diseases, whether bodily or mental, should not be transmitted in general typically, or fully formed, with all the conditions they once manifested in one or other of the parents or progenitors of the subjects of them. It is popularly supposed that a hereditary affection ought to appear in the offspring precisely as it was in the progenitor; that it should be an affection of the same kind and degree. If the progenitor can be ascertained to have been the once victim of raving mania, and the offspring is stricken down with noisy madness also, then the relation of cause and effect is held to be obvious; but if the progenitor should have exhibited only excessive outbreaks of passion, remarkable inequalities of disposition, unaccountable impulses, occasional fits of monomania, then the link of hereditary transmission is held to be missing, and nothing charged to hereditary taint. But cerebral defect once established, there is abundant evidence that the mode in

* Although it seems probable that the *sex*, at least, of the child depends, far more than has been yet suspected, on the intermonthly period at which conception occurs.

which it may manifest itself in subsequent generations is not at all uniform. Thus, insanity in a parent may eventuate in any form of mental irregularity in the descendant—in *insanity, idiocy, epilepsy, drunkenness, criminal impulse,* mere *eccentricity,*—each of which phases of abnormal mind it were interesting to consider and illustrate, were this the opportunity, in their relations to insanity as a whole. Nor is the cerebral defect necessarily manifested (as is better known) in an unbroken series of generations: it often, like hereditary disease generally, skips over one to reappear with redoubled energy in the next; so that in looking for proof of hereditary taint we are not, therefore, to stop at the next generation. Yet side by side with this ill-understood law, which thus decrees the seemingly irregular transmission of defects as well as excellencies, there is evidently another law which operates in restraining departures, here as elsewhere, from the normal type—however subject to variety even it may be—in extinguishing erratic traits, and re-establishing the primitive character of the organism. This law, in fact, corresponds for the organ of mind to the general *vis medicatrix naturæ* of the organs generally; so that, underlying all the abnormal phenomena whatever of organization, we may say there is a silent rectifying process ever at work. Doubtless the combined and alternate action of these two laws goes to produce some of the phenomena of hereditary transmission, as to the whole laws of which we are still too much in the dark—not because they are inscrutable; not because man is an indefinite reflex of his parentage, but because that parentage is itself a reflex of many others; because, finally, the subject has not as yet received that attentive study which it merits.

If we knew accurately all the conditions of the bodily organs which determine their relations to function, we should surely find that the brain proper and encephalic ganglia are like the other bodily viscera, in relation to the functional manifestations over which they preside. Though, inasmuch as the cerebral organs and nervous system are of a higher and subtler organization than the other viscera—than those, for example, which preside over the functions of digestion—we know less clearly how they exert their influence functionally, yet the general scope of their

functions is not now doubtful; it is physiologically certain that the phenomena of reflex action and of consciousness—of thought, volition, &c.—are the functional expressions of which the encephalic and nervous structures are the organs. And this being so, the day must be at hand when the laws—the pathological laws included—which govern their functional manifestations shall admit of complete elucidation. Meanwhile, there are certain *conditions* of the brain and nervous system which foreshadow, as it were, the still unelucidated laws of hereditary transmission, and to which we can point as comprehensively explanatory of most of the seeming anomalies of the pathological phenomena in question.

Here, beyond allowing that if a man's brain be much below a certain definite standard he must be irredeemably an idiot for life, we may disregard the popular notion that *size* is the measure of cerebral power or perfection. It seems, indeed, highly probable, if not absolutely certain, that *relative* size of the different parts of the brain has something to do with the character of the cerebral functions, balancing, as it were, their forces. But all analogy here points to what has been termed *quality* as the condition that most determines the general cast of the mental manifestations. It is not perhaps easy to define this condition termed quality, nor is it known wherein it intimately consists; yet we have a definite enough notion what is meant by the good or bad quality of an organ—it is that constitution of it which on the one hand ensures the highest measure of excellence and precision in the working or function of it, or on the other admits only of the lowest. This condition or fundamental constitution of the brain, therefore, overrides the influences of education, training, example, and the like, which are still popularly held to alter or increase permanently mental direction and efficiency, and is to be considered as undoubtedly the main source of those differences of mental power and direction in man which have given rise to so many conflicting metaphysical and psychological disquisitions.

Now, *morbid action* of it, productive more or less directly of weakness or disorder, is the chief agency at work in vitiation of the quality of the brain. And the effects of this morbid action

of the brain do not cease with the individual, but are transmissible to the offspring, whether or not traceable, or whether or not reappearing in the same form; hence the early and necessary complications which attach to the questions of hereditary transmission. This first agency of morbid action, which is a very general one, attaches more specially to the brain proper; but it is often more or less complicated with another, which is scarcely less efficient as itself a cause of ultimate vitiation of the quality of the brain: it is medically known as that of the *neuropathies*. These are certain varieties of disorder which have their origin in the brain, but which manifest themselves more specially through the general nervous system; and they comprise besides epilepsy, acute hysteria, chorea, and other convulsive affections, that habit of body and mind which is popularly spoken of as making its possessor habitually "nervous." Such *neuropathies* may be well or ill marked, ranging from a pronounced convulsive affection to the condition considered merely nervous. In the latter, the patient's mental efficiency may be seemingly little abridged; but here, as elsewhere, the offspring may exhibit any kind or degree of this or any other of the neuropathic affections.

These two agencies—morbid action and the neuropathies—are the most important ones concerned in that vitiation of the quality of the brain which is the origin or cause of by far the greater part of the mental, as also of much of the bodily, disease which afflicts mankind; and, taken along with other particulars,*

* Chiefly those congenital or other conditions which, as they are not *directly* associated with hereditary transmission, we have not stayed to notice here; but they deserve mention. The mental faculties—hardly manifested at birth or during early infancy—are developed gradually; the advance going on with accumulated activity as years and experience of the world increase, till, about middle age—from 30 to 40 perhaps—the man attains, or at least should attain, to the perfection of mental vigour and capacity. But the march of this mental development not rarely undergoes departures from the normal type. Thus, one man may be equal to the affairs of life at an unusually early period (15 or 16 perhaps), and in his case cerebral development is not so much diseased as it is premature; therefore the subject of such prematurity may attain permanent soundness of judgment, although he runs the risk of experiencing the usual consequence of all prematurity, whether of physical or mental development, viz., early decay. Others, by reason of

the study of them is calculated to throw light on some of the obscurer phenomena of hereditary transmission. For example, it is thus readily explicable how it comes to pass, that the children of great men—of celebrated authors, or eminent soldiers, statesmen, &c.—are not unfrequently very inapt representatives of their sires. It is rather the rule than the exception, that the son of a genius turns out either a dull and stolid being or an idle voluptuary, who is outstripped, in any professional or other career he may have adopted, by the robust son of some aspiring farmer or petty trader with a name utterly unknown to fame, and who, besides, has had to struggle with every disadvantage in his painful approaches on the road to that fortune which, however, he brilliantly conquers. And the explanation is, that the distinguished father of the obscure or unsuccessful man either was himself deteriorated functionally or organically by excessive cerebral and nervous exhaustion, when he begat this offspring, or that he had allied himself in marriage to a lady who was the victim of one or other of the *neuropathies.*

There are three other agencies which, although they may be virtually included in the more general ones just cited, are also special causes of cerebral deterioration and its varied consequences. These are—1st: That innate constitution of the body, that dyscrasy which is termed *scrofula;* by which is to

retarded development, may be very long of arriving at such a stage of mental capacity as fits them for the prudent and successful conduct of the business of life, yet they, too, may ultimately attain it. But there is a third class in whom there is evidence not merely of retardation, but also of *arrest* of development. Of such there is no hope; and the phase of their permanent mental imperfection merely depends on the period at which arrest may have taken place. If it took place at early infancy, the subject of it will be an idiot at the period of physical maturity—as devoid of mental power as an infant; if in boyhood, the man will be a childish imbecile; if at puberty, he will be a mischievous imbecile, with strong animal passions and assimilative appetites, and weak self-control. Further, there is a class of cases the subject of which is born idiotic or imbecile, by reason of injurious influences—injuries direct or indirect—acting upon him in his mother's womb. And finally, idiocy or any other modification of mental impairment may ensue, after birth, and at any period of life, in those who had else been cerebrally normal, in consequence of physical injury, such as a blow on the head, or from a fever, or other serious illness altering the structure, or impairing the function, of the brain and nervous system.

be understood generally disease, or diseases, acting at first locally on the lymphatic system, but often on the large scale tainting the whole system, and so capable of being transmitted in a second generation as a nerve and brain deterioration, and thus reappearing as mental disorder. Scrofula and rickets, originating often in physical deprivation, and eminently capable of being fostered and aggravated by such deteriorating causes as undue cold or moisture, or bad air along with insufficient food, are the frequent accompaniments in one form or other of poverty; and as long as the monstrous inequalities which characterize modern civilized society continue to exist, so long, it is to be feared, will this malign agent continue to infest the human subject like a loathsome parasite. Nor is its influence confined to any class of society; for although scrofula does no doubt too often originate in the hovel of the day-labourer, the cellar of the rag-picker, or the garret of the poor sempstress, over which moreover it broods as its centres of ever fresh propagation, yet it often becomes established in the families of the rich also. In the upper ranks it appears, indeed, oftenest under a secondary aspect, and might probably be traced generally to some other more specific taint, such as syphilis, or sycosis, or one or other of the neuropathies, of which it is a transmuted hereditary transmission.

2ndly: As is well known, the qualities of a race or tribe, or community, are capable of remarkable deterioration through intermarriage; and this deterioration is not confined to the physical, but extends even more markedly to the mental manifestations. The disastrous issue of *breeding in and in* (as the stock-farmer, who is conversant with its effects in the lower animals, terms it) is always most marked through the *nervous system*, in this respect merging into a variety of the *neuropathies*, and giving rise, where persistent, to deaf-mutism, blindness, idiocy, and insanity; though here, as elsewhere, the penalty is not always exacted in a regular form, nor incapable of seeming evasion by counteracting circumstances. Doubtless this is an agent in cerebral deterioration not so widely spread nor now so common as of yore; still the families and communities are probably without exception—amongst which it exists

as an unsuspected or, so to say, latent source, capable of aggravation at any time through imprudent marriage—of unsound and unhappy hereditary transmission. For example, in a marriage between cousins, if either of the parties be ever so slightly scrofulous, or the inheritor of one or other of the *neuropathies*, in however minor a degree, or even though as yet undeveloped palpably in him or her, then the resulting progeny, exposed to the double deterioration of consanguinity and inherent scrofulous or other taint, is not merely likely, but, we believe, certain to be afflicted, in an aggravated degree, with one or both of the latent morbid complications; or if they, the immediate progeny, should escape—as a single generation here as elsewhere is occasionally passed over—then on the next generation still more aggravated phases of cerebral and nervous deterioration are certain to be entailed, and evolved into pronounced insanity.

The 3rd and last of these subagencies concerned in vitiating the quality of the brain is excessive or long-continued *intemperance.* This is indeed a fruitful source of mental deterioration, but not exactly after the manner popularly described. In reality very few, if any, cases of insanity are to be directly attributable to intemperance. A man may literally "drink himself to death," and that very slowly—may indulge to excess habitually for long years or half a life time—without becoming insane, unless he have acquired a hereditary predisposition to his besetting vice. Nay, he may even then escape insanity as a consequence of it, since it often requires more than one generation to ripen the hereditary germ; and here also the taint may reappear under any of the metamorphoses noticeable under other special causes of cerebral deterioration. The intemperate, who inherited the tendency from his parents, may himself transmit it to his offspring as mania, or idiocy, or epilepsy. As a cause of idiocy the influence of this transmitted taint is best marked and most widely acknowledged.* Whilst such facts as those

* It is a curious feature of the deteriorating influence of this hereditary taint, that the primary effect is not always persistent, but seemingly capable, within certain limits, of removal. In the report of the hospital at Columbus, Ohio, U. S., for 1861, the physician, Dr. Hills, says of one of his patients,

given on the authority cited below, seem to prove that the actual practice of habitual intemperance, at the time of impregnation, is sometimes or often a condition in the transmission of the taint, they do not prove that it is a necessary one. On the contrary, the intemperate who has himself inherited the taint may, there is no reason to doubt, defeat the vice in his own case—by a rigid adherence to total abstinence, or by placing himself temporarily or permanently in circumstances where indulgence is difficult or impossible—and yet the taint may reappear again in *his* offspring. And if this be true, with what a lenient eye should we not look on those unfortunates, often otherwise deserving of respect, who are *born* a prey to this insidious vice, instead of visiting them, as they are generally visited, with the scowl and the anathema of the Puritan. There is every reason to believe, that although intemperance is in many undoubtedly an *acquired* vice, induced primarily by the circumstances of position, example, privation, habit and the like, the great majority of its victims are those who have *inherited* it, directly or indirectly, as a constitutional taint. It exhibits itself in one form about which there can be no dispute. Wherever there is manifested, and that often in spite of the advantages of good education and example, an irresistible craving for stimulants, before, or independently of, preliminary or gradual indulgence, there we may be certain the intemperance is transmitted and hereditary.

Intemperance in the use of alcoholic stimulants being eminently a northern vice, its climatal counterpart is seen in the habitual abuse of narcotics. As in Europe generally, alcohol in one shape or other is so habitually abused that the taint becomes transmissible and hereditary, so in Asia and Africa the same holds good of opium-eating specially. We cannot

that "his father in the first part of his married life was strictly temperate and had four children, all yet remaining healthy and sound. From reverses of fortune he became discouraged and intemperate for some years, having in this period other four children, two of whom we have now recived into the asylum; a third was idiotic, and a fourth epileptic. He (the father) then reformed his habits, had three more children, all now grown to maturity, and to this period remaining sound and healthy."—And another similar case is cited afterwards.

doubt that the habit and the necessity of opium-eating, or smoking, merge into each other, and have become transmissible in the East through many generations; since it is an established fact,* that if deprived, however gradually, of his accustomed narcotic stimulant, the Chinese opium-eater or smoker—who moreover seems to become one instinctively—inevitably pines away and dies, unlike the European opium-eater, who invariably survives the deprivation, whatever suffering it may cost him. The explanation undoubtedly is, that in the former case the vice is *inherited*, through not one but a long line of ancestors, whilst in the latter it is directly, or at the most indirectly, *acquired.*

Such conditions of the brain and nervous system have a very wide, though perhaps not often a well marked, significance in determining that cerebral deterioration which being transmissible is apt to become hereditary; and it is, we believe, by a reference to them especially that the seemingly unaccountable and capricious differences which markedly obtain in the mental constitution of men of the same race, and type, and family even, may be better understood and reconciled. Were such cerebral conditions more studied in relation to the laws of hereditary transmission, and the latter better determined, vice grafted on genius and talent would no longer be seen, as it is still viewed, in the light of *original*, but rather in that of *inherited* sin; whilst the superstitious and other weaknesses which too often disfigure the otherwise spotless character of the typical "good man"—emasculating his well meant efforts for the improvement of his fellow-creatures, and rendering him a social hindrance in the path of science—would cease to elicit from his emancipated scientific and philosophical neighbours mere contempt or disgust.

In relation to what has been let fall in the last paragraph, we may notice a type of mental constitution which is far from uncommon, but which is not generally recognised. There is, it would seem, a debatable or common ground between sanity

* See the article "Narcotics," in the January number this year of this Journal.

and certain forms of insanity; or to put it differently, the transmitted cerebral defect or mental lesion is sometimes confined to a very narrow range, beyond which the mind presents no impairment. In such cases there is a congenital conjunction of sanity and insanity, but the sound and the morbid do not coexist in a state of fusion, although both derived from a common source. They are side by side, and each is to a great extent independent of the other. In ordinary cases of partial insanity, mental defect is superinduced, as it were, upon a mind otherwise sound, and is therefore in some degree an accident, subject to removal; but this type of mental constitution is definitively stamped *ab ovo* on its inheritor. The subjects of it often pass through life in quite a creditable manner, and not unfrequently attain distinction of some sort, not so often in the steady pursuit of any calling as in some side-walk of spasmodic effort; but ever and anon the morbid element is cropping out and attracting the notice, if not exciting the surprise of their friends, who, however, seldom recognise it in its true light. It may be set down as eccentricity merely, or undisciplined power, or ascribed to defective education, bad habits, or some other casual influence; and the rather, that for such eccentric manifestations the subject of this congenital mental phase is ever ready to advance plausible reasons. The distinguishing characteristic of such a subject is mainly this, that whilst conducting himself in the common business of life correctly, and even shrewdly and cleverly in general, he from time to time exhibits tumultuous traits of thought and action such as are never witnessed in men of well-balanced minds. What is still more remarkable, in men possessed of a high order of intellectual endowments, who belong to this type of mental constitution, the morbid element seems to impart force and piquancy to all the mental manifestations. This naturally deepens the mystery which popularly enshrouds the famous of this sort, and leads to the most contradictory estimates of their characters. Lord Byron affords a prominent example in point. Insane, few would venture to call him, but it is certain that he passed through life under the influence of an abiding feeling that nearly everybody with whom he had relations sought to oppose or

annoy him; he was subject to outbursts of ungovernable passion, and trembled not seldom on the brink of suicide. That he inherited these morbid traits is certain; for the reckless conduct of his father gained him the *sobriquet* of "Mad Jack Byron." The morbid element in Lord Byron's nervous system was moreover manifested in the epilepsy of which he was, more or less, the victim throughout his whole life.

There seems good reason for suspecting that wherever epilepsy shows itself, there is a latent morbid element, which, if it does not dominate character, at least gives rise in men of high and otherwise healthy endowments to the phase of mental constitution—to the kind of mental dualism we have described. The character of a greater than Byron, has proved, more or less, an enigma to the hundred and one historians and essayists who have commented on it. The great Napoleon, with all his splendid endowments, exhibited faults of character and judgment which go far, we think, to bring him, too, within this category. In his early youth, apparently the master of himself, it is notorious that he afterwards became subject to bursts of terrible passion, and that he was obstinate and opinionative to an unnatural degree. He was also untruthful, unscrupulous, cruel (perhaps not originally or naturally), and intensely selfish. Yet this was the man who through the might of his genius swayed the world of his day, and commanded the admiration, and even the love of his immediate followers. In him we behold not so much a mixed character—for he was consistent and persistent in all his aims and views—as an example of the *mental dualities*. If we contrast his with such a mental constitution as that of his great rival in the field, this will appear the more evident. Wellington's was essentially a well-balanced mind; he exhibited no aberrations; his passions and his emotions alike were under his own control; he was cerebrally one. But Napoleon was the victim of epilepsy—though the fits visited him but seldom—and although we have not the means of tracing the taint in his case, we may be sure that so serious a morbid element did not vitiate his nervous system otherwise than through hereditary transmission. Thus, though Napoleon after his sort was great, nay, the greatest of men, he was still a

very imperfect man; whilst of Wellington we may say that, *after his sort,* he was perfect: he had no cerebral taint. We observed that this kind of morbid element, this species of mental dualism, seems in men of high endowments often to lend force and piquancy to the mental manifestations in general —to give variety and enthusiasm to the character. Hence it does not follow, that the most cerebrally perfect men are those who in the existing state of human affairs are best fitted, or at all events most inclined, to dominate their fellows, or to attain any remarkable eminence or world wide fame. Circumstances may, indeed, dictate to such a special career, which they will then pursue successfully, but modestly, and without that false brilliancy which ministers to the taste of the multitude. The world has seen its Washingtons as well as its Napoleons; and from out the noisy crowd of temporarily famous literary heroes, there emerges ever the shadow—and but the shadow, for of the man the world knows scarcely anything—of a gentle and unassuming Shakspeare. But in general we may say, that those who work themselves ruthlessly to the front in the battles of public life are men blessed or cursed, as the case may be, with this kind of mental dualism. If the morbid element be slight, it probably acts, on the whole, rather as a foil to the inevitable pains and penalties of human existence. In proportion as it attains prominence, it approximates its possessor to the brink of that precipice, on which thousands unconsciously stand, overlooking the deep but narrow gulf which divides sanity from insanity. In common life, among an order of persons unknown beyond their own immediate circle, this sort of mental dualism is very frequently witnessed, though generally regarded as anomalous and not in the light of an organic law. Under the pressure of adverse circumstances, the balance, otherwise controllable, between the antagonistic mental forces—the normal and abnormal—is lost, and such persons act as if quite insane and are treated accordingly. But in general they are the subjects of only occasional aberrations or eccentricities, and according as the one side or the other of their mental state is looked at, they are accounted somewhat crazy or uncommonly shrewd and capable. The hereditary origin of this subtle mental defect

—this unsteady balance of mental dualism—is always to be looked for, though it may not always be capable of being traced, to some form of nervous affection; and wherever *epilepsy* shows itself, in however modified a degree, and in a subject however otherwise sound and capable, we shall find this, in the absence of any graver variety of defect in the mental constitution.

The modes in which it manifests itself, when well marked, are various. In some it appears in the form not of active, so much as passive, moral perversion: such persons are quite insensible to nice moral distinctions. Still, they have a perception of such distinctions, without which they find they cannot accommodate themselves to general usage and feeling; but it seems to be the result of imitation rather than of instinct or conviction. With such persons circumstances determine everything as to their career in life. Whether they leave behind them a reputation for flagrant selfishness, meanness, and dishonesty, or for a commendable prudence and a judicious regard for self—whether they remain seemingly respectable or run into disreputable courses, depends mostly on certain accidents of fortune and surroundings. As a case in point we may cite that of Dr. W., whose trial for fraud and involved forgery attracted much attention, in medical circles especially, a few years ago.

This gentleman, who was a foreigner by birth, but received his medical education at one of our most celebrated schools, was remarkable for great self-possession, no less than for great self-assurance; and these, joined to more than average professional attainments and much practical tact and sagacity, enabled him to acquire an extensive practice in one of the chief cities of the kingdom. He had the happy art of winning the confidence of those who became his patients, and even of commanding in many instances their enthusiastic adherence. His general conduct was not tinctured with immorality, and by his seemingly disinterested attention and kindness to the poor, he gained credit—which probably was not undeserved—for generosity and goodness of heart.

It was, indeed, noticed by his patients and others that he was somewhat eccentric—excitable and imperative; but such peculiarities were set down to the score of his foreign blood, and on

the whole they seem rather to have assisted him than otherwise in his practice. But certain of his professional brethren with whom he came most in contact were early struck by a strange anomaly which from time to time cropped out of his character. It was evident that in him there obtained that passive moral perversion, as we have styled it—that inability to distinguish nicely or accurately between, right and wrong, which, though it did not for a long time affect his public conduct, he frequently betrayed in the minor acts of his daily walk and conversation. He betrayed it, moreover, without any apparent feeling of reserve or shame, as if himself quite unconscious of its existence. When at length he was convicted of fraud and implicated in forgery, it took every one who knew him by surprise, except the few who were privately cognizant of this abnormal taint in his mental constitution. Much was said by his other friends in his extenuation, on the ground that the old lady, his patient, whom he was accused of inducing to acquiesce in the forgery whereby he was to benefit, was really more anxious than himself to bring about such a consummation, and that she was the suggesting party to it. And if this were true—as possibly it was—Dr. W.'s conduct seems all the more in keeping with the peculiar defect in his constitution which brings his case within the category of the mental dualities. An act of naked fraud, involving forgery, he knew to be a crime; but constituted as he was, it seems probable that he was not altogether capable of recognising the heinousness of acquiescing in the proposals of a rich old lady who insisted on benefiting, by the nearest means, her beloved physician.

Such cases seem to illustrate the fact, that there is a fundamental distinction between that kind of moral depravity which is due mainly to vicious training and other outward circumstances, and that which owes its existence—often latent, and only formed into action by exciting circumstances—to an abnormal cerebral or nervous element in the constitution. It is a distinction not always easily made, indeed, for it is not always possible by tracing the hereditary antecedents of the individual to dispel the obscurity which more or less surrounds such cases. Hence that intimate blending of the saint and the sinner which

is so common (north of the Tweed especially) of the "good man" and the rogue, has ever proved a stumbling-block to the moralist and the legislator, who are not aware of, or have no belief in, the frequent existence of such latent morbid elements in cerebral organization.

There is another phase of cerebral defect, not unlike the last, which has of late years been manifesting itself with increasing frequency, to the embarrassment of our courts and the astonishment of every body: *cleptomania* is the name given to its most usual outbreaks, though it is by no means confined to this notorious and somewhat fashionable form. With an intellect unimpaired by the slightest delusion, and with moral traits perhaps calculated to charm, the victim of this taint is actuated at times by an irresistible impulse to some particular form or act of crime. He struggles against it, more or less, and when he (or she, for the victim is often a lady) yields at last, his conduct takes every body by surprise, and is a mystery as great, perhaps, to himself as to others. And while ordinary criminals excite much compassion on the score of bad example, education, &c., ridicule seems to be the mildest feeling generally entertained for those cerebral victims who sin in easy circumstances, without seeming temptation, and against pure light. Who has not known or heard of some private family overwhelmed with sorrow and shame, because one member of it has exhibited open traits of this kind of moral aberration?

Inasmuch as depreciation of its *quality* is not necessarily confined to any particular portion of the cerebral organ, the effects of such depreciation may be manifested through any of the mental powers or faculties. Hence it is not through the purely intellectual powers alone, but equally in the emotional—in the passions, the affections and emotions—that we are to look for such moral aberrations; for the latter, like the intellectual, are emanated from, or at least connected with, the organ of thought, and like them must therefore necessarily be shaped in a great degree—the influence of external circumstances being quite secondary here—in accordance with the *quality* of that all important organ.

But while this is a virtually admitted fact, there exists a very

prevalent reluctance to admit all that is deducible from it. When the affections become disordered; when love and kindness turn causelessly to jealousy and hate; when the passions become depraved, and an habitual observance of the moralities and decencies of life and the practice of every virtue is succeeded by unbounded license and unblushing indulgence in crime, and all without apparent cause or motive—the morbid element in such cases is almost always socially and juridically ignored. It is admitted that a man may be a fool by inheritance, and therefore without any fault of his own, but if he flagrantly disregards the requirements of the moral law he is regarded as a perverse sinner, and perhaps punished as a criminal. But before we utterly condemn him for failing to recognise all the distinctions between right and wrong, for yielding to temptation and walking in evil courses, we should inquire whether he has not been denied a higher grade of moral excellence, through the defective quality of his brain, the organ through which all moral as well as intellectual graces are manifested; whether it has not been deteriorated by morbid predispositions, transmitted with more or less accumulating force, hurrying him on the road to insanity, or blasting with noxious influence his nervous system.—Look on this picture:

In the police station of a sea-port town in Australia, there was laid out for recognition one morning the body of a young man. His clothes were coarse and ragged, and the frame they covered somewhat emaciated, but the figure was still a fine one, and in spite of its haggardness there was something refined and even noble in the aspect of the countenance. He had been found in the streets the previous night in a state of helpless intoxication, and in that state he had died, probably asphyxiated. The story of his life is briefly this:

The son of a rich banker, it was anticipated that he would succeed to his father's position, and he was regarded as the future representative of the family. As a boy he had disappointed none of the expectations formed of him, and during the two or three years he passed as a literary student at one of our Scotch universities he was quite a marked man—marked because his mental endowments seemed in keeping with his

physical qualities: he was very handsome and very clever. As yet, though gay and studious by turns, though too versatile and flighty perhaps, he had exhibited none of the moral aberrations for which he soon after was conspicuous. He became a banker under his father, and for a year or two there was no happier, healthier, or more enviable man than young S. Then, almost suddenly, he became dissipated; from being temperate, he took to hard drinking, and spent great sums of money—of which he had formerly seemed naturally not over lavish—in the gratification of the most debasing indulgences. There was nothing, seemingly, to account for the change; it was consequent on no illness, nor the receipt of any bodily injury, that his nature seemed thus to alter. He grew greedy and needy of money, and it was always through his mother, who doted on him, that he obtained the means of replenishing his purse. At length even that recourse was insufficient, and he forged his father's name to a bill on the bank. To save his son, the stern but almost broken-hearted father took up the forged bill, but not in time to hide from others the nature of the transaction; and the character of the young man was thus ruined hopelessly. Emigration, the usual recourse under such difficulties, was determined on; ample means were guardedly provided him, and it was hoped that he would redeem his pledge to begin a new life in Australia. But those who knew most of him, and had remarked the total absence of any sense of shame in his recent behaviour, were less sanguine. He never reformed—never seemingly made an effort to reform. After a brief career of the wildest and coarsest debauchery—not, it is said, unstained with fresh crime—he died as we have described. When his fate transpired, the friends of his family, including the family physician, marvelled, as doubtless they marvel still, that the son of so immaculate a father—none of whose immediate relatives could be ascertained to have suffered from any form of mental alienation—should have turned out so thoroughly depraved, should have perished thus; and the wonder still ran, that one whose paternal progenitors were free from mental infirmities should have approximated so quickly towards insanity. None of them seem to have pondered what part the weak, amiable

mother of this man may have unconsciously played in the tragedy of his life. It consists with our knowledge that she was markedly a subject of the *neuropathies*. Other children she had who were not vicious—merely stolid and delicate. They were compounds of both their parents, perhaps pretty equally; but the subject of our sketch inherited the temperament of the woman that bore him rather than the constitution of the father who begat him; and this temperament, which in her case was styled "hysterical" and "nervous," and "spinal" —which in her went the length only of vitiating the nervous system, took in the son's case the aggravated form of cerebral defect, latent awhile, that cerebral defect manifesting itself ultimately in disordered passions and moral aberrations. How many are the histories like his which have never been traced!

Allied to such phases of cerebral defect as have their frequent unsuspected origin in the *neuropathies*, and are transmitted through the mother chiefly, and transmuted in the offspring, there is one which manifests itself obliquely, whose action is relatively indirect, and therefore very little taken into account in the general estimate of abnormal mind. This defect is in the *will*, and the subjects of it lack strength of mind, power of volition, or persistence of purpose. In the absence of any other, this defect is often sufficient of itself, under certain fostering circumstances, to emasculate the entire character in action, although where passive, or not called upon to decide on any alternative course of conduct, the subject of it may pass for a man of ordinary firmness and decision. It has no direct or necessary connection with what is called physical cowardice, but is rather a moral and intellectual phase of what is a corresponding state. If placed in circumstances where he is not thrown upon his own resources; so long as he remains subject to the direction or authority of another, and can bow to it, the subject of this defect may fail to detect it in himself or to betray it to others. But he is incapable of rising to distinction in any calling which he may pursue on his own account, and if left to the so-called freedom of his own weak will, he is morally certain to involve himself in difficulties and dangers. Nay, he is apt to fall into vicious and criminal courses, which perhaps

were even foreign originally to his nature as a whole. The weak man—the man of imperfect volition—not unfrequently ends in becoming the vicious and the criminal man. He arrives at such a consummation by a very different road from that pursued by the opposite type of character—the born or, so to say, natural criminal. The innate vice of the latter, sooner or later, dominates circumstance, whilst circumstance determines every thing in the career of the former. Left to himself he yields readily to temptation of every kind, and dies perhaps a felon. This applies to an extreme or typical case of such mental abnormality, between which and the well-balanced mind there are several grades of the imperfection. Here as elsewhere an intermediate degree of the defect is the more common. It is best illustrated by an example; and here is one on which we can put our finger.

J. McG. is a man comparatively still young in years, whilst old in knowledge of the world and acquired experience of various kinds; for he has passed through a good many shifting scenes. In him the intellect, the passions, the emotions, and the animal propensities seem by turns to gain the ascendency. Sometimes idle, luxurious, and even dissipated; anon studious and an anchorite. The anonymous author of several successful works in general literature, he has also made some most creditable contributions to the abstruser walks of philosophy and science; and in the profession which he has ultimately chosen, those who know most of him entertain no doubt that, if he care to try, he can command eminence. But they also fear that though he may *touch* it, so to speak, having done so, the chances are he will cast it from him as the child does the new toy off which the varnish has been rubbed.

The estimation in which this seemingly anomalous character is held, by those who know him only superficially, is very contradictory. But they who predict that, his talents and accomplishments notwithstanding, he will come to beggary, or perhaps die by his own hand, are least likely to prove mistaken. What, then, is the key to such a character as this? How does it happen that the unhappy possessor—(a marked melancholy in his most familiar friend)—of gifts so far above the average is so

little fitted for the battle of life, or at least cares so little to listen to the dictates of prudence and industry? The answer is, that he labours under a peculiar defect in his mental constitution. He is impotent as to his *will;* his volition is weak. He can do many things well; he can even astonish by the brilliancy of his miscellaneous talents; but he does nothing perfectly, and cannot bring the whole force of his subdivided mind to bear on any one subject or any one pursuit sufficiently long to master it completely. In imagination, and even in purpose, he can achieve anything, but distracted in action by the other elements of his mental constitution, simultaneously, or each by turns, called into play—by his intellectual faculties, his emotions, his passions, and his animal propensities—his *will* fails to decide permanently betwixt them, and after answering in turn the call of every element that appeals to him in the consciousness, he relapses into a state of exhaustion wherein he sees all human effort and achievement in the light only of vanity and vexation of spirit.

His father, from whom apparently he inherited the cast of his animal nature, was dissipated and died young. His mother, who probably bequeathed to him that dash of genius which has proved in his case no blessing, was a clever and engaging woman, but infirm of purpose, capricious, nervous, and superstitious. She exhibited in fact a variety of the *neuropathies.* What wonder, then, that the subject of this sketch is mentally imperfect to the unhappy extent we have described?

The narrow chested, round shouldered person, whose lungs are cramped for room and ill developed, barely oxydizing blood enough to maintain life, is not exactly the man to excel in athletic sports, or to engage with impunity in severe and protracted muscular efforts. His physical incompetency is no fault of his, but it is incapacity nevertheless. Why should we, then, expect mental competency from one similarly circumstanced as to his brain, as to the organ through which his mental manifestations are exerted? and why ignore the fact that, equally with the other in this case also, the mental incompetency is no fault of his? The narrow chest, the ill-expanded lungs, the imperfectly aerated blood, were bequeathed to the

one by his progenitors; the ill-balanced cerebral lobes and ganglia, and the bad quality of the tissue of his brain, equally were the inherited misfortune of the other. Why should we expect of one among whose progenitors any form of insanity, or of its complementary or transmutable equivalents—scrofula, rickets, epilepsy, or the neuropathies—prevailed, the moral and intellectual excellences exhibited by those who by no merit of their own—by the sort of so-called "accident of birth" that brings one man a lord into this breathing world, and stamps on another from his mother's womb the badge of poverty and toil —have been fortunately begotten of untainted parents? Can it be doubted that the brain and nervous system are subject to the same organic laws which govern the rest of the animal economy? Observation clearly proves that the activity and working capacity of the brain—just as it is so with every other organ—are subject to various degrees of irregularity, ranging from slight eccentricity up to raving madness. Occasionally, as we have seen, the minor degrees of such irregularity or defect are associated with remarkable manifestations, in some one direction, of mental ability; and it is no part of our doctrine that such conjunctions are impossible or even incompatible. On the contrary, they are the natural counterpart of the morbid side of that *want of balance* of the different parts or sections of the brain which seems to be a cause of irregular action, somewhat apart from the condition of *quality*, which, however, is the main one of all. Byron, Johnson, Napoleon, accomplished, each in his way, great intellectual things. Without the taint which each had in his (inherited) constitution, they might not have made more noise in the world perhaps, but we cannot doubt that they would have been really greater and happier men. It is not, as it is generally said, circumstance which mainly dictates the career in life of such men. Circumstance only enables them to act their part in life—which they might otherwise have refrained from acting, lacking the opportunity—to fulfil their cerebral destiny, so to speak. Differently, under the circumstances, they cannot possibly act. Given the inherited condition of a man's brain, the balance of its parts, the quality of its cellular, that is, its secreting structure; given, in other

words, the nature of his mental constitution, we have only to learn further all the circumstances in which he may be placed, to determine, with the precision of an arithmetical formula, how he will act and what career he is destined to run.

We shall doubtless be told, that if a man's moral and intellectual character is determined mainly by the quality of his brain, then there is no such thing as individual responsibility; and the old problem of "moral liberty" or "free will," on which so many rivers of theologico-metaphysical ink have been wasted, again stares us dogmatically in the face. We have no connection, however, here with any other than the scientific aspects of the case; and these seem to indicate unmistakably that the doctrine of free will has been misstated, or mistakenly applied to the facts of man's mental constitution by the dialecticians and metaphysicians and theologians who have constituted themselves its special expounders. Brought to the bar of science—science, which in contrast to metaphysical philosophy is ever advancing, ever elucidating, though it may be slowly, and bringing into the harmony of law and order the varied phenomena of organization—the dogmas of the schoolmen, however "reasoned," appear stripped of their idealistic pretensions, and are seen to express but a fraction of the truth. There exists, indeed, an essential antagonism between positive science and metaphysical philosophy on all such ground as this: it is needless to deny or conceal it, and the sooner it is openly—as it is now virtually—avowed, the better for those scientific aspirations which are still struggling for freedom and breath.

Within the circumstances which himself can dominate, a man is doubtless free; and he is further free, by calling in the aid of a competent physician, or by acting as his own physician to alter temporarily the *functional* direction and activity of his brain and nervous system, in the same proportion, or nearly so, that his other secreting or assimilating organs can be altered as to function. But how he is free to alter the inherited *structure* of that brain, or the balance of its parts, has not as yet been shewn by the philosophers. Man, moreover, ignores too much still his proximity to such of his fellow-creatures as are

styled "the lower animals." Every creature, as well as man, is free within the limits of its constitution. Each after its kind acts and thinks, though each is dominated in a far higher degree than man by circumstance. Man, indeed, stands in relation to the lower animals much as ordinary, and sometimes extraordinary, circumstance does to him. If the limb or the intelligence of a horse, otherwise physically perfect, be unsound at the time, he cannot win a race; if the brain of a man be tainted by disease or deterioration, he equally fails in whatever race circumstance orders him to run. But the man directly dominates the conditions of the horse, whilst as there is no animal higher than man to dominate, in like manner, his capabilities in the race of life, he naturally refers his failure to the circumstances of his human position. And when we say of a man whose brain has been vitiated by accumulated hereditary taint, that he is incapable of that degree of moral or intellectual activity which others of sound or untainted brain and nerve exemplify, what more do we in effect say than that we have an imperfect animal under review?

Why, in fine, should we persist in applying to the brain and nervous system an estimate of probabilities, a relation of causes and effects, a philosophy different from that which by universal consent is extended to the other organs—those, *e.g.*, which preside over the functions of secretion and assimilation? Can any one conversant with the structural relations of the human body confound that interdependence of all its parts which is so essential to its functional perfection as a whole, with the theoretical independence which is virtually claimed, by the jurists, and the metaphysicians, and the ethical philosophers, for one particular organ? The phenomena of consciousness—as exhibited in sensation, perception, volition, ideation, &c.—are, if the latest analogico-physiological views are worth anything, as much the effects of a secreting process going on in the ganglionic cells of the cerebrum and cerebral ganglia, as the formation of bile by the cells of the liver, or the elimination of urea by those of the kidneys. And after all, what is there more wonderful in the one than in the other? Wonderful truly are the subtlety and grasp of the mental powers in man; but

wonderful also is the intelligence of the dog, "the friend of man," and the constructive instinct of the bird and the bee; wonderfully the plant springs, and wonderfully the presumedly inorganic* earth on which it grows carries it round and round the electric sun which is its heart of life. Where all is thus wonderful, why should we eliminate one wonder from all the others with which it is thus circularly bound up, and foster the delusion, that by calling it *mind*, we have placed something which animates us above and beyond the laws of matter and material existence? We have too long done so, but science is now teaching us that we have done so vainly; and every year and every day it is becoming clearer and more certain, that the phenomena termed mental are as strictly consequent on organization as the phenomena termed physical or corporeal; that they vary in nature and in degree, are normal or abnormal in strict conformity with the state of the organ of whose action they are the emanations or secreted effects; that, in fact, there is no such distinction in nature as the purely mental philosophers have vainly attempted to establish between mind and brain.

We by no means admit that the metaphysicians have got hold of the subtler end of the chain which links mind with organization. The forces we call *imponderable*, for want of another expression embodying an adequate explanation of their action, express somewhat—though still very dimly and problematically—as to how the cerebral ganglia produce the phenomena called mental. And there is an analogous force to electricity—call it mesmeric influence, or nerve-force, or what you will—which exerts unmistakable, though as yet seemingly capricious and ill-defined, actions and reactions on the nervous centres; which is apparently capable of interchange, and of being more or less controlled and imparted by one human being to another. The determination of such forces, the explanation of their actions and reactions on nervous organization, their elucidation in a word, still to be achieved *via* science, is surely

* Presumedly only, for the latest cosmical speculations go to suggest, that the world we inhabit is itself a living organism, as yet in a very early stage of its development.

more likely to throw light on the *modus operandi* of sensitive, that is, nervous matter (of the cerebral cells and ganglia), *quoad* the mental manifestations so evidently linked with it, than the continued pursuit of those metaphysical speculations which have for their impossible object to determine in what manner mind exists and acts, independently of the physical conditions apart from which we know, and can know, nothing of it.

Meanwhile, according to the views we have here imperfectly illustrated, it appears that a vast amount of misery, associated with cerebral and other defect, is entailed upon mankind, and in civilized communities especially, through that disregard of the presumable laws and the observed conditions of hereditary transmission, which, unless it is wholly attributable to ignorance of the subject—as we fear it mainly is—is culpable; and it is devoutly to be wished that the day may come soon when this truth will dawn upon the public mind: That it is as great a sin in man or woman to contract an ill-assorted matrimonial union, to bring diseased and helpless beings into the world, and to propagate to succeeding generations serious mental and physical defects, as it is to violate any precept of the moral law.

CHANGE OF CLIMATE IN CHRONIC DISEASE.

By R. Tuthill Massy, M.D.

Change of climate in chronic disease is now more esteemed as a remedial agent for the restoration of health than when Sir James Clarke wrote on it as—

"A subject which has been but little attended to; and the neglect of it has, I believe, arisen in a great measure from the opinion which has generally prevailed in this country, that the beneficial effects of climate are evinced chiefly in consumptive diseases. Such an opinion could have originated only in a very limited acquaintance with the influence of climate on disease; and is, indeed, so far from being a correct view of the matter, that, were the character of this remedy to be estimated by its effects on consumption, it would justly be valued at a very low rate. In dyspepsia, in disorders of the

digestive organs generally, and in the nervous affections and distressing mental feelings which so often accompany these; in asthma, in bronchial diseases, in scrofula, and in rheumatism, the beneficial effects of climate are far more strongly evinced than they are in consumption. In cases, also, of general delicacy of constitution and derangement of the system in childhood and in youth, which cannot be strictly classed under any of these diseases; and in the disordered state of health which so generally occurs at a certain period of more advanced life, *Climacteric Disease*, in which the powers of the constitution, both mental and bodily, fail, and the system lapses into a state of premature decay, change of climate becomes a valuable remedial agent."

The most accomplished and elegant writer on change of air was Dr. James Johnson, who always prescribed Autumnal relaxation, and as a rule advised "*the home circuit*" in preference to foreign travel, both for health and pleasure. We fully concur with him in recommending for the many forms of *chronic dyspepsia*, resulting from too high a state of civilization, a trip to the Highlands of Scotland, or a sail *via* the Hebrides to the Giant's Causeway and on to the mountain range of Connaught, instead of the long and weary journey to the Alps or Pyrenees.

Diseases which rank under the names of atonic or nervous dyspepsia, would benefit by a ramble in Wicklow, where the air is bracing and the springs pure. Sir John Forbes forbad the drinking of cold water under the following circumstances:— "First, the exhaustion of the strength from previous overexertion and consequent depression of the heat-producing and cold-resisting powers: Second, the sudden application to the interior of the stomach of a large quantity of very cold water, when the system is in this state." This advice will be better understood and carried out if the pedestrian is told to rest and get rid of over-fatigue previous to either eating or drinking, though as a general rule no ill results will follow from taking six or eight ounces of the pearly fluid as it rushes life-like from the rock, but on the other hand benefit and restoration will result from the cool and comforting beverage to the depressed or diseased stomach.

Lord Byron was not aware that he had a stomach or irritable brain until he left

> "The land of the mountain and flood,
> Where the pine of the forest for ages hath stood,
> Where the eagle comes forth on the wings of the storm,
> And her young ones are rocked on the high Cairngorm."

Had his Lordship spent two or three months on the Deeside Highlands deerstalking, grouse shooting and fishing as of yore, and not burning himself in sunny Italy, where the thermometer is no index to our feelings while under the influence of the SIROCCO and TRAMONTANE, he would not have suffered from the *vapours* of which he so bitterly complained. Dr. James Johnson has written of "the *former*, which appears to suspend, exhaust, or paralyse the nervous energy of the body, and the sensorial vigour of the mind; both fall prostrate beneath the flood of enervating steam engendered by the aerial current sweeping over burning sands and evaporating seas. The *latter*, or tramontane, comes down from the Alps or Apennines with such a voracious appetite for caloric, that it sucks the vital heat from every pore—shrivels up the surface of the body—impels the tide of the circulation, with great violence, upon the internal organs—and endangers the lungs, or whatever other structure happens to be weakest in the living machine." The shores of our Island-homes are not exposed to the *Sirocco* wind—this south-east blast which is fraught with all the malarias of Africa, and which produces "that leaden oppressive dejection of spirits" in the English, nor are our happy homes exposed to the ruthless blast of the *Tramontane*. This is thoroughly proved by taking the annual mortality during ten years at Rome, Naples, Paris and London. Rome lost 1 out of every 25 individuals. At Naples, without wars, famine, or any unusual epidemics, the annual ratio of mortality increased to 1 in 23 of the population. During the same ten years, London only counted *one* in *forty*, while Paris reached 1 in 32. The average made on the entire of England was but 1 in 60. Throughout France generally the deaths reached 1 in 40. These figures were made out 25 years ago, and become of

great value when compared with our present *home* report (June 10, 1863,) by which we see the advantage derived from sanitary measures enforced on the legislature by the medical profession, and by which we learn—"the health of London continues to improve—the last ten years' death average is 1 in 132." Foreign climes have not made a like progress in sanitary improvement, and sulphuretted hydrogen* still permeates continental hotels and lodging houses.

The air from Cairn Shee to Cairngorum is refreshing to breathe during the months of July and August, and appeared to me beneficial in one very well marked case of chronic pleurisy.†

* Sulphuretted hydrogen gas is of so deadly a nature as proved by Professor Wagner's experiments—"that an atmosphere containing only an eight hundredth part will speedily destroy a sparrow; a mouse was poisoned quickly when confined in a large vessel of air impregnated with one six-hundredth of its volume; one four-hundredth part proved ultimately fatal to a horse." This note will become more impressive by closing it in the words of Dr. Grainger on the ill effects of animal effluvia on health. He said at the Epidemological Society:—"Epidemic disease is the special scourge of ignorant and barbarous nations, and that in the ratio of their darkness. Nor is it necessary to dwell on what is nevertheless a deeply instructive truth, that in regard to physical existence, the one great distinction between civilised and savage, or even partially enlightened nations, as those of the East, is the total neglect among the latter of all the decencies of life comprised in that one word cleanliness. What the habitual existence of these people is, and what are the fearful penalties consequently inflicted on them, has been graphically described by French and English physicians acquainted with the East, of which the account of the Pali pestilence in India, and of the plague in Alexandria, may serve as types. That this violation of the fixed conditions of human existence, so universal among heathen and misbelieving nations, is one of the many penalties of our fallen nature, may among other reasons be inferred from this, that to guard the chosen people of God from like evils, a direct revelation of the Divine will in this respect was vouchsafed. To the sanitary reformer nothing can be more striking than the precise and comprehensive laws laid down in the Mosaic books. No unclean thing was to remain within the dwellings of the theocratic nation; the refuse of slain animals was to be burnt without the camp; and as to human defilements, they were forbidden under awful penalty, even the withdrawal of the Divine Presence."

† Professor Trousseau of the Hotel-Dieu has so modified the treatment of pleurisy, that had he not combined the Aconite, but given it at separate intervals with the Digitalis, we might almost have imagined ourselves reading the prescription of the *Mother Tincture* division of Homœopathic practitioners in the following extract from the Paris journal:—

The air at Aboyne and Ballater is particularly suited during these months to bronchial catarrh. We must not omit to mention Pannanisch Spa, which has been compared to the Pool of Siloam, owing perhaps to the annual concourse of "blind, halt, and withered," who flock thither with every disease down to broken legs! The highlanders consider the *iron* properties of the spring are increased in virtue by combining it with their celebrated *Lochnagar-whisky!*

For those invalids who are not sufficiently strong for this pilgrimage "o'er the dark heath" to breast "the billows of Dee's rushing tide" and bound from "mountain to mountain," they can and with perhaps equal benefit pursue the English Dee to its source in North Wales, and find joy among the mountains which encircle Bala Lake, and there amuse the mind with a geological survey of the Cambrian period which

"Mr. Trousseau seldom resorts to bloodletting in the treatment of pleurisy. We are inclined to doubt if he ever has recourse even to cupping, in the incipient stage of the disease. As vascular sedatives, he prefers the exhibition of small and frequent doses of calomel, or the use of aconite and digitalis. We have, in cases of pleurisy, often heard him prescribe—

℞ Calomelanos, gr. ij.;
Sacchari albi pulv., ʒj. M.

Mix with care, and divide into twelve powders, one of which will be taken at one or two hours' interval.

Or,

℞ Tinct. aconitæ,
Tinct. digitalis, āā m. xv.;
Mist. Acaciæ, ad. ℥ v.

For a mixture to be taken in table-spoonfuls every two hours.

"If the pain in the side is very urgent, it may be relieved by the application of a cloth impregnated with chloroform, or by friction continued for several minutes with a mixture in the consistency of a syrup, of one drachm of extract of opium, with a sufficient quantity of water. The part should be afterwards covered with a wet compress, protected by a piece of waterproof taffeta.

"When effusion has taken place, Mr. Trousseau never resorts to the very generally adopted measure of blistering the chest for the purpose of promoting absorption. Blisters, especially if their dimensions are considerable, are open to several objections: in the first place, they are very painful, and frequently give rise to pustular eruptions, abscesses, boils, erysipelas, and other distressing manifestations, and should especially be proscribed when any epidemic tendencies are prevalent in practice."

extends into the Irish sea, and is described under the title of Cambro-Silurian rocks, on the coast of Wicklow, Wexford and Waterford.

> " These tourists, heaven preserve us, needs must lead
> A profitable life !"

Wicklow has been frequently described in prose and poetry. Artists have worn out brush and pencil in picturing gloomy lakes with wild and savage scenery to the gentle stream winding through deeply wooded hills and highly cultivated lawns. Antiquarians have written to bewilderment on antiquities which have no parallel. Geologists have compared *Scalp's* disjointed rocks which threaten to fall upon and crush the passing pedestrian to those of Cintra near Lisbon. Doctors more recently are advising its air for the lungs, its springs for the stomach, and its walks for the muscles voluntary, involuntary and mixed. We therefore must follow and introduce our readers *via* Bray Head and Ben Edar to Wicklow; this is the far-famed entrance to the Bay of Dublin, which in the rapturous thought of some has been compared to that of Naples, and by many returning ramblers is believed greatly to surpass it. This magnificent entrance into Ireland's capital bears examination in detail, for every inlet from the sea and every promontory from the land has points of study for the naturalist. The Island of Dalkey appears like an emerald in the folds of the waves. The county of Dublin mountains rise up before us, and vanish as our good ship glides into Kingstown harbour. An hour's drive and we are in Bray, where two first class hotels are open for our reception ; one contains 300 beds ; close by is a true Oriental bath, perhaps the finest in Europe. All these luxuries are for our use before ascending the heights, but as I have already done so, I shall endeavour to describe what I saw from the Great Sugarloaf, after a long scramble, in which I was accompanied by a divinity student. We reached the top and found ourselves enveloped in a cloud which almost prevented our seeing each other ; suddenly, while mourning our fate, a vista opened in this darkness and formed two distinct walls, through which we saw the bay lighted into " the golden shell ".

—*la concha d'ors* of the Sicilians, and as sunny as that of Palermo. The phenomena of mists are truly wonderful. Wordsworth can best paint our momentary thought by giving me a line from his Excursion :—

> " A step,
> A single step, that freed me from the skirts
> Of the blind vapour, opened to my view
> Glory beyond all glory ever seen
> By waking sense, or by the dreaming soul."

Another afternoon I remember seeing from the same point the eastern horizon of the sea lighted up as it were by the setting sun, but which was simply formed by the convexity of a rainbow falling just where the sea meets the arched heavens, producing a picture of rare and dazzling beauty—one not to be forgotten.

These changes which are constant in hilly regions, are most conducive in relieving and removing diseases which are more or less dependent on nervous exaltation followed by depression. The valetudinarian mind is soothed by mountain breezes which are breathed while passing over the golden gorse or purple heather, perchance glowing between shattered and projecting rocks with gushing pearly streams. These are nature's medicines, which cause by their attractive and ever enjoying beauties a forgetfulness of *self*—that *self* which devours both mind and body.

Having spent a day in the demesne of Kilruddery, which we are told is to be the royal marine residence of the Prince and Princess of Wales, we shall venture a few descriptive words on this enchanting home of the Cardinal Wolsey style with regular terraces, high yew hedges, sheets of placid water and avenues of stately elms, all encircled by lofty mountains rising directly from this "*Happy Valley*," where you could imagine the philosophic story of Rasselas, Prince of Abyssinia, originated. The rising ground to the east is Bray Head, which protects Kilruddery with a ridge of granite blocks resting on quartz rock, which rise by many feet from the sea level. To the south is one of "*the gilt spears*," and to the west is the other which is now called the Great Sugar-loaf, and between these conical

mountains is a deep ravine, which I cannot venture to describe, except by giving its name—*The glen of the downs.* In the evening the glen is lighted by *the gilt spears* which retain the light of the setting sun, and from this brightness the original Irish name is derived. Indeed, I must regret with Sir John Forbes and others who have written on Irish soil and climate, that so many of the old significant names are changed for the most common-place.

The sea border of Wicklow is well adapted for bathing, and now that we have left for a season

> "Happy Britannia!
> Rich in thy soil, and merciful thy clime,"

let us indulge in sea-bathing, or what the physicians of Trouville call—"*the sea-side water-cure,*" which constitutes the physiological and therapeutic effects of *cold* and *warm* sea-baths. A hint from the practical treatise of Dr. Roccas will help the young physician when—

"Consulted by ladies who are uncertain whether during pregnancy they are likely to derive benefit from a temporary residence at the sea-side. Many accoucheurs opine that the stimulant properties of salt water, the shock of the waves, and the impression of cold, are injurious. Other practitioners hold a different opinion, and unhesitatingly recommend sea-bathing. Dr. Roccas adopts the former view; 'but,' says he, 'nervous or lymphatic women find, during pregnancy, that warm sea-baths are perfectly innocuous, soothe their nervous system, and impart a healthy tone to the performance of all the functions.'

"Warm sea-baths are also appropriate in the case of weak and lymphatic children, under three or four years of age. The same remark applies to wet-nurses, to the aged, to persons in a state of *anæmia*, which interferes with proper reaction after the cold bath; to persons suffering from *rheumatism*, *gout*, *hysteria*, or *epilepsy*. The heat of the bath should vary from 89° to 95° Fahr., according to the peculiar susceptibility of each patient. Dr. Roccas also prescribes the warm sea-bath as a preparation for the cold bath, which should at first be taken in the middle of the day, and not be protracted beyond five or six minutes if reaction does not readily follow."

From this bracing air let us now pass on in review to a milder climate, one more adapted for the lungs and skin than for the brain and stomach—a climate in every way superior to Nice, and not exposed to excesses of heat or cold or the devastating mistral which sweeps the *south* of Italy and France.

Dingle is situated on the south-west coast of Kerry, encircled by three or four thousand feet of old red sandstone and from seven to ten thousand feet of slates and conglomerates. Sir Henry de la Beche, with Director Jukes and Professor Forbes, spent three days in Dingle making collections from the Upper Silurian fossils. Forbes writes:—

"We could neither of us help uttering an exclamation of wonder, as we walked from near Ferriter's Cove up the gently sloping hill at the back of Clogher Head, and saw first one peak and then another of the Blasket Islands rising over the crest of the hill before us. We had not previously caught a glimpse of the islands, and as we had the sea just below us on the right, and knew that the coast there ran on the whole nearly north and south, we could not imagine for the moment where this lofty land could be, till a few steps more disclosed the whole group rising steeply up from the sea into sharp peaks and ridges, with the white foam creaming and mantling round their base." When traversing one of the small villages perched on the slopes of the hills that fall towards the Atlantic, south of Dunquin, Forbes said "that it put him in mind of the villages in the Greek islands. Each cabin was perched on a little patch of ground surrounded by a small fence of stones, and separated from the rest by a deep little gully or stream, the path through the village forming a perfect maze of corners and ups and downs."

Mr. Inglis has also compared this district to the "celebrated roads along the shores of the Mediterranean;" but in a medical point the observations of the great naturalist Forbes are to this paper of the most consequence, for the Professor in his lectures on the fauna and flora of the British Isles, has numbered *one*, the flora of the south-west and west of Ireland, and said: "The

peculiar plants of this region were found to be identical with species either confined to, or abundant in, Spain and Portugal, especially in Asturias."

These observations are a strong proof of the gentleness of this climate, filled with balmy breezes and a clear elastic air, phosphorescent and restorative, to which I can myself bear testimony, having again and again enjoyed a ramble by the Atlantic billows and the high overhanging cliffs of this noble coast. Here the peasant at least is sure to express a look and word of sympathy for the invalid who would in Rome or Naples be avoided like the plague bearers of old.

Dingle, according to the meteorological tables of Dr. Blennerhassett, exceeds Queenstown by $4\frac{1}{2}^{\circ}$ degrees in the average temperature; Torquay by 6°, and Ferriter's Cove by 1°. The mean of the winter and spring temperature between Dingle and Montpellier is that Dingle is $3\frac{1}{2}^{\circ}$ higher, although situated 9° degrees to the north of Montpellier, thereby giving a more refreshing atmosphere. This mildness of climate is shared by Ferriter's Cove and Valentia Harbour. Dr. Blennerhassett further states from a large experience that the south-west coast of Ireland is particularly free from phthisical disease, and when it does appear its progress is checked by the salubrity of the air. At the Tralee Dispensary only *one* consumptive case appeared in 2,000 patients, and among 163,411 patients only 85 suffered from chest complaints. With this favourable review on our *home* climates I shall conclude with two extracts, one from the pen of Dr. Blennerhassett and the other from Dr. Trousdell of the Royal Naval Hospital at Haulbowline. The former writes:—"The celebrity of Queenstown as a place of residence for invalids, has been long acknowledged and justly acquired; and it requires only a moderate share of exertion and enterprise on the part of the landed proprietors to render *Dingle*, Valentia, Ferriter's Cove, the beautiful and perfectly sheltered Vale of Dunquin (about three miles to the south of the Cove), and other favoured spots on our western coast, most eligible places of resort, not only for our own *pulmonary* invalids, but for strangers from *England* and *Scotland*, who if once convinced of our just claim to superior mildness of climate, and

assured of proper accommodation, would prefer our shores to the discomfort and annoyance which persons unacquainted with the manners, habits, and even the language of foreigners, are sure to experience."

The latter, who has visited all the celebrated invalid resorts of Europe, Asia, and Africa, has favoured me with his views in a letter from which I venture to bestow on my readers a portion :—

"R. N. Hospital, Haulbowline, Queenstown,
"14th January, 1863.

"My Dear Massy,

"I have read your Queenstown, &c., with much interest, and can fully subscribe to everything you say on the subject.

"As for the climate of Queenstown I do not think that any one can appreciate it, unless they have spent an entire year here.

"The last two summers have been very wet, but that I believe has been a general complaint all over the kingdom.

"Since the 1st of November, or the beginning of Winter, there have not been what would be called three dark wintry days. From sunrise to sunset the sky has been as clear and bright as would be seen anywhere else in June or July.

"When it rains, it rains, and is done with it, that is in the ordinary course of things; and as for fog it is hardly known; snow and frost, especially the former, are almost total strangers—for instance, there was a heavy fall of snow in Cork one day last week, here it was a fine bright day, with N.W. wind—which in Queenstown is a warm wind.

"I have in my little garden, at present, *geraniums* in *flower* (both fancy and scarlet), also some carnations, and still more a heliotrope plant (vigorous) and which has been out for the last two winters. Myrtles as you are aware are common as blackberry bushes. The verbena also grows out of doors through the winter, and in the garden next mine there is quite a large tree of it, which in Summer sends forth its beautiful perfume for a considerable space all round. A visitor was quite amazed to see the large fuschia *trees* which are on this island.

"I think there are very few days through the Winter in some part or other of which an invalid could not take out of doors

exercise. As for the Summer the temperature is never so hot as to be uncomfortable.

"I consider that the plants I have named growing out of doors all the Winter show the mildness of this climate more than anything.

"The crocus is now high above ground, and I have often plucked cowslips at Christmas. Thermometer to-day 50°.

"Yours very truly,

"R. T. Massy, Esq., M.D." "J. L. Trousdell.

ANALYSIS OF DR. GROVER COE'S WORK ON CONCENTRATED ORGANIC REMEDIES.

Arranged by Adrian Stokes, M.D.

On reading Dr. Coe's work, I was struck with the many valuable hints scattered through it, and set to work to make a sort of analytical index thereto. But as I went on the work grew under my hand, and gradually assumed larger proportions. By way of introduction to the more practical part I purpose giving a short account of these new remedies, and then offering a few remarks on the tendency shown by the author to adopt as much as practicable, a mode of practice nearly resembling that of our school.

The notion hitherto prevalent among chemists that the active properties of drugs reside chiefly or entirely in single compound radicals termed alkaloids, is very strenuously opposed by Dr. Coe. He says that after the first violence of the alkaloid fever had abated, the medical profession became aware that these chemical substances did not represent the entire remedial properties of the plants whence they were derived. Much good resulted, however, from the investigations made into the composition of vegetable substances, inasmuch as other active principles were discovered thereby.

In the growth of plants there is a constant change going on in the quality and quantity of their medicinal ingredients, and the influence of season on the deposit of such ingredients is so powerful that the proportions vary in different years as much as 15 to 20 per cent. Soil and elevation also influence vastly

the amount of active principles; and not only do changes take place in living plants, but in those gathered and dried for use there are constant changes taking place, as in fruits, roots and barks. In the former, odoriferous oils, acids and sugars are developed, and in roots and leaves, even in seeds, time ripens or dissipates certain active substances. For this reason infusions, decoctions, and extracts, are condemned as uncertain and untrustworthy, and the urgently felt need of reliable preparations has called the attention of pharmaceutical chemists to the constitution of plants, with a view to regulating the strength of the officinal articles. In order to this, it became necessary to ascertain what were the active parts of plants, and to separate all those which had no medicinal properties. Thus the protein substances, engaged in the nutrition of the plant, as the gums, starches, mucilages, pecten, wax, &c., are rejected, while fixed and volatile oils, resins and their compounds, are retained and used. In the course of investigation two new substances are brought forward as playing important parts in the chemical history of drugs, viz., neutrals and muci-resins.

The new medicines claim to be the *concentrated equivalents* of the plants they represent, "are uniform in strength, definite and positive in therapeutic power, and will keep unchanged for an unlimited period of time. Their several principles are isolated singly, deprived of all foreign admixture, and then recombined in the same numbers and proportions as existed in the plants, freed from all non-medicinal constituents which effect the decomposition of ordinary pharmaceutical preparations." Upwards of twenty years experience in collecting, curing and preparing plants for use, and fourteen years clinical testing of them, give Dr. Coe authority, he considers, to pronounce upon the relative value of crude and concentrated organic medicines; and his judgment is that these are fully equal to, and more reliable than, the crude plants, having the advantage of requiring no digestive analysis before their therapeutic constituents can reach their destination. When the digestive powers are feeble it is a great gain not to distress them by the presence of woody or fermentable material. In this respect Coe's medicines resemble the homœopathic, and his

use of them greatly resembles our practice, inasmuch as he gives very frequently a *single drug to fulfil a specific indication.* He frequently urges physicians to acquire correct knowledge of their drugs by prescribing them singly, and deprecates combination. But so strong are the fetters of the old school that he cannot refrain from giving a great variety of prescriptions wherein the combination of two or three remedies is ordered. Nevertheless, so much was I struck with the great advance towards homœopathy unconsciously made by Dr. Coe, that I have extracted and arranged such matter as I thought might be useful to our school. I have sometimes mentioned the doses ordered by him, but whenever the medicine has to fulfil a specific indication, it will do so in fractional doses such as we use. Dr. Hale has well remarked on this point in his monograph on Gelseminum, which I advise every one to procure and study. Both the old and new schools ought to acknowledge indebtedness to Dr. Coe; the one for reforming their pharmacy and posology, and the other for bringing to their notice some new and most valuable medicines.

Fevers—A. *Inflammatory.*

Veratrum Viride; softens the pulse, relaxes the skin, which gets cool; then the pulse falls to 60, 50, or 40 per minute. At this point emesis usually occurs, after which the prostration passes off, and the pulse rises. The medicine ought to be given diluted. Indicated in fevers with high plasticity of blood, quick, full, wiry pulse.

Asclepin.—Fevers of every type, especially connected with inflammations of the lungs or the pleura. Coe gives five to ten grains every hour or two until full and free sweating, which must be maintained twelve to twenty-four hours, or until the local congestion gives way. Pleurisy gives way to this medicine alone.—Favours in a high degree the eruption of measles, scarlet fever, chicken-pox, &c. [Very like Acon. in pleurisy. S.]

Gelsemin.—Fevers of every type, but more especially of the nervous type. "Fevers of almost every type may be controlled in from six to eighteen hours." He gives it until it causes dimness of or double vision, and some prostration, but these

effects of the drug never do any harm. Rheumatic fever is specially benefited by this drug.

PODOPHYLLIN.—In the forming stage of the exanthematous, inflammatory or bilious fevers, Dr. Coe gives repeated doses of this drug, until the motions are healthy—afterwards medicines to answer specific indications act more satisfactorily. By its deobstruent action on the absorbent and glandular systems, it prevents congestions, and promotes secretions in the great glands and on the mucous membranes.

FEVERS—B. *Ataxic, including nervous, typhoid, gastric and typhus and putrid fevers.*

CERASEIN.—Remittent, typhoid and other fevers are successfully treated with this drug, five to fifteen grains every four hours; it deterges the mucous membranes, promotes secretion and diaphoresis. It prolongs the apyretic period indefinitely.

CYPRIPEDIN is much used in rheumatic fever and pleurisy. It allays pain, delirium and nervous irritation, and conciliates sleep. It also promotes perspiration. Used for the febrile and irritable states of children. Excellent in fevers with much *nervous irritability.*

BAPTISIN.—Excellent in ulcerative inflammations of stomach and bowels, fevers accompanied by stomatitis, sore throat, in typhus with tendency to putrescence, gangrene of bowels, malignant scarlet fever—this drug is to be relied on as one of the best antiseptics known. In gangrenous erysipelas, phagedænic chancres and buboes, all sloughing sores, the local application of this drug as well as its internal use will effect wonders.

HYOSCYAMIN.—Is useful in nervous erethismal fevers, but is contra-indicated in cases of paralytic or vital debility. In pneumonia and bronchitis, when there is great nervous sensibility, the erethism of phthisis, mania and melancholy.

PODOPHYLLIN.—Coe uses this not to fulfil any specific indications, but to evacuate the contents of the bowels and effete matters, preparatory to using other medicines more properly febrifuge.

GELSEMIN.—Is a sure and safe remedy against febrile excitement. It is the first remedy introduced to the profession, wherewith typhoid and other fevers can be controlled and subdued in twelve to twenty-four hours, thus disproving the statement that these types must run their course. I (Stokes) have used tinct. Gels. in some half dozen cases of gastric fever, of very mild type, and have been satisfied of the power of the remedy to meet and subdue the symptoms, *tuto, cito, ac jucunde.*

JUGLANDIN.—Has been used with much advantage in typhoid, remittent and intermittent fevers attended by gastric irritability and a tendency to diarrhœa, especially when there is acidity, fermentation of the food, flatulence and atony of the mucous membrane.—Dose 5 grs.

LEPTANDRIN.—Has gained a well-deserved celebrity in the treatment of typhoid and other fevers. Its action seems to be specific in typhoid and dysentery, restoring normal secretion of the hepatic and mucous membranes. The whole glandular system participates in the sanative influence; the skin becomes soft and moist, and the arterial excitement subsides; delirium abates, and sleep comes. These are its effects on acute disease. The medicine is specially indicated when passive congestions occur in the abdominal and hæmorrhoidal veins, and atonic dysentery and piles exist.

Puerperal Fever.—Dig. when the exudative inflammation is manifest. The tincture may be advantageously used outwardly—Veratrin.

SANGUINARIN.—In all fevers attended by a languid state of the system it is peculiarly appropriate. As a diaphoretic it is scarcely excelled. Nothing better to force the eruption in exanthematous fevers—as scarlatina. In chronic pleurisy, and peritonitis, it operates as a vascular excitant, and in low states of bronchitis and asthma it promotes secretion, and thins the plastic and viscid mucus. Compare Bry.

TRILLIN.—In dysentery, putrid fevers, cancrum oris, putrid sore throat, and whenever there is decomposition of the fluids, this medicine is of signal service, both as an alterative tonic, and locally in gargles or lotion, or as dry powder applied to foul ulcers.

VERATRIN.—The action of the Veratrum Viride upon the absorbing and secreting apparatus of the intestinal mucous membrane is very decided, and its peculiar stimulating and alterative properties make it most valuable in all forms of disease involving the abdominal ganglia, and cases of functional torpor. In scarlet fever, the resolvent, alterative and detergent properties of this drug have contributed much to the cure of the cases treated by it, without sequelæ of any kind. The lymphatic and venous systems are influenced to absorb and carry out effete materials, and thus to leave cases cured in reality. Typhoid fevers have been broken up in twenty-four to forty-eight hours, in Coe's district, where the brain and liver have been the organs most affected. The medicine aids in dispersing the congested states of the mucous membranes and glands of the intestines.

N.B.—The remarks concerning the above medicines apply also to their use in continued fever.

FEVERS—C. *Exanthemata, Scarlet Fever, &c.*

In the treatment of exanthematous fevers, we invariably employ Asclepin. No remedy with which we are acquainted exercises so salutary an effect in these cases. It exercises a kindly depurative influence on the cutaneous absorbents, and favours the development of the eruption. Mild cases of scarlatina, rubeola, varicella, &c., are manageable with this remedy alone. We seldom find any other medicine necessary, except Podophyllin.

ATROPIN.—Concerning this medicine, Coe merely says that it has attained a reputation as prophylactic to scarlet-fever. In the articles on Aconitin and Atropin, I think he has only partially seen the spheres of action of these splendid medicines; and from what he says about the contra-indications of Aconite, it seems clear that his ideas of treatment are quite limited by the anti-pathic principle.

DIGITALIN is of great value in acute exanthematous fevers, partly because of the great irritability of the arterial system, and partly because of the great tendency to exudation in these

fevers, and the liability to malignant sequelæ, which the depurative powers of the Dig. are calculated to obviate.

MACROTIN administered during the febrile stage, reduces the force and frequency of the pulse; allays cerebral excitement; equalises the circulation, and induces gentle diaphoresis. In small-pox it has been much recommended. Coe says his own experience of it is not extensive.

PODOPH. in the forming stages of eruptive fevers will deprive them of much of their malignancy. Wherever there is any evidence of hepatic derangement it should never be omitted. It should be repeated until effete matters have been expelled, and the dejections show that secretion is taking place anew. The influence of Pod. upon these and all fevers depends not alone on its purgative properties, but much on its stimulating the glandular and lymphatic systems, and promoting the dispersion of local congestions. After Pod. use such medicines as may be specifically indicated.

SANGUINARIN is peculiarly appropriate in all fevers denoting a languid condition. As a diaphoretic it is scarcely excelled, and in view of this property it favours the eruptions in exanthematous fevers. Coe knows no better medicine, and has used it in marked success in scarlatina, dose one-eighth to one-quarter grain, every hour or two; prescribed if needful to nausea. It should be favoured by warm diluents.

VERATRIN.—Were this of no use but to treat scarlet-fever, we should deem it invaluable and indispensable. Five years' observation enables us to say that we have never in that time known a case treated with it that did not result in a *perfect cure*, unattended by exudations, effusions, or sequelæ malignæ of any kind. Begin with Pod. and afterwards use Ver. triturated with Asclepin. We have known cases of advanced scarlet-fever, when the patients were convulsed, and hope was abandoned, wherein this remedy has promptly arrested the convulsions and the progress of the malady, thus saving the patient. This remedy stimulates the venous and lymphatic systems, dissolves and removes plastic exudations, and prevents any bad sequelæ.

FEVERS—D. *Hectic Fever.*

In this variety of fever, which attends upon constitutional irritation from the break up of tuberculous matter, or other causes, the medicines chiefly of use are Digitalin, Evonymin, Prunin, Rhusin, concerning which Coe says:

DIGIT. is useful in "lingering hectic and pneumonic fevers, when the fever is supported by a morbid irritability of the arterial system, or by a remote irritation originating in organic affections, tubercles, &c., because of its power of subduing the irritability of the arteries." In vegetative inflammations, and such as are disposed to end in effusion, particularly when located in the serous membranes, Digit. may be employed advantageously.

EVONYMIN.—Hectic fever is frequently arrested by this drug, in virtue of its anti-periodic power, which has often successfully coped with chronic intermittent.

PRUNIN, as a stimulant and tonic, is useful in asthenic fevers; in hectic it restrains the colliquative sweats, calms the irritable nerves, and allays inordinate action of the heart and arterial irritability.

RHUSIN.—In view of its "tonic and antiseptic properties will be found useful in hectic to restrain the colliquative diarrhœa attending it."

Night-sweats.—Cerasein, Geranin, Fraserin, Populin.

FEVERS—E. *Intermittent.*

CORNIN.—In virtue of its antiperiodic power takes high rank in the treatment of intermittent fever. It is certain that Cornin has cured ague when Quinine has failed, and is borne by the stomach when other antiperiodics are rejected. Coe clears the bowels with Pod. and Lept., and gives Cornin three to five grs. every four hours, in the apyretic interval, and over the next paroxysm, continuing at longer intervals for four or five days longer. It is most successful when the remissions are distinct; therefore when these are obscure, they should be regulated by Gels. or Ver., and then Cornin will cure.

EUPATOR. PERFOR.—Intermittent and remittent fevers have

been treated with full emetic doses during the intermissions, as near as possible to the time of the chill, following with frequent small doses to maintain diaphoresis. We (Coe) do not think it has any special anti-periodic properties.

EUPATORIN. PURP.—Intermittent and remittent fevers have been effectually cured by this drug in full emetic doses during the inter and remissions, and as near the time of the expected chill or exacerbation as possible, following with frequent small doses to keep up diaphoresis. Coe thinks it has no more anti-periodic powers than other tonics. It has antiseptic properties, and is good in typhoid, erysipelas, malignant sore-throat, &c.

CERASEIN.—One of the most important and reliable acquisition made to the *Mat. Med.* in modern times. In many cases where Quinine cannot be borne it is a complete substitute for it, and in most cases is its equivalent. It is an anti-periodic of extensive and great utility, neither causing cerebral excitement nor derangements of the bowels, but on the contrary, allays nervous excitement, and rectifies the diarrhœal disturbances so characteristic of intermittents. It is good in passive hæmorrhage, night sweats, and colliquative discharges. *Int. fever during pregnancy.* Remittent, typhoid and other fevers also.

HYDRASTIN has obtained repute against intermittent fever. Coe has employed it in many cases, and very successfully. Most useful when recovery was retarded by disordered hepatic functions. Precede its use by Pod. Its anti-periodic power is small, but it acts well by reason of its resolvent, cholagogue, and laxative properties.

MACROTIN.—Coe has cured many cases of intermittent fever by this drug, preceded by a full cathartic dose of Podophyllin. In small doses it calms the brain, relaxes spasm, reduces the pulse, and is prophylactic of cerebral congestion. In large doses it causes vertigo, nausea, prostration, pain and fulness in the head, and an *indefinable sense of aching in the joints.* Its action resembles that of alcohol, and is counteracted by green tea and strong coffee.

HEAD, *Affections of the.*

Headache, congestive.

CAPSICI ANNUI, OLEUM applied to the neck in the shape of poultice relieves acute headaches with tendency to congestion.

Sunstroke.—SCUTELLARIN lessens febrile excitement, and cerebral congestions. Of great value in sunstroke, more especially when the case has become chronic. When people cannot bear the sun's rays, and feel dizzy, weak and trembling, Pod. followed by Scut., two to five grains three times a-day, does very great good. [See the *British Homœopathic Journal*, the articles on Glonoine as a remedy in acute sunstroke.]

Headache, nervous.

CAULOPHYLLIN is useful in neuralgia, chorea, &c., in virtue of its power over disordered states of the uterus, and over nervous disorders generally.

CYPRIPEDIN is a nervine and anti-spasmodic, often available when Opium cannot be borne; still, as a narcotic, it sometimes also cannot be tolerated. Used in rheumatism, gout, neuralgia, hysteria and nervous headache. It allays pain, abates delirium, and opens the skin.

ERIGERON, Oil of, allays the spasmodic pains attending dysmenorrhœa, is very sanative in the disorders of the womb, and soothes the headaches which so often attend thereupon. Coe gives it, however, in combination with Stillingia oil.

HYOSCY.—Very useful in nervous fevers, and conditions of hyperæsthesia, phantasmata, and wakefulness. Natural somnambulism, nervous headache, excessive nervous sensibility, hysteric tetanus and chorea, nervous toothache and facial neuralgia, offer an appropriate sphere for the operation of this drug. Nervous headache from anæmia.

SCUTELLARIN soothes irritability of the brain and nerves, abates delirium, and proves a very useful febrifuge; it equals the flow of the nervous currents, and lessens the tendency to congestions. In cases where people cannot bear the sun's heat, and suffer dizziness, headache, nervous tremors, wakefulness and indigestion, this drug is most useful. In all cases requiring a nervine tonic it will give satisfaction.

Nervous Irritability.— Gel., Macrot., Cypriped., Digit.,

Viburnin, Cauloph., Hyoscy., Lupulin,* Veratrin, Scutel., Cannab. Ind., Acon., Atrop.

Meningitis.—VERATRIN is of exceeding value in the treatment of meningitis, phrenitis, hydrocephalus, and cerebral diseases generally. We have seen the most desperate cases recover under its timely and persevering administration. The patient must be kept under its influence until every trace of inflammation has subsided. This medicine is useful in mania and mental aberration.

DIG. is sometimes employed in acute dropsy of the brain cavities, but it should never be given in sufficient doses to produce a narcotic effect.

Delirium, Scutel. See fevers.

Del. Tremens, Lupulin, Veratrin.

Cerebral Excitement. Scutellarin: is a nervine tonic, and abates excitement.

Atropin in excitement, melancholy, or cases of mania.

[The wonderful properties of Aconite and Bellad., as known to the homœopathic school, are a sealed book to Coe, who mentions these powerful medicines very casually with an eye to their antipathic use. May he soon have his attention directed to them and their proper sphere of action. S.]

NERVOUS DISORDERS.

Epilepsy.—Atropin, Cauloph., Digit., Gels., Hyos., Macrotin, Scutell.

Epilepsy has been much benefited by the use of Macrotin, which will usually induce remission of the symptoms, although it may not prevent recurrence. Coe considers it ought to be followed by Cerasein and stronger tonics, when the remission is established.

GELS. will control the spasms, and in many cases effect a cure. We have cured epileptic spasms by an occasional dose of Pod., with Gels., at night, and Ceras. during the day. If the patient be conscious of the approach of a fit, a dose of Gels. should be taken immediately, it will usually prevent the recur-

* Lupulin in nervous irritability of parturient females and in the pain of chordee.

rence of the fit. When Gels. has established remissions, use Ceras., tonics, and anti-periodics.

HYOS.—In epilepsy associated with hyperæsthesia, and with erethismal state of nerves without fever or excitement.

SCUT.—More as a radical remedy during remissions than for the spasms themselves. After securing remissions by Gels. then Scutel. as a radical remedy.

Chorea.—Cypripedin, with nerve tonics; Caulophyllin, radical remedy. Macrotin, in full doses, alternate during remissions with tonics, as Cornin, &c. Gels., see above, at epilepsy. Hyoscy., hysteric tetanus and trismus, chorea and convulsions, with nervous erethism. Scut. trismus, tetanic cramps and other spasmodic disorders. See above at epilepsy.

Hysteria.—Aconitin, Atropin, Caulophyllin, Cypripedin, Gelsemin, Lobelia, Macrotin, Scutel., Senecin.

Aconitin, Coe has used with much success the tincture in chronic cases.

Lobelia, used in frequent doses to vomiting. Senecin, in hysteria, from menstrual obstruction.

Spasms—Convulsions.—Atropin, Cauloph., Digit., Gels., Hyo., Lobel., Macrotin, Scutel., Verat., Viburnin.

Cauloph. in hysteric convulsions, cramp of stomach, and other spasmodic affections. After-pains, for quieting spasmodic and painful uterine affections.

False Labour-pains.—Lobelia, Myricin, Viburnin.

After-pains.—Caulo., Gels., Lupulin, Viburn. *Viburnin* is one of the most reliable remedies for preventing abortion. It does not interfere with true labour-pains.

Myricin *combined with lobelia* subdues false labour-pains, but *neither will do it alone.*

Neuralgia.—Aconitin, Atropin, Caulo., Caps., Cypripedin, Erigeron, Gels., Hyo., Macrotin, Scutel., Veratrin.

ACONITIN.—Coe says, from a consideration of the physiological influences of Aconite, it has been recommended in . . . . paralytic affections of the nerves, and in those neuralgic disorders which originate in local metastatic, rheumatic or arthritic affections of the neurilemma. In lingering rheumatic

affections, and obstinate neuralgias in asthenic habits, Aconite has likewise proved a valuable remedy.

ATROPIN has been successfully employed against various forms of neuralgia, both externally and internally.

CAULOPH.—In hysteric convulsions, cramp in the stomach and other spasmodic affections, must be given in full and frequent doses, three to five grains, 2 *horâ*. It quiets the nerves, and acts specially on the womb, so that in chorea, hysteria and neuralgia, [more especially when this depends upon excitement of the uterine system, S.] and nervous headache, Cauloph. will prove a useful alterative.

CAPSICUM, oil of. Applied externally for the relief of pain, in facial and other neuralgias, sciatica, and pleuritic pains; oil of C., M x. to xx., wheat flour ʒ iv., vinegar, enough for a poultice, or combined as follows: oil of C. ʒ j., oil of Lob. Inf. ʒ j., Alcohol 95 pr. c. ℥ iv., in spasms.

ERIGERON, oil of, applied externally, ʒ j. to ℥ j., of Alcohol, in painful tumours, rheumatism, sciatica, neuralgia. Apply on lint, and over it the water bandage. It will not vesicate.

GELSEMIN.—In neuralgia arising from functional disturbance of the nervous system from quarter to one grain. In many cases Gels. alone will not answer, unless combined with or followed by anti-periodic tonics, Cornin., Hydrastin, or Quinine. We use it alone until the pain be overcome, and follow with tonics. Avoid combinations as much as possible, and rely rather on alternation. In this way the true value of a remedy may be learned. [Sensible Coe! your good sense now and then bursts the cerements of habitual and inveterate polypharmacy; yet what a capital thing it would be if you were to observe your own recommendation in your next edition. S.]

HYOSCYAMIN.—Employed in hyperæsthesia, pains, spasms, erethism of the vascular system arising from nervous irritation. In facial neuralgia, nervous toothache, and the peculiar nervous headache arising from an anæmic state, we know of nothing to equal it. Locally the concentrated Tincture may be applied on lint to painful tumours, glands, &c.

MACROTIN being a powerful sedative exercises considerable

influence over neuralgia. It may be given in half grain doses every two hours. Should be followed by tonics and anti-periodics.

SCUTELLARIN more useful to maintain a condition than to bring it about. Therefore after Gels. it will be found useful as a nerve-tonic.

VERATRIN, in rheumatic neuralgia, locally.

Apoplexy.—Treated by application of Oil of Capsicum, Oil of Lobelia in Alcohol, as noted at neuralgia. The solution is given in doses of one teaspoonful to one tablespoonful every twenty or thirty minutes. In tetanus when the jaws are set, a small quantity poured between the teeth, will, on reaching the pharynx, relax the spasm and enable the patient to open his mouth and swallow.

[From Coe and his treatment of apoplexy, so far as I am concerned I say, good Lord deliver us.—S.]

MOUTH—Stomatitis.—*Baptisin, caulophyllin, hamamelin, hydrastin, myricin, trillin, rhusin.*

BAPTISIN.—In the various forms of stomatitis, mercurial sore mouth and throat, and whenever there is any septic tendency, this is a most valuable remedy. Gargle with Baptisin ʒ j to ʒ ij to Oj boiling water.

HAMAM., as a wash or gargle, same as Bapt. or Hydrast.

MYRICIN as above, especially in aphthous diarrhœa.

RHUSIN.—The remedial value of Rhusin is best shown in the treatment of mercurial or aphthous sore mouth or sore throat, or ulcerated intestines. Locally as above. Internally give 2 grains every four or six hours.

TRILLIN.—In cancrum oris, putrid sore throat, &c., as above at Bapt.

THROAT.—*See the remedies under Mouth, also*

ERIGERON, oil of.—As an application to inflamed and enlarged tonsils, and inflammation and ulceration of the throat generally. Dissolve in Alcohol ʒ j to ℥ j. Apply on a probang three times a day. Bathe the throat often, and apply outside. It will sting and burn but not vesicate. In syphilitic ulcerated sore throat

one part in four of Alcohol. Apply the same to indolent ulcers and certain forms of cutaneous eruptions.

Nausea and Vomit.

Acidity.—Cornin is very useful in dyspepsia when this symptom is a marked feature. It gives speedy relief in heartburn, and will prevent its return by giving tone to the stomach. Cerasein also.

Caulophyllin in gastric irritability with vomiting of food.

Hæmatemesis.—Eupatorin, Purp., Trillin, Hamamelin.

Veratrin.—The pathogenetic action of this drug is to cause violent and painful bilious vomiting, excessive prostration, swooning, subsultus tendinum, paralysis, convulsions, tetanus, and death. The immediate cause of death is exhausting excitement of the abdominal nerves, and depression of the arterial system, rather than any inflammation of the abdominal viscera. [By the therapeutic law of similars this medicine ought to be curative in exhausting vomiting, and purging, in diarrhœa and depression from shock to the nervous system.—S.]

Trillin is a fine hæmostatic, and most useful in hæmatemesis, as well as bloody discharges from any of the mucous passages: for this purpose, the

Hamamelin will be found a most valuable remedy.

Lobelia Inf.—Prolonged nausea and vomiting depending on spasm of the stomach will be effectually remedied by Lobelia. [Now as Lob. excites spasmodic vomiting of mucus, Coe here involuntarily confirms the law of similars, as he occasionally does.—S.]

Nausea and vomiting of pregnancy. Senecin is most valuable.

Stomach, *Affections of the.*

Stomach, Irritability of.—Baptisin, in cases of dyspepsia with acid eruct., griping and looseness of bowels, when the stools are frequent, small and offensive.

Dioscorein in cases where there is hepatic disorder, with irritable stomach and spasm. Quarter or half grain every quarter hour. Also for allaying the irritation caused by purgatives such as Pod. or Jalap.

GELSEM. sooths irritability, and controls spasm.

CAULOPH.—Spasm in the stomach; also medicinal irrit. [Hyoscy. in cases of nervous irritability, ought to do good.—S.]

LUPULIN in chronic gastritis and even ulceration.

JUGLANDIN when there is tendency to diarrhœa. Corrects acrimony and acidity, stimulates hepatic secretion, and that of the kidneys also. Best in lax habits, and after dinner.

CERASEIN acts nicely on the mucous membrane of the stomach, allaying irritability and restoring secretion.

DYSPEPSIA, acid and flatulent.—Asclepin, Baptisin, Capsicum, Cerasin, Caulophyllin, Chelonin, Collinsonin, Hydrastin, Juglandin, Populin, Rhein, Solidago.

D., atonic.—Cornin, Evonymin, Helonin, Fraserin, Geranin, Hydrastin, Leptandrin, Menispermin, Prunin, Sanguinarin, Trillin, Xanthoxyllin.

D., nervous.—Cypripedin, Lupulin, Macrotin, Strychnin.

LIVER, *Torpor of.—Apocynin, corydalin, dioscorein, baptisin, evonymin, hydrastin, irisin, macrotin, phytolacin, podophyllin, populin, sanguinarin, veratrin, juglandin.*

BAPTISIN is a sure and powerful alterative, and may be employed in hepatic derangements, in very many cases without any other remedy.

CORYDALIN is to be valued more for its resolvent and alterative properties than for its direct influence on the secreting glands. In hepatic aberration in scrofulous and weakly constitutions, or against syphilis it is very valuable.

DIOSCOREIN in *bilious colic.* Four grains every half hour, is specific. When there is spasm and incarcerated flatus, too, it is sovereign.

EVONYMIN.—In the treatment of indigestion arising from hepatic torpor, will be found to do excellent service. It is powerfully tonic. Two grains.

HYDRASTIN acts powerfully on the liver, and is hardly equalled as a cholagogue and deobstruent. Inestimable in chronic derangements of the liver, resolves biliary deposits, removes obstructions, and clears the portal vein, thus curing piles.

IRISIN.—Removes visceral engorgements, as of the liver and spleen, in virtue of its alterative and detergent properties, stimulating the glandular system.

JUGLANDIN quickens secretion of bile, and is a true stimulant of secretion when there is laxity of the mucous tissues and atony of the upper part of the digestive tube.

MACROTIN is a powerful stimulant to the nervous system, and rouses its latent energies. It exercises a peculiar and powerful influence over the secreting part of the liver, and thus promotes its healthy activity. In long standing hepatic derangements this remedy can hardly be surpassed in efficacy. It is slow in its operation, and requires to be continued for some time.

PHYTOLACCIN will rouse the organs to action in cold and languid states of the system, and is a very valuable adjunct to Podophyllin where this is tardy in its action. In chronic hepatic torpor it will be found most valuable. Quarter grain to two grains twice a day.

PODOPHYLLIN.—We have in this medicine a complete and reliable substitute for Mercury and its preparations. It has been called the "vegetable Calomel." So far as its sanative qualities go, this designation is quite correct: for Pod. can do *all* the *good* that Calomel can accomplish, but it is incapable of doing any of the evil which Mercurial preparations do.

In its cathartic operation, it gripes and sometimes vomits. A peculiarity of action is this: that digestion cannot proceed in the presence of, nor until several hours have elapsed after, its cathartic operation. Therefore it ought to be taken fasting; we generally order a diet of *corn flour gruel only*, for 24 hours after a full dose of Podophyllin, (three to five grains). Salt enhances its effect, and if this be desirable, salt can be added to the grüel. The therapeutic action of Pod. is completely prevented by the presence in the stomach of *lactic* acid, but Acetic acid offers no hindrance to it. Hence the need of neutralising acidity in the stomach, before giving the medicine, and of avoiding any substance that may undergo putrefactive fermentation when under its influence. Sugar for this reason is most objectionable.

Podophyllin is contra-indicated whenever there is inflammatory excitement in any part of the digestive apparatus.

In the treatment of exanthematous fevers, when hepatic derangement is evident in their *forming* stage, Podophyllin will evacuate bile and effete matters, and thus deprive these fevers of much of their malignancy. Coe usually gives several successive doses, until the evacuations become natural.

In hepatic disorders, no matter what their type, we need the curative influence of Pod. If the liver be indolent from whatever cause excepting only a deficiency in the blood of the elementary constituents of bile, we have in Pod. a safe and certain agent for the restoration of its functional activity. Pod. is equally efficacious in an excited state of the organ, as in dysentery, diarrhœa, &c. Whichever way it may be, Pod. may be relied on to restore the function of secretion. As an alterative and resolvent, it is, in our opinion, eminently superior to every other remedy.

But of all the valuable properties of Podophyllin none is more remarkable than its power of removing, in conjunction with olive oil, BILIARY CONCRETIONS. We have demonstrated this power again and again. The symptoms are well known, and need not be recapitulated here. The plan of treatment is to give a dose of Podoph. combined with Euphorbin and Cauloph. at bed time, and next morning, after the subsidence of the nausea arising from the operation of the dose, administer eight ounces of olive oil, which will nauseate, and operate on the bowels in four hours. We have known as many as 200 gall stones passed, of all sizes. In all cases it is necessary to give a full dose of Pod. in order thoroughly to relax the hepatic constriction previous to giving the oil. If there are any stones remaining in the bowels, they will betray their presence by causing flatulence and pain, and half a dose of oil should be given on the second morning. Dose of Pod. alterative 1/8 to ½ gr. Cathartic one or two. Emeto-cathartic 3 to 5 gr.

POPULIN is a fine alterative in Jaundice, by virtue of its depurating action on the skin and kidneys. It is not specific to liver cases.

VERATRIN is valuable in jaundice arising from obstruction of

the portal circulation. In chronic enlargements and congestions of the liver, spleen, and mesentery, in atrabilious, arthritic and rheumatic discrasies, Veratrin will be found very useful, as also in mental aberration depending on hepatic, or abdominal congestions. Dose 1/8 to ½ gr.

SANGUINARIN is very useful in asthenic dropsies, hepatic torpor, jaundice, biliary concretions, and chronic hepatitis. It is worthy of the physician's fullest confidence, in view of its power to resolve plasticity of venous blood, and to stimulate the venous, absorbent, and lymphatic vessels, arousing the system from states of torpor and depression.

JAUNDICE. Apocynin, chelonin, myricin, podophyllin, populin, veratrin, leptandrin, rheïn, colocynthin.

(To be continued.)

CANCER: ITS PATHOLOGY, DIAGNOSIS, AND TREATMENT.

By R. MACLIMONT, M.D.,

Physician to the Bath Homœopathic Hospital;

AND

C. H. MARSTON, M.D.,

Physician to the North Wilts Homœopathic Dispensary.

THE word Cancer, while suggesting to the mind one of the most fearful forms of human suffering, has unfortunately become equally suggestive of the grossest forms of quackery, and harpies, who would appear to regard the miseries of their fellow creatures as affording fair and legitimate scope for the exercise of their own fraud and avarice, have ever abounded in every community as the professed discoverers or possessors of some secret remedy or treatment, by the adoption of which they promise their too credulous dupes an easy and speedy riddance of their cruel enemy.

So intimate indeed has this supposed connection between quackery and Cancer become, that the respectable part of the profession have appeared unwilling to take any step whereby

they might increase their knowledge of this disease, and have even looked suspiciously on the endeavours of those of their own body who have attempted to rescue the sufferers from the hands of ignorant and designing empirics. They appear to have come to the too hasty conclusion that Cancer is an incurable affection, and that the most that can be done is to alleviate somewhat the excruciating agonies which the disease entails on its unfortunate victims, especially in its latter stages.

Now we must confess our dissent from such views, and our want of sympathy with those who calmly consign the hapless sufferers to an inevitable, premature, and most painful death, and rather hold that just because the frequency of Cancer has been made the occasion of fraud by unprincipled charlatans, the profession ought to use every means to become better acquainted with the nature of the disease, and to investigate new modes of treatment; and although we confess freely that past investigation and experiment have not yielded very satisfactory results, this ought but to stimulate us to further exertion, and to leave no means untried which might seem to hold out a reasonable hope of increasing our resources in the treatment of so dire a malady.

From these few introductory remarks our readers will see that we are not disposed to adopt the too sweeping conclusion to which the great bulk of the profession would seem to have come, that Cancer is *necessarily* an incurable disease. No doubt a great number of patients suffering from Cancer are incurably diseased, but we must never forget to draw the highly important distinction that exists between the essential incurability of a disease and the ability to restore a particular patient who may be suffering from such disease; for apart from the degree of malignancy which may attach to one or other form of Cancer, we must not forget to take into careful consideration—in judging of the suitability of a remedy to any given case—the history, symptoms, and duration of such case, as also the condition, age, hereditary tendency and habits of the patient. To expect to find a remedy which will infallibly cure *every* case of Cancer that may come before us is, we believe, a vain hope, which can never be realised so long as the laws of

life and health are so powerfully influenced by the social condition and circumstances in which patients suffering from Cancer too often find themselves, and which we believe prepare them, as it were, for the influence of the direct causes of the disease.*

It is a matter of great importance to recognise the twofold domain of medicine and surgery which the treatment of Cancer must necessarily embrace; for although we regard it as remotely a disease of innervation affecting nutrition, still, as the result of the successive deposition of morbid products in the cellular structure of those organs which may happen to have a particular affinity for such deposition, we have a local heterologous formation, becoming itself a source of contamination through the poisoned blood to every portion of the body. And though we freely acknowledge that the great desideratum is to discover in the domain of medicine a remedy for the primary and remote abnormal condition in which the disease originates, still the aid of the surgeon will ever probably be required for the removal of the local mass of diseased cells; otherwise, as we have said, they would become so many *carriers* of disease, set afloat in the systemic circulation, and while this *source* of contamination exists, it is vain to hope that any internal remedies will suffice for the eradication of the disease; equally vain is it to suppose that the removal of the tumour is the removal of the disease while the dynamic condition in which it originated remains unaltered.

The treatment of Cancer, then, must be twofold—medical and surgical, and the more closely the two methods may be correlative to each other, the more scientific and complete our treatment, and the greater our prospect of success.

We propose briefly to hint at the points involved in the Pathology, Symptomatology, and Diagnosis of Cancer; still more briefly to discuss separately the various modes of Treatment now in vogue; then at greater length to describe the Treatment we adopt, Surgical and Medical; and, in conclusion, to insert an account of some Cases so treated by us.

* Besides which we ever wish to acknowledge that the blessing which alone can make our best measures effectual must depend upon a higher hand than ours.

Pathology.

The pathological characteristics of Cancer are such as clearly to separate it from every other morbid growth. Tumours there are of various kinds which constitute disease only from the position in which they are found, their component elements being the same as those of the healthy tissues of the body; thus fat, cartilage, and bone, which, when occupying their proper places, are essential to the perfection of the animal system, may, by occupying a position in which they are out of place, form swellings which it may be absolutely necessary to remove; but Cancer is a growth which has no counterpart in health, the very existence of its cells, wheresoever their location, at once sufficing to constitute disease; and more than this, while other growths simply interpose themselves among the proper tissues of the part in which they may be found, Cancer is distinguished by its power of converting such tissues into its own peculiar substance, and therefore of increasing at the expense of the healthy structures among which it is evolved, and which often diminish until they can no longer be recognised.

It is usual to divide Cancer into three leading varieties. The Scirrhous, the Encephaloid, and the Colloid, which again admit of subdivision. The first is the most frequent form of the disease, especially as it occurs in the breast. Its blood-vessels are but few, and its habit is to increase with less rapidity than the other; it does not usually attain a large size. But if this be the rule, the exceptions are various, one case which we have to record being of very large size, and having reached its full size in less than six months. Its physical characters we shall refer to when we consider the Symptoms and Diagnosis of Cancer.

The Encephaloid variety has an appearance resembling that of the substance of the brain. It usually increases with great rapidity, and frequently attains an enormous size. It more frequently affects the testicle or the bones, or appears amongst the muscles of the extremities.

The Colloid (or Jelly-like) variety so rarely appears ex-

ternally, that we may omit its consideration in this paper, which chiefly relates to the surgical forms of the disease.

Differing thus, they all unite in the characteristics already pointed out; they each consist of a basis or stroma, and a contained fluid, in which variously shaped cells are found, most frequently spheroidal, but often very irregular, and presenting tail-like prolongations; they consist of an extremely fine cell wall, containing a clearly defined nucleus or nuclei* of a large size, with one or more large and bright vesicular nucleoli, and cell contents having a dotted appearance.

The cause of this disease has long been, and may still long be a matter of much earnest investigation. It has been attributed to animalcules, entozoa, and fungi, and again it has been considered to be a simple result of irritation and inflammation, especially in parts which from some cause or other have become preternaturally hardened. We do not feel that we can decide a question which for so long a period has divided the opinions of so many able pathologists, but shall content ourselves with the expression of the ideas which we hold upon some points bearing upon the subject. We divide the consideration of its origin and progress into three heads:—1. *Predisposition*; 2. *Local manifestation*; and 3. *Blood poisoning.*

That a predisposition to the disease exists in all cases prior to its development we fully believe, nor are we of opinion that any accidental cause will *induce* the disease unless there be such a predisposition. This predisposition we are disposed to trace to some dynamic condition of the ganglionic system of nerves, which one of us has elsewhere endeavoured to prove,† governs the whole process of nutrition. This condition it would seem may be often hereditarily transmitted. We confess that we do not attach the same importance to this mode of origin as many who have preceded us. We believe that an impartial study of the statistics bearing upon this question will indeed show that the tendency to the disease is capable of transmission, but the number of cases in which it arises *de novo* is so large as almost

* "These poly-nucleated cells are held to be especially diagnostic."—*Laurence.*

† Dr. Marston *On the Physiology and Pathology of the Ganglionic System of Nerves, &c. Annals of the British Homœopathic Society and of the London Homœopathic Hospital.* Vol. ii.

to drown, numerically speaking, those which may be traced to this cause. Very few of the patients who have been under our care were able to trace the disease in other members of their families; yet, on the other hand, we have known instances in which so many members of the same family, both ancestral and collateral, have been affected, as to compel us to acknowledge the existence of hereditary influence. Our opinion is such that the existence of the disease in other members of a patient's family would be a matter that would materially *influence* our decision in a case of doubtful diagnosis, while the absence of such previous affection would weigh very little with us.

To return, we are not yet in a position to explain how this predisposition may be impressed upon the constitution; when decidedly hereditary, we should look upon it as transmitted in the same way as any other parental peculiarity, such as for instance the expression of the countenance, which we know, though we cannot explain, is usually transmitted to the offspring. Again, we can easily conceive that where the disease itself has not previously existed, such conditions may be conjoined as to result in stamping this diathesis upon the infant organism,* beyond which it is more than probable that from occult causes such a diathesis may be acquired as other diatheses, for instance, the gouty and the scrofulous, which under favourable circumstances result in the development of gout and scrofula. Our own ideas attach in these cases a greater influence to impressions made upon the nervous system than to an altered condition of the blood, which, as we shall instance as we proceed, we consider to be rather an *effect* of such an impression than *ab origine* the *cause* of the disease. We do not therefore endorse the opinion that Cancer cells are first formed in the blood, and from that fluid deposited in the first instance in the tissues; but rather, that the nerve force, under the influence of which the various tissues possess the power of electing to themselves the material of their own nutrition from

* In illustration of this we could refer to instances in which the disease has occurred in the brothers and sisters of the same family, although the existence of the disease could not be traced in previous members of that family.

the nutritive blastema supplied by the blood, is in some way altered. When we consider that from the same blastema or nutritive fluid the most different structures elect for themselves their own proper nutriment, as nerve, bone, muscle, cartilage, &c., it is not by any means necessary to conclude a change in the blood itself; the power by which each separates that which it needs for itself appears to reside in their respective cells, and is probably supplied through the nerve force conveyed to each from the sympathetic ganglia. We are aware that Cancer cells have been found in venous blood, but as we are not aware that they have been found where the disease has not already been developed, this admission does not touch the question under discussion, as we fully believe that such cells are capable of absorption (a matter we shall hereafter consider), although we are not prepared to admit that they are *formed* within the blood-vessels.

We have already almost entrenched upon our second head—*The local manifestation of the disease.* The predisposition existing, the history of a great number of cases would lead us to believe that some accidental cause is very frequently the means of calling into play that dynamic force upon which the actual existence of the disease depends; yet this must be taken *cum grano salis.* Few women, whether ever afflicted with Cancer or not, will fail to remember—if especial attention be directed to the circumstance—some period in their lives when they have received blows upon the breast, and we shall often find, in those who suffer from the disease, that the injury to which it is attributed had been but little noticed until the appearance of the tumour forcibly called their attention to the circumstance.* We can, however, easily believe that any injury, by exciting inflammation, by lowering the vitality of a part, or by otherwise deranging the nervous force in any locality, may determine the spot where the disease is to develop itself. Besides this, a reparative process may be required to replace injured tissue, but through the peculiar condition of the patient

* In many cases it is probable that the receipt of an injury drawing attention to the part, an enlargement is discovered which in reality had previously existed, but having been unobserved, is attributed to that cause.

a new species of cell may be formed in place of that which is required for the repair of the injured structure.

Life is a continued process of decay and repair, and molecular death is every moment taking place. An injury may increase the rapidity and amount of such molecular death. When the body is in health, destruction and repair keep pace—the one with the other, but we can readily conceive how that which throws the balance in favor of the disintegrative action may so lower the vital properties of the part as to increase the tendency to any degenerative process. But the disease of which we write is not dependent upon such accidental causes; it may, and perhaps most frequently does, arise *without any mechanical cause whatsoever*, and we conceive just in this way—that the natural effort at repair is foiled, a new species of cell being formed other than that which under ordinary conditions would compensate for the molecular death which is constantly occurring; hence the conversion of the normal textures into cancerous tissue,* which again possesses in itself the power of more rapid growth, combined with a lower degree of vitality, than the structures which it replaces.

It would appear that for some time after its formation the blood-vessels do not extend into the cancerous substance, although at a later period some forms of the disease, especially the Encephaloid, become highly vascular. The growth increases by the multiplication of the cells, the tail-like prolongations extend into fibres which form the stroma of the tumour, and the interstices are filled with the fluid before alluded to. We have already hinted at the low degree of vitality which the Cancer cell possesses, and from this cause arises the ulceration which in the more malignant forms of the disease so rapidly follows its development.

And *now* comes that *Blood poisoning* upon which the constitutional symptoms of the disease depend. It will have been already seen that we do not regard the existence of a poison in the blood as the *primary* but rather as the *final* step in the

* Besides which the activity of cancerous growth is such that it probably absorbs so much nutriment to itself as to rob the surrounding tissues of their necessary supply.

progress of the disease, and we are inclined to look upon the blood as being affected in two ways—first, it is poisoned; it becomes unfitted for the ordinary purposes of nutrition, and as the result thereof that general condition of emaciation and malaise ensues which is described by the term *cachexia*, and this we look upon as a something distinct from the second mode in which the blood may be affected—viz., by the absorption of the cells themselves into the circulation. It is to this latter circumstance that we especially refer the formation of secondary Cancers (while we cannot ignore the probability that such may often arise precisely from the same causes as those which primarily induced the disease), and as we have already said in our introduction, the cancerous tumour thus becomes a *fons mali*, corrupting the vital fluid and scattering new seeds, which, conveyed by the circulating stream, may germinate afresh in any part of the body.

These latter considerations are of paramount importance as bearing upon our treatment. We have to keep in view the three points that we have already insisted upon. That dynamic condition which lays the foundation of the whole subsequent malady must be corrected; the mass of Cancer cells must be removed; and, if possible, the poison in the blood must be antidoted. Such appear to us to be the indications for rational treatment. How far we are able to meet these indications is another question, but where this threefold condition exists we cannot see any reasonable ground for anticipating a cure unless we can attain these objects.

And so we corroborate our former proposition, that the disease is one which equally enters the domain of the Physician and the Surgeon. We believe, however, that there are cases in which medicines alone may suffice. We have shown how at first blood-vessels scarcely enter these growths, and we conceive that it is in such a condition as this that internal remedies, capable of restoring proper dynamic action, may suffice for the removal of the entire disease, especially if such remedies be combined with any external application, if such there be, which being directly absorbed may possess a specific action upon the structure itself. Such cases, however, we believe to be comparatively rare, and only to be

met with in those instances in which the disease is of very recent date, or has been very tardy in its progress. When once the formation has become organised, its increase is, properly speaking, rather the result of physiological than of pathological action, that is to say, it continues to grow and increase just upon the same principles as the normal textures themselves; in other words, as the cells of muscular, nervous or osseous tissue attract to themselves the materials of their growth, so do the cells of Cancer. The axiom, "remove the cause and the effect will cease," would not be true here; but the effect having become a *cause*, it must itself be removed. In such a condition we confess that we would, on what we consider rational grounds, have very little confidence in any system of medicine whatsoever if employed alone; still less confidence should we have in the extirpation of the tumour while the causes which first contributed to its formation still remained in action; nay we can well understand how the result of such operation, necessarily producing inflammation and lowering the vital energy of the part, should only tend to stimulate the diseased action to still greater activity.

We fear that few of those cases which have reached the condition embraced under our third division, viz. blood poisoning, will be amenable to any really curative treatment. We do not imply that in such cases the patient may not be greatly benefited and possibly restored to an appearance of health, but we must ever be full of apprehension that whatever methods of treatment be adopted, the probability of a recurrence of the disease will be very great. The disease has then become, in the fullest sense of the term, a *blood* disease. What the influence of the treatment we have adopted may be in such cases, our career in its application has not been sufficiently long to decide, but we believe that if this condition is to be met by any known means, that treatment offers the greatest probabilities of success. Before, however, we come to discuss more minutely the question of treatment, it is needful that we devote some space to the Diagnosis and Symptoms of Cancer.

Diagnosis and Symptomology.

In considering this most important and practical part of our

subject, we shall especially refer to the signs and symptoms of Scirrhous as it occurs in the female breast, our experience of the peculiar treatment which it is the object of this paper to bring before our readers having been principally in connection with this form and situation of the disease.

The term *Scirrhous* (hard or stony) well expresses what is indeed characteristic of this form of malignant disease, and it is usually this *peculiar feel* in connection with the newly discovered tumour in the mammary region, which first arouses the patient's suspicion, and enables her, by intuition as it were, to come to a conclusion regarding the nature of her malady, which in very many instances turns out to be but too correct.

The cancerous tumour is generally first noticed by the patient in an early stage of its growth—when it is about the size of a hazel-nut, moveable and nearly painless. At this period it may be regarded as an enlarged gland or as an indurated lacteal tube, which rest and poulticing will suffice to remove. Time, however, only develops it, and that sometimes very rapidly. The patient now begins to experience *pain* in the breast, such pain being usually described as if a hot dart were thrust swiftly through the bosom, or right through the chest—pain startling with a sudden pang, and then seeming to vibrate till it fades out slowly; or sometimes more abiding pain, likened to the burning and scalding of boiling water or molten lead.

With such resemblances as these do patients strive to describe agonies which are indeed beyond description, the pangs of child-birth itself supplying no parallel of that which is endured, the imagination alone suggesting the things with which it can be compared.*

But it is usually only in the advanced stages of the disease that patients suffer such excruciating agonies, and we have met with some cases in which little or no pain was experienced throughout the whole course of the disease, a circumstance in some instances perhaps to be regretted, as it might lull suspicion, and prevent the unhappy patient from having recourse to professional aid ere it is too late.

* See Paget's *Surgical Pathology*. Vol. ii. p. 340.

As a symptom of true Cancer, and as assisting to establish its diagnosis, let it be remembered that the pains experienced are of a *lancinating, sudden*, and *intermittent character*, there being intervals between the attacks in which the patient is either wholly free from pain, or experiences but a mere *sense of weight* in the part.

The true cancerous tumour will generally be found adherent to the subjacent tissue. The nipple is often retracted or puckered and discolored, whilst not unfrequently, even in the very early stages, there exudes therefrom a thin *bloody* fluid. This latter symptom, when it does occur, we regard as a never failing indication of true Cancer. In addition to these, and in connection with the constitutional effects of the malady, is a certain peculiar aspect seldom absent in such patients—an aspect difficult to describe, though it cannot readily be mistaken by one accustomed to study the physiognomy of the disease. This Cachexia, as it has been called, and which has already been alluded to under the head of *Pathology*, is seldom apparent in the *early* stages of the disease, so that it is not of much value in a diagnostic point of view, as by the time it is visible in the aspect, there are not wanting other confirmatory signs which enable the practitioner to form but too correct a diagnosis of the disorder.

The progress of a cancerous tumour is generally *rapid*, although we have met with not a few instances in which the disease has run a very chronic course, and we may just say that the *harder* the tumour the more likely is this to be the case; whilst the converse of this is still more true and highly valuable in a diagnostic point of view, *that the rapidity of growth of any mammary tumour is strong presumptive evidence of its malignancy.*

Loss of flesh, if in connection with a tumour in the breast, is a very suspicious indication, yet we have seen patients pretty far advanced in the disease anything but emaciated, and perfectly free from that leaden tinge of countenance so frequently met with in Cancer.

The age of the patient may be taken into account, and assist us in estimating the probability of her disease being Cancer;

for it is indisputable that the majority of cases of Scirrhus of the female breast occur between the ages of 40 and 50, although we have met with instances of true Cancer of the breast as early as 30, and as late as 70 years of age.*

The existence of *enlargement and induration of the glands in the arm-pit* is a sign of much import in connection with a mammary tumour, not only as evidence of the nature of the disease, but one that ought to weigh very seriously with the surgeon who may be contemplating any surgical proceeding.

Cancerous tumours exhibit a great tendency to *ulcerate,* such ulceration being caused by the disintegration of the Cancer cells in the centre of the tumour. The matter exuded from the ulcerated surface of a true Cancer, is generally a thin bloody discharge, usually attended with an offensive odour. The question of hereditary transmission, as also the anatomical and histological characters of Cancer, have already been discussed, so that we need but to refer to them as often affording valuable assistance in the diagnosis of certain doubtful cases; for although the Microscope may not always enable us to pronounce positively on the nature of a morbid product, still it will frequently lead to an absolute decision as to whether a suspected tumour be cancerous or otherwise.

We shall now briefly pass in review what it is important for the practitioner to bear in mind regarding the *differential diagnosis* of Cancer. Neuralgia of the breast frequently gives rise to great pain, and when a tumour co-exists therewith, the diagnosis may be difficult, but it may avail us to remember that the general health does not suffer in neuralgia; that there is no affection of the lymphatic glands; and lastly, that it almost always occurs in single *young* women of an hysterical temperament. Chronic abscess is often mistaken for Cancer. The absence of pain, of disease of the neighbouring glands, the *feel* of the tumour often imparting to the *tactus eruditus* of the surgeon an indis-

* Age appears to influence the seat of the disease; in youth most frequently occurring in the cellular membrane, the lymphatics, the eye, and the brain; while the womb, breast, and internal organs rarely become affected before the 40th year. One of us lately saw a case of fungus hæmatodes of the eye in a babe six months old.

tinct feeling of fluctuation, and the general history of the case will usually settle the question; but if necessary, the *exploring needle* should be used.

Cystic and Sero-cystic diseases of the breast are occasionally though rarely met with. Fluctuation will sooner or later be felt in these affections, which, together with the absence of pain,* constitutional disturbance, and disease of the neighbouring glands, as also the *nature* of the discharge present in both affections—being *serous* in cystic disease and *bloody* in true Cancer—will generally clear away all doubt.

It is admitted that the difficulties of establishing a correct diagnosis in every case are very great, so much so that the most experienced surgeons are liable to err and have erred; still we think that by bearing in mind the symptoms and signs of the disease enumerated above, as also the various points involved in differential diagnosis, an opinion may be arrived at in the great majority of cases which will at once prove satisfactory to the patient and a guide to the practitioner.

Usual Principles of Treatment.

In connection with the Surgical treatment of Cancer we shall first allude to a few of the external measures adopted for its removal. Preparations of Lead, Iodine, and various kinds of Caustics have from time to time, had their enthusiastic advocates; while Compression, Leeching, Freezing, and the Actual Cautery have in their turn been employed and discarded by those who have professed to treat this dread disease. Of the various outward applications used we would just say that they are generally productive of far more harm than good; for not only are they inert in themselves—possessing no specific influence over the disease—but the friction attendant on inunction

* We lately met together in consultation on a case presenting many of the physical signs of true Cancer—viz., rapidity of growth, considerable hardness and decided pain. We thought, however, we could detect a *very slight* amount of fluctuation; on inserting the exploring needle a few drops of *serum* came away: we immediately proceeded to remove the tumour by the knife, which proved to be of cystic origin, and contained one or two ounces of fluid. The patient has done well.

gives rise to most injurious effects on the local disease; so that we could wish to establish the following remark as a useful axiom —*Never irritate a cancerous tumour, or what may be suspected to be such, by any amount of friction thereupon.* While on this point we cannot too strongly warn those suffering from Cancer of the injurious effects of *poulticing* the part affected.

But the removal of Cancer by the knife has from time immemorial suggested itself to the minds of surgeons as the readiest and apparently the most rational means of treating Cancer, yet alas! experience has convinced us that it is not only a futile, but in very many cases an injurious measure. The following testimony on this point will weigh with our readers. Sir B. Brodie says: "In the large proportion of cases in which the operation is performed, the patient is not alive two years afterwards; and in a great many cases, instead of the operation stopping the disease, it actually seems to hasten its progress; moreover the operation itself is not free from danger."

Mr. Liston says: "Recourse may be had to the knife in some cases; but the circumstances must be very favourable indeed to induce a surgeon to recommend or warrant him in undertaking an operation for the removal of Cancer." Mr. Mayo's experience has led him to the conclusion that, "after amputation of a scirrhous breast *under the most favourable circumstances*—that is to say, when the operation is performed at the *earliest* period at which the structural character of the disease has declared itself in the gland—I believe that in *ninety-nine cases out of a hundred the disease returns* either in the cicatrix or in the neighbouring glands; the operation, therefore, cannot be performed with any reasonable prospect of saving the patient eventually from the disease." Dr. Macfarlane, of Glasgow, has "never seen a case, *even of the most favourable description, in which the disease did not return;*" and says that when "the operation was performed at an early period, and under the most auspicious circumstances . . . . in many cases no distinct indication of constitutional deterioration being present, yet *in all* the disease returned both externally and internally, and proved fatal." Mr. Syme writes: "It would be better, both for the interests of humanity and the credit of

surgery, if the operation were entirely abandoned." Mr. Lawrence thus expresses himself regarding the operation: "Even in an early stage it is unavailing."

Thus condemnatory of the operation by the knife is the united testimony of some of the greatest surgeons of the present century, and even in regard to the operation as a *palliative* measure with a view to prolong life or to relieve urgent symptoms, we find the same testimony as decidedly opposed to such a step. Dr. John Burns, of Glasgow, says: "When any portion of the morbid growth is left behind, the disease runs a materially more rapid course than if it had not been interfered with." Dr. Macfarlane "could adduce the cases of several patients who had laboured under cancer of the breast for ten, fifteen, and twenty years, and who [submitting themselves to a cutting operation] were cut off in three or four months afterwards."

Moreover the operation itself is attended in many cases with much danger to life. Sir B. Brodie says: "I have lost cases after the operation, and every surgeon has had the same misfortune." In eighty-five out of ninety-eight cases cited by Benedict, death took place *soon after* the operation, whilst in seven of these it immediately followed it.

We are aware that one or two eminent surgeons both in England and on the continent have regarded the removal of Cancer by the knife in a more favourable light, but we think the preponderance of evidence is in favour of those who regard the operation as unjustifiable.

Treatment by Caustics.

The principal caustics hitherto employed in this disease have been Potassa Fusa, the Mineral Acids, Chloride of Zinc and Arsenic. The latter, which almost invariably forms the basis of the secret remedies used by quacks, has been pretty well abandoned by the profession on account of the dangers which attend its use, and which are due to the poisoning of the system by its absorption. Yet this most objectionable treatment is, we believe, very generally adopted at the London Cancer Hospital.

Still, it is evident to us, after the experience we have gained

of the injurious effect of cutting operations, that if any means are to be successful for the removal of cancerous tumours, we must look *in the direction of caustics*, the desiderata being—1st, to find the least painful mode of applying the caustic; 2ndly, to apply it so as to accomplish the entire removal of the disease; and 3rdly, to combine the agent with some substance which should possess a direct and specific influence upon the disease itself. These we think are embraced in the treatment we have now to describe.

The New Treatment.

It now remains for us, in conclusion, to give a description of the treatment of Cancer which we adopt, and which so far we have found to answer our most sanguine expectations. In accordance with the views already expressed of the twofold character of the treatment which we think such cases demand, we shall consider the same under the several heads—Local and Constitutional.

I.—We may preface our remarks on the local treatment by saying, that in every case so treated, we thought it highly desirable to subject the patient to a little preparatory training, chiefly dietetic, for the purpose of giving her as much stamina as possible, so as to enable her to bear up against the somewhat debilitating effects of the enucleation process. Meat twice a-day, and a liberal allowance of the best Dublin stout, when well borne, fulfils this indication admirably.

The mode of procedure for the removal of the cancerous tumour was varied according as the disease was in a state of ulceration or otherwise. When the skin was entire, the size and bearings of the tumour were carefully ascertained and mapped out on the breast with Nitrate of Silver or vermilion pigment. A mixture of ice and salt was in some of the cases applied to the tumour so as to deaden the local sensibility; this effected, and the parts carefully dried, the skin over the tumour was destroyed by means of undiluted Nitric Acid, the action of which was kept up until the skin assumed a tawny and yellow aspect.* The part was now well douched with cold

* About 30 seconds will generally suffice to produce this condition.

water, and a piece of lint applied to the surface spread with equal parts of a paste (composed of a strong decoction of Hydrastis root, powdered Hydrastis, Chloride of Zinc and flour) and Stramonium ointment. On removing this dressing at the end of twenty-four hours, a yellow, hard, and dry eschar will be found to have formed. The amount of pain following the application of the acid varied with the extent of surface to be destroyed, but the congelation of the parts very materially lessened this suffering, which might otherwise be rather severe. But we always found that much after-suffering was saved by the endurance of a little temporary smarting caused by the acid, for when applied too timidly the skin was only partially destroyed, and the action of the paste thereon gave rise to some suffering.

On removing the dressing a slight amount of erythema is sometimes visible around the eschar, which, as we have already observed, presents a yellow, horny, and dry appearance.

Throughout the entire extent of this eschar vertical incisions are made with a sharp scalpel, to the depth of about 1-20th of an inch, care being taken not to draw blood. These incisions should be parallel to one another, at a distance of about half an inch apart, and into each is inserted a thin slip of calico smeared with the paste; over the whole a *light* compress should be applied, kept in its place by a strip of adhesive plaster. The incisions are deepened and the dressings renewed usually every day, and this is continued until the paste has percolated the entire mass of the tumour.

It is not easy to give precise directions for the various steps in this operation, on the right and skilful performance of which so much of its success depends; for instance, the *depth* to which the daily incisions are carried must depend upon the judgment of the operator. If the knife be used too freely, bleeding will embarrass and annoy both surgeon and patient, as well as materially increase the pain from exposure of the living tissues beneath to the action of the paste. On the other hand, a too timid use of the scalpel will prevent the paste penetrating into the cancerous mass, and so its action will be arrested and circumscribed. A difficulty may arise as to when the incisions have been carried deeply enough. Some guide may be

afforded by the *feel* as also the *appearance* of the tissues so cut through, the knife passing with difficulty through the scirrhous mass, hardened as it is by the action of the paste, whilst in appearance it is more condensed than the natural tissues.

We regard it as of importance to carry the strips of calico saturated with the paste to the *very bottom of the incisions*, and that they should include the *whole length of the diseased mass*; indeed, to make sure of this, we are in the habit of carrying them a quarter or half an inch beyond the limits of the tumour; and special care should be taken not to allow the paste to run down on the sound skin at the lower end of the incisions.

We need scarcely premise that a procedure of this kind demands a good amount of anatomical knowledge and surgical skill, and that while perfect safety is insured by these qualifications, no small risk of laying open the pleural cavity, wounding large arteries, or injuring important muscles, would be incurred by inexperienced operators.

In the process of enucleation it not unfrequently happens that a cavity containing disintegrated cancerous matter is opened; our practice in such cases is freely to expose the cavity, evacuate its contents, sponge it carefully out, and proceed with the incisions through the *floor* of the cavity in the manner already described.

The time required for the complete separation of the slough varies of course with the size of the tumour and the denseness of the mass to be acted upon. Generally speaking, about the end of a fortnight from the commencement of the treatment, a line of demarcation forms around the entire tumour, invariably commencing at its upper or least dependent portion; this deepens from day to day; the living and healthy tissues beneath granulate and rise, pushing the tumour out; so that at a period varying from four to seven weeks, the entire mass is thrown off, leaving a much smaller chasm than might be expected, judging from the size of the slough itself.

The wound immediately after the removal of the slough occasionally presents a somewhat unhealthy appearance, but a very few hours suffice to throw off the decomposed granules still adherent to its surface, when it takes on a clean and healthy aspect, and is remarkably free from the secretion even of laudable pus,

which invariably follows the removal of cancer by the knife. And not only is this source of danger (pyæmia) removed by this method of operating, but *all putridity* and *effluvium* are effectually counteracted by the antiseptic nature of the paste, so that large dead cancerous masses, weighing from twelve to sixteen or more ounces, have remained for *weeks* in contact with the living tissues without giving rise to any bad consequences, or any discomfort to the patient or attendants.

Nor did the constitution sympathize much with the local irritation; indeed in no case did this amount to anything more than a degree of feverishness, arising probably from the absorption of the chloride, and its toxicological effect on the gastric mucous membrane, whilst in the majority of the cases treated, even this slight disturbance did not occur, but patients on the contrary retained their appetite, strength and spirits, during the treatment, and were able to be out of bed, and even in the open air daily.

It is a matter of the utmost importance to ascertain whether the *whole* of the disease has come away with the slough, for if even the smallest portion be left, reproduction of the cancer sooner or later must be regarded as certain. We are in the habit, therefore, of removing all unhealthy-looking granulations, diseased glands, and other suspicious looking portions, by a subsequent application of the paste.

One very remarkable and valuable feature in this treatment is the effect which the paste has upon the entire cancerous mass, in not only causing that portion of it to shrink to which it is directly applied, but in giving rise to such an amount of *drawing* or *contraction* as to bring portions even somewhat deeply imbedded in the neighbouring tissues within reach of the paste. It occasionally happens that when the dead mass is ready to separate, it is merely connected with the living parts by a few small bands which are probably nerve fibres, for as often as these bands were put upon the stretch by pulling at the slough, very acute pain on the part of the patient induced us to desist. In such cases we generally divide these bands with the scalpel, and remove the dead mass, a measure which gives the patient instant relief.

The treatment of the sore after the removal of the slough

consists in the daily application of a piece of cotton wool spread with Stramonium ointment, as recommended by Dr. Fell; cicatrisation occurring in most cases very readily and rapidly.

Enucleation of Cancer by this method is applicable to those cases in which *adhesions* have already taken place, and in which no prudent surgeon would think of the knife. Further, it allows just so much of the breast being removed as the surgeon may deem necessary and *no more*, whereas it is usual to remove the whole breast when a cutting operation is had recourse to. This we regard as a most important recommendation in favor of the enucleation by this process. It is equally suited to cases of non-ulcerated as to ulcerated cancers; to those of recent formation and rapid growth as to those of a more chronic nature.

Enucleation is unsuited to the majority of cases in which the disease may have extended into the arm pit; to many in which the cancerous predisposition is very strongly marked; or where there is reason to believe it may have invaded internal organs, as the brain, womb, mesenteric glands, stomach, lungs, &c. It is further inapplicable to those cases in which the local disease may have spread to parts involving such anatomical difficulties and hazards in its removal, as to make any surgical interference unjustifiable.

II.—*Constitutional Treatment.*—It would seem almost a waste of time to dwell upon the various internal remedies which at one period or another have enjoyed a reputation in the treatment of Cancer; it will suffice that we notice those which have maintained to our own time any amount of that confidence which they have possessed in past days, and it is very worthy of note that these remedies are equally used by our own school and our allopathic colleagues. Thus Conium, Belladonna, and Arsenic are common to us both, and we think that in their homœopathicity to certain conditions of the disease, we can discover the reason that they have escaped the complete neglect which has fallen to the lot of the thousand and one other so-called specifics which at various times have been proposed.

The specific relationship of Conium, homœopathically considered, to old indurations, especially when resulting from a blow, and still more when occurring in old people, will fully

account for the fact of its having removed such indurations, bearing a close resemblance to scirrhus tumours, and of greatly relieving truly cancerous disease. We believe that we have here the limit of its usefulness, and attribute more of its influence in relieving the pain of Cancer to this homœopathic relationship than to its general sedative action. We have had many opportunities of administering this medicine in various potencies to patients suffering from Cancer, or at all events from very suspicious looking indurations attended with severe pain, and have frequently found relief result: and this result has been gained quite as readily with the medium potencies as with more material doses. And it is in such cases especially that we have seen decided benefit follow its use; the more advanced the disease, and the more decided the diagnosis, the less favourable has been the action of this medicine.

So again with regard to Belladonna; its influence upon glandular structures and its relationship to phlegmonous, erysipelatous and gangrenous inflammation, readily suggest its employment in the ulcerated and sub-inflammatory stages of Cancer.

Arsenic, on the other hand, though not so readily identifying itself with the earlier physical signs of the disease, is so strikingly pointed at by the cachexia which prevails in the advanced stages, that we should *à priori* be ready to anticipate for this remedy, even a greater value than experience unfortunately proves it to possess. Nevertheless we do attach value to it, but we conceive that to be of use, it must be given in doses somewhat larger than those usually administered by homœopathic practitioners. In the earlier stages it may do something to correct the dynamic condition upon which the predisposition to the disease depends, and then given in forms varying from the second to the third centesimal trituration it may be of service; but as a means of combating the cancerous cachexia, dependent upon a material poison in the blood, we believe that larger doses will be necessary if any real benefit is to be derived from its administration.

In addition to these there are two other remedies which we must not pass over without a brief notice. We refer to Gold

and Animal Carbon. Both these substances appear powerfully to influence the nutritive processes, and to possess a pathogenetic power of inducing a dyscrasia somewhat similar to that belonging to the cancerous diathesis.

Walshe relates, from Duportail, a case in which a cancerous ulcer of the face, reaching to the bones, was healed under the use of preparations of Gold; but as this treatment was complicated with Hyoscyamus and Conium internally, and Laudanum, Cinchona, and Camphor, externally, it cannot be relied upon, although its homœopathicity to such a case is sufficiently evident to allow of the possibility of the cure.

The Carbo appears to be especially suited to those cases in which the ulcerative process is *indolent*, while the vital powers are *greatly depressed*. In the case of a lady suffering from cancer of the womb, in whom this condition existed, and who was under our care for several months preceding her death, great constitutional benefit was derived from this medicine administered in the third trituration. She rallied from a condition of almost death-like torpor, and we have no doubt that from its use some months were added to her life.

Valuable, however, as these remedies have proved, and may still prove, we cannot accord to them any specific influence over Cancer considered as a special disease. That they are homœopathic to many of the incidents of the malady is readily admitted, and this fact sufficiently accounts for the palliation of many of the symptoms which present themselves, and may render them able to retard for a while a fatal termination.

Dr. Fell, to whom belongs the credit of first introducing the plan of applying Caustics in the treatment of Cancer, by means of gradually deepened incisions through the previously destroyed parts, brought into notice at the same time a new remedy—the Sanguinaria Canadensis; but as he never used this medicine excepting in combination with other powerful agents, he does not appear to have relied much upon it himself, while the surgeons of the Middlesex Hospital have reported their opinion of its *complete inertness*.

We are not sure who it was that *first* adopted and recommended the use of Hydrastis Canadensis, but have reason to

believe that this application of the root was first made in America.* However that may be, it is to this remedy that our attention has been especially directed. We have before stated our conviction that no medicine can suffice to remove a cancerous growth after a certain stage; once established as a fully organised growth, it increases by the natural processes of nutrition in the same way as the normal tissues themselves, and the cases have been few in which we have felt justified in omitting to combine the surgical measures we have detailed in this paper, with the internal use of the Hydrastis. The question, however, which has necessarily proposed itself to us is this—Does this substance possess any positive influence over the cancerous diathesis, and does it fulfil any of the indications we have marked out as essential to successful treatment?

We are not disposed to be too hasty in our verdict, or too sanguine in our anticipations, but we refer our readers to some of our recorded cases in which from varied circumstances it has been used alone, and would also direct attention to the cases reported in earlier numbers of this Journal by Dr. Bayes. The relief of pain in case I; the complete disappearance of a rapidly growing tumour, attended with all the dynamic and physical signs of cancer, as detailed in case II, and the still more striking effects of its use in the case of M. T., scarcely allow us to doubt that in some way which has yet to be explained, it does exercise a decided action upon this affection.

The Hydrastis Canadensis or Golden Seal belongs to the natural order *Ranunculaceæ*. It is found in the United States and Canada in considerable abundance, being indigenous to the northern part of the Western Hemisphere. The Rhizome or root is the part used. It has a strong narcotic odour, a taste not unlike that of Opium, and breaks with a light yellow crisp fracture.† These properties are much impaired by age, as also its medicinal virtues. It is generally spoken of by American

* It has been used for some time by Dr. Pattison in the treatment of Cancer.

† These characteristics should always be possessed. We have seen some specimens which had almost lost their odour, taste, and colour, and which were totally unfit for use.

physicians as possessing a marked action upon mucous surfaces, the liver, and the glandular system; and it is largely used by them with alleged success in leucorrhœa, cystitis, dyspepsia, hæmorrhoids, constipation, ophthalmia, otorrhœa and catarrh, and as an excellent tonic bitter.

It is much to be regretted that we have not yet succeeded in obtaining any very reliable *proving* of the Hydrastis. One of us has for upwards of a month at a time endeavoured, by experiment, to ascertain its pathogenesis, but he has been unable to elicit any very decided symptoms except upon the sensorium and the heart, which were affected for a very short time, by doses of half an ounce and upwards, smaller quantities appearing to pass off without any effect at all. We are, however, inclined to believe that it will be found capable of enriching the symptomatology and pathology of our Materia Medica, and we trust to be permitted to continue our investigations until we shall be in a condition to report with profit to our profession. That the drug acts favourably in *very minute doses* we have proved, from whence we infer that its action is dynamic, and therefore most probably homœopathic.

This is the medicine upon which we chiefly rely in our treatment of Cancer; usually putting our patients under a course of it for a month or so before commencing the enucleation of the mass. Our doses vary from one or two drops of the Mother Tincture, to half a drop of the 6th dilution, the lower forms being used chiefly in those cases in which the cachectic condition is fully marked; and we must confess that we know of no medicine which has caused so great an improvement in the general health of our Cancer patients as has this, an improvement which has in most cases become visible, in the bettered expression of the countenance, to all who had previously known the patient. We continue the administration of the medicine—unless intercurrent symptoms render other medicines necessary—throughout the whole course of treatment, and for some weeks after its completion.

The intercurrent symptoms which demand attention may be an inflammatory condition of the part acted upon, general febrile excitement, pain and sleeplessness, dryness of the mouth and throat, loss of appetite, and general debility.

Inflammation has with us been most readily subdued by Aconite and Belladonna; the former of which also has never failed to allay *general feverishness*, unless such has been attended with *prostration*, when Arsenicum has answered the end. Of *pain* we confess we speak rather theoretically than otherwise. It has not been in our cases a formidable symptom, and the medicines of which we have spoken have answered our purpose; nevertheless, we would be prepared in cases in which the pain was severe, and did not yield to those remedies, to administer a decided narcotic, and this we hold without deviating in the least from the principles of homœopathy. Pain produced by dynamic causes can be removed by the dynamic action of medicines; but the pain in this case not being directly dependent upon such causes, we could not depend upon those actions to remove it. Homœopathic medicines relieve pain by removing the cause of pain; but as in these cases we are ourselves the cause of pain, and do not wish to be removed until our work is done, we should feel it perfectly consistent with our homœopathic profession, to render a patient insensible to pain, if we considered the pain a greater evil than such insensibility. Except, however, in *one* case, we have never found it necessary to resort to these means; and in that case the sleeplessness which had become a serious source of exhaustion was produced, not so much by the treatment, as by certain insects which unfortunately infested the patient's lodgings, and which were no more to be driven away by infinitesimal doses of medicine than ourselves.* Dryness of the mouth and throat, attended with loss of appetite and some amount of weakness, frequently occur during the process of enucleation; these symptoms are best met by Arsenicum. A general condition of debility without these symptoms, if not sufficiently counteracted by the Hydrastis, will require Carbo Vegetabilis or China; any other intercurrent conditions which arise may be met by the application of the general principles of homœopathic treatment.

* The points involved in this little digression, though treated with some appearance of levity, involve principles of such extensive application as to demand the grave consideration of every *rational* homœopathist.

We have thus run through the mode of treatment which we adopt, both Surgical and Medical, and as a general rule we hold them to be inseparable, the one from the other. Without, we trust, evincing an undue partiality for that which is novel we feel warranted in claiming for it a superiority over all other methods previously in vogue, as offering to the patient a safe means of riddance from the most distressing malady to which our common humanity is exposed, in the employment of which pain forms no very considerable item, and the terror which ever accompanies the dread of the knife, and which often prevents an application for relief until the time of help has passed away, is avoided.

The special constitutional treatment which is adopted, and the absorption of the Hydrastis into the parts immediately surrounding the seat of the disease, appears to us also to guard as much as is possible against the return of the tumour or the development of the malady in other parts; for, the surrounding and adjacent tissues connected with the tumours, are so thoroughly percolated by the paste, that any cancer cells deposited in such tissues, are thereby at once destroyed and rendered quite harmless. Time only can prove the justness of our anticipations, but our observations so far appear to us to confirm them. As has been already remarked, there will doubtless be cases in which the system has been so thoroughly poisoned by the presence of cancer cells in the blood that redevelopment will occur, but even with this fear before our eyes, we should feel warranted in applying our method, freed as it is from those objections which attend a cutting operation, while we anticipate that the removal of the dread which attends such operations will induce patients to apply for relief at an *earlier* period, when the probabilities of success are greatest; and the aversion which is properly felt by almost every surgeon to excision being put out of the way, he may hopefully proceed to relieve those who seek his aid, instead of leaving them to despair and to the ravages of a disease which, unchecked, must proceed to its terrible but certain termination.

Can anything be done in those cases in which a cure is not to be hoped for, or enucleation is inadmissible? As we have

already remarked, there are necessarily many circumstances which would preclude any surgical proceedings. We have very lately been consulted by a lady whose breast had been amputated for the removal of the disease, which has reappeared in the armpit of the previously affected side extending for considerable depth, and leading to the impression that the lymphatic glands were implicated; the dangers of attempting to remove a mass though by no means large in a region so abounding with large blood vessels and important nerves prevented our advising an attempt at its enucleation, especially as the countenance gave evidence of a constitutional taint. She was therefore put upon the Hydrastis internally and externally, under the use of which the health has improved, the appearance of the countenance has become decidedly better, the condition of the part which had commenced to ulcerate has amended, and the pain (which by the bye was not previously great) has lessened. In some cases when we have had to deal with a large ulcerated mass, discharging great quantities of fœtid purulent matter, rendering the patient's life burdensome, much relief has been afforded by the enucleation of the fungoid *out-growths*, in which we have even succeeded in obtaining cicatrisation. We would remark that in these cases the treatment itself is an *actual relief*, the pain is lessened from its commencement, and the antiseptic action of the paste is such that the horrid stench which makes the sufferer feel as if an object of disgust to herself and to those about her, is at once removed.

In some cases, however, the ulceration has extended into such parts as to prevent much treatment by the application of the paste, and here we have obtained much good from the Hydrastis *lotion* combined with its internal administration; the pain decreases, the fœtor is diminished, the discharge is lessened, and the ulceration progresses less rapidly. We have a patient now under our care in the last stages of the disease, who again and again has most earnestly expressed her gratitude for the great relief which has been afforded her by these means. As we have before said, though we have seen decided benefit to the general health follow the use of the Hydrastis, there are other cases which have improved more decidedly when Arseni-

cum has been administered. Our experience on the whole seems to lead to the conclusion that for the most part the health (as connected with the disease) improves more rapidly under the Arsenicum than under the Hydrastis, while that on the other hand the local condition participates more decidedly in this amendment when Hydrastis is taken. There are exceptions, and a careful application of the principles upon which we usually select our medicines will decide which is to be used, the Arsenicum answering best when most homœopathically indicated; when these indications are not so decided, the Hydrastis will most probably best answer the purpose, while there are cases in which it will be advantageous to use both medicines in alternation.

CASE I.

Mrs. C—, a lady — years of age, had observed for some years a hard substance in her right breast, which for a few months before coming under treatment had rapidly increased in size and had become so painful as to prevent all rest by night. On examination a tumour of stony hardness and about the size of a duck's egg, was discovered in the upper portion of the right breast. It was nonadherent, but the skin was slightly puckered and the nipple retracted. A gentleman who had formerly been the lady's medical attendant but who has since retired from practice, met the writer in consultation and agreed with him in his opinion of the malignant nature of tumour. Hydrastis 6 was administered in drop doses. The pain was at once relieved. It was however decided in consultation with a physician of much experience in these cases to proceed to the enucleation of the tumour, which was effected partly by the writer and partly by the physician alluded to. The process was commenced early in May 1862, and by the end of June the tumour had been entirely separated and removed. The wound speedily cicatrised, and the patient remains perfectly free from disease.

II.

Mrs. F——, had suffered for six months from a swelling in the left breast, for which she sought relief. The pain, which was compared to knives being thrust into the part, had become almost unbearable, and the patient was already beginning to

assume that worn appearance so characteristic of the cancerous diathesis. The tumour which had attained a considerable size was hard, heavy, and adherent to the skin, which was dark, mottled, and very much puckered, the nipple being also deeply retracted. The patient was at once advised to come into town in order to the enucleation of the tumour; this however her circumstances prevented, and without any expectation of affording much relief, a lotion of Hydrastis was ordered with the internal use of the same medicine. The pain almost immediately ceased, and the tumour so speedily decreased in size that at the end of two months it had altogether disappeared, leaving but the puckered skin, which had otherwise regained its natural appearance. When we last heard of this patient she continued perfectly well. It is needful to state that her health rapidly improved during the treatment, and that her countenance regained the aspect of health.

III.

Mrs. P——, 73 years of age, had observed a swelling in the left breast, which had been coming on for several years; she had suffered no pain, but was getting anxious from its increase of size. A semifluctuating sensation communicated to the finger suggested the possibility of the case being one of serocystic disease; an exploring needle was accordingly introduced, which passing through a hard resisting wall entered a cyst, withdrawing a dark brown fluid, which under the microscope was found to contain cancer cells. The Hydrastis was prescribed externally and internally, and in a few weeks the patient reported a decided decrease in the size of the tumour. This amendment did not however continue, and six months afterwards the lady again shewing herself, the swelling was found to have largely increased; the skin covering it had become closely adherent and dark coloured, and the nipple was considerably retracted. Enucleation was immediately commenced in the usual way. On the fifth or sixth day a cavity was opened, from which flowed a large quantity of the fluid described above; it was carefully wiped out, and the cavity filled with linen saturated with the paste. By the next day it had very much contracted and the treatment went on as before. On another occasion there was a rather annoying hæmorrhage, as though some small artery had been opened. A small quantity of cotton wool well pressed down to the bottom of the incision at once stopped it, and

this we have ever found sufficient to stop any bleeding which has occurred in any of our patients. In five or six weeks the mass had separated, and the wound having rapidly healed the patient returned home in perfect health and spirits. This state of health, remarkable for a person of her age, has been maintained ever since.

IV.

The history of this case we take from a letter written to us by the patient herself, and although we cannot at present claim it as one in which ultimate success has already been obtained, we have much hope that we shall ere long have the satisfaction of seeing our object fully gained.

The disease dates from 1851, when the patient received a severe blow on the left breast. She was shortly after confined, and had several abscesses in that breast. The same thing occurred again in a subsequent and last confinement, and extending over a period of four months, so prostrated her that great fears were entertained respecting her. This was followed by a severe inflammation of the lachrymal sac and right eye, which made an operation necessary. A gentleman who during this time attended her for the inflammation of the eye gave his opinion that her system was affected by cancer.

In 1855, sharp darting pains began to be felt, which became more and more severe, and the nipple was already deeply retracted. She did not however obtain further advice until 1859, when the physician to whom she applied told her that there were tumours in each breast, that in the left being the more malignant, but not sufficiently advanced for a cutting operation. She found no relief from the treatment adopted; her pains still increased, and a sense of numbness affected the left arm and hand. Plasters were now applied and continued for nine months with internal remedies, with no other effect than of greatly impairing her general health. In 1862, Dr. C— of R. was consulted, who gave as his opinion that she had a cancerous tumour in each breast, and that the knife offered the only chance of removal, but strongly advised her rather to leave herself in the hands of God than submit to such an operation. He pronounced her case hopeless, but prescribed certain plaisters, lotions, and medicines for the palliation of the symptoms. She came under our observation early in the present year, both breasts presenting the characteristics peculiar to infiltrated scirrhus; the disease on the left side being however much more advanced and the appearance more

decidedly characteristic of cancer than on the right. The opinion we formed as to the ultimate result of the treatment was decidedly unfavourable—the countenance of the patient, which strikingly expressed the nature of her complaint, and the double tumour, caused us to be very apprehensive that it had taken too deep a hold of the constitution to be eradicated, while the low state of her general health made us apprehensive that it might prove inadequate to carry her through the treatment. Her own anxious desire and her evident trust in God overcame our own scruples and induced us to proceed with the case, though not without some anxious fears both for herself and our own reputation. We commenced with the left breast; all the former pain ceased with the first dressing, and her health and strength speedily improved and continued to progress during the whole time. In a few weeks the whole of the diseased portion had been removed from that side, and we are now proceeding with the remaining tumour. With regard to pain, we quote her own words: "The treatment I did not find nearly so painful as I had anticipated. On this subject I can speak with confidence, as during the whole time I never used any narcotic, and very rarely any stimulant. I do not wish it to be understood that there was *no* pain, but those who have suffered as I had previously done, would bear it thankfully with the hope of being freed from the disease; being much less than the pain caused by the disease itself, of which I felt nothing from the time of commencing the treatment."

V.

M. T—. 58 years of age, came under treatment in March last as a patient of the North Wilts Dispensary. Some time ago a cancer had been removed from the right breast, and a year or two since she found a similar growth forming in the other side, from which she has suffered agonising pain. She has also been affected with severe cutting pains in the back and lower part of the abdomen, shooting down the thighs, and attended with a dirty brown discharge. She said that there was often a feeling as though something were gathering in her body with horrible pain, which after a time was followed by a sudden gush of this dirty brown fluid, and immediate relief.*

* This symptom, described as a "gathering and breaking," we have frequently observed in Uterine Cancer, although it is still more diagnostic of Pelvic Cellulitis.

On examination a hard swelling was found in the breast, filling nearly the whole of the organ, but non-adherent, and neither affecting the skin nor the nipple. The neck of the womb was found greatly enlarged, hard, and nodulated, this hardness extending to the upper part of the vagina; there was also ulceration of this organ, fungoid growths growing up from the ulcerated surfaces. This latter condition precluded at once the idea of adopting any surgical treatment for the breast, even if the evidence of the malignant nature of the tumour had been more decided than it was, and all that was done was to prescribe Hydrastis internally, and as a lotion to the breast and an injection to the womb. The swelling has almost disappeared from the breast, the discharge has ceased, the pains are almost gone, and the ulcers have cleansed and appear to be cicatrizing.

VI.

Mrs. S—, aged 47, had about four months before coming under treatment observed a lump in her left breast, which so rapidly increased in size, and caused so much pain, that she became much alarmed. She first appeared as a patient at the North Wilts Dispensary, but her circumstances admitting of it she came under our care as a private patient. When first seen we observed that the breasts were of an unusually large size, and in the lower part of the left mamma was a large hard tumour, above which we could discover lobulated masses of irregular hardness; the skin over the larger mass was adherent and much puckered, the nipple being slightly retracted, this retraction and puckering not having existed for more than a month. The lancinating character of the pain usual in cancer was well described, and having at once ordered Hydrastis as usual, we advised the patient to lose no time in coming under our more direct treatment for its removal. Ten days afterwards she came into the town, but on examining the breast we were both alarmed and surprised at the rapid progress which the disease had made; nearly the whole of the unusually large breast had become infiltrated, and it became at once evident that we had an undertaking of no ordinary difficulty on hand. A line was drawn with paint to include the indurated mass, which measured in its longest diameter nearly 8 inches. The acid was applied in the usual way, and the following day a plaster composed of $\frac{1}{3}$ paste and $\frac{2}{3}$ Stramonium ointment was applied; a good deal of irritation was set up, vesication occurred in two or three points, and there was

much inflammatory action. Under these circumstantes we desisted from local treatment for 24 hours, administered Aconite and Belladonna, and applied a lotion around the circumscribed parts. Under this treatment the inflammation subsided, so that on the fourth day we were enabled to proceed with the incisions, though not without some difficulty, owing to the effusion of serum in several places under the skin; from this cause the paste occasionally came into direct contact with the denuded tissues, and although we used a more diluted paste than usual, more pain was occasioned than we had known in previous cases;* nevertheless good progress was made from day to day, notwithstanding which our fears were raised that the disease was extending beyond the line we had marked out. In three weeks our incisions, which reached more than 3 inches in depth, (in some parts $3\frac{1}{4}$ inches) were completed. As the weight of this large mass became very burdensome, we cut down the portions between the incisions, which had become perfectly dead and of course destitute of feeling, and weighed together more than 5 ounces. In 14 days the remaining portions, weighing 7 ounces, came away, when we found that the fears expressed above were not groundless, as a large piece of cancerous substance projected into the upper part of the wound, while two or three nodules were seen scattered about in other places. And here we digress to point out one consideration of great value in this mode of treatment, viz., that the wound being completely open no portion of diseased tissue can escape observation. We are well acquainted with the difficulty when the knife is used of knowing that all has been removed, and the certainty of a recurrence of the disease if the smallest portion is left behind. In our treatment that difficulty with its attendant consequences is obviated. The Acid was again applied to the skin to some little distance beyond the upper part of the wound, and the incisions were continued for eight days, while the paste, at first diluted, afterwards pure, was applied to the diseased portions in other places, the latter were speedily removed, and in about a fortnight, during which time the wound had greatly decreased in size, the last portion, weighing about 5 ounces, came away, leaving the sore perfectly clean and healthy. When we consider that in this way upwards of 17 ounces of diseased tissue had been removed, we cannot but expect that some

* The patient told us that her skin was always very irritable, and that a very slight cause would produce a good deal of inflammatory action.

constitutional disturbance would arise—this had been much controlled by the administration of Arsenic and China, and no sooner was the separation complete, than the health again improved, and in less than three weeks the patient was sent home to all appearance fully recovered. When seen again some time after, she appeared in most robust health, and without the slightest vestige of disease.

As we have not previously alluded to it, we might here point out the great care which we deem to be necessary in carefully watching the healing of the wound. Not only do we immediately destroy any suspicious appearance that may present itself, but likewise by the application of Nitrate of Silver, or of paste diluted with the Stramonium ointment, any granulations which do not appear to us perfectly healthy, and to this we attribute the almost total absence of a very troublesome scaling and scabbing of the new skin which we have observed in many cases occurring in the hands of some other persons who have practised the system of enucleation. Excepting in the first case quoted this has not occurred, and that case not having been wholly under our own care, we had not an opportunity of watching it during the healing process. Something may be due to the composition of the paste which we use, but we are inclined to attribute more to the practice we have inculcated.

VII.

J. M., a small spare woman aged 50, who had done a great deal of hard work in her day, was admitted into the *Bath Homœopathic Hospital* on the 23rd of last May. The history of the case as given by herself at the time is as follows:—Ten months ago discovered a small hard lump about the size of a walnut in the upper part of the left breast; about this time she began to experience decided pain in the tumour—pain occurring at irregular intervals, chiefly at night, and of a sharp *stabbing* nature. Three months after this the skin over part of the tumour broke and began to discharge very freely a thin and highly offensive fluid. The pain experienced now was frequent and severe, almost unfitting her for the performance of her arduous duties of a gate keeper; her general health too became so seriously affected by the rapid march of the disease, that she determined to take professional advice. She accordingly consulted a medical man at C———, who told her the disease was Cancer in its worst form, and recommended a tonic for her general health and poultices to the breast. The disease now began to make most

rapid progress, so much so, that when she first sought our help in May, at the North Wilts Dispensary, the tumour occupied nearly the whole of the breast, and was about the size of a large orange, irregularly nodulated, and puckered on its surface, the nipple retracted, and the whole mass firmly *adherent* to the subjacent tissues; but worse than all, the disease was fast creeping towards the armpit, producing cancerous infiltration of the integument and glands in the neighbourhood; this was the case to such an extent that the patient had almost lost the power of using her arm, on account of the lower edge of the *pectoralis major* muscle having become involved in the disease. The patient exhibited decided traces of the constitutional effects of Cancer, so that on this account, together with the fear lest the paste should not be able to overtake the local disease which was making such rapid strides towards a locality where it would prove invulnerable, we hesitated about the propriety of instituting any local measures for her relief; but, on consultation, it was determined to give her this chance, and accordingly the treatment was commenced forthwith, viz. on the 25th of May. The acid was applied to every part of the unbroken skin over the tumour, *carefully avoiding the ulcerated portions*. The paste, diluted with Stramonium ointment, was then applied to the whole surface, and allowed to remain in contact therewith for twenty-four hours. On removing the dressing next day, the paste was found to have done its work, and six incisions were now made in a vertical direction over the tumour, mere scratches at first, but daily deepened, into which strips of calico saturated with the paste were inserted. During the treatment two cavities were opened, which were treated in the way already described; slight hæmorrhage was controlled by pressure; some little amount of constitutional disturbance, caused by the absorption of the chloride, was met by the exhibition of *Aconite* and *Arsenicum;* and at the expiration of four weeks from the commencement of the local treatment, the incisions (2½ inches in depth) appeared to have penetrated the entire dead cancerous mass, and a line of separation having formed all around it, the eschar, weighing seven ounces, came away on Sunday, the 21st June. The amount of pain experienced by the patient during the process of enucleation was inconsiderable—nothing like those *cancer pangs* from which she had suffered previously, and which are of an altogether more insupportable nature than the *sense of smarting and weight* which sometimes accompanies the enucleatory treatment. On making a very careful exploration

of the wound we discovered that a very minute portion of cancerous tissue had been left behind; we therefore reapplied the paste, following this up by incisions in the hardened mass as before, and in the course of ten days an eschar, about the size of a hazel nut, separated and came away. The wound was now treated in the usual way, cicatrization rapidly took place, and the patient was discharged on the 25th August,* *free from all pain, and so much improved in health and spirits*, that she really did not look like the same individual. Since her discharge she has written a most grateful letter of thanks, and says there is no trace of the disease in the breast, and that she continues "perfectly free from pain and in excellent health." We may just add, that this patient is still taking the Hydrastis, and that it was steadily administered during the three months she was under our care.

VIII.

Mary S———, æt. 48, sought our advice at the *Bath Homœopathic Hospital* about the beginning of last April. She stated that she had a cancer in her left breast of two years standing; that she had applied to Mr. ———, of this city, who advised its removal by the knife, but that unwilling to undergo the operation, she was recommended to apply to us with a view to the peculiar treatment we adopt, and which she was very desirous of trying, provided we thought it would prove successful. On examination we found a large moveable tumour occupying almost the whole of the left breast; blood freely exuded from the nipple, which, however, was not puckered, retracted, or discolored; the glands and integument in the armpit were not affected, but to counterbalance these favourable indications, this patient exhibited the cancerous aspect in so marked a degree as to lead us to fear that blood poisoning to a very great degree must already have taken place. We ought to mention that the tumour was increasing in size, and that the pain which hitherto had not been great, was now becoming worse and more frequent in its attacks; the debility and *malaise* consequent on the constitutional irritation produced by the disease were gaining ground, so that we deemed it prudent to have recourse to enucleation, at the

* She was in a condition to be discharged on the 29th of July, but as she came from a considerable distance, we retained her in the Hospital that we might have her under observation for some time longer.

same time putting her under the action of Hydrastis, administered in the 1st decimal dilution. The local treatment was commenced on the 27th of May, and continued in the usual way without interruption up to the 29th of June, when the slough, weighing eight ounces, came away, leaving a healthy wound, which cicatrised rapidly. She was discharged on the 29th of July, apparently as free from all disease as she was from all pain or uneasiness of any kind. Still, as this patient manifested indications of the system being *cancer poisoned*, we thought it advisable to continue the Hydrastis, with a view to antidote the poison and to prevent a recurrence of the disease.

IX.

Mrs. ———, æt. 50, came to us as an out-patient at the *Bath Homœopathic Hospital* about the beginning of last June. She had lost her right eye, which had been removed about two years before by a deceased Bath surgeon for malignant disease of the orbit. She now complained of an irregular and painful swelling situated at the angle of the lower jaw of the right side. On examination, this tumour seemed to be connected with the soft parts, not involving the bone itself, but extending into the parotid region; it was moderately soft and somewhat painful to the touch; had lately increased rapidly in size, and from her own description of her sufferings, was apparently beginning to affect the tongue and the muscles of deglutition. We diagnosed the disease as a case of Encephaloid Cancer, and knowing that from its position it would be impossible to enucleate it, we almost despairingly prescribed Hydrastis internally, and a lotion of the same to be applied to the swelling. Under this treatment alone, the patient has improved remarkably in health, the pain is less, and the tumour has sensibly diminished, and is till diminishing. We hopefully contemplate a good result from further treatment.

X.

Mrs. W———, æt. 50, consulted us about a year ago concerning a somewhat peculiar form of cancerous disease. On examination we found a large, irregularly shaped, fungoid growth springing from the superior part of the sternum, the upper border impinging on the trachea, and the lower on a level with the insertion of the fourth rib. This singular tumour presented somewhat the appearance and very much the size of a large cauliflower, and measured about six

inches in breadth and the same in length; it was raised some four inches above the surface of the breast; had a hard and gristly feel; exuded from its entire surface a profuse, glairy, and offensive secretion very similar to that which takes place in the form of Epithelial cancer called Cauliflower Excrescence of the Uterus.* The tumour had become so burdensome to the poor patient that she was unable to rise in bed or from her couch without assistance, and worse than all, her breathing was beginning to be much affected by the growth spreading in the direction of the windpipe. It was thought unadvisable to attempt the removal of the tumour by enucleation; we therefore contented ourselves with putting the patient on the internal administration of Hydrastis, endeavouring at the same time to curtail the outstanding fungoid growths. Under this treatment the general health greatly improved, and the growth diminished considerably, so that at the expiration of six weeks, it was almost flush with the surrounding healthy structures, giving rise to no inconvenience of any kind to the patient either on taking exercise or when at rest. She was discharged from the *Bath Homœopathic Hospital* at the expiration of two months, greatly benefited by the treatment, and enjoying a measure of comfort to which she had been a stranger for two years. We much regret that circumstances, which do not admit of explanation here, prevented our having recourse to the *paste* in the first instance, as we now think the local disease might have been entirely removed by it. As the case stands, it is reported chiefly to illustrate the beneficial effect produced on the general health by the Hydrastis, and which we believe still continues.

It may be thought, from the encouraging character of the cases reported, that we have purposely selected the most favourable ones, carefully omitting those in which our treatment has been unsuccessful. We beg to reply that we have had no unfavourable cases, and that we have purposely reported those which were the most unpromising. It is true that we have used some amount of caution in selecting the patients from whom we have enucleated cancerous tumours; indeed, in the very week in which we are writing we have refused to adopt

* See a very interesting case of this nature reported in the *Lancet*, by Dr. MacLimont, Vol. I., p. 368.

the treatment in three instances; nevertheless we feel sure that some of the cases we have reported could by no means have been regarded by any as promising ones. We dare not undertake to affirm that in none of them will the disease return, but, with the exception of cases IV and V, which are still under treatment, we consider our patients in decidedly as good a position as they were before it first appeared. Many cases which cannot be cured, as already stated, we believe to be capable of deriving *much relief* from this treatment.

Not being directly cases of Cancer, we do not detail three cases of Lupus which we have treated most successfully by this method, two of which had been treated ineffectually by other modes. The first of these cases passed out of our hands eighteen months ago, and remains perfectly well; the other two have been treated more recently, but give so far every evidence of a complete cure. We apply in the first instance a plaster composed of a mixture of the paste and Stramonium ointment, and then make incisions to such a depth as in our opinion shall undermine the diseased parts; the affected portion sloughs out, leaving a healthy sore which very speedily heals.

We would just add that by the term "incisions," so frequently made use of in this paper, we simply refer to the *scoring* as it were of the dead tissues, in order to allow the paste to percolate the entire diseased mass, and that *no pain* or inconvenience of any kind is produced by these incisions.

ON THE PATHOGENESY OF ACONITE: WITH CLINICAL OBSERVATIONS.

By J. H. Nankivell, Surgeon, Penzance.

(Continued from page 447.)

"Larynx and Trachea.—Attacks of catarrh and coryza, sometimes accompanied with headache, with humming in the ears, and enuresis. Hoarseness early in the morning. Croaking voice."

Would that a man had the power, the ability to write a worthy

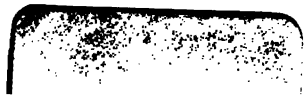
commentary on the section now entered upon! There is no part of the body which, when affected with inflammatory disease, so rapidly produces fatal symptoms; and perhaps there is no part also which is more frequently the seat of obstinate and irremediable chronic affections. In catarrh with headache the frontal sinuses are very frequently the seat of the dolor, from a cause which is well known, viz., extension of disease along the tract of mucous membrane into those sinuses, and a similar cause, viz., an extension of disease into the Eustachian tubes might cause humming of the ears. The enuresis is such as might be the effect of suppressed perspiration. The diseases referred to I have not seen associated when at the bedside. Hoarseness early in the morning, seems to imply that it wears off as the day advances, and such hoarseness intensified might produce "croaking voice."

During the last three months two cases of croup in the first stage have come under my notice, in both of which there was fever, with the clear ringing cough of croup, and which probably would if not met by appropriate treatment have gone on to intense croup. These cases yielded quickly to Aconite followed by Hepar. Those who are prejudiced against the gentle and benevolent system of homœopathy might say that these were not and would not have been cases of croup at all—all I can say, after witnessing disease in every form for the last thirty years is, that they *were true cases of croup.*

"Condition of the epiglottis, as if paralyzed, in paroxysms, food and drink getting easily into the larynx during deglutition, and inducing a suffocative sensation with cough. Sensation as if the trachea had gone to sleep."

None of the conditions here copied are marked with an asterisk, and therefore so far as Jahr's book is concerned, we have no evidence that Aconite has relieved such symptoms. The following case has some points which are like the above, and which Aconite might peradventure benefit, although judging from the treatment of the case thus far it will not be required, other remedies having been found sufficient to combat the most prominent of the evils.

A clergyman, aged 35, of highly nervous constitution, has for



twelve months had a weak throat. An allopath pencilled it with solution of Lunar caustic, and afterwards passed the stick of Caustic down to the epiglottis, but the disease was aggravated by this sharp practice. At present when the patient begins to read the Church services he feels a constriction in the throat as if it would collapse, as if he had no power to swallow the saliva. 1st. There is a nervous disposition to perform the act of swallowing; 2nd. A feeling as of inability to do so; and 3rd, a faintishness as if the senses were departing. The patient has at times been compelled to break off in the middle of divine service, his "agony" being so great that he has been bathed in perspiration. The other symptoms accompanying this "lesion of innervation" are, pressure on glands of the neck, right side, with neuralgic pain in right chest and scapula; fugitive pains here and there in chest, rarely in both sides; pains in nape of the neck; palpitation of the heart; ringing of the ears, muscæ volitantes; general irritability; dislike to be left alone—the patient had taken large quantities of Calomel when he was a boy—this was very clearly not a case for Aconite. I gave Sulph. 30 for three days, and then after an interval of a day or two Phos. 30 for 3 days, and so on in alternation. At the end of a month there was great improvement, but this improvement was to some extent due to rest and change of air, as well as to the remedies used.

"*Cough in the hot stage of a fever. **Short dry cough arising from a titillation in the larynx*, with constant inclination to cough,—the cough is particularly excited by smoking, or after drinking, or *at night.—After midnight the paroxysms set in every half hour."

It will be noticed by the dash — that certain symptoms above given had not, at the time when this pathogenesy was written, been cured by Aconite. The first symptom seems to point to the irritative cough noticed so frequently at the onset of continued fevers, or it may be taken in reference to cough in the initiative stage of measles, scarlatina, varicella, &c. &c. In the latter disease I have seen cases in which the interior of the mouth has been studded with the chicken pock eruption, and in one instance the larynx so severely affected that for several months

after the attack there was persistent hoarseness, probably from some minute lesion of the vocal cords.

The *short dry cough* mentioned is a simile of what is so frequently met with in practice, and its seat is generally above the division of the trachea, for in the large proportion of these cases the stethoscope does not afford any signs of disease in the lungs. There is one rule of treatment which is occasionally lost sight of, viz., that all diseased organs should have perfect rest. In reality it is often next to impossible that our patients should have this necessary rest. The actual duties of life are exigent: sermons must be preached, services far too long for the benefit of minister and people must be gone through, lectures must be delivered, conversation kept up, and so the "silent system" cannot be enforced. The irritation of the air passages is continued, and the cough itself may become chronic and habitual. Many persons cough from mere sympathy and habit. This is often noticed in churches and other public assemblies, where one person gives the pitch-note, and a moiety of those present follow the leader.

I knew a distinguished and eminent preacher who always divided his sermon into three distinct stages, and at the end of each made a long pause, in order to afford his audience a reasonable space in which to perform a coughing symphony.

"°Spasmodic, rough, croaking cough, sometimes accompanied with danger of suffocation, and constriction of the throat. °Cough, with thick, white, or blood streaked expectoration. °Dry cough, with heat all over, thirst, and great restlessness. °Cough *whenever he takes cold, which is particularly troublesome at night.* °Dry cough, which is especially troublesome in the evening, with constant irritation and oppression in the upper half of the left lobe of the lungs."

It will be noticed that the above group consists of symptoms which have been removed by Aconite, but which had never been observed in any provings upon the healthy body. We have a cough which seems in relation with laryngismus stridulus. Children of delicate constitutions and imperfect development of the cerebral ganglions, may have such a cough for months, at times better, at times worse—at times, it may be from inter-

rupted respiration a convulsive fit occurs—and finally true inflammation may set in in the larynx and the termination will usually be fatal, for in such a case the physician has to contend against disease of a deadly character, with all the conditions and circumstances of an unfavourable nature arrayed against him. Or again, a child may be of average health, but with a liability to croup; he has sustained one severe attack which had nearly proved fatal, and for an uncertain period after is liable from every slight cold to become feverish, and have a croupy cough; nay, more, when such children are of highly nervous and irritable temperaments, and have been badly disciplined, even every fit of crying is accompanied with a clanging ringing whoop when a deep inspiration is made.

A child, very subject to croupy attacks, ate a large quantity of fruit, soon after there was purging and vomiting; next in order soreness of the throat; difficulty and pain in swallowing; throat swollen externally on both sides; with this we soon had a complication of the croupy condition, but not to any severe extent. Nux vom., Bell., and Acon., were severally required in the different stages.

Dr. Vogler mentions disturbance of the abdominal organs as predisposing to laryngeal disease, and further states that catarrh of the larynx is often associated with that of the pharynx. That the laryngoscope will afford us great assistance in making out very accurately the pathological conditions of the larynx we cannot doubt, but it is not probable that it can ever be used much in the throat diseases of children.

The next sentence has the expression "*blood streaked expectoration,*" and in reference to it I would remark that the present year has, in the west of England, being characterised by the prevalence of hæmoptysis in a form very amenable to treatment. The three remedies which I have found most useful have been Aconite, Arsenic, and Arnica, and by means of these the primary cases have been all brought to a favourable termination. In cases of far advanced phthisis with tubercular cavities, I have seen severe hæmorrhage from the lungs most satisfactorily arrested by these medicines; and in many other instances in which there has been more or less of blood spitting,

and in which there was strong presumption of a tubercular cause, a most careful examination of the lungs has not enabled me to make out tubercular deposit, and in one instance the suddenness and severity of the hæmorrhage led me to think that the blood must have come from the entrance of the larynx; there was not much cough, and after the first outbreak of three or four ounces, but very little was spat. The patient's voice was low and hoarse for a few weeks, but with this exception he did not suffer any inconvenience from the attack. There are met with in practice simple uncomplicated cases of hæmoptysis in which there is a sudden outpouring of blood from some part of the fauces, much in the same manner as we find in epistaxis.

A few months since I was requested to visit a woman, aged 40, who had been attacked with hæmoptysis, and who had been bled for it by a village Sangrado. She took Aconite, and afterwards Arnica, with apparently good effect, and has recovered in spite of the insane onslaught on her life-blood.

Hard by the last-named patient was a miner suffering from universal tuberculosis of lungs, especially of the left; in the latter there appeared to be a condition of things deserving the name of pulmonary apoplexy from tubercular cause. This poor fellow had been largely bled also. But little could be done here, except to protest against the cruel and depressing treatment to which he had been subjected. In consumptive patients I have noticed that after an attack of hæmorrhage from the lungs, even so severe as to produce syncope, they will often go on for weeks and months suffering from a racking cough which shakes the whole system, and yet the sputa shall scarcely have a stain of blood. Can this exemption be fairly attributed to the tone given by our remedies to the vessels which have suffered lesion?

The next sentence affords a state of things in which Aconite would seem to be most especially indicated, the expression "*heat all over and thirst*" would, in connection with a dry cough, lead one to expect that organic mischief was imminent. Such a "case" as this, if seen in good time, would promptly yield to the telling influence of our potent drug. If, as far as our Materia Medica lore and our therapeutics enable us, every

disease were met *at its onset* according to the common sense rule of *similia similibus curentur*, the amount of suffering in this world would be greatly diminished. It has been said with great severity that physicians take more pleasure in verifying their diagnosis in the dead-house than in curing their patients. The "beautiful" preparations in our hospital museums are little more than hideous proofs that disease has produced destructive changes in noble organs; they are like the ropes and spars of some noble vessel which has suffered shipwreck, and as from the one there cannot be learned the art of navigation, so from this other is there but little that can be brought to bear on therapeutics.

We have two other clinical pictures of disease which have been relieved by Aconite. Taken together they give representations of states which are met with in practice, although irritation and oppression of upper half of left lobe of lungs would lead to a suspicion of a phthisical tendency. Some years since I attended a young man whose general appearance bore many of the features of consumption, but at the first examination of the lungs it was very difficult, if not impossible, to discover the point at which tuberculization had so far advanced as to enable one to place the finger over the part affected with incipient disorganization. After a few weeks I again saw the patient, and then detected a small cavity at the very apex of the lung *above* the left clavicle. I am at present attending a man, aged 65, who has, during the winter of '62–'63, been the subject of what has been called bronchitis. In this case also, a small cavity has formed directly behind the left clavicle; a blowing cavernous sound is there heard at the outer third of the clavicle, and also behind in the region of the supra-spinous fossa, but no gurgling or click can be elicited by the act of coughing or by a deep inspiration. It would seem that in this case tubercular deposit has softened down, and therewith some disintegration of the lung tissue has taken place; but the bronchial membrane does not appear to have become much congested, the amount of expectoration is extremely small. The peculiar feature of the case is severe pain between the shoulder blades, returning for two or three hours every night, and which is probably neuralgia

—at all events there is no evidence of pleurisy. These incidental remarks have been made because in the use of the stethoscope it sometimes happens that we content ourselves with an exploration of the chest an inch or two *below the clavicles*, and do not search diligently *behind and even above them.*

"° Whooping cough, first stage, especially when the cough is dry, whistling, accompanied with fever and burning pain in the larynx and trachea."

The indications for Aconite are here plainly marked. Mr. Yeldham recommends Aconite and Belladonna in the early stages marked by inflammation. Hempel says the spasm exciting properties possessed by Aconite render it valuable in whooping cough, especially during the first stage. He advises from the 3rd to the 12th potency.

Rückert states that Aconite (15 doses, one a day) removed whooping cough, and further that Aconite was an excellent remedy when the disease had not yet entered upon the convulsive stage, and was sufficient (for the cure) in two cases where the cough had only lasted two days. Unfortunately for the Homœopathic practitioner, it is not often that he is allowed to treat whooping cough in its first stage. For my own part I have never treated but one case, and that was not in the first stage, but in the last; it was a little infant named Donelli, brought to our Dispensary, and apparently in a hopeless state; it was utterly emaciated and shattered by this cruel disease. I gave Drosera with very slight hope of benefit, but it acted promptly and admirably; the child soon recovered.

"° Grippe, accompanied with inflammatory condition of the pleura or lungs; or with rheumatic symptoms, catarrh of the windpipe and sore throat."

Grippe is a disease accompanied with such remarkable prostration of the vital powers, that although a few doses of Aconite may be of the utmost value in the early and inflammatory stage, yet other remedies will be found necessary in the course of the cure. Arsenicum and Bryonia are frequently indicated by the symptoms, the former especially where there is a tendency to relapse or intermission. It is extremely interesting to take a

look now and then at the opinions of the most eminent allopathic authorities regarding the treatment of specific diseases, and I shall in this place quote a few passages from the justly celebrated Dr. Watson. He says, touching influenza: "The chief risk of mistake is that of being too busy with the lancet (!) If you find that the inflammation has extended to the pleura or to the substance of the lungs, it may be necessary to open a vein, or to apply cupping glasses over the chest; but this is a very *unpleasant necessity.*" And yet he immediately after quotes Sennertus to this effect: "Experientia enim hoc comprobavit, omnes fere mortuos esse, quibus vena aperiebatur." Dr. Watson's treatment consists in clearing the bowels (why or wherefore he does not state) with Calomel and a mild aperient; then a few doses of James's powder with saline draughts; then a blister if necessary, and afterwards expectorants and diuretics. He states that Dr. Thomas Davies treated all his patients by rubbing in Linimentum hydrargyri until the gums became sore. In a note it is stated that influenza prevailed in 1847, and according to Dr. Farr it killed directly or indirectly not less than 5,000 persons in six weeks. It would be a most interesting fact to ascertain, were it possible, how many of these 5,000 would have died if they had only had judicious nursing and regimen; and how many if they had been treated homœopathically.

"° Angina membranacea—inflammatory stage, particularly indicated by nervous and vascular erethism, burning heat, thirst, short cough, and hurried breathing."

Looking back at the pathogenesy of Aconite as manifested in throat symptoms, there is no reason to doubt that in the early stage of diphtheria, accompanied with burning heat, thirst, &c., Aconite may be given with advantage; but as far as I have been able to judge, from the results of experience at the bedside, Belladonna has proved to be the most reliable remedy in the treatment of this formidable disease. Many physicians of our school have published accounts of their treatment of diphtheria, and it must be acknowledged that we are embarrassed with the number of remedies. On referring to my note-book, I find Kali bichrom., Iodide of Mercury, Lachesis, Mercurius

sol., Ars., Sulph., China, Alum., Iodine, Merc. Corros., Bromine, Spongia, Hepar, Senega, &c. &c.—not to speak of local applications of Nitrate of Silver, Chloride of Iron, Nitric, Sulphuric, Hydrochloric acid, Phosphoric acid, Rennet, &c. &c. Is it possible that different constitutions and different stages of disease should require these and many other medicines? Amongst the impudent canards which have been circulated about Homœopathy, one is that we have but one remedy for every disease. The quotations just now made do not corroborate such a statement.

In Watson's *Practice of Medicine* we read that Dr. West's practice was to sponge the fauces with a strong solution of Lunar Caustic, and to exhibit Tartar Emetic as in cynanche trachealis, and further to give Mercury by the mouth if the state of the bowels would permit, or by inunction, and early support by nourishing broths and by bark or wine. Now to the Homœopathic mind the administration of Antimony in full doses is perfectly horrible, so also is the saturation of the system with Mercury; and truth to say both are very incompatible with the last part of the treatment which, if allowed to stand by itself, is commendable enough, to wit—broth—bark—wine.

In Dr. Todd's *Clinical Lectures* very little is said about diphtheria. But all honour to the memory of Dr. Todd. That he ran into extremes in the administration of Alcohol everybody believes, but he saved many lives and acquired a world-wide reputation by adopting the opinion that "best brandy is good for inflammation"—a household word in Cornwall long before Dr. Todd was born. But this in no degree detracts from the praise due to him for having had the courage to give stimulants and denounce bleeding, Mercury, Antimony, &c.

One would like to know how far medical practice has been influenced by Dr. Todd's *Clinical Lectures*—not by any means universally judging from what one sees of general medical treatment. The majority of surgeons leave the schools and colleges with certain notions which they have imbibed, and with these they are satisfied; they not only entertain a sublime contempt for Homœopathy, but they also do not read, mark, and inwardly digest the doctrines of the men who are in the

van of their own ranks. And then again it is perfectly astounding to witness the tactique and strategy with which they contend for their own cause. I give two or three facts by way of illustration. A surgeon of the old school is called in to attend a child with sore throat, and pronounces that the disease is not diphtheria. The child dies. Another of the same family is attacked and dies also, and then it is acknowledged that the disease is malignant diphtheria. A week after a child (not of the same family) is seized in a similar manner, and under the prompt use of Belladonna it recovers. The medical attendant, who had treated many cases of diphtheria with more than average success, pronounces the case to have been diphtheria, but the "Faculty" declares that it could not have been so. Not long since a gentleman heard it stated that persons taking Homœopathic medicines were likely to die very suddenly. It would appear as if the plan of operations had been changed. The old allegation that globules are harmless has been found to be of little worth. So now another plan is to be tried, and if an elderly person is found dead of an apoplexy, if said person has ever taken Homœopathic medicines, although not a globule may have been swallowed for months before the fatal event, the said globules are now alleged to have been lying dormant in the system until some peculiar circumstances or conditions had developed their terrific powers, when these explode with deadly force, and the life of the patient is sacrificed. Verily the inventors of these awful misrepresentations are heaping on themselves most dismal responsibilities.

(To be continued.)

REVIEWS.

A Guide to the Treatment of Diseases of the Skin. By THOMAS HUNT, F.R.C.S. Seventh Edition. Richards.

THIS valuable little work has deservedly entered upon its seventh edition. We regard it as a most important contribution to Homœopathic therapeutics, and as such deem it well worthy of notice in this place.

We use the term "Homœopathic" advisedly, though our

author belongs to the ranks of the old school of medicine. Homœopathy resides not in the name but in the thing. And when a medical practitioner publishes a work, containing the results of a vast experience in the treatment of the diseases of a particular organ by a single drug specifically related to that organ, we hail at once a contribution towards the development of that essential truth of which the system called Homœopathy is the embodiment. That truth lies in the word "specific," and wherever specific relationship is the basis of treatment, there Homœopathy finds support and rejoices in fellowship.

Mr. Hunt has for many years devoted his professional energies to the treatment of diseases of the skin. The immense bulk of his treatment consists in the administration of a single drug, namely, Arsenic; and his success in the severest and most inveterate cases is so remarkable, that we would call special attention to his mode of using this remedy. The facts contained in his work afford a most striking instance of the truth of the Homœopathic principle, and on the other hand they may teach ourselves some valuable lessons in the matter of its practical application.

First as to the testimony borne to the principle of Homœopathy. Homœopathy maintains, that for a drug to be specifically curative in disease of any organ, it must have a special affinity to that organ; that it must also be capable of affecting the organ in a manner resembling that of the disease; that if given in too large doses it will aggravate the symptoms; and that it should be administered singly. Mr. Hunt maintains and demonstrates that Arsenic is an almost unfailing remedy in cutaneous diseases, not syphilitic or strumous in their origin. He regards this remedial power as dependent upon a specific action of the drug upon the skin (p. 160), and mentions the supervention of mild forms of pityriasis and lichen under its medicinal use (pp. 24, 25). He advocates its administration in doses too small to disturb the system generally (p. 17), in one case giving as little as 1-480th of a grain of Arsenious acid (p. 78); and states that "doses large enough to disturb the system generally often aggravate cutaneous diseases, which nevertheless will yield to smaller

doses" (p. 17). He farther directs the Arsenic to be administered singly, saying that, "if there be any medicine more dangerous and unmanageable than another, it is the villanous compound of Arsenic, Iodine, and Mercury known by the name of 'Donovan's solution'" (p. 28). Let any candid reader peruse, side by side with Mr. Hunt's book, the paper of M. Imbert de Gourbeyre,* in which he shows that nearly every form of cutaneous disease has been caused by Arsenical poisoning, and we think he will warrant us in claiming Mr. Hunt's success for Homœopathy.

Mr. Hunt farther credits Arsenic with the power of curing chronic gastric and intestinal irritation, and explicitly states that herein it acts upon the Homœopathic principle. "It is not generally known," he says, "that Arsenic, which in large doses irritates the bowels, in small doses soothes them, and is of eminent utility in checking the chronic diarrhœa and gastric irritation which frequently complicate disease of the skin" (p. 22). Fortunately this fact is generally known among Homœopathic practitioners, and was proclaimed by them many years before Mr. Hunt's first edition appeared. His words, in a note appended to his statement, might fairly proceed from the mouth of every contributor to Homœopathic literature. "This assertion has been treated with ridicule, but I venture, after twelve years' further observation, to repeat it." Two cases illustrative of this power of Arsenic will be found at p. 66–69, and 168–170 of this Treatise.

2. So far we have used Mr. Hunt's experience polemically as a testimony to the practical value of Homœopathic therapeutics, but there is also much in his book from which we ourselves may learn and profit.

First, as to the physiological effects of Arsenic, which Mr. Hunt's use of the drug in many thousands of cases has given him many opportunities of observing. He lays particular stress upon the conjunctivitis caused by it, which he regards as an evidence of its having affected the system parallel with the soreness of the gums and salivation characteristic of Mercury. This conjunctivitis was noticed in most of the successful cases

* See *North American Journal of Homœopathy.* Vol. vii.

recorded by him. In one instance this affection was complicated with catarrh of the mucous membrane of the nose, fauces, and bronchi with fever (p. 53); in another there was copious fluid discharge from the nose, without catarrh (p. 186). We all know the value of Arsenic in severe catarrhs of the respiratory mucous membrane; and we have ourselves effected the cure of a profuse fluid discharge from the nares of years' standing by the use of this drug. Mr. Hunt has observed two forms of skin disease produced by Arsenic. The first he describes thus: "The trunk of the patient first, and subsequently all those parts of the body which are by the dress protected from the access of light and air, become covered with a dirt-brown, dingy, unwashed appearance, which, under a lens, reveals a delicate desquamation of the dermis, and is, in fact, a faint form of *pityriasis*." Of the second he writes: "Now and then a delicate papular eruption (*lichen arsenicalis*) will show itself suddenly under a course of Arsenic, and as suddenly disappear under a few doses of the Liq. ammoniæ acetatis" (p. 24, 25). These facts alone would be sufficient to show the specific action of Arsenic upon the skin, and to indicate its value in squamous and papular eruptions.—The last physiological effect of any importance noticed by Mr. Hunt is menorrhagia, which, with pelvic tenderness and pressure, occurred in a young female while taking the drug for alopecia, and which disappeared on its discontinuance.*

Of not less value to us are Mr. Hunt's therapeutical results, these being due, as we have seen, to the homœopathicity of his practice. The cutaneous diseases in which he has found Arsenic of most value are lichen, prurigo, lepra, psoriasis, pityriasis, chronic urticaria, impetigo, alopecia (porrigo decalvans), eczema, acne indurata and rosacea, sycosis menti (where the general health is good) and lupus exedens. It will be seen that this list includes all the severer affections of the skin known in this country. It is, moreover, in the very cases where the disease of the skin is most intense, extensive, chronic,

* Sir C. Locock has recorded the cure of a most obstinate case of menorrhagia by Arsenic; and Mr. Hunt has given elsewhere the particulars of six similar cases. (See *Hahnemann Materia Medica*, Art. Arsenic, p. 18.)

and inveterate that the drug seems best to succeed. Mr. Hunt lays great stress on the necessity of general treatment in conjunction with or previous to the arsenical course, if there be any notable constitutional derangement. "Both plethora and anæmia," he writes, "are conditions highly unfavourable to the recovery of lost health, and must be removed before the skin can become permanently sound" (p. 14). Antiphlogistics and low diet in the former case; nourishment, Steel, and Cod liver oil in the latter are his therapeutical agents. With some modification in detail, there is no reason why we should not follow his principles, which indeed are abundantly verified in his recorded practice. We may notice, in passing, that the necessity that a right constitutional condition be present if Arsenic is to cure chronic cutaneous disease, shows that it is by its specific action upon the skin itself that its effects are obtained.

Lastly, as to the dose and mode of administration. Mr. Hunt usually begins with five minims of the Liquor potassæ arsenitis in a little water three times a day, at or immediately after meals. As soon as the conjunctiva is affected, he diminishes the dose, continuing the drug in this manner till the disease is cured. To prevent relapse, he recommends the Arsenic to be continued as many months after the disappearance of the disease as the same had lasted years. How far are we to follow Mr. Hunt's recommendation in this respect? We are never weary of repeating that the amount of *dose* is purely a matter of experience, and that it is impossible to determine *à priori* whether we should give twenty grains or the twenty-thousandth of a grain of any remedy. We advance our own experience as demonstrating that the twenty-thousandth of a grain or even smaller fractions are more suitable in certain cases than masses of the crude material. But are we to reject the experience of others who cure *tutó, citó, et jucunde*, and that with true Homœopathic remedies; but who effect their end with comparatively large doses? We can only rightly do this, if we are satisfied that infinitesimal doses of the same or other drugs can cure the same diseases more surely and more swiftly; and in the present instance we very much question whether Homœopathic literature has anything to show in the field of cutaneous therapeutics

comparable to the 67 cases recorded by Mr. Hunt. His experience, therefore (which is that of practitioners in general), should lead us to give full doses of Arsenic in skin disease, just as corresponding facts in the ordinary treatment of syphilis and ague lead us also to employ in these maladies the more appreciable doses of Mercury and Quinine.

In the present instance, moreover, we have no difficulty in understanding why relatively large doses of the remedy should be required. We regard it as an incontrovertible principle, that in all true inflammations the specific irritant of the part affected must be given in larger doses when the disease is chronic than when it is recent. There is a great deal of rough Homœopathic practice in the old school treatment of inflammation, but it is almost entirely confined to its chronic forms. They drop irritants into inflamed eyes; place blisters in the immediate neighbourhood of inflamed joints; inject Sulphate of Zinc into the inflamed urethra, and rub Nitrate of Silver upon the inflamed uterus; they even send Cantharis and Turpentine to the inflamed urinary passages; but all this when the inflammation is chronic, never when it is recent. In the latter case they always find aggravation to result. Homœopathy would teach them (if they would learn) a most important extension of this form of practice: first, by enabling it to embrace acute disease by the simple reduction of the dose; and secondly, by including within its range organs which cannot be reached by local applications, but which can always be grasped by the unerring attraction of specific affinity. But Homœopathy, on the other hand, should learn from the experience of ages, that full doses of an irritant applied to a part chronically inflamed will not aggravate the disease, but rather promote the cure.

On this principle we explain the absence of aggravation and rapidity of cure in the cases recorded by Mr. Hunt. We are confirmed by his statement that "in the inflammatory or febrile stage of cutaneous disease Arsenic rarely fails to *increase the inflammation*, and never does any good" (p. 17). In this matter Mr. Hunt, whose practice is so useful to us, might in his turn learn from us. Let him not think that he has reached the farthest limit of reduction when he has given the

1-480th of a grain. Let him try the effects of the thousandth, the millionth, and even higher fractions of a grain, and he will find that even concerning Arsenic, "there are more things in heaven and earth than are dreamt of in his philosophy."

We conclude by cordially recommending Mr. Hunt's little book to the attention of our colleagues. As a treatise on the virtues of that sovereign polychrest, Arsenic, it is worth its weight in silver. And if there is any one lesson more than another taught us, as Homœopaths, by his experience, it is the value of steady perseverance in the *one* properly chosen specific remedy in the treatment of chronic local disease. What he says of the treatment of lupus exedens may be applied to that of all similar maladies. "The right dose ascertained, it must be taken regularly, for half a life-time if necessary, reducing the quantity if symptoms demand it, but never once abandoning its use so long as the health remains unaffected by it, and the ulceration unhealed. In its operation, Arsenic is by far the slowest of all medicines. It never takes disease by storm, but gradually loosens its hold. Like the ancient battering-ram, its operation is slow and imperceptible, but at length the fortress crumbles to dust. Month after month, and year after year, you watch for improvement under its use, and find none, until at length you utterly despair of making any impression; and, perhaps, the very next week, you examine the patient, and the crust has fallen off, the ulcer has healed, and the disease of twenty years is gone, never to return." (*British Medical Journal*, January 4, 1863.)

Die Aphorismen des Hippocrates nebst den Glossen eines Homöopathen. Herausgegeben von C. VON BÖNNINGHAUSEN, &c. &c. Leipzig, Purfürst, 1863.

The Aphorisms of Hippocrates, with the Commentaries of a Homœopath. By C. VON BÖNNINGHAUSEN, &c. &c. Leipzic, Purfürst, 1863.

WITH the exception of the Bible and Shakspeare, we doubt if any book has been more frequently annotated than the famous *Aphorisms of Hippocrates*. From Galen to Adams the editions

of this book, with the observations of the commentators, would fill a large library, and give a diligent student reading for a life-time. The very style of the book seems to hold out a temptation to a learned editor, for each aphorism may be used as a peg to hang any amount of learning, exhortation, and criticism. As theologians from the same texts of scripture deduce the most various theological doctrines, so the most diversified medical doctrines have been enunciated in the multifarious commentaries on the *Aphorisms of Hippocrates.*

It was inevitable that some day a homœopathist would take in hand the commenting on *Hippocrates* as a means of promulgating the doctrines of the Hahnemannic school, and a fitter person than Dr. von Bönninghausen for the task could scarcely have been found among our ranks. An encyclopædia of ancient and modern learning, Dr. von Bönninghausen is at the same time one of the prominent leaders of the homœopathic school, and withal a genial writer. With such qualifications for the task, we might expect that a commentary by Bönninghausen must be at once instructive and entertaining. Nor are we disappointed, for in this book we find tacked on to the end of each aphorism, and often having but a slender connection with the text, a vast amount of instructive and interesting matter, the product of the commentator's active brain or the treasures of his well-stored memory.

Although we differ materially from Dr. Von Bönninghausen on several practical points relating to homœopathy, and have never hesitated to express our dissent from his views, on the other hand we agree with him on so many other points, that we can always derive both pleasure and profit from his writings. While, then, our author makes no concealment throughout this work of his peculiar views wherein we cannot agree with him—such as the baneful effects of vaccination, the non-parasitical nature of the itch, the vast superiority of the extremely high-potencies of medicines over all other preparations—still we acknowledge his wonderful acquaintance with the materia medica, and do full justice to his incontestable merit in having done more than almost any other of Hahnemann's disciples to elucidate the characteristics of the medicines, and to insist upon the necessity

of attending to the conditions of time, place, and other circumstances connected with the occurrence of the various symptoms. No doubt he has carried this too far in some instances—see for instance the preface to the *Manual of Homœopathic Therapeutics*, where the practice is pushed *ad absurdum*—but in spite of his exaggerations, there can be no doubt that he is right in insisting upon a minute attention to the conditions and concomitants of symptoms.

We refrain from giving specimens of Dr. von Bönninghausen's commentaries, but would advise our readers to read the work for themselves, and promise them a great treat from its perusal. For those who are unable to enjoy it in the original German, we observe that an English and French translation are both advertised, the former of course to appear in America, where alone translations of standard German works are made, whether because of the superior English spoken there, or of the greater enterprise of homœopathic publishers across the water, we are unable to decide.

MISCELLANEOUS.

On the Action of Phosphoric Acid upon Phthisis.

By Richard Payne Cotton, M.D.

Phosphoric acid has been so long and successfully used as a tonic and antiseptic, especially in cases of depressed nervous power, that some good result might reasonably be expected from its administration in many cases of phthisis. With a view of testing its influence, I prescribed it, as in my previous experiments, in twenty-five cases of chronic and uncomplicated consumption, and carefully noted the results. Of these twenty-five cases, twelve were in the first stage, four in the second, and nine in the third stage of the disease. Fifteen were males and ten females.

Three patients experienced great improvement whilst taking the Phosphoric acid, eight improved a little, and fourteen of the cases seemed either to derive no benefit or to become worse. None of them increased materially in weight, the greatest increase not

exceeding two pounds, except in one instance, where seven pounds were gained, but in this case it was afterwards found that cod-liver oil had been taken in addition to the Phosphoric acid.

Two of the greatly improved cases were in the third stage of the disease, and it was generally observed that most of the improved were either in an advanced condition of disease or belonging unmistakably to what is commonly understood as the cachectic class, leading to the conclusion that the Phosphoric acid acted simply in virtue of its general tonic and upholding influences, and not from any specific action upon the tubercular disease.

It was prescribed in doses of fifteen minims of the Acidum Phosphoricum dilutum of the London Pharmacopœia, in a little water two or three times a day. As a general rule it agreed very well with the patients, improving the appetite and diminishing undue secretion, whether from the skin or mucous membranes. In four cases, however, it was discontinued, seeming to produce griping pains in the bowels, together with nausea and diminished appetite.

In estimating its effects, even in the most satisfactory cases, it appeared to me that the improvement was inconsiderable in comparison with what had previously been noticed in some other remedies; whilst several of the patients who either improved very slightly or doubtfully under the Phosphoric acid, improved afterwards under other treatment. Four of the patients improved greatly in health when steel wine was taken in conjuction with the acid, the latter being given twice a-day, and the former immediately after dinner. It will be remembered that a combination of steel wine with Quinine was formerly found to be productive of good in a considerable number of cases (*Med. Times and Gazette*, August 30, 1862.)

Upon the whole, I confess to having been disappointed in the action of Phosphoric acid taken singly. In some cases, however, where it has been prescribed either with other tonics or in chemical combination with iron, I have found it of great use in the treatment of phthisis.

From these observations I have arrived at the following conclusions:—1. That the dilute Phosphoric acid acts beneficially as a tonic in certain consumptive cases; but that, as a general rule, it is inferior to some of the other mineral acids. 2. That when taken in conjunction with iron its good effects appear to be considerably enhanced.—*Medical Times and Gazette*, May 10th, 1863.

Hahnemann on the Itch Insect.

Hahnemann's notion of the greater proportion of chronic diseases being derived from psora or itch miasm is familiar to all his disciples, and has long been used by his adversaries as an easy subject of derision. The general belief among his partisans has hitherto been that Hahnemann was not aware of the essential nature of the itch disease, as revealed by the discovery of the *acarus scabiei*, and that it was this want of knowledge that led him to regard a parasitical skin affection as a virulent exanthem, whose sudden removal from the surface would have the effect of driving the virus upon internal organs, thereby causing a multitude of chronic diseases.

But this belief is inadmissible since the researches of Dr. Langheinz of Darmstadt have brought to light an article of Hahnemann's, which shews that before he enunciated the homœopathic therapeutic law, he was perfectly aware of the parasitical nature of itch.

In Hirschel's *Hom. Klinik* (1st September, 1863) Dr. Langheinz gives us without much comment the following observations from a daily newspaper called *The Advertizer*,* of the date 30th and 31st July, 1792.

"The itch itself does not consist of emanations or of congenital or acquired acridities, of a salt or acid character of the blood, *but it is derived from small living insects or mites*, which take up their abode in our bodies beneath the epidermis, grow there, and increase largely, and by their irritation or their creeping about cause an itching; and owing to the afflux of humours thereby produced, give rise to a multitude of vesicles, which on being rubbed, or when the thin watery fluid they contain has evaporated, become covered with scabs. This is not an opinion adopted in order to get rid of a difficulty, but it is based on experience. August Hauptman, Bonome Schwiebe, and other trustworthy men have frequently investigated the matter at various seasons of the year, in individuals of different ages and sexes, who have been labouring under itch, and have found these little animals in the skin itself, in the folds of the skin, but especially in the border surrounding the vesicles. They have extracted them,

* The full title is "*Der Anzeiger, ein Tagblatt zum Behuf der Justiz, der Polizei und aller bürgerlichen Gewerbe*," &c. Probably this was a forerunner of the "*Allgemeiner Anzeiger der Deutschen*," to which Hahnemann was a frequent contributor (see *Lesser Writings*).

examined them under the microscope, made drawings of them, and observed how they lay their eggs, increase rapidly and enormously, and have found that they can live several days out of the human body."

The article goes on to describe the mode of infection by means of the itch insect, and says the quickest and best remedy for this affection is the *flor. sulph.*, a teaspoonful to be taken every morning and evening, until "the perspiration and the clothes smell strongly of sulphur;" further, the rubbing in of an ointment composed of flowers of Sulphur and lard about the joints, &c.,—and concludes by asserting that the treatment can confidently be recommended to every one as perfectly free from danger, and incapable of doing injury.

This article is signed "B."

It is immediately followed by the subjoined:

"ADDENDUM.

"The cause of itch given above is the only true one, the only one that is founded on experience. These exceedingly small animals are a kind of mite. Wichmann has given a drawing of them; Dover, Legazi and others have observed them. Linnæus, however, thinks that the dry itch has a different variety of mite from that attending the moist itch.

"The itch attacks most readily and most virulently persons in whom the cutaneous transpiration is scanty or weakened, who lead a sedentary life; also delicate individuals who have been weakened by other diseases, such as fevers, &c., or by residence in impure air.

"The mode of treatment described above is also right and successful, except that the continued use of Flowers of Sulphur has a tendency to cause tenesmus and hæmorrhoids. Only external antiscabious remedies are required, and in very weakly subjects internal strengthening medicines, such as China, wine, steel-filings.

"Sulphur-ointment has the common but unfounded reputation of driving the itch back into the system. This prejudice will, however, be removed, if instead of ointment we employ only a lotion, which eradicates the itch much more effectually, and kills the small insects in the skin in a few days. Take half an ounce of (Hahnemann's) chalk-like Liver of Sulphur, in powder (every chemist knows how to prepare it with equal parts of oyster shells and Sulphur heated to redness), and the same quantity of Cream of Tartar, put both into a glass bottle, pour two pounds of cold water on them, and shake a

few times. With the clear water that appears when the mixture settles, the patient is to wash himself three times a day on all the spots affected with the itch. A recent case of itch under this treatment disappears without the least bad consequences in the course of six or seven days, a more severe case in fourteen days, and the most obstinate case in three weeks. This remedy has this advantage—that having a very penetrating odour, the itch-mites in the skin and clothes are killed by the mere exhalation from the parts washed, and then all danger of reinfection is avoided. In orphan asylums there is no remedy to be compared with it, because it protects beds, rooms and furniture, by its strong smell, from becoming a harbour for the itch-mites, and thus eradicates in a short time, in such houses, this pest, otherwise so difficult to be got rid of. This the sulphur ointment can hardly effect. Cleanliness, fresh air, and wholesome diet must be imperatively enjoined on the patient.

"Dr. Samuel Hahnemann."

Notwithstanding this clear and rational view of the cause and treatment of itch, we find Hahnemann thirty-six years later propounding his mystical psora-theory, as though he had no conception of the parasitical origin of the itch.

On the Influence of a long course of Nitric Acid in reducing the Enlargement of the Liver and Spleen, that sometimes results from the Syphilitic Cachexy.

By George Budd, M.D., F.R.S., London.

The attention of pathologists has for some years been directed to the enlargement of the liver; or simultaneously of the liver and spleen; or of the liver, spleen, and kidneys; of which I many years ago sketched the clinical history, under the heading "Scrofulous Enlargement of the Liver"; but which, in consequence of the discovery since made, that some elements of the enlarged glands commonly exhibit the chemical reaction of starch, has recently been described as the "Amyloid Degeneration."

This disease occurs under various circumstances, but especially in persons whose health has been long impaired by constitutional syphilis or scrofula. The most striking examples of it are seen in the victims of scrofulous or syphilitic caries.

In such cases, after the disease of the bone has existed a con-

siderable time, it is found that, without pain, or tenderness, or other symptom specially directing attention to these organs, the liver and spleen are much enlarged. By and bye the urine becomes albuminous.

Albumen continues to pass off in the urine; the patient, often without much loss of flesh, grows paler and paler; and, at length, death occurs—not from the disease of the liver or spleen, but from that of the kidneys.

After death it is found that the kidneys are enlarged, as well as the liver and the spleen, and that the three organs have undergone the same kind of morbid change.

The object of this communication is not, however, to describe the course of the disease, or the characters of the morbid change; but to make known that the nitric acid (or the nitro-muriatic acid), long continued, has, in certain circumstances, great remedial power over it. The nitro-muriatic acid has for many years been extensively used for its influence in modifying the nutrition of the liver; and, in very many instances, under its long continued use, enlargement of the liver—presumably of the kind in question, occurring under different circumstances—has been found gradually to disappear.

I should trespass too much on the time of the meeting were I to enter on a subject so wide, and at present so indeterminate, as the general influence on nutrition which these acids have.

To bring my observations within due compass, and at the same time to make them more definite, I shall restrict myself to the disease of the liver and other abdominal glands, consequent on the syphilitic cachexy, more especially on syphilitic caries; and to the influence of nitric acid upon it.

It is difficult, on such a subject, to convey to others the results of individual experience without some appeal to facts which that experience embraces; and I shall, therefore, relate, as briefly as I can, three cases that have recently fallen under my notice, which may serve to illustrate the sequence of events to which I have referred, and the kind and degree of influence which, when the disease is of syphilitic origin, the nitric acid exerts.

Case I.—A medical graduate of Edinburgh, of very temperate habits, during his studentship, towards the close of 1841, contracted a venereal sore, followed by enlarged inguinal glands. This malady was treated by local remedies only; and at the end of a month or

five weeks his health was re-established. He remained in good health till the autumn of 1853, when he had, for some weeks, ulcerated sore throat.

In March 1854 he had an attack of pneumonia, for which he took a large quantity of calomel; and before he had recovered from the debility which this illness caused, the throat became ulcerated again; the ulceration commencing in the soft palate, and soon spreading to the uvula and tonsils.

In July a piece of the vomer came away. Subsequently, from time to time, small pieces of the nasal bones were detached, and, at length, the bridge of the nose sank. To check this ulcerative process, iodide of potassium in very large doses, and a combination of the syrup of iodide of iron with cod-liver oil, were taken alternately for some months. The ulceration of the fauces was stopped by these remedies; but the patient was left weak, and a puriform discharge from the nostrils continued.

In the autumn of 1859—when the disease of the nasal and palate bones had existed between five and six years—he suffered considerably from acidity of the stomach, flatulence, and other dyspeptic symptoms, and noticed an unnatural fulness and prominence of the epigastric region.

On account of these ailments, he paid me a visit on December 24th, 1859. He was then pale and much emaciated; weighing only nine stone seven pounds, though five feet eleven inches and half in height. The skin was dry, and the tongue unnaturally red.

The fulness and prominence of the epigastric region was found to be chiefly owing to enlargement of the liver; the lower edge of which, from the thinness of the abdominal walls, could be distinctly traced, reaching in the median line as low as the umbilicus. The spleen was likewise enlarged, being plainly felt extending about the breadth of three fingers below the false ribs.

The urine was voided more frequently than natural; and, on examination, was found to be of specific gravity 1012, and to contain a considerable quantity of albumen.

The fauces exhibited the scars of former ulcers, which had removed the uvula and much of the soft palate, but no actual ulceration was visible. There was still an abundant puriform discharge from the nostrils.

The case was considered to be one in which disease of the liver,

spleen, and kidneys, of the kind specified above, was consequent on protracted caries,* most probably of syphilitic origin; and twenty minims of dilute nitric acid, with a dessert spoonful of the fluid extract of sarsaparilla, twice a day, and a generous diet, were prescribed. No change of residence or occupation was adopted.

The medicines were taken continuously; and on the 28th of April, 1860—that is, after the lapse of four months—the patient had improved much in condition, and had gained a stone in weight. The liver and spleen were much reduced in size. The urine was of specific gravity 1010; clear, moderately acid, and contained only a very small amount of albumen.

The diet since the preceding December had comprised solid animal food twice a day, at breakfast and dinner; and, in addition, strong soup for lunch, and a pint of Guinness's porter daily, but no other alcoholic drinks.

The patient was directed to continue taking the acid and sarsaparilla, which, with only a fortnight's intermission, he did from this time to October 12th, when I had an opportunity of seeing him again. He was then stouter and stronger than before, and no perceptible enlargement of the liver or spleen existed. The urine was now free from albumen. The specimen examined was of specific gravity 1018, very slightly acid when just passed. There was still a puriform discharge from the nostril, but not one-tenth as much as on my first examination.

On account of the persisting discharge from the nostril, and the absence of any discoverable ill effects from their use, the medicines were continued till the beginning of April 1861. On May 1st of that year, I examined the patient again. He then considered his health re-established. His weight was eleven stone one pound. The liver and spleen could not be felt beyond their usual limits. The urine was of specific gravity 1010, barely acid when just passed, and, as at the preceding examination, contained not a trace of albumen.

The acid and sarsaparilla were thus taken more than fifteen months, with only a fortnight's intermission; and the result was a gradual and progressive improvement of health.

During this long course of nitric acid, with a highly animal diet,

* The condition of the liver is not exactly alike in all cases of this kind. In some cases it contains oil enough to add considerably to its bulk; in others scarcely any.

there had been no gravel or red sediment in the urine; and from an early period of the course to its end, there had been no indications of undue acidity of the stomach, although, before the acid was taken, acidity of the stomach and flatulence had been among the symptoms most complained of.

The effect of the plan of treatment appeared to be a gradual amendment in the disease of the nostril; a gradual diminution of albumen in the urine; return of the liver and spleen to their natural size; and restoration of the general health.

CASE II.—On June 6th, 1862, I was called to a gentleman, of powerful frame, 35 years of age, who for several years had been grievously afflicted with disease of the bones of the kind in question.

As long ago as the year 1855, several pieces of necrosed bone, from the size of a shilling downwards, belonging to the outer table of the skull, had been removed from the forehead and top of the head. The left knee, in consequenee of the long existence of ulcers near it, had been contracted, so that the foot could not be placed to the ground; above the right knee was an ulcer still open, apparently connected with the femur; on the forearm another open ulcer; and the bones of the forearm, and the tibia on each side, were thickened in parts and uneven.

For some months he had been confined to his bed and chair; and, from the shortening of one leg and general muscular debility, he was unable to stand. The liver was much enlarged; the spleen could be felt projecting some inches below the ribs; the urine contained a large amount of albumen.

At this time some diarrhœa existed, with occasional vomiting. These ailments were soon removed by attention to diet and by pills of creosote and opium; and twenty minims of dilute nitric acid were then ordered to be taken twice a day. Subsequently the dose of the acid was increased to twenty-five minims twice a day. A generous diet, which had been previously taken, was allowed. No change was made in the mode of life.

Soon after I first saw the patient, he went to his usual country residence; and in the middle of November I received a report from his medical attendant, stating that he had improved in condition, and that the quantity of albumen in the urine had lessensd.

He continued to take the acid; and in February, 1863, I saw him again. I found the liver reduced in size; the spleen scarcely to be felt; and the general condition much improved. The amount of

albumen in the urine was less than in the preceding summer; but was still considerable.

As yet no attempt had been made to walk. Soon after this an apparatus was contrived for the gradual extension of the contracted knee, and by the aid of crutches he began to walk about the room. From twenty-five to forty minims of nitric acid, with eight minims of tincture of sesquichloride of iron, were taken daily from this time till July 13th, when twenty-five minims of the acid were directed to be taken regularly twice a day; and acid foot-baths were ordered in addition.

On July 13th the liver could be felt in the epigastric space, but on the right side did not extend below the false ribs. The spleen could no longer be felt. The sores were all healed. The urine, which was clear and of natural colour, still, however, contained albumen.

The acid has thus been taken continuously for thirteen months; and, though scarcely any bodily exercise has been possible, the result has been—reduction of the liver and spleen almost to their natural size; diminution in the amount of albumen in the urine; healing of the sores; and improvement in the general health. Notwithstanding the large quantity of acid taken, the urine, when tested, has never been more than moderately acid, and no heartburn nor undue acidity of the stomach has ever been complained of.

[The third case is similar in character. Dr. Budd's conclusion is,] That when the liver and spleen have become diseased in the manner specified, in sequel to protracted syphilitic disease of the bones, nitric acid, long taken, has a remarkable influence in gradually effecting the removal of the morbid deposit to which these organs owe their increased size, restoring the organs to a more healthy condition, and improving the general health. (*British Medical Journal*, Sept. 5, 1863.)

---

*A Letter from Hahnemann to a Patient.**

"DEAR BARON,

"As your sister lives according to homœopathic rule, the best thing you can do in a general way is to follow her example, and hence be as sparing as possible in the use of wine, coffee, Chinese and other teas; avoid altogether distilled spirits, punch, acids, spices, especially vanilla, cinnamon, cloves, and all kinds of perfumes and

* From the *Allg. Hom. Ztg.*, July 27th, 1863.

tooth-powders. One of the most important rules for getting well is what Confucius called the golden mean, and described in an excellent book—the aurea mediocritas, *rien de trop!* In this golden mean I would advise you to abide with respect to all allowed things. I would like you to *walk* every day in the open air, never to run, and only to ride or drive a little when necessary; to go to bed by ten o'clock; not to read yourself to sleep in bed; not to undertake any mental labour after eight o'clock in the evening; to take your supper before eight p.m., and then to eat but sparingly, and never of meat or eggs; to have frequently one or two friends about you, but to shun large parties; not to over exert yourself in any way, and to coolly dismiss all disagreeable subjects like a wise man. You should only exercise your sexual function when you feel a strong inclination to do so, and never except you can enjoy the higher gratification in conjugal connection with a *healthy* wife worthy of yourself, who responds to your love with unaffected tenderness, and lives and dies for you alone. See that you are fortunate enough to obtain this most precious of jewels. She should only know sexual connection as the last and highest expression of the purest spiritual and sensual love. (*Hoc opus, hic labor.*)

"Arrange your time carefully, I pray you. Every hour wasted, *i. e.* not spent for our own or other's good, is an irremediable loss, which a delicate conscience can never forgive.

"Nothing is of more importance than to watch and restrain our physical inclinations, those of the imagination included. The animal part of us requires to be constantly supervised and to be unindulgently kept within bounds as much as our reason will allow; our constant victory in this direction can alone make us happy by an elevating consciousness of having done our duty; we then feel that we rest in the friendship of the Only One.

"Would you like any other religion? There is no other. All else is miserable, degrading human invention, full of superstition, fraught with destruction to mankind.

"So then I would advise you to commence to live in a blessed manner—better late than never. And as your body is shattered by disease, take the small portion of medicine I trouble you with *uninterruptedly*, and write a *daily* account of what you experience while taking it.

"If you get a new symptom, I beg you will *underline* it, but nothing else in your report.

"You are to take every morning fasting one of these little powders moistened with a few drops of water, and drink nothing for an hour afterwards. Don't use any kind of baths; for the sake of cleanliness wash yourself rapidly down and dry yourself as rapidly, so that the whole operation shall only last a couple of minutes.

"If you can find a very good-natured man among your people who has gained a reputation by his successful treatment of sprains and other injuries by manipulation, I would advise you to get him to give you, every other forenoon, a single pass, with both hands extended, slowly over the whole body, from the crown of the head along the arms (the hands the while resting on the knees) down to the tips of the toes, whilst you are seated in your ordinary clothing. Only you must not have on any silk garment. He must not press upon you as he is in the habit of doing. He should merely try with the whole power of his will to do you good.

"The spirit I ought to communicate to you by my treatment would evaporate if conveyed by a third party. We employ no doctor to go between us—nor do we need one. Should you at any time feel more than usually indisposed, then remain for a few days quietly at home, living as abstinently as possible, and leave it to your active vital force to bring you round according to the organic laws, which will assuredly take place.

"Let us go to work as simply as possible, otherwise our efforts to restore your health, *jam aut nunquam*, will be fruitless. When you have taken No. 6 write me about yourself.

"Yours, SAMUEL HAHNEMANN.

"*Cœthen*, Oct. 16, 1860.

"Have you really read the *Organon*?"

Report of the Trial of Sarracenia Purpurea, or the Pitcher Plant, in Small-pox.

By J. F. MARSON, Esq.

A communication, seemingly of great promise, from Mr. Chalmers Miles, of the Royal Artillery, was read some time since before a meeting of this society, on the use of Sarracenia Purpurea in small-pox. The specimens of the plant which accompanied the communication, were submitted to me for trial at the small-pox hospital; the root being the part of the plant particularly recommended for use.

The public generally and the profession ought to feel very much

obliged to Mr. Miles for the great trouble he took in bringing the subject before them; and although I shall not, unfortunately, be able to report favourably on the use of this plant in small-pox, I feel that Mr. Miles is just as deserving of our thanks for the great trouble he has taken, and for the expense, I have no doubt, he has been put to, in gaining the particulars stated in the communication in question, as if the remedy had succeeded ever so well.

The root was said to be the part of the plant that when made into a decoction afforded the best form of giving the medicine. There was about enough for three persons only in the canister transmitted by Mr. Miles to this country from Nova Scotia, and given to me. I had, therefore, to make up my mind what were the most desirable cases of small-pox to test its efficiency in. I fixed on, first, a malignant case—one of those attended with hæmorrhage from the mucous surfaces; second, a severely confluent case, such as my experience has taught me usually dies, owing to the great amount of eruption; and third, if possible, a corymbose case—one of those rather rare and nearly always fatal cases of small-pox.

To give the remedy a fair trial, it was necessary to have the case on which to try it in the early stage of the disease, during the first few days of eruption.

There was but little small-pox in London at the time when the plant was first submitted to me for trial; and although I was on the watch for such cases as I have mentioned, several months elapsed before I had a suitable opportunity of trying the efficacy of the alleged remedy. Of course, I wished to meet with the cases I had fixed on, free from any suspicion of their having been vaccinated. This was absolutely necessary; because I know what great influence vaccination has in altering what may be called the normal course of small-pox by modifying it.

After several disappointments, unnecessary further to detail, small-pox became epidemic in the autumn of last year, and the opportunities became numerous of trying the sarracenia.

About the same time, Mr. Miles returned to this country, and he was good enough to write to me, and place at my disposal any amount af the sarracenia I might require, to be forwarded through the agency of Messrs. Savory and Moore.

I tried the decoction of sarracenia, made from the root by simmering an ounce in a pint and a half of water for four hours, until reduced to a pint; and a quarter of a pint was usually given for a

dose twice a day, for two days or more. I also gave in some cases the liquor sarraceniæ supplied by Messrs. Savory and Moore. In all, fifteen patients have been treated with the sarracenia; such cases having been selected for their severity as, I believe, would not get well under ordinary treatment. They have all died.

The cases were selected on admission in the early stage of the disease, on account of the severe symptoms manifested, and because I felt it was of no use to try the efficacy of the sarracenia on mild cases, or vaccinated cases, which I knew very well would recover without any thing being done for them beyond the ordinary care of such cases—by giving salines, if required, occasional aperients, and suitable diet, etc.

I cannot say that the sarracenia had any effect whatever. It did not save life; it did not modify in the least the eruption of small-pox; it did not influence any of the secretions; it did not increase the secretion of urine; in only one instance it seemed to act on the bowels; the seeming effect might, however, easily have been from other causes.

The particulars of the fifteen cases taken daily at the time of the trial of the sarracenia, are appended to this report. They would be perhaps rather tedious to the members of the Society to read in detail; but I will run over two or three of the cases, to show how the notes were taken.

Two cases have been admitted into the Hospital that had taken a decoction of the leaves and stems of the sarracenia before admission. The first, a very mild case, having four vaccine cicatrices, was highly modified, I believe, by the vaccination. The second case was confluent, without vaccination; it was not severely confluent, and was wholly unmodified. They both recovered. The recovery might perhaps by some be attributed to the sarracenia; but I believe it had nothing to do with it. The vaccinated case was, as I have said, very mild, in consequence, I believe, of the vaccination. As to the second case, about half our confluent unvaccinated cases recover with ordinary treatment.

In conclusion, I may state that, had I found the sarracenia do any good, I should have taken an earlier opportunity of reporting the fact to the profession: as it failed, I thought it well to defer this report, that others might, without bias, try the plant during the present epidemic of small-pox, and favour us with their opinion of its reputed power of controlling the course of small-pox in its severe forms.—(*Read before the Epidemiological Society*, June 1, 1863.)

On the Ordeal Bean of Old Calabar.

[The most interesting event which has lately occurred in practical medicine is the discovery of the power of the "Old Calabar Bean" in contracting the pupil, and its establishment in ophthalmic practice as a neutraliser of the effects of Atropine. From among the many contributions which have appeared in the medical journals on this subject we extract the following.]

A Brief Account of the Literary History, Botanical Characters, and Therapeutical Properties of the Ordeal Bean of Old Calabar.

By GEORGE HARLEY, M.D.,
Professor of Medical Jurisprudence in University College, London, and Assistant-Physician to University College Hospital.

In a communication recently (June 9th, 1863) made by the author to the Royal Medical and Chirurgical Society of London, in which the action of the Ordeal Bean on the animal body was compared with that of Woorara and Conia, the following conclusions were drawn:—

1. The ordeal bean may cause contraction of the pupil, when taken internally, as well as when it is applied locally.

2. Atropine and the Calabar bean, as shewn by Dr. Robertson, are physiologically antagonistic.

3. The ordeal bean paralyses the motor nerves, and leaves sensibility, intelligence, and muscular irritability unimpaired.

4. It excites the salivary and lacrymal secretions.

5. It destroys life by paralysing the nerves supplying the respiratory muscles; being in fact, a respiratory poison.

6. Although it may weaken the heart's power, it neither stops the circulation, nor arrests the heart's action. It is not, in fact, a cardiac poison.

7. It is closely allied in its effects to woorara and conia, most closely perhaps to the latter; but it differs from both, in its tendency to produce muscular twitchings, and in its power in inducing contraction of the pupil. Neither woorara nor conia exert generally or locally any such effect on the iris.

8. The ordeal bean will prove a most valuable addition to the *Pharmacopœia*, by giving us not only a useful myotic, but also a powerful anodyne, capable of soothing nerve-irritation without either destroying intelligence or endangering life by arresting the heart's action.

Such being the conclusions arrived at, it is easy to perceive that in all probability this substance will form an important addition to the *Pharmacopœia;* and steps have already been taken by some of our leading pharmaceutists—Bell, Squire, and others—to obtain a large supply of the material. I deem it not inadvisable to lay before the Association a brief account of the literary history, botanical characters, and therapeutical action of the ordeal bean, specimens of which are now on the table.

Fifteen or twenty years ago, Messrs. Waddell, Young, Baillie, and Taylor, missionaries of the United Presbyterian Church of Scotland, on the West Coast of Africa, gave in the *Missionary Record* a description of the ordeal bean, and detailed the effects they had seen it produce on the natives of that portion of Africa, where they were stationed. These gentlemen also sent to this country several specimens of the bean.

In 1846, Dr. Daniell made allusion to it in the *New Philosophical Journal.* In 1855, Professor Christison described its effects on the rabbit, and upon himself (*Edinburgh Medical Journal*, March 1855, p. 193). In 1858, Dr. Sharpey studied its action on the frog; and in 1860, the botanical properties of the plant were carefully and minutely described by Professor Balfour (*Transactions of the Royal Society of Edinburgh*, vol. xxii, p. 305).

Here, however, its history stopped, and here most probably would it have remained for some time to come, had not Dr. Fraser, in 1862, discovered that the extract of the bean, when applied to the eye, produces contraction of the pupil; and Dr. Argyll Robertson had the courage to turn this discovery to practical account. Since the appearance of Dr. Robertson's observations (*Edinburgh Medical Journal*, March 1863), we have been further favoured, with remarks on the practical utility of the bean, by Dr. Neill (*British Medical Journal*, May 16th, 1863); Mr. Soelberg Wells (*Medical Times and Gazette*); Mr. Ernest Hart (*Lancet*, May 30th, 1863); Dr. John W. Ogle (*British Medical Journal*, June 13th and 27th, 1863); M. Giraldès (*Bulletin Général de Thérapeutique*, Juillet 15, p. 34); and Dr. Fraser is at present publishing his Inaugural Dissertation in the *Edinburgh Medical Journal* (July and August). Such then being, as far as I am aware, its literary history, I shall now proceed to describe the plant.

The *eséré*, as it is called by the natives of Old Calabar, appears to be indigenous to the West Coast of Africa. It is a long twining

plant, the stem of which occasionally reaches the length of fifty feet, while it rarely exceeds two inches in diameter at its thickest part. It has trifoliate primate leaves, papilionaceous flowers, and leguminous fruit. The stem yields a limpid, acrid juice. The pods average six inches in length, and contain two or three beans. The beans are kidney-shaped, have a hard rough shell, are of a reddish brown colour, and have a deep furrow with raised edges of a pale-brown hue along their convex margin. They measure an inch in length, by three-quarters of an inch in breadth. The shell of the bean is closely attached to the kernel, which is of a white colour. It is exceedingly hard, according to Christison; weighs from thirty-six to fifty grains; and is perfectly devoid of aroma or acrimony. It tastes, in fact, exactly like an ordinary haricot-bean, and could not by the taste alone, be distinguished from one, which character, as Christison justly observes, is a very dangerous peculiarity. The beans contain about 2·7 per cent. of an active alcoholic extract, from which the alkaloid has as yet failed to be separated. Plants have been grown in Edinburgh from the beans, both by Professors Syme and Balfour, but in neither case did they flower. The characters of the plant were, however, otherwise exactly the same as those already described, and Professor Balfour names it *Physostigma Venenosum;* nat. ord. *Leguminosæ;* sub. ord. *Papilionaceæ;* tribe, *Euphascoleæ.*

The ordeal bean of Old Calabar is given to persons suspected of witchcraft, in order to discover if they are guilty or innocent. Those who recover are supposed to be innocent, while those who succumb to the poisonous effects of the nut are branded as guilty. According to the missionaries' accounts, the accused are taken to the Fetish House (Town Hall), and are there made to "chop nut," as it is called, before the whole people. They have either to eat from twenty to thirty seeds, or to drink an infusion from them. In the latter case death quickly supervenes, sometimes in thirty minutes, and generally within an hour. The symptoms observed are, gradual paralysis of all the voluntary muscles. The person has a stupid look, and a drunken gait. His limbs cease to obey him, his breathing becomes laborious, and he sinks and dies without any apparent suffering. Should he chance to be seized with vomiting and purging, his safety is in general secured.

The only Europeans who are known to have partaken of a poisonous dose of ordeal bean are: 1. Dr. Christison, who took, as an experiment, about six grains of the nut, then, on the following morn-

ing, about twelve grains. The first dose had apparently little effect, the second was followed by alarming symptoms. The pulse became frequent; the heart's action feeble and irregular. There were giddiness and faintness, without uneasiness; and loss of voluntary motion, without loss of consciousness.

2. Two servant girls, in Glasgow, who through curiosity, ate about five grains of the kernel. They were observed by Dr. Maclaren (Dr. Fraser in the *Edinburgh Medical Journal*, August 1863, p. 131), who described the symptoms of one of them as follows. A few minutes after eating a piece of the kernel of the size of a pea, she became sickish; and, on going out into the street on an errand, she felt stupid and giddy, with a sensation of great feebleness over the whole body, rendering progression difficult. She did not vomit till after taking a quantity of hot water. She then went to bed, slept tolerably well, but for two days afterwards was feeble and out of sorts.

As far as I am aware, the only person who has studied the therapeutical action, upon man, of the Calabar bean administered internally, is Dr. Fraser (*Edinburgh Medical Journal*, August, p. 124). That gentleman has tried the substance in cases of erysipelas of the head, delirium tremens, febricula, acute bronchitis, rheumatic fever, and irritable stomach. He uses the remedy in the form of tincture;* five minims of which, possessing the activity of three grains of the kernel, he considers the proper dose to begin with. This dose, however, may be trebled, he says, without pushing the physiological action to any extreme; for, though the five minins usually exert some influence on the circulation, the dose has in geueral to be considerably increased before either a permanent or a decided effect can be produced. A weak pulse he considers a contraindicatiou; a hard and rapid one an indication for its employment.

The Calabar bean was observed in general to exert a cathartic action on the bowels; and, as this action was unaccompanied with tenesmus, he believes it may be usefully turned to account. Dr. Fraser also used the tincture as an anodyne in various neuralgic affections with marked relief, and without the disagreeable after-

* Through the kindness of Mr. Hills, of the firm of Bell and Co., I have obtained an elegant preparation of the bean in powder; the dose of which, I believe to be from three to six grains: and I hope shortly to be able to lay before the profession a short summary of its therapeutical effects in nervous affections.

effects of opium. It may be applied topically as an anodyne as well as given internally.

But its most remarkable, and at the same time its most important, topical action is on the eye. As I have many times repeated Dr. Fraser's experiment, I may perhaps as well quote a few passages from my own observations.

The local application to the eye, either of an aqueous solution of the alcoholic extract, of the solid extract itself, or of a glycerine solution, induces marked contraction of the pupil in from fifteen to twenty-five minutes; and, in illustration of this, I may cite the following experiment, which was performed on a cat. The cat is by far the best animal to employ in experiments of this kind, in consequence of its possessing a highly developed and bright coloured iris. A drop of the glycerine solution of the Calabar bean, prepared by Messrs. Bell and Co., was applied to the surface of the conjunctiva; in fifteen minutes the pupil was contracted to the size of a mustard-seed, and in forty minutes the iris appeared to extend over the whole eye. There was no local inflammation or irritation visible. I have several times repeated this experiment with the different preparations of the bean, and have invariably obtained the same result. The contraction of the pupil takes place, on an average, in from fifteen to twenty-five minutes, according to the strength of the agent employed.

The next point is, how long do the effects of the bean on the pupil last?

As an interesting illustration of this point, I may briefly relate the following experiment. Into the right eye of a cat was put a piece of the alcoholic extract of the Calabar bean, of the size of a pin's head; into the left, two drops of a strong chloroform solution of atropine (twelve grains to the ounce). In five minutes the right pupil was already somewhat contracted, but the left seemed as yet unaffected. In twenty minutes the right pupil was much contracted, the left only partially dilated. In forty minutes the right pupil was reduced to a point, the left nearly fully dilated. In one hour and a half the right pupil was scarcely visible, except on the eye being turned from the light, when it expanded a little; the left iris had now nearly entirely disappeared. In six hours, the pupils were in the same state. In twenty-four hours, they were still found in the same condition. In seventy-one hours the right pupil was one-third dilated, and very sensitive to light; the left was just commencing to contract, and not distinctly sensitive to light. In ninety-six hours the right

pupil had regained its normal condition; the left was still somewhat dilated. The result of this experiment proved three things; first, that the action of Calabar bean manifests itself more quickly than that of atropine; secondly, that it is more transient in its effects; and thirdly, that the effect may not entirely pass off in less than four days. (Dr. Fraser has observed it to continue for five days).

The next point to ascertain is, if the myotic action of the ordeal nut is under control, and if, as stated by Dr. Robertson, it and atropine are physiologically antagonistic—that is to say, have the power of mutually neutralising the effects of each other.

For this purpose, some of the alcoholic extract prepared by Dr. Christison, and kindly given to me by Dr. Sharpey, was applied to the left eye of a dog, while a couple of drops of the strong solution of atropine in chloroform were put into the right eye of the same animal. In half an hour the left pupil had contracted to a point, and the right became so dilated that the iris appeared as a mere rim. In order that the effects of both substances might fully manifest themselves before proceeding with the experiment, the animal was placed aside until the following day; when, on examination, it was found that the left pupil still remained a mere point, and the right iris an exceedingly narrow ring. Such being the case, one drop of the atropine solution was now put into the eye with the contracted pupil, and a piece of the Calabar bean, of the size of a mustard-seed, into the eye with a dilated pupil. In fifteen minutes the pupils were of equal size, the left having expanded, the right contracted. In one hour the left pupil was fully dilated, leaving but a narrow ring of iris visible; the right was contracted to the size of a pin's head. The result of this experiment clearly shows that atropine and Calabar bean have, as has been asserted, the power of mutually neutralising the local effects of each other.

The effect of the ordeal bean on the accommodation of the eye, which was first noticed by Dr. Robertson, has been carefully described by him and nearly all subsequent writers; and at the present moment, it may be said to be universally admitted that the ordeal bean has not only the power of restoring vision which has been artificially impaired by the application of atropine, but even that impaired by disease. When applied to the eye of a long-sighted individual, it restores normal vision; and when applied to a normal eye, it induces short-sightedness. The power of the Calabar bean over the accommodation of the eye has been so well illustrated in the cases

related by Robertson, Bowman, Wells, Hart, and Hulke, that I need not take up the time of the meeting by dilating on this subject. I may merely mention, that the effect produced on the accommodation power of the eye is not simply due to the power the Calabar bean exerts over the size of the pupil, but is believed to be chiefly due to its inducing contraction of the ciliary muscle, and thereby altering the focal distance of the eye.

The most convenient manner in which the Calabar bean can be applied to the eye, is by means of paper saturated with a solution of the bean, after the manner of Streatfeild's atropine paper. Messrs. Bell and Squire have kindly furnished me with some of these papers; they are divided into very small squares, one of which has merely to be placed under the lower lid, and left there for about ten or twenty minutes, when its effects will become evident. Bell's paper is the strongest; for it neutralises the effect of atropine paper, while the other does not.

I shall now pass to the consideration of the effect of the Calabar bean on the general system, which is of even greater importance than the mere local effects just alluded to.

Dr. Christison concluded from his experiments on animals, and from the symptoms the bean produced upon himself, that the poison affects "directly and violently the functions of the heart, and the exercise of volition over the muscles." The results of my experiments, although in the main establishing the correctness of this view, have nevertheless led me to suggest a slight modification of it as regards the action of the poison on the heart. But, before giving my reasons for so doing, I may first remark, that the ordeal nut is a poison of terrific strength; indeed, I am acquainted with but very few that act either more quickly or more energetically. I have seen, for example, a young rabbit killed in less than two minutes by a small portion (a grain and a half) of the alcoholic extract placed under the skin of the back; and, on removing the unabsorbed portion of the poison from the wound with the point of a knife, and inserting it, on the following day, under the skin of a full grown, strong, and healthy cat, in two minutes convulsions were induced; in five minutes, the limbs were paralysed; in nine minutes, the breathing became stertorous; and in thirteen minutes, the animal was dead.

Curiously enough, cold-blooded animals, such as the frog, are but little sensitive to the effects of this poison; and this is the more re-

markable, seeing how powerfully it affects the nervous system. On one occasion, I put under the skin of a frog the same quantity as killed the young rabbit in two and the cat in thirteen minutes; and it produced no effect whatever. On another occasion, I dropped under the skin of a frog's back one drop of Bell's glycerine solution, one minim of which is equal to four grains of the bean; and it had not the slightest effect. In two hours afterwards, I poured three drops of the same solution into the animal's mouth; and, at the end of an hour and a half, the animal appeared perfectly unaffected. This result surprised me very much; for three drops of the same solution, put under the skin of the shoulders of a rabbit, induced weakness of its limbs in two minutes, convulsive twitchings in five, stoppage of the respiration in seven and a half, and death in eight minutes. In both the rabbits just alluded to, there was marked contraction of the pupils. Hence it appears that the poison exerts its myotic power on the pupil through the general system, as well as locally. Its action would also seem to be quicker when given hypodermically in poisonous doses, than when applied to the conjunctiva; for the rabbit's pupils became contracted in two minutes. In Dr. Fraser's paper, he states that, in his experiments, the contraction of the rabbit's pupil only occurred in twenty minutes. This must, however, have arisen from his using a very much weaker extract than I employed. That used by me I obtained from Professor Sharpey. It was prepared some years ago by Professor Christison; and, although it has been constantly exposed to the air, is still in first-rate condition.

The effects of the poison on the system, when not given in poisonous doses, appear to be transient; for on one occasion I put under the skin of a frog's back a piece of the alcoholic extract of the size of half a small barley-corn. In half an hour, the animal's head dropped upon the table; and, although he looked sleepy and lethargic, when roused, he leaped about energetically. As soon as he was left undisturbed, however, he dropped to sleep again. In three quarters of an hour, the breathing was very slow, and the animal looked as if paralysed. Such, however, was not the case; for, on being pinched, he woke up and sprang about vigorously. In an hour and a half the effects of the drug began to pass off, and in two hours the animal was perfectly lively; indeed, he even looked more lively than before receiving the poison. In the transient nature of its effects, the Calabar bean closely resembles both woorara poison and conia.

The most interesting part of the action of the poison yet remains to be described; namely, its effects in paralysing the functions of the motor nerves, and leaving the functions of the central organ intact. It appears, indeed, to act entirely on the motor nerve-system; for even the muscular irritability is unaffected. I have repeatedly said that the limbs of the animals were paralysed, and so they were; but this did not arise from the poison affecting the muscles. On the contrary, the muscles responded immediately to the direct application of either galvanic or mechanical stimuli. It was therefore upon the nerves, and the nerves only, that the poison had acted. For example, when the sciatic nerve of one of the rabbits poisoned by the ordeal bean was exposed after death, and galvanism applied to it, no contraction in the muscles followed the application of the stimulus; whereas, on the other hand, no sooner was galvanism directly applied to the muscles themselves, than violent contractions were immediately induced. This showed, that it was not the muscles that had lost their irritability; but that the nerves had lost their power of calling the muscular irritability into play.

Again, as in the case of woorara or conia, the involuntary muscles of the heart, in animals poisoned by the ordeal nut, go on beating long after life is extinct. Dr. Christison's idea, therefore, of this poison acting directly and violently on the heart, is not strictly correct; for although the poison may for a time reduce the cardiac pulsations, it certainly does not arrest the heart's function.

In the case of the cat, already spoken of, the contractions of the heart were reinduced by galvanism forty minutes after the animal was dead; which would not have been the case if the bean had acted as a cardiac poison. In the case of one of the rabbits, the auricles pulsated regularly at the rate of seventy per minute twenty-five minutes after death; and it was still possible, an hour and ten minutes after death, to reinduce the pulsations of both ventricles and auricles by mere mechanical stimuli. Dr. Fraser found that the direct local application of the poison to the voluntary and involuntary muscles—the heart included—caused them to lose their contractile power.

Regarding this local effect of the poison I have had no experience; but I may mention, that the experiments performed by Dr. Sharpey on the frog, and which he kindly allowed me to embody in my paper read before the Royal Medical and Chirurgical Society, show, even more clearly than the above, that the action of the Calabar bean on

the heart, when administered by the mouth or by a wound, is not that of a cardiac poison. In one of the experiments related, circulation was observed in the web of the frog's foot about sixty hours after apparent death. Dr. Sharpey also found that, although the ordeal bean leaves the blood-heart unaffected, it possesses the power of arresting the pulsations in the lymph-hearts of the frog. He further found that, when, before poisoning a frog with the bean, a ligature is applied to one of the hind legs of the animal, in such a way as to include everything except the sciatic nerve, reflex muscular contraction can be induced in the limb in which the circulation has been stopped (consequently, the non-poisoned limb), either by the direct application of mechanical or galvanic stimuli to the limb itself, or to some other part of the body, thereby proving that it is not the sensory but the motor nerves alone that are paralysed. The poison in this respect, as Dr. Sharpey remarked, closely resembles woorara. I may add, that the ordeal bean still further resembles woorara and conia, in leaving the intelligence of the animal unimpaired. In all the animals I experimented upon, consciousness seemed quite unaffected up to the time of death. So that, as Dr. Christison says, it is not the power of volition that is destroyed, but the power of making volition effective. (*British Medical Journal*, Sept. 5, 1863.)

Mr. David Wilson's Criticisms.

In the *Monthly Review* for August 1863, Mr. Wilson, in continuation of his remarks on the translations of Hahnemann's *Materia Medica*, calls upon us to make amends for an error incorrectly charged upon him, viz., a mistake in respect to N-g's symptom of Sarsaparilla, in which the sweet taste is likened to that of Süssholz. Mr. Wilson explains the apparent mistake by referring us to N-g's original symptom-list of Sarsaparilla in Vol. 2 of Hartlaub and Trinks' *Mat. Med.* Accordingly we have compared Mr. Wilson's translation with this, and find that Mr. Wilson is perfectly correct, and we are happy to give our testimony to this fact. Something, however, still remains to be said, because the point was only an incidental one, brought in merely to show how difficult it was to avoid errors and misunderstandings, and that therefore Mr. Wilson should not be so hard on Hempel; and, with submission, we think it is still a good example even after the explanation. For till we had the explanation, we could not find out why Mr. Wilson found fault with

Hempel for omitting in a translation of Hahnemann a word that was not contained in Hahnemann's book ; the only plausible conjecture we could form was that Mr. Wilson had somehow mixed up Sarsaparilla with the only other medicine in which the taste like "Süssholz" occurred, viz: Sabadilla. This conjecture was wrong. But no blame can be attached to Hempel in this matter, nor indeed to us, because we naturally thought that when we were referred "to the original" in a question of correctness of translation, "the original" was undoubtedly Hahnemann's Materia Medica, and not the sources from which that was derived. The criticism of the latter is certainly a most important task, but was not the one professed by Hempel in the work under consideration. Mr. Wilson, however, going away from the point, enters into that in respect to this symptom, and states: "The omission of 'Süssholz' in Hahnemann's text must, in my opinion, be attributed to the carelessness of some, perhaps not over-scrupulous, copyist whom Hahnemann in his advanced age may have employed." Now really what right has Mr. Wilson to this hypothesis? and if he is not more careful, we fear much that his colleagues will not gain as much practical benefit as might be expected from his corrections of the Materia Medica, when he shall set himself to the task after these preparatory criticisms. Hahnemann himself expressly states, in respect to N-g's symptoms . . . "which appear often in very careless, diffuse, and indistinct expressions, I could therefore only extract what was useful in them," &c. (*Chronische Krankheiten*, vol. i. p. 35.) It is, therefore, quite as likely, if not indeed much more so, that Hahnemann left out the expression "Süssholz" on purpose, as in his judgment, a useless amplification on the part of N-g ; at any rate, it is no part of a translator's business to criticise and correct Hahnemann on the supposition that a particular abridgment was the unauthorised work of a copyist.

With respect to Mr. Wilson's remarks on the symptom of *bovista* relating to vision, which appears in the *New Repertory* as "Objects appear closer together," we willingly concede that the sense of the original has been destroyed by a clerical or printer's error. The symptom was doubtless originally abridged "closer to the eye," but in the process of transcription or printing it has become altered as above. If Mr. Wilson had had the experience of the compilers of the Repertory, he would perhaps have animadverted less severely on a mistake like this, for in the abridging, copying and recopying of thousands of symptoms, it is almost impossible but that words will slip in where they ought not to be, drop out where they are required, and become altered at press, and the alteration escape notice. If Mr. Wilson cannot, as we shall presently shew, translate one symptom of a medicine to which he has apparently devoted the greatest attention, without "manufacturing" a verb and omitting an adverb, thereby completely altering the sense of the symptom, he might at least display a little more modesty in his criticisms of the labours of others who have had to translate thousands and hundreds of thou-

sands of symptoms, among which it would be too much to expect that no errors, clerical and other, could be found by diligent search.

The authors of the *New Repertory* are at all times grateful to those of their colleagues who take the trouble to point out the errors which, they are only too well aware, have, in spite of all their pains, crept into their work, nor do they in the least object to earnest criticism of their plan and the manner in which it has been carried out; but they can, at the same time, fully appreciate the spirit which makes the discovery of an error the occasion for indulging in ill-natured sneers at the care and labour that have been bestowed on a work, undertaken solely with a view to assist the practitioner, at the cost of much anxiety and no little toil.

In another article in the *Monthly Review* for July, containing a case of acute disease treated by Lycopodium, Mr. Wilson also points out an error in the New Repertory, page 85, where a symptom of Lycopodium, referring to the nose, is by mistake printed under Ledum. We have corrected this in our copy. Mr. Wilson is here unjustly severe on other translators of this symptom. The ambiguity of the sentence is, no doubt, considerable; but whatever the words mean, they certainly do not convey the idea of an alternate contraction and dilatation of the nostrils, as Mr. Wilson conceives. The symptom is as follows:

"Nasal muscles first as if expanded,* then again contracted and shortened, as if turned up."

Nothing about alternate movements, still less "a fan-like motion of the alæ nasi" here. The symptom will better bear the interpretation Jahr gives it, and to which Mr. Wilson so strongly objects, of (muscular) "spasm of the nose," (Nasenkrampf). There is certainly no evidence in the words of the symptom themselves to show that there was more than one act of expansion followed by another act of contraction, but how long each act lasted is not said. What might lead one to think that a mere muscular spasm was implied by this symptom is—1st. That it is not mentioned as being connected with any symptom of the respiration; and 2nd. The position of the symptom in the schema, it being among symptoms belonging to the nose itself, whereas had it been a respiratory symptom it would have naturally come in among the respiratory symptoms of the schema. The probability however, is, that the symptom is not an objective one at all, but, as Müller (vide his *Repertorium*), and others seem to regard it, a mere subjective symptom, as indeed the "wie"† ("as if")

* Mr. Wilson erroneously translates this: "The nasal muscles are first expanded." Would it not be as well when criticizing so severely the translations of others, that the critic should be strictly accurate in his own translations?

† Throughout Hahnemann's symptomatology "wie" is constantly used to denote a sensation, a subjective in contradistinction to an objective symptom. Had Hahnemann wished to imply that the dilatation and contraction really occurred, he would doubtless have omitted the first "wie," as Mr. Wilson has done in his translation.

seems to imply. The first "wie" (which Mr. Wilson completely ignores in his translation), probably governs the contraction as well as the expansion, in which case the symptom would read thus:

"Nasal muscles feel first expanded, then again contracted and shortened, as though turned up" (or everted).

In no case is the "alternate contraction and dilatation," or "fan-like motion of the alæ nasi," imagined by Mr. Wilson indicated.

We of course do not doubt that Mr. Wilson has met with the success he speaks of in prescribing Lycop.* in all cases where he has observed a "fan-like motion of the alæ nasi," but we deny that the symptom he refers to in Hahnemann speaks of any such phenomenon, and thus we have the curious spectacle of a medicine being prescribed successfully for a number of cases on the faith of its possessing a symptom, that is a pure creation of the prescriber's imagination. If this is to be considered good practice, what becomes of homœopathy?

* That Mr. Wilson was guided to the selection of Lyc. in the case of pneumonia recorded by him in the *Monthly Homœopathic Review* for July, by something quite different from a rapid movement of the alæ nasi, is evident from his own report, where he tells us he prescribed Lyc. in reply to a telegram from Dr. Capper, wherein there is no mention of this symptom. As a rapid movement of the alæ nasi attends most diseases where the respiration is much accelerated, we may predicate for Lyc. an immense sphere of utility, if what Mr. Wilson says is correct: "When clearly marked, no matter through what organ or tissue the symptoms of any attack of illness may manifest themselves, in children and young people, I venture to submit that the whole group of phenomena in such attacks will be found under Lycopodium." Unconsciously Mr. Wilson has furnished us with an exquisite illustration of what our scientific German colleagues have ridiculed under the name of "symptom-hunting," and that too on a false scent, for, as we have shewn above, Mr. Wilson's "unerring characteristic" of Lyc., "which has never deceived him," has no parallel in the recorded symptomatology of the medicine.

BOOKS RECEIVED.

Dr. Ramadge *on Consumption*. 14th Thousand. London, Longman, 1861.

The Sick-room and its Secret. By Mrs. Geldart. London, Partridge.

The Monthly Homœopathic Review.

The Homœopathic Observer.

L'Art Médical.

Bulletin de la Société Homœopathique de France.

El Criterio Medico.

Neue Zeitschrift für Homœopathische Klinik.

The Canada Lancet, No. 6.

The American Homœopathic Review.

The North American Homœopathic Journal.

Homœopathic Statistics, by Frederick Smith, Esq. London, Turner, 1863.

INDEX TO VOL. XXI.

END OF VOL. XXI.

W. Davy & Son, Printers, 8, Gilbert Street, W.